Fall 12-1-2017

Identifying Problems and Solutions in Changing State Legislation Regarding Licensed Clinical Social Workers Providing Private Independent Mental Health Services

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IDENTIFYING PROBLEMS AND SOLUTIONS IN CHANGING STATE LEGISLATION REGARDING LICENSED CLINICAL SOCIAL WORKERS PROVIDING PRIVATE INDEPENDENT MENTAL HEALTH SERVICES

A Dissertation

Presented to

The College of Graduate and Professional Studies

Department of Applied Health Science

Indiana State University

Terre Haute, Indiana

In Partial Fulfillment

of the Requirements for the Degree

Doctorate of Health Science

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by

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December 2017

Keywords: Social Work, State Legislation, Private Practice, Barriers to Change, Advocacy, Social Work Practice per State, Grounded Theory

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ABSTRACT

State regulated social work practice began in the 1960s; by the mid-1990s, all of the states within the United States regulated the profession through licensure. The purpose of licensure was ostensibly to protect the public and the profession; however, legislation defining social work practice varied vastly from state to state. The variation existed not only between states, but also within licensure categories with regard to the scope of practice of the social work profession. Licensed clinical social workers in some states could practice relatively independently, as they had the ability to diagnose, provide psychotherapy, and bill Medicaid, Medicare, and third party insurance companies; licensed clinical social workers in other states, however, could not engage in some, or all, of these practices. The disparity within the practice of clinical social work continues without resolve. The present qualitative study explored the barriers encountered and the solutions incorporated to overcome those barriers in three states during their attempts to secure legislation allowing licensed clinical social workers to independently provide mental health services. Grounded theory research was used to form a theory based on information learned from 12 Historians for use in states who have not yet achieved a fully independent level of clinical social work practice. Using strategic systems of solutions to overcome barriers in the legislative process should help those states desiring legislative change to reach their goals. Reaching a foundational scope of practice across all states with regard to licensed clinical social workers' ability to independently provide mental health services facilitates the Association of

Social Work Board's goal of practice mobility and license portability. Achievement of this goal would facilitate social workers' ability to practice across state lines and social worker relocations. Establishing a foundational scope of practice also improves clients' access to mental health services.

ACKNOWLEDGMENTS

There are several people without whom this product would not exist. First and foremost, a special debt of gratitude goes to my husband, Paul Kevin Bolinskey. Had he not said to me more than 20 years ago, “You don’t know what you can do if you don’t try”, Lord only knows where I would be today and what I would be doing. Further, he has been my rock and my mentor throughout this and many other ventures in life; he gives me balance. Although my children, Amanda and David, are both grown and on their own, much of what I have accomplished in life has been rooted in providing well for them, and serving as a model to encourage them to set goals and work toward them.

Next I wish to acknowledge Jack Maynard. Dr. Maynard was the Provost in 2012 when I began as an assistant professor at Indiana State University. He gave me words of encouragement and support, as well as permission, to pursue this doctoral degree while employed at ISU. Shortly thereafter, in early 2013, my colleague, Dr. Peggy Weber, helped me to envision how I might turn my passion for licensed clinical social workers in Indiana to be able to diagnose into research. She taught me of the importance of using passion to do meaningful research to make a difference; she also helped me turn passion into ideas serving as the foundational elements of this study.

Each of the faculty in the Doctorate of Health Science Program with whom I have taken courses have taught me well. I learned from each one, and I appreciate their gifts of knowledge.

I am especially grateful for the opportunity to learn about the various aspects of good research; I have also learned to appreciate and enjoy research. A special thanks to my colleague reviewer, Dr. Diane Van Cleave, for giving of her time and expertise to supervise my introductory work with grounded theory research. My Committee Chair, Dr. Matthew Hutchins, and my Committee members, Dr. Maureen Johnson and Dr. David Cousert have been a dream team. Each of my Committee members have given generously of their time and expertise to guide my development as a researcher. Individually, and as a committee, they have shown patience and compassion while pushing me to think deeper, be persistent, and keep a focus on quality.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1

INTRODUCTION

Social Work as a profession is relatively young, with its first recognition as a profession in the 1930 Census (Stuart, 2013). However, the profession's roots in caring for abandoned children, the poor and the disadvantaged date back into the 19th century. The profession emerged in America's turbulent societal context and the purpose and mission of the profession began to broaden and even take different perspectives. The post-1950s brought noticeable changes when some social workers held true to the values of advocacy, service, and activism (macro focused social work) for the underserved and disadvantaged, and others began to embrace the perspective of casework and mental health care (micro focused social work) (McNutt, 2013).

The 1960s brought the onset of state regulated social work licensure, and by 1992 all of the states within the United States regulated the profession by licensure (Randall & DeAngelis, 2013). The purpose of licensure involved protection of both the public and the profession (ASWB, 2016; Bibus & Boutte-Queen, 2011; Biggerstaff, 1995; Marks & Knox, 2015), essentially meaning licensed social workers meet state-specific standards to practice, are monitored by a regulatory board, and practice within the guidelines specified in state statutes.

While there are many benefits of professional regulation by licensure, one concern is *state* regulated practice leaves room for social workers to have differing scopes and levels of

practice, from one state to another. Nurses and physicians are examples of professionals who are state-regulated by licensure and have very little variation in practice standards from state to state. However, social work practice has *significant* variations within state regulations across the United States, leaving some question about the fulfillment of the purpose of licensure. Marks and Knox (2015) concluded, "…though much progress has been made, there are many issues left to be resolved regarding professional regulation, including the balance of public protection, professional competence and practice, and addressing the need for consistency and continuity on a national and international scale" (Marks & Knox, 2015, p. 170). State regulation and licensure is the primary area of social work underlying the research at hand.

Background of the Problem

There is no national licensure regulating professional practice; each state regulates the professional practice within that state through statutes (Randall & DeAngelis, 2013). As social work remains a relatively young profession emerging in a variety of different services and service mechanisms, state licensure regulations vastly differ. For example, some (but not all) states allow for licensed clinical social workers to provide services in private practice, some (but not all) states allow licensed clinical social workers to diagnose mental health disorders, and some (but not all) states allow licensed clinical social workers to bill for services under their own license as opposed to billing only under that of a supervising provider (Cooper-Bolinskey & Blower, 2016). The differences greatly impact what social workers can do from one state to another when providing services to clients as well as creating confusion about professional social work services by clients, other providers, and even among social workers within individual states and across the United States.

The crux of this study began as the researcher moved from one state to another. As a

licensed clinical social worker in clinical practice, it was assumed one's ability to practice social work would be somewhat consistent in the new home state, but this assumption was not true. In exploring the variance in what social workers can and cannot do from one state to another, it became obvious the issues were even more expansive than originally imagined. There was little information available about licensure through literature review, and state regulatory codes were difficult to read and interpret. Even when one could read and interpret the codes, some of the requirements to practice social work were not covered in the statutes.

The literature review revealed one meaningful study conducted by the General Accounting Office in 1986. The findings of this report revealed significant differences in what a social worker could do then compared to current day social work practice. Reviewing the article from 1986 enlightens one to the many significant changes occurring in social work practice in the past 30 years. Further, reviewing the article prompted the researcher to question how vastly different social workers' ability to practice among states may still be today.

The researcher provided some explanations of contextual issues to facilitate the reader's understanding of the proposed research. It is important to understand the vast differences between state statutes and what services licensed clinical social workers can and cannot offer. There was a lack of literature to facilitate understanding of scope of practice for licensed clinical social workers. There were differences among state statutes that challenge the very purpose of licensure (to protect the public and the profession). Lastly, it was important to understand the evolution of this young profession over the past 30 years in order comprehend the issues facing licensed clinical social workers who provide mental health services today.

Need for the Study

The Government Accounting Office (1986) study revealed social workers in 12 states

could provide mental health services, and social workers in five states could provide private mental health services and bill for the services in their own name (as opposed to the clinic or hospital). A study conducted by Cooper-Bolinskey and Blower (2016) revealed licensed clinical social workers in at least 32 states could provide private and independent mental health services in 2015. Clearly, in this time span of 30 years, advocates for the profession have been successful in changing state statutes to advance private practice parameters for social workers. However, there remains a notable number of states (as many as 19) not reaching the same level of private practice parameters as the others.

The current study sought to develop a body of knowledge through exploring the process of legislative change in states limiting social work practice (since 1986 when the GAO article was produced) and have changed to encompass the services clinically trained social workers can perform. More specifically, the study identified the barriers some of these states experienced in the legislative process and solutions used in overcoming those barriers to successfully change state statutes to allow social workers to provide private and independent mental health services.

Informing clinical social workers and other invested persons as to these barriers and solutions has potential to impact the states not yet changing state legislation to support private and independent social work practice. This researcher sought to gather this valuable knowledge and disseminate through professional presentation and publication. The resulting knowledge may well impact the resources, processes, or strategies used to facilitate legislative change regulating social work practice. Therefore, supportive research providing a basis for development of a coherent nation between-state reciprocation of clinical social work licensing is needed to address this important barrier to social work practice.

The public is better protected when clients have a good understanding of safe

professional social work practice (Marks & Knox, 2015). The profession is better protected when scope of practice is more standardized. Portability of services is more achievable when there is a universally recognized legal standard of clinical social work practice (ASWB, 2017). Finally, and perhaps most importantly, a more universally recognized legal standard of practice removes many unnecessary restrictions on well-qualified mental health providers, making more providers available to serve those in need of mental health service (Cooper-Bolinskey & Blower, 2016). Improvement in licensing reciprocation has the potential to assist in providing clinical social workers more consistently to states in rural areas and for clients living in poverty and those needing specialized clinical services such as mental health and addictions treatment (Gustafson, Preston & Hudson, 2009; Weismiller & Whittaker, 2013).

Purpose of the Study

The purpose of the study was to initiate a grounded theory study exploring the barriers, and the solutions used to overcome the barriers (as reported by Historians), encountered during the process of legislative change to state statutes to allow licensed clinical social workers to be private and independent providers of mental health services.

Research Questions

There were two primary research questions in this study:

1. Among states changing legislation to allow licensed clinical social workers to be private and independent providers of mental health services, what specific barriers were encountered by social work representatives in the process of changing those state statutes?

2. What solutions were used in overcoming barriers in the process of securing state statutes allowing licensed clinical social workers to be private and independent providers of mental health services?

Assumptions

Neutens (2014) identified assumptions as conditions necessary for meaningfully conducted research. Assumptions for this study were:

1. Historians provided accurate, honest, and thorough information.

2. The individuals selected for the study as Historians were the right people. Historians had knowledge of social work, the process used to change state legislation in one of the participant states, and could relay accurate information relevant to this study.

3. Barriers that occurred in the process of legislative change were valid and impacted the outcomes of the statutes regulating social work practice.

4. Solutions used in the process of legislative change were valid and impacted the outcomes of the statutes regulating social work practice.

5. The information learned from this study about boundaries and solutions used in the process of legislative change are potentially applicable to other states having yet to achieve state statutes allowing licensed clinical social workers to be private and independent providers of mental health services.

Limitations

Neutens (2014) identified limitations as boundaries established by people or factors other than the researcher. Limitations of this study were:

1. The study relied on reports of Historians. While assuming their reports were accurate, honest, and thorough, the reports were one's perspective and were not be assumed as fact.

2. Legislative change was a process of many variables. The barriers and solutions identified in this study were not assumed as the sole factors influencing legislative change.

3. Not all people/participants were equally articulate and perceptive. The indicated

factors impacted potentially attainable information from each Historian.

Delimitations

Neutens (2014) identified delimitations as boundaries for the study set by the researcher. Delimitations for this study were:

1. Historians were initially identified via contact by the researcher with executives at the Association of Social Work Boards and Executive Directors of each state's National Association of Social Workers office. As needed, additional Historians were identified via the snowball sampling technique whereby the initially identified Historians were asked to identify supplemental Historians.

2. Historians were at least 18 years of age.

3. The study began with a plan to utilize 12 Historians; the maximum number of Historians did not exceed 20.

4. While the study would have exponentially more meaningful results if all states achieving state statutes allowing licensed clinical social workers to be private and independent providers of mental health services were included in the study, it was simply not viable and executable given the chosen methodology. Thus, the selected number of states for inclusion in this study was three.

Operational Definitions

Operational definitions help in understanding the execution of the study.

1. A Historian, for the purpose of this study, was a person who could provide relevant information about the process of legislative change regarding social work practice. The researcher began by contacting some identified people who were willing to speak on this subject (as confirmed by ASWB executives) and by contacting the Executive Directors of the State

National Association of Social Workers offices from states selected to participate. Snowball sampling was used to identify additional Historians meeting the selection criteria.

2. Independent social work was "the practice of social work outside the auspices of traditional social work agencies or government organizations. In addition to private practitioners, those engaged in such social work include self-employed proprietary social workers who have autonomous consulting firms or who organize and manage private, for-profit institutional facilities or educational institutions" (Barker, 2014, p.212).

3. Macro practice was "social work practice aimed at bringing about improvements and changes in the general society. Such activities include some types of political action, community organization, public education campaigning, and the administration of broad-based social services agencies or public welfare departments" (Barker, 2014, p.255).

4. Micro practice was "the term used by social workers to identify professional activities that are designed to help solve the problems faced primarily by individuals, families, and small groups. Usually micro practice focuses on direct intervention on a case-by-case basis or in a clinical setting" (Barker, 2014, p.269).

5. Private Practice was "the provision of professional services by a licensed/qualified social worker who assumes responsibility for the nature and quality of the services provided to the client in exchange for direct payment or third-party reimbursement. Also, the process in which the values, knowledge, and skills of social work, acquired through sufficient education and experience, are used to deliver social services autonomously to clients in exchange for mutually agreed payment" (Barker, 2014, p.336).

Research Design

This inductive systems study was primarily qualitative and exploratory (or discovery) in

nature and utilized a pragmatic worldview. The theoretical orientation forming this study was grounded theory. In-depth recorded, semi-structured interviews were conducted with Historians and utilized to form generalizations and ultimately a theory, as an end point, to be used later to inform state legislative change related to social work practice.

Expected Impact and Significance of Study

The knowledge acquired from this study provides information to social workers, advocates, politicians, and other interested persons about barriers states experienced in the process of changing legislation to allow licensed clinical social workers to be private and independent providers of mental health services and solutions used to successfully change social work legislation. The ultimate goal was providing a framework for a more standardized level of practice of the social work profession across the United States. In doing so, the public, the profession, and other invested parties have a better understanding of the social work profession, thus helping to fulfill the mission of licensure to protect the public and to facilitate license portability for social workers.

Summary

The legislation impacting licensed clinical social workers and their ability to perform as private and independent mental health providers varies among the states in the U.S. While states are making progress toward establishing a standard allowing for national reciprocation, there remain an unknown number of states having limitations in the legislative code regulating social work practice. These variations impact social work service delivery, accessibility to services by those in need of mental health services, and portability of social workers in providing mental health services. Thus, this study explored the barriers and solutions used to overcome the barriers (by state) in changing social work legislation to allow licensed clinical social workers to

be private and independent providers of mental health services.

CHAPTER 2

LITERATURE REVIEW

The literature review for this study was rather broad in nature, set the stage for readers concerning the social work profession, and explained relevant aspects of the social work profession framing the study. The profession of social work included scope of practice beyond providing mental health services; understanding the expansion and evolution of the profession helps readers frame the landscape of mental health services in within the profession. Readers must also understand how social workers who provide mental health services fit within the landscape of the multiple disciplines also serving clients with mental health needs.

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Social Work Definitions

Social work specific definitions help frame the following discussion. These definitions were primarily acquired from Barker's (2014) *Social Work Dictionary*.

1. Association of Social Work Boards (ASWB) was "the national organization of jurisdictional licensing boards in the United States and Canada that regulates professional social work. Formed in 1979 as the American Association of State Social Work Boards, the ASWB develops and maintains the social work licensing examinations used by the its member boards and enables boards to communicate with their counterparts on professional regulatory issues. Its Approved Continuing Education (ACE) program helps licensing boards evaluate an education provider's ability to supply effective continuing education. Through its website ASWB helps boards and social workers find the approved courses they need. ASWB also maintains the Public Protection Database (PPD), containing listings of all actions taken against social workers by licensing boards, including suspensions, revocations, and voluntary surrenders" (Barker, 2014, p.29).

2. Clinical social work was "the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. The term is a considered a synonym for social casework or psychiatric social work" (Barker, 2014, p.74).

3. Council on Social Work Education (CSWE) was "a non-profit national association representing individual members, as well as graduate and undergraduate programs of

professional social work education. Founded in 1952, this partnership of educational and professional institutions, social welfare agencies, and private citizens is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in this county. CSWE aims to promote and strengthen the quality of social work education through preparation of competent social work professionals by providing national leadership and a forum for collective action. CSWE pursues this mission through setting and maintaining policy and program standards, accrediting bachelors and master's degree programs in social work, promoting research and faculty development, and advocating for social work education. CSWE also sponsors an annual program meeting every March in different cities and publishes books, pamphlets, and the Journal of Social Work Education" (Barker, 2014, p.97).

4. A generalist social worker was "a practitioner whose knowledge and skills encompass a broad spectrum and who assesses problems and their solutions comprehensively. The generalist often coordinates the efforts of specialists by facilitating communication between them, thereby fostering continuity of care" (Barker, 2014, p.174).

5. National Association of Social Workers (NASW) was "the organization of social workers established in 1955 through the consolidation of the American Association of Social Workers, the American Association of Psychiatric Social Workers, the American Association of Group Workers, the Association for the Study of Community Organization, the American Association of Medical Social Workers, the National Association of School Social Workers, and the Social Work Research Group. NASW's primary functions include promoting the professional development of its members, establishing and maintaining professional standards of practice, advancing sound social work policies for the betterment of the nation, and providing other services that protect its members and enhance their professional status. The organization

has developed and adopted the NASW Code of Ethics and other generic and specialized practice standards, certification and quality assurance are promoted through several credentials, including the Academy of Certified Social Workers (ACSW), the Qualified Clinical Social Worker (QCSW), the Diplomate in Clinical Social Work (DCSW), and other specialty certification programs. NASW maintains a lobbying group to influence national policy and it's Political Action for Candidate Election (PACE) organization. NASW also sponsors professional conferences and continuing education program and produces journals, books, and major references works such as The Encyclopedia of Social Work and this dictionary" (Barker, 2014, p.283).

6. Social work practice was "the use of social work knowledge and social work skills to implement society's mandate to provide social service in ways that are consistent with social work values. Practice includes remediation, restoration, and prevention. Some of the most important social work practice roles are clinician, administrator, advocate, broker, caregiver, case manager, communicator, consultant, data manger, evaluator, mobilizer, outreacher, planner, protector, researcher, socializer, supervisor, teacher, and upholder of equitable social values. Social work practice may occur in micro practice, mezzo practice or macro practice" (Barker, 2014, p.403).

Mental Illness Prevalence and Conditions

Licensed clinical social workers often provide services to people with mental illness. This section enhanced understanding of the population served.

A mental disorder, commonly referred to as mental illness, is defined as

> a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects

> a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above, (American Psychiatric Association, 2013, p.20).

In 2013, one in five, an estimated 43.8 million (18.5%), adults in the United States had a mental illness (U. S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health, 2017b); and one in five youths experience a serious mental illness within their lifetime (U. S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health, 2017a). Clearly, with this significant rate of occurrence, most people know, go to school or work with someone, or are related to someone with mental illness. Although most people with mental illness function in society with some mild level of impact, some individuals are significantly impaired by mental illness and may not be able to work, sustain relationships, or function independently.

While mental illnesses often have a biological component including genetics, physical trauma, infection, nutrition and toxin exposures (U.S. Department of Health and Human Services, 1999), there are commonly known psychosocial attributes that help to identify and

understand the population of people who have mental illness. Approximately 46% of adults residing in shelters have a serious mental illness and/or a substance use disorder (U.S. Department of Housing and Urban Development, Office of Community Planning and Development, 2011). Over 20% of individuals incarcerated in state prisons and local jails have a mental illness (Glaze & James, 2006). Over a third of the children who have a mental health condition and are served by special education in school drop out of school; this population represents the highest dropout rate of any disability (U.S. Department of Education, 2014).

Poverty is thought to be one of the most important factors in identifying vulnerability within this population (World Health Organization, 2016) and results in stigma, discrimination, and high rates of physical and sexual victimization. Further, lack of access to healthcare and other social services leads to increased disease and premature death, which in some instances can be as much as 25 years of reduced life (World Health Organization, 2016; Parks, 2006). Poverty, combined with mental illness, also causes significant decrease in ability to access, secure, and maintain employment (World Health Organization, 2016). Poverty often limits the ability to meet one's basic needs of daily living (food, shelter, safety, and clothing) and to provide these needs for dependents. Therefore, poverty and mental illness have a significant relationship with increased stress which further exacerbates symptoms and decreases functioning.

Geography, specifically living in rural America, is also a factor in the manifestation of mental illness. Gustafson, Preston, and Hudson (2009) report major depression rates in rural areas significantly exceeds those of urban areas and teens and older Americans living in rural areas have significantly higher suicide rates. Mental health issues are often exacerbated and persist for longer periods of time because of a lack of local mental health service providers in these areas and limited access to transportation.

Mental illness also has a known relationship with health outcomes. Individuals living with serious mental illness have increased risk of chronic health conditions (Colton & Manderscheid, 2006) and more specifically of chronic diseases such as cardiovascular disease, obesity, diabetes, epilepsy, asthma, and cancer (Centers for Disease Control and Prevention, 2011). Individuals with mental illness also use tobacco products and abuse alcohol more than the average person. Further, they are less likely to use medical care and are less compliant with treatment (Centers for Disease Control and Prevention, 2011).

Clearly, mental illness has a significant effect on a substantial portion of individuals living in the United States. While mental health services are available, the outcomes are less than optimal for the overall population with mental illness.

Mental Health Services

Research on mental health epidemiology indicates mental disorders affect tens of millions of people in the United States each year, and less than half of those affected receive treatment (National Alliance on Mental Illness, 2016a; U. S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health, 2016). Certainly, the factors noted in the previous section provide some insight about *why* individuals with mental illness might not receive treatment, but these explanations do not negate the need to provide effective and efficient mental health services. Understanding the types of mental health services currently available is important when considering new and innovate ways to reach individuals with mental illness.

Services and Providers

There are many different types of available mental health services; providers of mental health services come from a variety of academic disciplines and educational levels. Although

many people agree there are not enough mental health providers to meet their needs, there is fairly significant controversy within and across academic disciplines as to the essential qualifications and level of education required to provide such services, and the limits of each discipline when serving clients (Ginsberg, 2001). This controversy stems from the overlap in services provided by the various disciplines.

Prescription medication and medication monitoring are commonly used when treating mental illness. Although medication has been used for many years, newer medications are available offering more options for specializing treatment with fewer side effects. Medication treatment is often initiated and sometimes maintained by primary care physicians, physician assistants and nurse practitioners; however, more complicated or prolonged cases are usually referred to psychiatrists or clinical nurse specialists with mental health specialization for medication services (National Alliance on Mental Illness, 2016b). Physicians (MDs or DOs) have completed medical school and psychiatrists (MDs or DOs) have completed medical school with additional education and training in mental illness. Physician assistants (PA) and nurse practitioners (NP) have earned a master's degree and usually require supervision by a physician; mental health and psychiatric clinical nurse specialists (CNS) have completed a master's degree with specialization in mental illness and usually require supervision by a psychiatrist.

Psychiatric pharmacists also work with clients and caregivers to provide specific knowledge related to medication and medication management to aid in positive treatment outcomes. Psychiatric pharmacists are usually members of treatment teams in larger facilities, such as hospitals and clinics. Psychiatric pharmacists are trained at the doctoral level (National Alliance on Mental Illness, 2016b).

Therapy and assessment are techniques used to offer clients a variety of ways to learn

about their specific mental illnesses, the causes, and methods of coping with their thoughts, feelings, and behaviors. Most professionals providing therapy and assessment can assess, diagnose, and treat mental illness, although the orientation and training among professionals in various disciplines can be very different. Therapy and counseling are often used to help clients identify and reach goals in living productively with mental illness (National Alliance on Mental Illness, 2016b).

Clinical psychologists provide assessment, diagnosis, and therapy and practice within a variety of theoretical orientations. Uniquely, many clinical psychologists provide psychological testing. Testing is helpful in confirming diagnoses, identifying specific limitations and abilities, determining disability or level of intellectual functioning, and making recommendations for types of service and treatment goals. Clinical psychologists have completed a doctorate in clinical psychology (PhD) or a doctor of psychology (PsyD) degree.

School psychologists are trained to make diagnoses and to work with individuals, groups, parents, teachers, and school staff to ensure a healthy school environment. School psychologists often have some degree of specialty in working with mental illness in children, and they usually participate in the development of Individual Education Plans (IEPs). They also provide psychological testing in assessing functional versus limited abilities in children. School psychologists have advanced degrees in psychology and while most have earned a doctorate degree, some may have a master's degree or an educational specialist degree (National Alliance on Mental Illness, 2016b).

Clinical social workers are trained to assess, make diagnoses, provide individual and group therapy, and to advocate for client needs. Clinical social workers have a specialized master's degree in social work (MSW or MSSW). States use a variety of titles when licensing

clinical social workers. Additionally, licensed clinical social workers may be eligible to obtain additional licenses with some additional training (i.e. Licensed Mental Health Counselor (LMHC), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Addictions Counselor (LCAC)).

Counselors provide individual and group counseling and some are trained to diagnose. Counselors often have some area of focus and may be identified with title such as: Licensed Professional Counselor (LPC), Mental Health Counselor (MHC), or Certified Alcohol and Drug Abuse Counselor (CADAC), or Marital and Family Therapist (MFT). Most counselors are trained at the master's level and come from a variety of academic disciplines. Pastoral counselors are clergy with some clinical training and may be able to diagnose based on the level of clinical training (National Alliance on Mental Illness, 2016b).

Additional mental health services include case management, discharge planning, placement, and peer support. These services may be provided by social workers, nurses, addictions specialists, or peer specialists. Involvement of professionals offering these services is dependent on client needs and the setting. Discipline and educational level of these providers varies and may range from life experience with no education to a master's degree (National Alliance on Mental Illness, 2016b).

Mental health services are provided in a variety of settings which are often categorized as medication management, outpatient, and inpatient. Outpatient includes for-profit and not-for-profit clinics, schools, private practices, and any other therapeutic office settings. Inpatient includes residential treatment facilities and hospitals (Substance Abuse and Mental Health Services Administration, 2013).

Providers, as mentioned above, often develop specializations in mental health service.

Examples of specialization, though the list is not exhaustive, may include specific populations (geriatrics, children, or veterans), issues (grief, domestic violence, and bullying), settings (residential, and private practice), particular illnesses (addictions, depression, and antisocial personality disorder), theoretical foundations (psychoanalytic, cognitive behavioral, and solution focused), or evidence based practice (cognitive behavioral therapy, dialectical behavioral therapy, and prolonged exposure therapy). Providers who identify areas of specialization often provide services to a broader range of mental health clients in addition to the specialization(s).

According to the National Provider Identifier (NPI) registry, as of December 5, 2015 there were 768,657 licensed primary mental health providers in the United States (U. S. Centers for Medicare and Medicaid Services, 2015). The National Provider Identifier Registry composition by provider type was as follows: 57,657 (7.5%) Psychiatrists and Neurologists, 2,209 (<1%) Physician Assistants and Clinical Nurse Specialists, 137,961 (17.9%) Psychologists, 208,122 (27.1%) Clinical Social Workers, 354,336 (46.1%) Counselors, and 8,372 (1.1%) Other mental health providers (social workers and nurses) (U. S. Centers for Medicare and Medicaid Services, 2015). Of course, these statistics represent licensed professionals.

The National Association of Social Workers reports 60% of mental health professionals are clinically trained social workers, compared to 23% psychologists, 10% psychiatrists, and 5% psychiatric nurses (National Association of Social Workers, 2016). At least some people misinterpret the statistics as indicating an abundance of mental health providers. However, compared to the mental health population seeking services, distribution of providers across rural and urban geography, and inequitable distribution of specialized vs generalized services, there are substantial gaps and shortages of mental health services nationwide.

Therapy vs Medication

The long-lived debate concerning which modality of treatment produces better outcomes continues, though there has been some consensus in more recent years - combined medication and therapy is more effective in treating severe mental illness (Cohen, 2011; Hollon et al., 2005). Generally speaking, therapy (or counseling) as a solo treatment is at least equally effective, if not more so, than medication therapy as a solo treatment in producing desired outcomes for mild to moderate mental illness, with far fewer side effects (Elkin et al., 1989; Mayo-Wilson et al., 2014; Seligman, 1995). Still, the percentage of adult mental health clients using prescription medications to treat mental illness is increasing while those using outpatient services are declining even though the percentage of clients using outpatient services is increasing over time (Substance Abuse and Mental Health Services Administration, 2013). As such, there is need to educate people with mental illness on treatment options. Further, there is need for more mental health providers specifically trained in therapy and counseling.

Utilization

Kessler et al. (2005) stated, "Half of all chronic mental illness begins by age 14; three-quarters by age 24. Despite effective treatment, there are long delays – sometimes decades – between the first appearance of symptoms and when people get help" (p.594). More than ten years later, the lack of access to timely and adequate mental healthcare still exists, as evidenced by strategic goals in Healthy People 2020 (the nation's blueprint for improving health). The Mental Health and Mental Disorders section of Healthy People 2020 identified six specific goals to increase access to and utilization of mental health services: for children, for adults with severe mental illness, for adults with major depressive episodes, for adults with co-occurring substance abuse and mental disorders, for homeless adults with mental illness, and in the primary care

setting (U. S. Department of Health and Human Services, Healthy People, 2016).

In 2012, the type of mental health service most commonly used by adults was prescription medication (12.4 percent or 29 million adults), followed by outpatient services (6.6 percent or 15 million adults) then inpatient (0.8 percent or 1.9 million adults) (Substance Abuse and Mental Health Services Administration, 2013). While the categories are not exclusive (i.e. an individual may be included in more than one category), in recent history more people were using medication, or a combination of medication and therapy, than therapy alone in treating mental illness.

Costs of Mental Health Care

In addition to not having enough mental health providers to meet the needs of the population, mental healthcare was recognized as the most expensive type of care, thus, largely unaffordable (Roehrig et al., 2009). According to the Medical Expenditure Panel Survey, 36.2 million people (of all Americans) paid for mental health services totaling $57.5 billion in 2006, making the average expenditure per person $1,591 (U. S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health, 2006). The National Institute of Mental Health Distribution of Mental Health Expenditures by Service (2003) explained that the majority of the costs for mental health services are distributed among retail drugs, multi-service mental health organizations, specialty hospitals, general hospitals, nursing homes and home health, and insurance administration. Only 22% of all mental health expenditures by service were to physicians and other professionals.

Costs of mental healthcare might be better controlled if there were more mental health providers offering therapy and counseling and less focus on prescription medication and medication management services. Many mental illnesses can be managed successfully without

medication, and increasing access to and utilization of mental health services could substantially reduce morbidity. Further, implementation of less expensive targeted mental health promotion and mental illness prevention programs could have a significant reduction in morbidity as well (Centers for Disease Control and Prevention, 2011).

Profession of Social Work

Within the context of this research it is important to understand the broader perspective of the profession of social work in order to understand the specific area of *this* research. The profession, as a whole, is much broader in scope than mental health services. This section provides a brief historical summary, the broader perspective, the various scopes of practice, and some explanation of the licensure structure and supportive legislation that regulates the profession.

First and foremost, the most commonly accepted definition of *social work* comes from Barker (2014):

> Social work is (1) The applied science of helping people achieve an effective level of psychosocial functioning and effecting societal change to enhance well-being of people. (2) According to the National Association of Social Workers (NASW), "social work is the professional activity of helping individuals, groups, or communities enhance or restore their capacity for social functioning and creating societal conditions favorable to this goal. Social work practice consists of the professional application of social work values, principles, and techniques to one or more of the following ends: helping people to obtain tangible services; providing counseling and psychotherapy with individuals, families, and groups; helping communities or groups provide or improve social and health services; and participating in relevant legislative processes. The practice of social

> work requires knowledge of human development and behavior; of social, economic, and cultural institutions; and of the interaction of all these factors. (3) The International Federation of Social Workers adopted its official definition at its general meeting in Montreal, Canada, July 25-27, 2000: "The social work profession promotes social change, problem solving in human relationships, and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the point where people interact with their environments. Principles of human rights and social justice are fundamental to social work." (p.402).

A Brief Historical Summary

Social work originated with volunteer efforts to care for abandoned children, the poor and the disadvantaged in the late 19th century in Europe and North America. Social work emerged from volunteering and friendly visiting to an apprentice-based occupation in the early 20th century. In the 1930 Census, social work was classified as a profession for the first time. Social workers initially focused on poverty but quickly expanded efforts to serve children and families in other ways (Stuart, 2013).

Throughout the 1930s, the profession shifted focus and began to be recognized as a personal service profession, as a result of the growth of professional organization, educational programs, and publications. Shortly after, the Great Depression and World War II demanded social workers expand focus to include mental health concerns. According to McNutt (2013), until the end of the 1950s, social work was a united profession with a rather clear, singular focus. The 1960s shifted attention of the profession back to poverty and programs to serve the needy; this became a time of political activism (Stuart, 2013) and brought disagreements within the profession as to the direction toward which the profession should focus (McNutt, 2013). The

profession shifted from a single theory approach to inclusion of new approaches and theories of task centered treatment, cognitive behavioral approaches, reality therapy, and other options for social work micro practitioners (McNutt, 2013).

In the 1980s, social workers increased lobbying efforts for legal regulation of the profession, although the initial efforts toward licensure began back in the 1940s. The professional shift also began to include macro-micro divisions and creation of value for generalist social work, essentially creating multiple levels of social work practice (McNutt, 2013). By the 21st century, social work was a licensed profession in all 50 states (Clark, 2013; Stuart, 2013). Licensing also facilitated the growth of private practice as in most states it provided the standards for independent practice (Stuart, 2013).

A Broader Perspective

The various groups of social workers chose multiple directions for the profession creating both positive and negative points of view about the profession. Epple (2007) explained how some criticized the profession for abandoning its initial roots in advocacy for groups/populations and saw the added focus of micro practice as confusing, unclear, and unnecessary while others applauded the profession for adding advocacy and services not seen before for individuals and families.

Though some of the aforementioned debate continues today, most social workers agree with the broader focus of the profession and recognize the positives for the profession. Although the study of social work practice is complex because of the many areas of specialization, categories of practice, and settings in which social work services are provided, research within the profession provides some insight into the description of the evolving role of the profession in providing human services (McNutt, 2013; Weismiller & Whitaker, 2013).

Significant themes include:

- The movement of social workers from public-agency auspices to private, nonprofit auspices;
- The increasing numbers of social workers in private practice, either part time or full time; and
- Increasing identification of behavioral health and mental health as practice specialization (Weismiller & Whitaker, 2013).

Due to the constant emergence of various specializations in social work practice, it is essentially impossible to define all of them. However to offer some framework for current social work practice, the most common specializations as identified from the *Encyclopedia of Social Work* are noted: addictions, child welfare, clinical, ecological, educational, financial, forensic, generalist, geriatric, healthcare, international, medical, military, occupational, oncology, police, political, prison, public health, and school.

There are essentially three levels of social work education. The baccalaureate degree in social work (BSW) from a CSWE-accredited program is the required education to engage in generalist social work. The master's degree in social work (MSW or MSSW) from a CSWE-accredited program is required to engage in advanced generalist, specialized, or clinical social work. Social work generally recognizes the master's degree in social work as the terminal practice degree. Some institutions also offer a doctorate in social work (DSW) or a doctorate of philosophy in social work (PhD). The Council on Social Work Education does not accredit doctoral programs and, as such, they are primarily utilized by social workers in higher education settings (Hoffman, 2013). However, emerging conversations from the Council on Social Work Education are exploring support for regulation at the doctoral level and how that might be

utilized in the framework of the profession.

Social work practice settings are also difficult to define as the settings are often determined by specialization. Typical settings include human service agencies, child welfare agencies, hospitals, clinics, schools, military and veteran facilities, settlement houses, community development corporations, and private practice. Some social workers provide consulting or contract services, so the settings vary with each contract.

In spite of the many benefits of the various practice options for social workers, the glaring concern remains the lack of uniformity of one accepted definition which contributes to the confusion in the public's understanding about the social work profession (Clark, 2013).

Social Work Workforce

As of 2010, there were 650,500 social workers in the United States (U.S. Bureau of Labor Statistics, 2012). Table 1 provides some information to help understand distribution of the social work workforce and median income for the most commonly identified occupational types.

Table 1

Social Work Employment and Median Salary in 2010

Occupational Title	Number Employed	Mean Annual Salary ($)
Children, family, and school social workers	295,700	40,210
Healthcare social workers	152,700	47,230
Mental health and substance abuse social workers	126,100	38,600
Social worker, all others	76,000	51,500
Total	650,500	

Employment of social workers is expected to increase at a higher rate than other

occupations through 2020, yet the number of social workers in the U.S. is trending downward each year (U.S. Bureau of Labor Statistics, 2012). Need is expected to increase based on predicted retirement of current social workers, growth in specialized areas of social work (such as geriatric and substance abuse treatment), and other contributing factors. According to Weismiller and Whitaker (2013), there will also be a continued demand for social workers in rural areas.

The National Association of Social Workers Practice Research Network survey data from 2000 indicates an estimated 75% of members are employed in an organizational (as opposed to a private practice) setting. "Of these, 22% are employed in outpatient mental health settings, 10% are employed in schools, 9% in social services agencies, 8% in hospitals with a mental health unit, 6% in universities, and 5% in government social services agencies" (National Association of Social Workers, National Association of Social Workers Practice Research Network, 2000, p.2).

Clinical social workers employed in solo private practice fit within the same pay range as social workers who are self-employed. Annual income ranged from a high potential ceiling of $80,000 to a low entry-level point of $33,000 with a median compensation rate of $52,000 annually. The highest paid social workers were employed by the military and federal government (National Association of Social Workers, National Association of Social Workers Center for Workforce Studies and Social Work Practice, 2011).

Scope of Practice

Scope of practice in the social work profession is important because of the emergence of specializations. As the profession evolved from apprenticeship, a critical development came when accreditation-based education was required. Accreditation-based education led to the

establishment of minimum requirements of knowledge, skill, and ability to perform as a social worker. Although degrees are recognized by the more traditional credentials of BSW and MSW, often with no identification of concentrations or specializations, a more recent trend in education has been for programs to offer specializations or concentrations, providing a jump start into areas of specialization. Examples of possible concentrations include administration and leadership, clinical, child welfare, mental health and addictions, rural, and veteran services (National Association of Social Workers, National Association of Social Workers Credentialing Center, 2016; Weismiller & Whitaker, 2013). Further, areas of specialization may also be acquired through continuing education programs and/or credits, specialized employment training, or other types of professional certification or training.

Social workers may maintain employment in areas of specialization, or they may choose to expand or develop in new areas. Because of the vastly different types of service social workers may provide in various settings, the National Association of Social Workers established guidelines and expectations to practice within one's scope of practice within the NASW Code of Ethics (National Association of Social Workers, 2008). These guidelines help to assure, for example, a social worker with an MSW degree and a concentration in administration and leadership does not provide clinical service without proper training and preparation (Clark, 2013).

The National Association of Social Workers has further facilitated the understanding of scope of practice through the development of 11 specialty practice sections to which members may choose to belong and 17 credentialing and certification options. The special practice sections include administration/supervision; aging; alcohol, tobacco and other drugs; child welfare; children, adolescent and young adults; health; mental health; private practice; school

social work; social and economic justice and peace; and social work and the courts. The National Association of Social Workers Credentialing Center administers NASW Professional Social Work Credentials and NASW Advanced Practice Specialty Credentials which are outlined in Table 2 (National Association of Social Workers, National Association of Social Workers Credentialing Center, 2016). These credentialing options are available, however, use of these credentials in not necessarily the standard within the profession at this time.

Table 2

Professional Social Work Credentials and Advanced Practice Specialty Credentials

Professional Social Work Credentials (Membership Required)	**Degree**
Academy of Certified Social Workers (ACSW)	MSW
Diplomate in Clinical Social Work (DCSW)	MSW
Advanced Practice Specialty Credentials (Based on Qualifications)	**Degree**
Military Service Members, Veterans, and Families – Social Worker (MVF-SW)	BSW
Military Service Members, Veterans, and Families – Advanced Social Worker (MVF-ASW)	MSW
Military Service Members, Veterans, and Families – Clinical Social Worker (MVF-CSW)	MSW
Qualified Clinical Social Worker (QCSW)	MSW
Certified Clinical Alcohol, Tobacco, and Other Drugs Social Worker (C-CATODSW)	MSW
Clinical Social Worker in Gerontology (CSW-G)	MSW
Social Worker in Gerontology (CSW-G)	BSW
Advanced Social Worker in Gerontology (ASW-G)	MSW
Advanced Certified Hospice and Palliative Social Worker (ACHP-SW)	MSW
Certified Hospice and Palliative Care Social Worker (CHP-SW)	BSW
Certified Advanced Children, Youth, and Family Social Worker (C-ACYFSW)	MSW
Certified Children, Youth, and Family Social Worker (C-CYFSW)	BSW
Certified Social Worker in Healthcare (C-SWHC)	MSW
Certified Clinical Alcohol, Tobacco, and Other Drugs Social Worker (C-CATODSW)	MSW
Certified Advanced Social Work Case Manager (C-ASWCM)	MSW
Certified Social Work Case Manager (C-SWCM)	BSW
Certified School Social Work Specialist (C-SSWS)	MSW

Regulation and Licensure

Regulation. Social work is a state-regulated profession as defined by state laws and statutes; there is no national level of regulation of any profession. California was the first state to enact professional regulation in 1945. Seven states enacted social work legislation in the 1960s, 14 more followed in the 1970s and 27 other states followed in the 1980s (Randall & DeAngelis, 2013). All states had some form of social work regulation by 1993 (Biggerstaff, 1995).

> Social work regulation has been a dynamic, ongoing process of debate and change since the beginnings of the profession in the early 1900s. Social work regulation protects and enforces the values, ethics, and professional standards of practice and is the primary means of protecting the public and clients of social services through sanctions for professional and regulatory violations. Regulation is responsible for providing a foundation for who a social worker is and what a social worker can or cannot do in a specific jurisdiction (Marks & Knox, 2015, p.164).

Practice acts are found in legislation and define and regulate practice and the criteria for who can call themselves a "social worker". Practice acts protect the profession by restricting the ability to provide the *services and scope of practice* to persons trained to do so. Title protection acts protect the *titles* affiliated with social worker. Only individuals who have met the legally defined criteria are recognized as social workers. Title protection acts do not prevent any individual (trained or otherwise) from practicing social work; however, the protection restricts who identifies with the affiliated titles of social worker (Randall & DeAngelis, 2013; Ginsberg, 2001). Most, but not all, states utilize both acts in social work legislation though most began

with use of title protection acts.

According to Biggerstaff (1995), social work regulation has four primary purposes: 1) to protect the consumer, 2) protect the profession, 3) protect the individual professional, and 4) aid consumers in the selection of a practitioner in the profession.

Professional regulation is primarily managed through licensing and certification. All U.S. state jurisdictions have statutes protecting the practice of a profession with credentialing administered by jurisdictional governing bodies (Bibus & Boutte-Queen, 2011). Although the social work governing boards are established, defined, and administered within each state according to its statutes, all state-jurisdictional boards are members of the Association of Social Work Boards, the national organization that administers the licensing exams, provides support and resources to state boards including board member training, maintains the Public Protection Database (PPD), maintains the Social Work Registry, offers continuing education credit through the Approved Continuing Education (ACE) program, and offers CE audit services (Association of Social Work Boards, 2016). The Association of Social Work Boards also created and maintains the Model Social Work Practice Act (Association of Social Work Boards, 2013) for state regulatory boards to use in establishing competency, practice guidelines, and investigating and addressing client complaints.

According to the Association of Social Work Boards in 2012, BSWs were regulated in 38 states, MSWs were regulated in 44 states, independent macro generalists were regulated in 18 states, and clinical social workers were regulated in all states (Randall & DeAngelis, 2013). On October 2, 2015, the Association of Social Work Boards reported there were 495,130 licensed social workers practicing in the United States (Association of Social Work Boards, 2015).

Licensure. Across the United States, every state has legislative codes defining the

parameters of practice for social workers; however, these parameters differ significantly across states. Dyeson (2004) provides a rather concise explanation of the history and evolution of social work licensure and the complexities within and among the states. His explanation remains current regarding the components of social work licensure.

Specific professional licensure standards are consistent across the states:

Level of education from CSWE- accredited programs. All states require social workers applying for licensure have completed social work education from a CSWE-accredited program. The Council on Social Work Education regulates standards for both bachelors and masters levels of social work education in the Education and Policies and Educational Standards (Council on Social Work, 2008).

Examination. The Association of Social Work Boards administers four levels of national standardized exams (bachelor's, master's, advanced generalist, and clinical) assuring individuals preparing to practice social work demonstrate evidence of competence. All states accept the ASWB-determined passing score for each exam. California was a long-standing self-regulating state, but began using the Association of Social Work Boards exams in 2016. States do not necessarily use all levels of the exam; each state determines the level of exam required for practice and the levels of practice utilized within the state.

Post-education supervision. All states require post-education supervision. However, the required number of hours varies as does eligibility to provide the professional supervision, the content of the supervision, the work related experience qualifying for supervision, and the number of hours of work experience.

Ethics. All states require social workers to agree to comply with the National Association of Social Worker's Code of Ethics (National Association of Social Workers, 2008)

as part of licensure requirements.

Requirement for ongoing continuing education. All states require licensed social workers to engage in continuing education.

Variation in licensure requirements exists in the details, including categories of licensure (pre-bachelors, bachelors, masters, clinical, and independent), requirements to attain each specialization of licensure, titles of licenses, and most notably, the definitions of specific types of practice and the degree of independence with which functions (as defined within the state code) can be performed (Dyeson, 2004).

Private and Independent Social Work

Creating the Context

A review of the literature revealed very few publications specific to *independent* and *private* provision of mental health services by master's level licensed clinical social workers (LCSWs); however, the General Accounting Office (GAO, 1986) stated, "… persons performing clinical social work in independent practice who meet the established criteria for clinical social workers must be accepted as alternative providers of mental health services under policies providing mental health coverage" (p.7). They further defined independent clinical social workers as "those not employed by physicians, clinics, or hospitals" (p.1). While not specifically included in the definition, the report also refers to state recognition of insurance reimbursement and the requirements of a medical doctor to supervise the social worker as part of independent practice.

Since 1986, new definitions of *independent* have emerged. For example, the Model Social Work Practice Act currently defined *independent* as the "practice of social work outside of an organized setting, such as a social, medical, or governmental agency, in which

the social worker assumes responsibility and accountability for services provided" (Association of Social Work Boards, 2013, p.10). This definition is not limited to *clinical* social workers or to the provision of mental health service delivery. The Model Social Work Practice Act defined *private* practice, a term not used in the 1986 report, as "the provision of clinical social work services by a licensed clinical social worker who assumes responsibility and accountability for the nature and quality of the services provided to the client in exchange for direct payment or third-party reimbursement" (Association of Social Work Boards, 2013, p.10). Given the emergence of these different terms, it is necessary to use them jointly to sustain the meaning and context for this study.

The signature item of research related to private and independent practice of licensed clinical social work, as referenced above, was produced by the GAO at the request of Senator Daniel Inouye and provided an overview of the independent practice of clinical social work in 1986. Of the 50 states, 32 had developed a licensing structure, 19 of which required a license to independently practice clinical social work. Twelve states, none of which required supervision of the licensed clinical social worker, established that independent practicing licensed clinical social workers could provide mental health services for insurance billing purposes. Five of the 12 states allowed the licensed clinical social worker to bill directly for services (rather than billing through a medical doctor or clinic). Notably, no state recognized independent practicing licensed clinical social workers as being eligible for Medicaid reimbursement (GAO, 1986).

Despite the substantive changes that have occurred regarding the private and independent practice of clinical social work since the release of the GAO's 1986 report, no other published studies could be found that examined the limits of private practice for social

workers. Vitally important is new research to examine the extent to which individual states have modified legislation related to the independent provision of mental health services by licensed clinical social workers and to explore the private and independent practice of such services.

For example, Indiana provides the following definition of clinical social work within the state's legislative code:

> Sec. 6. (a) "Practice of clinical social work" means professional services that are designed to help individuals, marriages, couples, families, groups, and communities to enhance or restore their capacity for functioning by:
> (1) assisting in the obtaining or improving of tangible social and health services;
> (2) providing psychosocial evaluations using accepted classifications, including classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as amended and supplemented, but only to the extent of the counselor's education, training, experience, and scope of practice as established by this article;
> (3) using appraisal instruments as an aid in treatment planning that the clinical social worker is qualified to employ by virtue of the counselor's education, training, and experience; and
> (4) counseling and psychotherapeutic techniques, casework social work advocacy, and treatment in a variety of settings that include mental and physical health facilities, child and family service agencies, or private practice.
> (b) The term does not include diagnosis (as defined in IC 25-22.5-1-1.1(c))
> (Indiana Code: IC 25- 23.6-1-6, 2014, p.707).

As a practical matter, licensed clinical social workers in Indiana may provide mental health services privately and, to some degree independently. However, the legislative code limits the ability to diagnose. If a licensed clinical social worker references a diagnosis, a supervising psychologist or physician must cosign, or authorize, the diagnosis.

Comparatively, the Code of Virginia defines "clinical social worker" as:

> A social worker who, by education and experience, is professionally qualified at the autonomous practice level to provide direct diagnostic, preventive and treatment services where functioning is threatened or affected by social and psychological stress or health impairment (Code of Virginia: § 54.1-3700, p. 2).

Therefore, licensed clinical social workers in Virginia can perform private and independent mental health services within the scope of practice and training and requires no co-signatures for diagnosis, treatment planning or billing insurance.

Simple comparison of the codes of Indiana and Virginia indicate distinctive differences in scope of social work services. Notably, the Code of Virginia aligns much more closely to definitions created and supported within the social work profession. For example, Barker (2014) has defined clinical social work as "the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders" (p.74). Grant (2013) used the definition from a previous version of the National Association of Social Workers Code of Ethics:

> Clinical social work shares with all social work practice the goals of enhancement and maintenance of psychosocial functioning of individuals, families and small groups.

> Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorder. It is based on one or more theories of human development within a psychosocial context. Clinical social work services consist of assessment, diagnosis, treatment including psychotherapy and counseling, client-centered advocacy, consultation, and evaluation. The process of clinical social work is undertaken within the objectives of social work and the principles and values contained in the NASW Code of Ethics (National Association of Social Workers; 1999, p.318).

However, the current definition of clinical social work used in the National Association of Social Workers Standards for Clinical Social Work in Social Work Practice has cited Barker's definition (National Association of Social Workers, 2005). While Barker's work may present a somewhat cohesive definition of clinical social work, clearly it does not consistently carry into definitions used in state legislation.

Although it is not necessary for all states to use identical terminology to define the profession's practice within legislative code, the variance in terminology within various legislative codes clearly creates differences within the scope of social work practice. At the present time, the extent of these differences remains unknown.

As noted above, no known studies have examined licensed clinical work workers' ability to independently provide mental health services since the GAO report of 1986. The legislation of private practice, in particular, has not been reported in empirical research. Variations in states use of the terms *independent* and *private* perhaps leads to some differences

in legislative code among the states, as those definitions have changed over time.

The precise number of states restricting the authority of licensed clinical social workers to practice independently remains unclear since, as previously noted, state codes can be difficult to read and often require advanced knowledge or more information than is readily attainable to interpret. However, the GAO (1986) report identified 12 states that authorized licensed clinical social workers to independently provide mental health services, but there were only five in which licensed clinical social workers were given the authority to independently bill insurance companies.

Clinical social work credentials provide evidence to third party payers of a practitioner's experience and knowledge. Thus, authorization to bill third party payers need not necessarily be defined in state legislation (Grant, 2013). The scope of social work services in private practice is no longer defined by legislative code alone; it becomes equally important to encompass guidelines from third party payers (defined as private insurance companies, Medicaid, and Medicare). This phenomenon perhaps defines the uniqueness of social work in private practice.

Attitudes about Social Work in Private Practice

Within the social work profession, some social workers believe providing private and independent mental health services draws social workers away from the altruistic ideals of the profession, from serving the poor and underserved, and from efforts to address large-scale societal problems (Barker, 1991; Lord et al., 2012; Seiz, 2000; Specht, 1991). Similarly, attention given to the needs of the "worried well" changes, or minimizes, the profession's goals (Barker, 1991; Lord et al., 2012). Criticisms of clinical social workers pursuing private practice included being focused on money /income (Barker, 1991; Jayaratne et al., 1991; Specht, 1991),

having decreased involvement in political and social action (Barker, 1991), drawing social workers out of agencies and leaving a shortage of social workers to serve those in real need (Barker, 1991; Seiz, 2000), and discrimination by accepting only clients who can afford to pay or have insurance (Barker, 1991). Borenzweig (1981) commented that agency-based clinical social workers are more likely to use community resources than those in private practice. Furthermore, the master's degree in social work education does not adequately prepare professionals for private practice was argued by some social workers and mental health providers from other disciplines (Brown & Barker, 1995; Epple, 2007; Lord et al., 2012). Interestingly, Specht (1991) noted there are only two primary differences between private practice and agency based social work: payment and nature of service, noting educational preparation need not differ based on desired future practice setting.

Conversely, clinical social workers favoring private and independent mental health services cited reasons including the opportunity to do direct work with clients without the frustration of bureaucracy (Barker, 1991; Jayaratne et al., 1991; Seiz, 2000). Some cited the benefit of being able to do direct service with clients without pressure to assume administrative roles (Barker, 1991), and others acknowledged a desire to have control over working conditions which reduces stress (Jayaratne et al., 1991; Seiz, 2000). Licensed clinical social workers providing services privately and independently often serve the community in other ways including boards or through volunteerism, and offer some mental health services within the private setting based on sliding scale fees or pro bono (Barker, 1991).

According to Biggerstaff (2000), providing private and independent mental health services aligns with the National Association of Social Workers Code of Ethics (2008) as a component of comprehensive services available from clinical social workers and the provision

allows social workers to be held to the highest standards of service. Many clinical social workers in private practice use social work theory adhere to ethical guidelines and remain true to the profession while providing mental health services (Biggerstaff, 2000; Borenzweig, 1981). Epple (2007) acknowledged mental health services provided by licensed clinical social workers adds to the quality of mental health services available because such services are different from those provided by other professions.

Benefits vs Concerns of Private Practice

The proposed research is not designed to address benefits vs. limitations of private practice, but is important to understanding factors related to private practice in the overall discussion. Further, the effects of the research should have beneficial impact if the projected outcomes are achieved.

Benefits. Private practice offers alternative settings (as opposed to only agency-based settings) for mental health service provision. Practitioners from any discipline who decide to engage in private practice tend to offer needed and perhaps customized services to the community and can especially improve mental health services in rural areas. Private practice settings afford better opportunity to offer specialized services as well as offering more customized hours of availability for client and provider convenience. Mental health services in private practice settings have potential to decrease the stigma associated with mental health by offering services in less traditional agency based clinics (Barker, 1991; Ginsberg. 2001; Gustafson et al., 2009; Jayaratne et al., 1991; Lord & Iudice, 2012).

Given the ongoing shortage of mental health providers and services, having more providers in more settings affords more service. Practitioners who want to work in a small practice or who desire part time employment also tend to prefer private practice (Jayaratne et al.,

1991).

Concerns. Some social workers advocate against social workers utilizing private practice because they believe it negatively impacts the historic mission and value of the profession while others believe it draws needed social workers out of agencies leaving unnecessary shortages in agency-based services. Among the various disciplines of mental health providers, concern also includes potential for competition for clients or for flooding the market with too much mental health service which may affect quality of care (Specht, 1991).

Private practice can be expensive because of costs of insurance, administration, and billing. Those in private practice also may not be well equipped to manage crises, after-hours needs, or able to maintain boundaries between personal and professional life. There are added responsibilities when opening and closing private practices, so providers have to plan for the sustainability and stability of the practice (Seiz, 2000).

At present, there are still some mental health providers who have limitations in the services which they can provide; some require supervision for diagnoses, co-signing for services, or other kinds of limitations. Providers must know the abilities and limitations of their profession and assure compliance with the requirements.

Social Work Practice Mobility and License Portability

The Association of Social Work Boards recognizes the problems associated with state regulated licensure including the lack of consistency in social work services across state statutes, confusion about the profession by clients and constituents, and the issues with mobility of social workers (the lack of reciprocity or transferability of licenses when a social worker moves from one state to another). As previously mentioned, The Association of Social Work Boards formed a Model Practice Law Taskforce in 1996 to produce and maintain a Model Social Work Practice

Act (Association of Social Work Boards, 2013) which defines recommended standards of practice for the profession. The association maintains the document in attempt to narrow the margins of difference in social work practice among the various states while assuring protection of the public.

The Association of Social Work Boards has a new initiative, Social Work Practice Mobility and License Portability, to further address these same problems. The association has created a website (www.movingsocialwork.org) to offer more information and resources (Association of Social Work Boards, 2017). One component of the campaign focuses on 'more similarities, fewer differences', which explains commonalities of education, examination, and experience. While the effort is not completely formalized, The Association of Social Work Boards representatives voice a dedication to this effort to achieve portability within our lifetime.

This campaign is significant for many reasons, the primary one being support of Executive Directors from the National Association of Social Workers and the Council on Social Work Education, among others, and is presented as a cohesive and united effort by multiple national professional social work organizations. Efforts of this magnitude have not existed in the past. Secondly, with the emphasis on social work as a healthcare profession, the need for better definitions recognized nationally help clients, constituents, and others to better understand the profession, thus aligning much more closely with licensure's purpose of protecting the public and the profession.

A glaring remaining issue unaddressed at this time is changing state legislation to better align with the Model Social Work Practice Act (Association of Social Work Boards, 2013) which defines the ability for licensed clinical social workers to privately and independently provide mental health services. The study produced by this dissertation is timely and aligns

perfectly with the current works of the Association of Social Work Boards regarding portability and mobility.

Contributing Research

A recent study conducted by Cooper-Bolinskey and Blower (2016) used inquiry via electronic survey of social workers in the U.S. about their ability to engage in private and independent clinical social work services. Although clear and concise answers were not attainable from social workers in every state, the survey revealed social workers from at least 32 states (see Table 3) indicated having ability to perform five essentially defined functions of private and independent clinical social work (diagnose, create treatment plans, bill third party insurance, bill Medicaid, and bill Medicare) without supervision by practitioners of any other profession (Cooper-Bolinskey & Blower, 2016).

Recall, the literature is absent other information on the subject. According to the GAO (1986), 12 states allowed licensed clinical social workers to perform independent mental health services; the Cooper-Bolinskey and Blower (2016) study revealed social workers in at least 32 states can perform the identified services. This identification of 20 states with updated legislation about private and independent mental health services served as the pool of states, from which three states were selected, to serve as the population for this study.

Table 3

Results, by state, from social workers regarding independent social work practice

States	# Responses	Can masters degreed social workers licensed at the clinical level: Diagnose	Create Tx Plans	Bill Private Insurance	Medicaid	Medicare
AL	2	No	Yes	Yes	Yes	Yes
AK	1	Yes	Yes	Yes	Yes	IDK
AZ	3	2 Yes 1 IDK	Yes	Yes	2 Yes 1 IDK	Yes
AR	1	Yes	Yes	No	No	No
CA	20	16 Yes 1 w/co 2 No	17 Yes 1 w/co 1 No	15 Yes 2 No 2 IDK	10 Yes 4 No 5 IDK	8 Yes 3 No 8 IDK
CO	**3**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
CT	1	Yes	Yes	Yes	IDK	Yes
DE	**3**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
FL	**5**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
GA	2	Yes	Yes	Yes	1 Yes 1 No	Yes
HI	1	IDK	Yes	Yes	IDK	IDK
ID	**4**	**3 Yes** **1 IDK**	**Yes**	**Yes**	**Yes**	**Yes**
IL	**5**	**Yes**	**Yes**	**Yes**	**1 Yes** **3 IDK**	**3 Yes** **1 IDK**
IN	5	3 Yes 1 No 1 IDK	3 Yes 2 w/co	3 Yes 2 w/co	2 Yes 3 w/co	3 Yes 2 w/co
IA	3	1 Yes 2 No	2 Yes 1 No	2 Yes 1 No	2 Yes 1 No	2 Yes 1 No
KS	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
KY	**2**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
LA	**2**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
ME	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
MD	**3**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
MA	**6**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
MI	5	4 Yes 1 w/co	Yes	Yes	Yes	4 Yes 1 IDK
MN	**4**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
MS	**4**	**Yes**	**Yes**	**3 Yes** **1 IDK**	**3 Yes** **1 IDK**	**3 Yes** **1 IDK**
MO	26	24 Yes 1 IDK	Yes	23 Yes 1 w/co 1 IDK	24 Yes 1 w/co	20 Yes 1 w/co 4 IDK

States	# Responses	Can masters degreed social workers licensed at the clinical level: Diagnose	Create Tx Plans	Bill Private Insurance	Medicaid	Medicare
MT	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
NC		**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
NE	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
NH	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
NJ	**6**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
NM	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
NV	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
NY	7	5 Yes 1 IDK	5 Yes 1 IDK	3 Yes 1 w/co 1 No 1 IDK	3 Yes 1 w/co 1 No 1 IDK	3 Yes 1 w/co 1 No 1 IDK
ND	**2**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
OH	4	3 Yes 1 IDK	Yes	Yes	3 Yes 1 w/co	Yes
OK	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
OR	1	IDK	Yes	Yes	Yes	Yes
PA	17	6 Yes 1 w/co 3 No 3 IDK	12 Yes 1 IDK	11 Yes 2 IDK	6 Yes 7 IDK	7 Yes 6 IDK
RI	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
SC	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
SD	**1**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
TN	**8**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
TX	24	21 Yes 1 w/co 1 IDK	21 Yes 1 w/co 1 IDK	20 Yes 1 No 2 IDK	20 Yes 1 No 2 IDK	18 Yes 1 No 4 IDK
UT	**6**	**Yes**	**Yes**	**Yes**	**5 Yes** **1 IDK**	**5 Yes** **1 IDK**
VT	**2**	**Yes**	**Yes**	**Yes**	**1 Yes** **1 IDK**	**1 Yes** **1 IDK**
VA	2	1 Yes 1 IDK	1 Yes 1 IDK	IDK	IDK	IDK
WA	**3**	**Yes**	**Yes**	**Yes**	**2 Yes** **1 IDK**	**Yes**
DC	**2**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
WI	**3**	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
WV	3	2Yes 1 No	2Yes 1 No	2Yes 1 No	2Yes 1 No	2Yes 1 No
WY		**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
51	212	41 Yes 9 Unclear 1 No	46 Yes 5Unclear	42 Yes 8 Unclear 1 No	36 Yes 14Unclear 1 No	39 Yes 11 Unclear 1 No

*Bold indicates a 'yes' response to all questions.

Grounded Theory

Grounded theory initially developed in qualitative research in the 1960s from the works of Glasner and Strauss (1967). As their theory emerged, Barney Glasner and Anselm Strauss separated in their styles, processes, and language. Strauss joined Juliet Corbin to further develop his style while Glasner continued in the more traditional aspects of the theory. More recently, other models of grounded theory research have emerged, some more focused to adapt to constructivist research, while others focused on post-modernism research (Padgett, 2008). The Grounded Theory Institute, which professes the Glasner model of grounded theory, now more formally identifies Glaserian, Classic, or Orthodox Grounded theory as unique from other emerging models. The Institute also states the theory is not necessarily qualitative, but instead, its own kind of inductive system research (Grounded Theory Institute, 2017).

For the purposes of this study, grounded theory was applied in some ways where the theories still align, but primarily from the Corbin and Strauss model, and is referred to as qualitative research. Corbin and Strauss (2015) state, "qualitative research is not meant to have a lot of structure or be rigid; to the contrary, it is meant to be free-flowing, interpretive and dynamic so that it can capture the various points that need to be included. Otherwise, one loses aspects of the analysis" (p.1).

Grounded theory uses an emergent methodology, almost reverse from the traditional positivist research model (Dick, 2005). The model does not use hypotheses; instead, the researcher seeks a theory explaining the situation as it progresses, or unfolds, through the process of the research. Grounded theory begins with a research situation, whereby the researcher observes or engages in conversations or interviews. After each episode the researcher makes notes of key issues. These notes are processed, or reviewed and coded, then added to the

collective data set. Data are then collectively analyzed, after each episode's data are added, to find theoretical propositions that occur. Core categories or linking categories begin to emerge as the data set gets larger and are identified then noted by the researcher. Purposive sampling is often used in grounded theory research to allow for using select participants having knowledge relevant to the study's purpose and to provide the researcher with differing perspectives needed for the study. Data collection continues until the categories of data saturate; then the research progresses to sorting. In some ways, sorting is similar to working a puzzle as the researcher must group the data in a manner providing clarity relating to the theory. Finally, grounded theory research then progresses to the final writing stage (Dick, 2005). Figure 1 offers a visual to help understand the process.

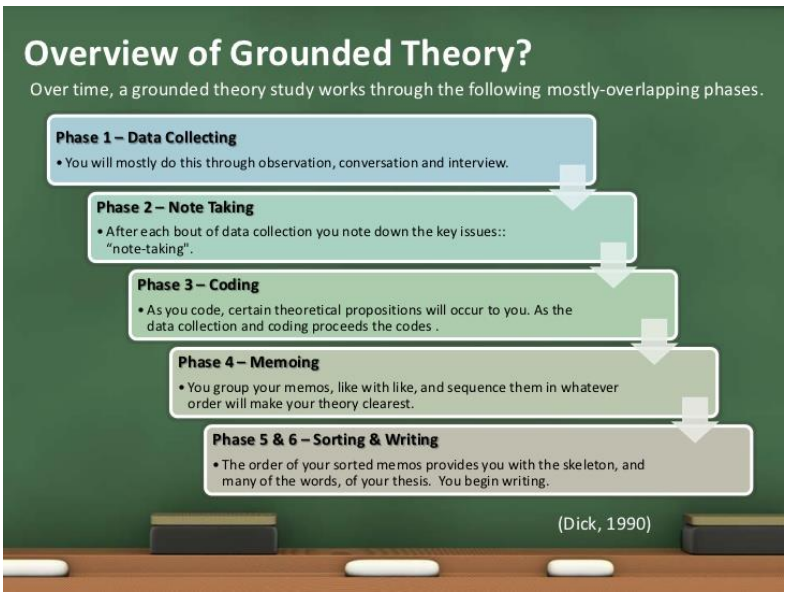

Figure 1. Overview of Grounded Theory (Dick, 1990) (with author permission, Appendix D).

In grounded theory, the researcher refers to the literature as needed and adds to the body of knowledge developed with literature and with new data from data collection. The knowledge synthesizes in development. Most grounded theorists emphasize two important points: (1)

letting the theory emerge and not forcing a hypothesis, and (2) making sure the theory fits the situation (Dick, 2005; Padgett, 2008).

Data collection in grounded theory usually involves a number of methods including observation, interviewing, conversations, focus groups, and/or review of documents. The current study does not use observation or focus groups because these formats provide least meaningful data fitting the study. Instead the researcher primarily uses interviewing with supplemental review of documents when appropriate (Padgett, 2008).

The varying tenets of grounded theory have identified a number of styles of interviewing. Corbin and Strauss (2015) pose three basic styles: unstructured, semi-structured, and structured. These styles offer the researcher distinctly different benefits versus limitations in fulfilling the meaning and purpose of the study.

Unstructured interviews are those conducted not using a pre-structured guide but instead pose a broad question allowing the interviewee to respond freely about the issue or problem. The benefit of using unstructured interviewing is the richness and breadth of the data, which offers depth in theory building. The limitations of unstructured interviews are potential for silence and potential for interviewees to venture to areas of discussion that have little or no relevance to the study.

Semi-structured interviews allow the researcher to provide some boundaries framing the interview. Researchers choose some topics before conducting interviews based on the literature or previous experiences. When and how the topics are presented is not structured, but emerges from the conversation while assuring all of the topics are included. Usually (but not necessarily) free flowing discussion follows the topic-guided conversation. Benefits of semi-structured interviews include that researchers often like the model because it balances allowing

interviewees some time to freely dialogue but provides topics that minimize silence and that the researcher can frame or guide the conversations. Perhaps the most notable limitation is the model's restriction of the discussion to the researcher's interest and is slightly less apt to catch themes important to the interviewee.

Structured interviews use an interview guide and usually include the same questions in each interview. Structured interviews may include an opportunity for the interviewee to provide comments in a free flow dialogue, but in the context of "Is there anything else you would like to add?", rather than true open flowing dialogue. While this style provides the benefit of consistency, it limits ability to make adjustments during data collection, has the highest potential for missing valid and necessary information, and substantially limits input from the interviewee (Corbin & Strauss, 2015).

Regardless of how information is received, grounded theorists emphasize the need for getting informed consent prior to any data collection, defining and following protection of confidentiality, and securing institutional review board permission (Corbin & Strauss, 2015; Creswell, 2014; Dick, 2005; Grounded Theory Institute, 2017; Padgett, 2008).

Padgett (2008) suggests when using interviews as a method of data collection, the researcher meets with each interviewee more than once to allow for identification of points of emphasis and to cover the assumption an interviewee may forget to mention an important point in the first (or only) interview. The ideal number of interviewees varies significantly, some with an ideal number of one, while other studies need more interviewees in order to acquire the richness, breadth and depth of the data necessary to form the theory. Dick (2005) suggests, in general, 20 to 30 interviewees are a starting point for the researcher to then rationalize needs up or down. Again, in the grounded theory model, the researcher continues to seek interviewees

until the data are saturated and interviews produce no new information to the data set, so pre-defining the number of interviewees serves only as a starting point and may not end as planned.

Glasner refers to notetaking and Corbin and Strauss discuss a variety of methods for making and using notes related to interviews including journaling, recording and transcribing, and computer mediated interviewing (Padgett, 2008). Dick (2005) offers thought to the benefits of a hybrid model where the researcher uses recording and transcription of the interview dialogue while also taking key word notes during the interview. The notes can serve to prompt further questions during the interview as well as an additional way to check themes from the transcription.

Most grounded theorists agree coding is systematically the next step in the research. Coding is the process whereby the researcher searches notes, transcriptions, documents, or any other means of data, to categorize. Each sentence is examined from the perspective of "What is going on here?" or "What categories are suggested by this sentence?". At this point it becomes necessary to consider the chronology of interviews, documents, and other data, and to more fully understand why grounded theory adds new data and analyses the new data set at each episode of collection. The first analysis involves review of each sentence for coding. Each subsequent analysis involves determining if the data aligns with previously coded data, or warrants creation of a new code (Dick, 2005; Padgett, 2008). This coding process keeps a continuous focus on the analysis but also requires evaluation of emerging categories or theories. According to Dick (2005), coding requires comparison of data set to data set and those data sets are then combined to evaluate for theory. Upon initial emergence of data forming a theory, the researcher notes the category or theory in memos. Researchers continue to process through these steps every time new data are received.

Through the processes involving data collection, coding, and memoing, grounded theorists emphasize the need to note observations of interest and to constantly evaluate for categories and themes; however, they must also use caution to not develop a core category or theme too soon (Corbin & Strauss, 2015; Dick, 2005, Padgett, 2008). Certainly, high frequency of responses in a category may lead the researcher toward this concept; however, the researcher cannot assume the theory based on high responses in one category due to the risk of missing other key information that may also develop in the theory. Through this emergent process, researchers may reach saturation of a category whereby no new information is being received and the interviewer may stop coding data in that category. Once saturation is seemingly reached in the obvious categories, the researcher may choose to end data collection and proceed to preparing the results for dissemination (Dick, 2005; Padgett, 2008).

Corbin and Strauss (2015) emphasize the value of using computer programs in qualitative research. They specifically mention ATLAS and NVivo and their experiences in using the programs. ATLAS and NVivo both process frequencies of words or phrases. General differences between the programs include programs to which results export, document quality, trial period cost and functions, and general usability (Corbin & Strauss, 2015). In general, the researchers suggest using the program most familiar to the researcher rather than selecting programs for projects.

The researchers emphasized a hybrid model of computer assisted analyses in comparison to researcher notetaking and memos serves as a complimentary model of checks and balances. Computer assisted analyses offers benefit of time savings and ease of differential analyses. Grounded theorists firmly agree nothing replaces the value of assessment by the experienced

researcher. One without the other is likely sufficient, but given access to the advances in technology can provide support, or merit, to the findings of the study.

Sorting or organizing the categories of findings helps the researcher to report the findings from the study. This step is often subjective and primarily determined by the researcher based on interpretation of the findings and how the results will be used. The findings are often filtered through the literature from the perspective of helping the theory to emerge, but the literature is not given priority, it is treated as additional data (Dick, 2005). Again, emphasis is on comparison of findings and evaluating the emergence of the theory.

Corbin and Strauss (2015) emphasized the need for those writing dissertations to follow the systematic methodology through the final writing of the dissertation. The researcher should follow the methodology in conducting the research and then create an outline clearly emphasizing their theory. The researcher should review the outline with experienced grounded theorists to check the process and seek feedback, making warranted revisions. The researcher should use the final version of the outline to then create a rough draft of the results (again with a clear emphasis on the theory resultant from the study), obtain feedback from consultations with experienced grounded theorist researchers, and revise the results as needed.

CHAPTER 3

METHODS

Introduction

The methods section reviews the purpose for the study and the research questions, and provides detail regarding the worldview and theoretical orientation of the study, information about the participants, the procedures to be followed, and data collection and analysis.

Purpose of the Study

The purpose of the study was to initiate a grounded theory study exploring the barriers, and the solutions used to overcome the barriers (as reported by Historians), encountered during the process of legislative change to state statutes to allow licensed clinical social workers to be private and independent providers of mental health services.

Research Questions

There were two primary research questions in this study:

1. Among states changing legislation to allow licensed clinical social workers to be private and independent providers of mental health services, what specific barriers were encountered by social work representatives in the process of changing those state statutes?

2. What solutions were used in overcoming barriers in the process of securing state statutes allowing licensed clinical social workers to be private and independent providers of mental health services?

Research Design

This inductive systems study was primarily qualitative and exploratory (or discovery) in nature and utilized a pragmatic worldview. Theoretical orientation forming this study was grounded theory. Recorded, semi-structured interviews were conducted with Historians and utilized to form generalizations, and ultimately a theory, as an end point to later be used to inform the process of how state legislative changes can occur related to social work practice.

Worldview

This study was rooted in a pragmatic worldview. Creswell (2014) explained the pragmatic worldview as being concerned with what works and seeking solutions to problems with less focus on the methodology of other worldviews and more on the use of all approaches available to understand the problem. The researcher also considered the transformative worldview as research with an agenda for reform intertwined with politics and political change. The pragmatic worldview was selected for this study primarily because of its pluralistic approach to problem solving and recognizing this study needed to include multiple methodologies that could change throughout the process in order to secure adequate answers to the complex exploratory research questions.

A primary factor in ruling out the transformative worldview was its power and justice oriented focus on oppressed and vulnerable populations (Creswell, 2014). While the transformative worldview fit well with the focus on political change, there was not an equal focus on vulnerable populations. Morgan (2014) recognized pragmatism as a paradigm of research primarily used in mixed methods research, but stated "…pragmatism can serve as a philosophical program for social research, regardless of whether that research uses qualitative, quantitative, or mixed methods" (p. 1045). Teater (2009) used a similar methodology in her

study regarding social work interest groups influencing state legislators. Additionally, McTavish (2017) used pragmatic worldview in Grounded Theory research in her study of negotiating concepts of evidence based practice when providing good service.

Grounded Theory

Grounded theory is derived from roots in pragmatism and symbolic interactionism (Corbin & Strauss, 1990) and posits the theory emerges through the process of obtaining information from the participants and other sources (Creswell, 2014; Dick, 2005; Padgett, 2008). The theory, in grounded theory research, is a product of the research rather than being defined at the beginning of the research (as defined in many types of research). Aspects of this study, designed from the onset and with contribution from the literature review, were as follows.

The study utilized purposive sampling as a means to assure participants were able to provide relevant and meaningful data for this study. Dick (2005) suggests a starting number of participants to consider is between 20 and 30; however, each researcher uses his/her best judgement to determine needs of the study. In this case, the researcher began the study with at least four participants from three states, yielding a total number of 12 participants. Based on complexity of issues in each state, this level of participation was likely to provide saturation of the data in each state. Additional Historians were recruited from any state where saturation was not achieved from the initial plan.

Data collection for this study primarily used interviewing and document review. Semi-structured interviews were best suited to this research because of the decreased emphasis on order of exact questions, and yet supported well by topics and open dialogue to assure richness and breadth of data collection. Similar to the studies of McTavish (2017) and Teater (2009), the researcher kept interview times relatively short (an hour or less) and could have used multiple

interviews (up to two). Additionally, the researcher employed the hybrid model of data recording including journaling, recording, and transcribing. The researcher also used the hybrid model of memoing and computer programs to aid in coding and categorizing data with a program, NVivo, similar to the procedures used by Teater (2009). The benefits of utilizing the additional analysis approaches, as mentioned by Corbin and Strauss (2015), were supportive in strengthening the validity and reliability for this study. Finally, the researcher consulted with a social work colleague who is experienced in using grounded theory research, in developing an outline and then the draft of findings for the study. These aspects of the methods added quality and merit to the findings of this study.

Participants

The participants for this study were Historians from Florida, Minnesota, Texas, or national representatives who had changed legislative code allowing licensed clinical social workers to be private and independent providers of mental health services within the past 30 years. The researcher initially identified a target number of three states for inclusion in the study. The pool of states from which three were selected was derived by reviewing the findings of Cooper-Bolinskey and Blower (2016) as compared to the findings of the GAO (1986) article which identified states already having established licensure for independent and private practice of social workers in 1986. In other words, the pool of 20 states came from the 32 states Cooper-Bolinskey and Blower (2016) identified as having licensed clinical social workers who could fully provide mental health services in 2015 and deducting the 12 states identified in the GAO (1986) article as having the same privilege years ago. These 20 states would have changed their social work licensure codes within the past 30 years, meaning that Historians may still be available to discuss the process used in changing legislation. Within this pool of 20 states, the

researcher consulted with executives from the Association of Social Work Boards to assure the states selected had known Historians who could provide the necessary data, the states selected experienced some degree of challenge in changing legislative code regulating social work practice, and the states selected represented some geographic difference and were not homogenous. The list acquired from the Association of Social Work Boards included people from five states that aligned with the previously explained pool of 20 states. The list included two names of people from Texas, one person with a long history of affiliation with the Association of Social Work Boards from Minnesota that was noted as a "good choice". Ohio and Florida were two states on the list that had composite versus independent boards and Florida was selected for inclusion in the study because of the likelihood of accessing a Historian. The final selection of three states were based on additional variables of state size and different geographic locations, political affiliations, and industry. States on the list from ASWB that were not included were Ohio and North Carolina because variables of the other three selected states created an overall better profile of the identified criteria. States selected for inclusion in the study were Florida, Minnesota, and Texas.

The researcher identified a starting sample of Historians from each of the three identified states. Historians were selected via the researcher contacting executives from the Association of Social Work Boards to access names of Historians who were willing to be contacted about this study and then inquired if they were willing to be participants. The researcher also contacted each identified state's NASW Executive Director for the same inquiry. Contacts identified through ASWB and NASW served as the initial contacts to gather participants from each of the three states. Snowball sampling was used to gather additional Historians as needed until the data for each state was saturated or until no further Historians were identified, whichever came first.

The researcher also attempted to diversify the participant pool by selecting persons from different professional roles. At least one Historian from each of the three states was a social worker.

The actual sample included 12 Historians: two from Florida, four from Minnesota, four from Texas, and two national representatives who were involved in changing Florida legislation but also contributed information from other states. The Florida Historians consisted of one female and one male. Both of the Historians were in an advanced career role. Both participants were social workers and both were licensed. The highest educational degree for one was MSW and the other had a doctoral degree. Historians from Minnesota included two females and two males. Two of the Historians were in advanced career roles and two were retired. Three of the four historians were social workers and one had an advanced psychology degree; all of the participants were licensed as social workers (one was licensed under the grandfathering clause). One of the Historians had a highest educational degree at the master's level, two had doctoral degrees, and one had a MSW and JD. The Texas Historians consisted of three females and one male. One of the Historians was a mid-career professional (meaning 10 to 20 years of experience in the profession), two were in advanced career roles (meaning more than 20 years of experience in the profession, and one was retired (meaning completed a career and is no longer working in the profession). All of the Historians from Texas were licensed social workers. The highest educational degree for two were MSW and two held doctoral degrees. As previously noted, two of the Historians served as national representatives and both had substantial knowledge of and experience with Florida, but also provided information about other states as well. Both of the national representatives were females in advanced career roles; both were licensed social workers who held MSW degrees.

Procedures

Once the Historians were identified, the researcher contacted them. An email was sent to inquire of their interest and willingness to participate in an interview and to provide the letter explaining the study (Appendix A) and the informed consent form (Appendix B). Upon receipt of a signed informed consent form, the researcher contacted the Historian and scheduled an interview.

In-depth semi-structured interviews were conducted via telephone. All interviews were audio recorded as indicated in the informed consent form. Interviews were scheduled for up to one hour. Only one Historian utilized the option for a second interview; total time of this Historian's interview was 67 minutes. Individual Historian interview times ranged from a low of 14 minutes to a high of 67 minutes. Total interview time for all interviews was 639 minutes. All interviews were conducted between the dates of August 11, 2017 and September 8, 2017.

Sample Introductory Interview Questions and Topics are provided in Appendix C; however, topics were modified (but only slightly) as the interview process advanced (based on the nature of Grounded Theory Research). The Sample Introductory Interview (Appendix C) was created by the researcher, consulted with a social work colleague who is experienced in conducting grounded theory research, and was sample tested with one social work colleague. These consultants approved the questions and topics for use in this study.

The interview recordings were transcribed into a Microsoft Word document by a contracted transcription service (not the researcher). Each transcription was shared with the Historian for verification so results accurately represent his or her intent in the interview. Historians made corrections before data analysis. Each transcription was input into NVivo software for coding and establishment of themes. One document summarizing the process used

in changing legislation in Texas was provided by a Historian. The document was also entered into NVivo and processed for theme content. Each Historian's contributions were analyzed, contributions per state were analyzed, and finally, the comprehensive dataset was analyzed.

The comprehensive dataset was analyzed to determine categories. The researcher also evaluated concepts to determine categories. These steps occurred after every interview. If the interview provided access to another potentially relevant Historian, then the potential Historian was contacted in the same manner as noted above. If the interview provided access to a relevant document, then it was secured and processed as noted above. The researcher made notes about interviews including key words related to content, themes, and categories. The researcher used memoing to record categories to aid in identifying those possibly advancing into the development of the theory. The process was repeated as interviews and documents were added to the data collection sequence.

A social work colleague who engages qualitative research, specifically in Grounded Theory, was utilized in the coding process as well as being consulted in reviewing the data periodically as a measure of checks and balances. For coding purposes, the colleague was initially provided transcripts, summaries, and charts of the themes and comments. She analyzed the data independently, identified areas where themes matched and differed, and then met with the researcher to discuss and resolve the differences. The researcher then modified themes based upon mutual agreement. This step was included to control researcher bias, and for identifying possible missed concepts or categories.

Once interviews and document collection were complete, the researcher evaluated the full data set, concepts, categories, and memos to determine merit. The researcher also evaluated broader structural conditions, including economic conditions, cultural values, political trends,

and social movements (Corbin & Strauss, 1990) for inclusion in the analysis. The researcher analyzed the comprehensive data set, sorting categories and themes, and identifying the core and linking categories. The researcher then build the theory and created a framework of the final project report. The social work colleague who engages in grounded theory, qualitative research, was provided with the outline creating the framework for the final project for review, and then met with the researcher to discuss the identified themes in both barriers and solutions. Since grounded theory research evolves as each data set is added and re-processed throughout the process, there was no change, but this step served as verification of not missing any data before designing the theory.

The dissertation committee met with the researcher to complete the final analysis using restrictive coding. The committee reviewed the codes that emerged from Historian summaries for validation. This collaborative process involved analyzing the themes of barriers and solutions and grouping the themes to facilitate understanding of the data and to produce a more understandable and usable theory.

Data Collection

Data was collected from semi-structured interviews with study participants, with the addition of one document. Interviews were recorded via digital recording. Participants were given the opportunity to provide documents or other materials that may be of interest in the study; one Historian from Texas provided an electronic file.

Data for the study was stored electronically in a password protected file on a computer with access restricted to the researcher. Informed consent forms, collected documents, interview transcriptions, the researcher's notes, and any other materials used in the study were stored electronically. Original paper documents were shredded once the electronic files were secured.

Digital recordings used in recording the interviews were deleted once the transcribed files are verified and secured.

In order to protect participant identity, participants were assigned a Participant Number, sequential by interview (i.e. Participant 1, Participant, 2…). The Participant Number was documented on the Informed Consent Form, and all other documents utilized only the assigned Participant Number. This sequential identification system served as a secondary check in monitoring progression of changes in the interviews, typical when utilizing Grounded Theory.

Data Analysis

One of the most defining aspects of Grounded Theory is data collection and analysis are interrelated (Corbin & Strauss, 1990; Dick, 2005; Padgett, 2008), as analysis begins when the first data are collected. Beginning with the first and each subsequent interview, the researcher analyzed data for emerging themes. Although interview topics may have been modified throughout the process, very little adjustment was made to the interview topics. According to Corbin and Strauss (1990), "Analysis makes use of constant comparisons" (p. 421). Thus, Grounded Theory required the researcher to use constant comparison of the interviews to identify similarities and differences, which were also categorized and sorted.

Coding is the basic analytic process in grounded theory. NVivo software was utilized in this study to code, develop categories, and interpret the theory. This study began by utilizing open coding, meaning each event/action/interaction was compared against others for similarities and differences and then labeled. The researcher evaluated the data for emergence of categories. The study progressed through selective coding once categories developed, and codes having less relevance to the topic were removed. Data were added to the comprehensive data set and processed for identification of categories. Finally, the complete data set was analyzed for

emergence of the theories and checked for bias and validity. The dissertation committee in collaboration with the researcher completed the final stage of restricted coding whereby the themes were grouped to facilitate understanding of the results and theory development. This group agreed that working with 21 barriers and 22 solutions needed a third level of coding to make the results more usable. As such, the group collaboratively formed five groupings of the 21 barriers and three groupings of the 22 solutions.

Validating Findings

Qualitative research procedures required the researcher to identify the means by which findings were validated since more traditional methods used in quantitative research were not accessible. This research utilized triangulation, member checking, saturation, document review, and consultation as the means by which the data were checked and balanced (Corbin & Strauss, 2015; Creswell, 2014; Dick, 2005).

Member Checking

After completion of each interview, the recording was transcribed. Once transcription was completed, the Microsoft Word document was shared with the Historian for edit. Once edits were completed and returned to the researcher, it was input into NVivo software, the data was coded, and concepts identified. The data were then be added to the comprehensive dataset and analyzed.

Saturation

The researcher attempted to engage the concept of saturation in data collection. After the researcher completed an interview and the session has been transcribed and member-checked, the researcher coded the data. By grounded theory concepts, when no new categories emerge from data, the data was evaluated for saturation. Upon determining the categories were

saturated, the researcher ceased to collect and code data (Dick, 2005). In actual conduct of the study, by second interviews in each state themes were beginning to develop. While others may have offered different examples or supportive rationale, only minimal support for new themes emerged. The number of Historians available for inclusion in the study was essentially maxed out in a short time. Additional requests to recruit Historians were emailed, but no additional potential Historians agreed to participate. It is the opinion of the researcher, and of those with whom the researcher formally consulted, that the data is likely saturated because of the overlap of information and theme development from the Historians who were included in the study, and because of the degree of experience and knowledge of the participating Historians. It is most interesting that the targeted number of Historians selected prior to conducting the study produced nearly exactly the number of Historians who were identified and agreed to participate in the study. Saturation at the state level is not confirmed, however, saturation at the national level was achieved.

Research Colleague Reviewer

A social worker who is experienced in Grounded Theory, qualitative research was provided data from the project and met with the researcher to analyze and discuss research data throughout the project for determination of themes, indications of bias, identifying omitted categories, proposing exclusion of questionable categories, and consulting the emerging categories. Only minimal issues required discussion, primarily related to oversight or omission. Themes were identified by key words found commonly in phrases used by historians, so there were no identified changes needed to the themes. This process was used to assure protection of the study from researcher bias and help assure validity of the chosen themes, categories, and the ultimate emergent theory (Corbin & Strauss, 2015). The Research Colleague Reviewer was also

consulted at the conclusion of the study when formulating the theory and when creating the tables outlining the themes in each state and in the overall findings. The dissertation committee in collaboration with the researcher held a final meeting to discuss the themes and theory, review rater selection of themes, and group themes from both the barriers and solutions categories to facilitate better understanding and use of the results into meaningful groupings. This final stage of restrictive coding is important to the project because the headings allow users to more easily identify the categories of barriers and solutions; the step makes the results more usable instead of a list of themes.

Document Review

This category was included due to the possibility a Historian may refer the researcher to a document or provide some supporting materials relevant to the study. One Historian provided one document for use in the study. The document was input into NVivo and processed in the same manner as interviews.

Triangulation

Triangulation was the step in the methods whereby the researcher used multiple means of checks and balances to avoid bias in the research (Creswell, 2014; Dick, 2005). For the purpose of this study, triangulation occurred by collecting data via semi-structured interviews, having the Historians verify the content of transcribed interviews via member checking, and collecting data via document review. This study used an additional step of Research Colleague Reviewer to check for researcher bias in the development of the themes throughout the research study.

Summary

This study used inductive systems qualitative research to explore the barriers and solutions used in changing state legislation defining parameters of private and independent

mental health services provided by social workers. The pragmatic view served as the best method of inquiring about this relatively unresearched topic. Participant states were drawn from a pool of states that have changed legislation regulating social work practice in the past 30 years; four Historians from each of three states (Florida, Minnesota, and Texas) formed the initial sample for the study. Two of the Historians who provided information relevant to Florida were considered national Historians; given the content provided by these national Historians was relevant to the overall purpose of the study, an additional " Other State" category was added to include these meaningful contributions. Each Historian was interviewed using a semi-structured interview model for no more than one hour per interview with a maximum of two interviews. Grounded Theory underlies the study; therefore, the full data set was analyzed to identify emerging themes and developing categories after the addition of each interview into the data set. Data analysis also included state level analyses and well as full dataset analysis. Data was collected to the point of all-content saturation while simultaneously recognizing no more Historians were available. The categories of data were used to formulate the groupings and then the theory.

CHAPTER 4

FINDINGS

Introduction

The findings section reviews the purpose for the study and the research questions, and provides detail regarding the Historian interviews, analyses per state, and analysis of the full dataset. The Historian level of report includes information qualifying the Historian for participation in the study, content shared by the Historian about social work regulation and practice in the State, and content contributing to the themes in the study (in italics). Individualized transcripts are not included. State level analyses follow the individual reports, and overall data analysis concludes this chapter.

Purpose of the Study

The purpose of the study was to initiate a grounded theory study exploring the barriers, and the solutions used to overcome the barriers (as reported by Historians), encountered during the process of legislative change to state statutes to allow licensed clinical social workers to be private and independent providers of mental health services.

Research Questions

There were two primary research questions in this study:

1. Among states changing legislation to allow licensed clinical social workers to be private and independent providers of mental health services, what specific barriers were

encountered by social work representatives in the process of changing those state statutes?

2. What solutions were used in overcoming barriers in the process of securing state statutes allowing licensed clinical social workers to be private and independent providers of mental health services?

Raw Data, Open Coding, Themes, and Theory

This section offers explanation about the process used in analyzing data. Understanding the process will help readers interpret the Findings charts (Tables 4 through 13) and the theory resultant from the study.

Each Historian was interviewed; the interviews were documented via audio recording. Each audio recording was transcribed into a Microsoft Word document. Each written transcript was shared with the originating Historian for approval or for him or her to edit as one chose. Transcripts were then entered into NVivo by the researcher. NVivo was utilized to categorize data by Historian. Codes were established to organize content from each Historian into the following categories: Historian Credentials, State Information, Legislative Process, Barriers, Political Climate or Historic Events, Relationships among the Mental Health Professions, and Solutions. Comments, phrases, quotes, and relevant points were identified and coded into each of the noted categories. Summaries of the content from the interviews were written under each heading of Historian Credentials, State Information, Legislative Process, Political Climate or Historic Events, and Relationships among the Mental Health Professions. The headings of Barriers and Solutions were specifically designed to capture content related to the research questions, and thus processed differently.

The researcher interpreted each statement addressing a barrier or solution into a theme. As themes were identified, the words in these headings were italicized. After processing the data

from Historian 1, these themes (words in italic) were transferred into a Microsoft Excel document to build tables to better visualize the composition of themes and their supporting comments, phrases, quotes, and relevant points. Tables 4 through 13 follow in this Finding section as an aid for readers to visualize the emergent themes with the identified Historian and his or her comments below the identified theme. Development of the themes into a usable theory follows the individual Historian summaries, State Analyses, and All-Findings Analysis.

Historian Analyses

This section of Findings summarizes contributions from each Historian, based on the interview and documents provided by each. Each Historian summary serves to document the interview (and document provided by a Historian), rather than including each full transcript. Individual transcripts are less understandable as a written document than in verbal dialogue. The summaries follow a structure to help readers digest information provided by each Historian in a more understandable way by organizing content from Historians into subheadings. Direct quotes from Historians are noted "in quotation marks" and are included for some comments to add emphasis as appropriate. Additionally, within the subheadings of "Barriers" and "Solutions", *phrases in italic* serve to identify *themes* to which the Historian's comments contribute. Tables 4 through 13, at the end of the Findings section, serve to further the reader's understanding of themes and the supporting comments from all Historians that comprise the themes.

Historian 1

Historian 1 is a male from Texas who is a mid-career professional. He serves as a lobbyist in Texas who works in a macro position in government relations. He holds an MSW and is licensed as a social worker. His career history includes previous experience in child

welfare, providing social work services in healthcare, home visiting care for children, working with children and families involved in the legal system, and some training and advocacy.

State Information. Historian 1 reports Texas has about 23,000 social workers. He stated social work has some of the strongest language in the occupations codes allowing licensed clinical social workers to diagnose and practice independently. Texas utilizes title and scope of practice protection as well as utilizing three levels of social work licensure; clinical social workers, master's level social workers, and bachelor's level social workers. Social work has its own regulatory board operating under the Department of State Health Services, but it is moving to the Health and Human Services Commission to better manage the complaint process. He also reported the Social Work Board is more than 1,000 days behind in investigating complaints.

Historian 1 explained the state is large and complex in its needs; there are 254 counties in Texas and over 40 counties do not have any clinical social workers. Clinical social workers in Texas can directly bill and receive reimbursement from Medicaid and Medicare while other master's level trained mental health providers cannot. He explained that many do not provide mental health services through Medicaid because of the low reimbursement rate, thus creating severe needs in the state for mental health providers. There are recent proposals to decrease requirements to become licensed or to increase exemptions to licensure requirements in order to increase the number of available providers.

Legislative Process. Historian 1 reported working with social work legislation is difficult in Texas because there is little knowledge by many of the people in the process about the roles and tasks of licensed clinical social workers providing mental health services. A significant part of working with social work related legislation is educating people involved in the legislative process.

Barriers. Historian 1 offered insight into several issues which caused barriers when attempting to pass or modify social work related legislation. First, he identified the biggest barrier as *money*. He stated Texas operates under Republican leadership, and as such, the state allocates very little money for services. According to Historian 1, Texas always passes and operates under a tightly funded balanced budget, and maintains a well-funded "rainy day" fund. As such, he explained, getting money for nearly any cause is difficult, even for usually higher priority need such as education. Historian 1 also identified, as a barrier, people having *misunderstandings about the social work profession* and lack of understanding of the roles and services provided by social workers. Historian 1 stated social workers are often "pigeon holed" into the child welfare roles, and this misconception causes confusion. Getting clinical social work provisions for mental health services is challenging when others think of social workers only as child welfare workers.

Historian 1 identified the political climate as a barrier in working with legislation. He noted that Texas is primarily administratively managed by Republicans, and as such, getting funds for programs is challenging. He added explanation about the funding during the Obama era, which he described as a bit easier related to healthcare although both healthcare and substance abuse services were still underfunded. He also explained the difficulty in Texas with shifting funding from the criminal justice perspective to healthcare.

Historian 1 spoke at length about authorities viewing *Medicaid is a broken system.* He shared that many view Medicaid as severely underfunded and as not being effective in meeting the needs of the people. Few providers agree to accept Medicaid patients because the reimbursement rate is low. He perceives the importance of mental health services as somewhat lost in the Medicaid discussion. When combined with the stigma of mental health, getting

funding and designated provisions in Medicaid is difficult. Getting additional funds has not been an option thus far, and there remains significant discussion about the problems with the system. Historian 1 also explained the climate in Texas as *questioning the value and need for licensure*, not just in social work. In his experience, questions arise about regulation of any profession, from what the public needs to be protected, and questioning if there is a less restrictive way to manage public protection and making regulation qualifications more attainable by more providers.

Lastly, Historian 1 said the *nature of social work* is challenging. People outside the profession devalue social work, and he often hears, "social workers help people, they will help anyway, even without (some change in legislation)". He said this is particularly challenging when asking for enhanced programs or additional funding. Additionally, he stated social workers often join the profession to be micro providers and do not see the value of stepping into a macro role. Without meaningful voices at the legislative table to explain licensure, how social workers provide mental health services, and degree of severity of mental illness in the communities of Texas then the information remains unknown, and thus, unimportant.

Political Climate or Historic Events. Historian 1 emphasized Texas is primarily administratively led by Republicans. He reflected on the Obama era, specifically related to the previously mentioned Medicaid discussion and the need for mental health services and substance abuse services. He states that needs are high and Medicaid is underfunded and thus cannot meet the needs of the citizens of Texas. He noted the importance of getting the legislature to hear from and understand the working people of Texas and their needs. He mentioned the difficulty of getting funds to shift from the criminal justice perspective to healthcare. He emphasized the Obama era brought some shifts in favor of funding and program enhancements, but he questions

if the current climate of scrutinizing healthcare may result in waning support or decreasing funding.

Relationships among Mental Health Professions. According to Historian 1, the assumption is "the healthcare system is broken" and thus relationships in the system are strained. He explained how each profession wants to protect their discipline and the ability to "make a buck", so there are some disciplinary differences impacting legislation. He states relations are less strained with physicians because their perspectives include ownership of diagnosis in the medical setting. Social workers are generally satisfied with this somewhat settled relationship. He explains that relationships with psychologists are somewhat strained due to interest in protection of scope of practice. Current relationships with Marriage and Family Therapists and Counselors involve partnering on issues. Recently, the Sunset Law threatened loss of licensure of mental health professions in Texas, and addressing this problem brought the behavioral health providers together. However, as he recalled, other recent legislation to create an oversight board of all behavioral health professions was opposed by all of the mental health professions. Historian 1 stated, "We really wanted to set up language about having to collaborate, and still understand that we don't want psychologists telling social workers what to do, and vice versa."

Solutions. Historian 1 identified several solutions for overcoming barriers and achieving success in passing social work related legislation. First and foremost, he identified the need to *educate*. He shared how he uses multiple pamphlets and brochures to give to legislators and the public about social work roles, practice, and services. He also researches current issues affecting legislation and sends information on the topic to relevant persons. While this takes time, the strategy is invaluable in getting people on the same page and overcoming myths and stigmas with potential to negatively impact passing legislation. He emphasized need to educate about a

specific issue (*using a narrow focus*), not broad generalizations, and he distributes specific information to a broad range of audiences.

Historian 1 equally emphasized the importance of *relationships*. He spends substantial amounts of time at the state house and never lets a week pass without being present and talking with legislators. He noted being present, available, and helpful on issues sometimes not relating to social work as a matter of relationship building. He also emphasized developing relationships "across the aisle" as part of his effort, and explained how this pays off multifold. He also spoke of coalition building around issues best addressed by multiple stakeholders. For example, having well-established relationships with mental health providers, hospitals, and schools serves well when it is time to present a specific need during a legislative discussion on a specific topic. He also stated, "The best way to promote social work is to get other people to talk about how social work helped their problem." He suggested using these people to testify at hearings, write letters, and to generally communicate with legislators. Another approach he uses is going to visit legislators who he knows might oppose an upcoming bill; he talks to them about their concerns and shares information. He stated, "Someone might vote for your bill because they like you or because they know you to be a stand up person."

Historian 1 spoke about the need to *make the cause real*. He shared the importance of sprinkling meaningful statistics in the context of meaningful stories that reach the legislator. Addressing depth of impact and emotion also adds value; he emphasized using strategy to present any issue. According to Historian 1, always include money in the statistics and impact of an efficient budget when dealing with legislation in Texas. Lastly, Historian 1 shared the importance of appealing to *social workers to engage* and understand the issues; social workers

should then speak to legislators about why issues are important and to add emphasis about the economic perspective related to the issue.

Historian 2

Historian 2 is a female from Texas who is an advanced career professional. She is an association Executive Director and has been a social worker for forty one years. She holds an MSW degree and is licensed. She has been in her current position for four years. Her previous employment experience includes advocacy in areas such as disability services, behavioral health, and child abuse. She previously worked as a child protective service worker. She has managed a couple of different professional and membership associations during her career. She is an NASW member and has helped work toward licensure for many years. She stated when she completed graduate school there was no licensure. She indicated certification was passed in 1992 and licensure did not pass in Texas until 1992.

State Information. According to Historian 2, Texas passed social work licensure in 1992, however, it did not reach full vendorship until 1997. Texas has authorized Medicare reimbursement for social workers since Medicare began paying for behavioral health services. She reported that according to federal legislation, social workers, psychologists and psychiatrists are reimbursable mental health providers for Medicare; licensed professional counselors and licensed mental health counselors are not. However, in Texas all of the mental health providers are able to receive reimbursement from Medicaid. She stated very few providers accept Medicaid patients because the reimbursement rate is low.

According to Historian 2, Texas has legislation and rules allowing for three categories of licenses: licensed bachelor social worker, licensed master social worker, and licensed clinical social worker. Clinical social workers can practice independently and can also be credentialed as

a board certified clinical supervisor. Bachelor and master level social workers can qualify for independent practice when doing foster home studies, adoption studies, and court ordered studies. All of the standards for social work licensure are in the Texas Administrative Code (TAC).

Historian 2 stated social work operates with an independent board known as the Texas State Board of Social Work Examiners. The governor appoints nine members; five are professional members and four are public members. Board positions are all voluntary and without pay. Terms last for six years and can renew for one additional term. The Board is moving to the Health and Human services Commission. She indicated there was a proposal before the legislature this year to create an oversight board for all mental health professions, but it failed. Historian 2 predicted they will try to pass the oversight board again in the future because of the support needed for the board to operate well. She stated the oversight board would address the backlog of 420 ethics complaints and lengthy time of over three years for ethics investigations. She stated, "We take in 1.2 million dollars in licensing fees, and the social work board operates with only a $560,000 budget." She stated the additional funds should be used to more efficiently run the board instead of contributing to the general funds. She suggested there are innovative ways to reduce the time of resolving complaints such as contracting ASWB to approve supervision plans or contract with Texas NASW office for other help. These options are not used, "because the host agency is completely uninterested in operating supports." Historian 2 stated, "My agency has made it our mission to help the board find a solution because our members asked it of us."

A few legislative bills recently passed benefitting the profession of social work. She reported a small tuition reimbursement passed in 2015 to support mental health professionals

who address the mental healthcare provider shortage. Licensed clinical social workers can get up to $40,000 of loan forgiveness for practicing in high need areas. According to Historian 2, this legislative session a billed passed directing the agency to apply for matching federal funds. Once directed, the agency must apply. If successful, the pool of money for loan forgiveness could as much as double.

Legislative Process. Texas utilized rules and regulations, so for some procedural issues, the social work board can make changes in the rules. According to Historian 2, changing rules can occur within the Board while changing laws and mandates requires going through the legislative process. She stated the Texas legislature meets every other year. During off-session times, Historian 2 starts working with "legislative champions and partners" as well as mobilizing the membership to call representatives and express support to create a bill. She stated, "Once a bill is filed then it is referred to the proper committee, and the committee can hear it or let it die. Once the committee passes it, it then goes to the calendars for scheduled vote. It has to pass in both houses. We always want to pass the bill in the house with the companion bill in the senate. Then it will go to a conference committee and they work out any differences. It is then sent to the governor to either sign or veto." She further explained that once the governor signs the bill, it becomes law. Laws become effective on September 1, though some allow for a transition period and may not be effective until a future year on September 1.

Barriers. Historian 2 identified the most substantial barrier to passing social work related legislation as *financial.* She stated, "It's always financial! If there is a fiscal note attached, any legislation is more difficult to pass." She referred to one example, one piece of legislation that has been presented several times is getting the reimbursement rate for *Medicaid* raised from 70% to 100%. She stated, "We have a lot of partners that are willing to do it, but

there's a fiscal note so that makes it a little more difficult. We have champions on both sides of the aisle. We plan to emphasize our mental health workforce shortage next time." From her perspective, the core issue is the low Medicaid reimbursement rate, but if support can be gained by viewing it slightly differently, then she is amenable to this type of shift in approach. Historian 2 further explained that Texas has 12 billion dollars in the "rainy day fund". She said Texas legislators will not spend money. According to Historian 2, even though their budget uses a substantial portion of the money in Texas, Health and Human Services ranks lowest in spending. She stated, "We always rank 49th or 50th, it's either us or Mississippi." She added that historically Texas has not endorsed Medicaid expansion regardless of need.

Historian 2 stated, "It's always politics and money." Another significant issue is the *political climate*, which is currently affecting legislation related to healthcare. According to Historian 2, the state's environment is not friendly to health and human service issues. Healthcare issues are not being supported now, so other strategies are being used to address problems. Historian 2 also identified a current barrier as *media influence*. More than ever, fake news and stigmas associated with political affiliation affect legislation. She specifically mentioned politicians using twitter and limiting issues warranting full and meaningful conversations to 140 characters. She expressed substantial concern about the influence of the political climate on diminished relationships and conversations. She discussed how, years ago, politicians used to go have a cup of coffee and talk things out, and now "polarization and demonization" does not tend toward conversations and negotiations. She stated the platform of negotiation has changed.

Historian 2 shared, "When I first came to the association I was talking to a legislator about an issue and he flat out cut me off and said he wasn't going to vote for it because his

constituents were against it. I asked how many constituents he had heard from. Five! He assumed that because he heard from five people, and their perspectives were negative, that the issue was negative." According to Historian 2, because of his mis*informed perspective*, he would not support the bill. Her perspective is that he did not research, hold forums for discussion, or use available means to reach out to constituents. She also emphasized the perspective of the leadership (i.e. governor, lieutenant governor, etc.) strongly influences some legislators to support or not support legislation. Since the leadership controls the agendas for committees, not having their support "is the kiss of death."

Historian 2 mentioned other barriers including people's thoughts about legislation passing on the first try, when in reality it may take a long *time.* She stated, on average, passing legislation usually takes three sessions, or six years. Additionally, she mentions opening legislation may produce *unpredictable outcomes*. Anything can happen when the laws are reviewed, and while the legislature is in session, *changes happen suddenly*. In her experience, people sometimes fear the risk of unwanted outcomes.

Political Climate or Historic Events. Historian 2 recalled accusations about the association siding with a particular party, though she stated it is not true. According to Historian 2, the association picks platform ideas supporting social work values and endorses those candidates. She discussed her perspective on supporting human rights, doing no harm to individuals, and listening to the association's constituents for their stand on issues. She specifically mentioned not supporting the bathroom bill and legislation restricting a woman's reproductive freedom. She also discussed the influence of past presidential elections as affecting active protests and racism in the public. Polarization perspectives are on the rise and change the environment in which legislation is proposed. She stated in the current polarized environment,

"no one is saying well, I kind of hear what you are saying." She indicated fewer and fewer people have conversations about interesting points of view. Media influence is stronger than ever in the political context. She stated fake news, talk radio, cable TV, and so on "don't attempt to be fair or balanced, and that used to be the hallmark of journalism."

Relationships among Mental Health Professions. Historian 2 spoke about the mental health professions working together to support the legislation creating loan forgiveness and she also spoke about them working together on the oversight board. She did not specify any disagreements or opposition among the professional groups.

Solutions. Historian 2 proposed several solutions to address problems in the process of passing or changing social work related legislation. First, she mentioned *relationships*. Between their legislative sessions, she starts *working the process* with "legislative champions and partners" to discuss ideas, strategies, or ways to approach a need. She explained the importance of educating legislators by communicating and strategizing at off session times to assure they were informed about the issues and needs in a timely manner. She also shared a strategy of *getting social workers involved* by motivating membership of the association to call or write to their legislators to voice their opinions about important issues. She also mentioned *involving the public* through public campaigns to solicit people to do the same on issues of importance to them. According to Historian 2, NASW has a political action committee as well as a lobbyist. She stated the association works with legislators to build support and to help get bills through committees and on the calendars in both houses. The association may also be effective in helping to raise the level of attendance at public forums, such as town hall meetings, if legislators host them. She indicated another mechanism for the public to use as a means of expression is activism. She stated, "We just had the women's march here in Austin and I was part of it. There

were 60,000 people here in Austin doing this. Let me give you a sense of history, when I was a student at the height of the Vietnam War, we used to have protests all the time and it never drew a crowd like that. We had some protests before with the police and the tear-gas but we never had those kinds of numbers. It gives a lot of hope and faith that people are engaged now after all that apathy."

According to Historian 2, NASW also vets political candidates to identify ones whose platforms align with social work values. She stated the association may *support candidates who share social work values* by contributing financially or endorsing candidates to establish working relationships with them, and to help candidates get elected who have similar social work values in their platforms. If elected, these relationships are helpful in the process of passing or influencing change in social work legislation.

Historian 2 also spoke of *reframing issues* into language that makes sense. For example, she said the most direct route may be too direct. Speaking of workforce needs may be more effective than increasing low reimbursement rates. Again, she posited this in the context of getting the legislature to see needs differently, thus, spending money differently. Lastly, Historian 2 suggested *using a narrow focus* is helpful. She stated, "You can't do everything about everything, but you can pick one or two things that you're passionate about and make a difference."

Historian 3

Historian 3 is a female from Washington who is a registered lobbyist, private practice mental health provider, and is employed by a national social work association. She is considered a national Historian in this study since she provided information well beyond content from one state. She is an advanced career professional who is a Licensed Independent Clinical Social

Worker and who provides legislative advocacy services across the U. S. Her career history includes providing psychotherapy services and advocacy services, child welfare, and inpatient psychiatric services. Much of her work focuses on clinical social work rather than generalist. She also has experience working with mental health parity laws. Historian 3 has either consulted or written social work related State legislation in more than 20 states including Alabama, Arizona, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Montana, New Jersey, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Texas, Virginia, Washington, Washington D. C. She has authored a number of academic publications including books and articles.

State Information. Historian 3 shared her perspective as being focused on clinical social work regulation rather than generalist. As such, she agreed to share important components of licensure and relate it to a national perspective. In other words, she explained the problems existing in several states related to the topic. According to Historian 3, among the most important issues is some states having title protection and not practice protection. Regarding title protection, she stated, "people are not licensed to do something, they are just licensed to use the title." She states ideally a state has both, but practice protection is a better method of licensing than title protection. She shared in 2009, 38 states had both types of protection, seven states had title law only, and 6 states had practice law only. Historian 3 stated the second most important issue is the number of hours of experience and supervision required to be licensed. Some state laws define hours, and some define years. Those with requirements for years are more difficult to interpret and execute. She stated that of the states specifying hours, there are variations between three and four thousand hours.

Historian 3 stated, “There are 51 clinical licensure laws in the U. S., and none of them are alike.” She explained the profession is discussing the issues of reciprocity and portability, but the variation still existing among the licensure laws may not have the platform yet. She reported there are 11 states whose laws do not allow for licensed clinical social workers to diagnose including Alabama (though Alabama has a specific condition in the law allowing diagnostic impressions), Alaska, Arizona, California, Georgia (though she thought Georgia changed recently), Indiana, Michigan, Nebraska, North Dakota, Pennsylvania, Tennessee, Utah, and Virginia (Virginia can diagnose as specified in the rules, but not in the law). Further, she indicated there are seven states whose laws do not allow social workers to practice psychotherapy. Historian 3 explained the problems for practitioners in any state not having these two essential parts in the laws. She provided an example of a case in 2007 whereby a well-regarded clinical social worker was sued by a patient’s family because of the diagnosis assigned to a client. She indicated that if the state had not allowed clinical social workers to diagnose, the social worker would have been in trouble. It was debated in court and supported because of the specifically assigned rights in the law.

According to Historian 3, most states have exemptions to the licensure requirements; only four states have no exemptions. Examples of some exemptions are state employees, government employees, and some states exempt faculty members. She explains how exemptions create vulnerability, specifically related to clinical social work. She discussed another issue as being the significant variation of continuing education requirements among states; required hours range from zero to forty five hours per year. She reported there are also special requirements related to how many hours can be distance, ethics training hours, and other requirements.

Historian 3 spoke about titles. She said there are 11 different titles used for licensed clinical social workers around the country, and there are 15 titles for new social work graduates. Sometimes these titles overlap, creating even more confusion. She stated some of these issues require national level efforts to bring continuity, but in her experience, the profession is not yet ready to have these conversations. Historian 3 stated, "Every state has its own board, and those are fiefdoms. Nobody wants any other body telling them what they should do or how their licensure laws should work." According to Historian 3, there are 36 states with independent social work boards, 12 states use composite boards, and 3 states manage regulation under an administrative agency. Historian 3 said independent boards function best, but composite boards are not necessarily bad. Her perspective is operating under an administrative agency is unfortunate because the administrators may not understand and value the profession, especially clinical social work.

Historian 3 explained laws and rules. She estimated about 20 rules to best support the law. Rules are used to explain, or better define, aspects of the law. She shared that Virginia realized the law did not adequately define the right to diagnose, so the right was outlined in the rules to make it clearer. While it seems to support the need in Virginia, she indicated it is not ideal to have such an important function of clinical social work defined in rules and not in law.

Legislative Process. Historian 3 spoke mostly of the status of various aspects of clinical social work practice across the country while also identifying several barriers and solutions in the legislative process. However, given the nature of questions to her national experience, the content she provided fit best in other categories and are not duplicated in this section.

Barriers. Historian 3 identified and shared a few more notable problems she has been asked to consult in states regarding difficulties specifically related to clinical social work

regulation. First, she reported there is often a *lack of unified plan for change*. The individuals or associations sometimes want different things in the laws, and getting on the same page is not easy. She added that often the associations do not differentiate between clinical and macro social work and this is problematic when attempting to pass laws defining psychotherapy or the need for ability to diagnose. Historian 3 reported *funding* as her second concern. She stated overcoming problems with social work regulation is more than passing social work related regulation, it involves passing the right legislation. She said associations and the various stakeholders often need help; sometimes they cannot design the most functional laws on their own. She stated there has to be funding, which often does not exist, to bring in lobbyists or professionals having specialized knowledge and expertise.

She identified another barrier as people having *misunderstandings about the social work profession*. She stated there is a common problem among the states with many people involved in the legislative process not understanding social worker roles, services, and training. Additionally, Historian 3 also proposed the problem of *inadequately designed legislative proposals*. She explained that scope of practice has to be well written and clear. Clinical social work regulation also has to address the ability to diagnose and the ability to perform psychotherapy. Another of her concerns is the need to properly designate the correctly aligned ASWB category of exam for clinical social workers, which some states have not done well. Some states, for example, have assigned the advanced generalist category of exam as a clinical licensing requirement rather than using ASWB's clinical category of exam.

Historian 3 stated that if associations and social work champions in the state's legislative effort are not on the same page, it takes time to get them there. She provided this as an example of *legislative work taking time*. She estimates monthly meetings for a year are usually required

to just get a good platform set and the key players supporting it. Another important aspect of passing social work related legislation is the state's *political climate*. Historian 3 stated the political contexts of each state are unique and varies greatly among the states. The proposed legislation has to "fit" in the political climate, otherwise passing legislation becomes insurmountable. Similarly, she said those invested in passing the legislation must know the unique issues and be prepared to work them before and during the legislative process. She shared an example of how political environment affects legislation. One state was trying to pass legislation about independent licensure, and there was an "especially ugly political football game" going on between the Democrats and Republicans. Historian 3 said was hired to help create focus on the issues and was successful in getting the bill passed.

Lastly, Historian 3 identified the question, "*How much opposition is there from psychology*?" She said psychologists often are the main objectors to any proposed clinical social work legislation defining the right to diagnose and to perform psychotherapy. In her experience, psychologists assume ownership of services they perceive as being in their professional domain.

Political Climate or Historic Events. Historian 3 did not elaborate on the political climate or historic events in the process of working with social work related legislation. She provided examples of political climate in the Barriers section which are not restated here.

Relationships among Mental Health Professions. Historian 3 shared examples relevant to the importance of the relationships among the mental health professions. First, she mentioned the 12 states utilizing composite boards. She explained that most of the composite boards include social work with marriage and family therapy and counselors. According to Historian 3, the Colorado composite board also includes psychology, which is rare. In general, the professions sharing a composite board have reasonably good working relationships.

However, sometimes conflicts arise around standards of each discipline. She said sometimes the different disciplines take defensive positions when it might work better to view the similarities.

Historian 3 stated social work has the lowest percentage of disciplinary complaints among the six mental health professions. Sometimes differences among the professions arise around the topic of disciplinary standards and sanctions. Historian 3 also mentioned previously that psychologists are usually the main objectors to clinical social work having the right to diagnose and perform psychotherapy. She said this issue commonly arises in the context of differentiating between doctoral and masters trained professions, but also does affect relationships between the mental health disciplines.

Historian 3 shared a unique conversation about professional discipline relationships. A few years ago, on a national level, clinical social workers sought approval to perform disability evaluations and competency evaluations through the Social Security Administration. According to Historian 2, the request was denied because 11 states do not allow social workers the right to diagnose. The explanation for the denial was their inability to regulate due to inconsistency among the profession to provide a necessary part of the service (i.e. diagnosis). Historian 3 recognized this important issue as a key factor why psychology opposes clinical social workers right to diagnose. As such, any legislation where clinical social workers pursue the right to diagnose will likely have strong opposition from psychology in order to keep this national level of protection for their discipline.

Solutions. Historian 3 offered several solutions she has used in overcoming barriers to passing social work related legislation. Historian 3 often uses the solution of *using a narrow focus, or staying focused*. She stated solutions come in staying focused on the goal or need, ignoring the drama, and keeping the importance on giving citizens what they need. She further

explained staying focused on the mental health issue. She shared, for example, if individuals with mental health needs do not get help through mental health treatment, then costs are simply deferred to the corrections systems. She indicated that individual distress is unnecessary and the cost of managing mental illness in corrections systems is significantly more expensive than preventive or outpatient mental healthcare.

Historian 3 also spoke about the need to *get the "players" on the same page,* or in other words, *make sure the group has a common goal*. She stated without a unified goal, the project gets stuck in debate internally which always seems to come out when the proposal moves forward. One of the most effective ways to get those outside the work group on the same page is *education*. According to Historian 3, educating committee members and committee chairs on the importance of the issues, helping them understand, is a key part of the work for the work group. *Relationships* are key in passing social work related legislation. She said knowing the legislators, the governor's office, and other key people on committees and making sure they understand the purpose and meaning of the work is essential. She also emphasized working with agencies having a stake in the proposal, such as the Department of Health or the Department of Education.

According to Historian 3, another important aspect of legislative work is knowing the *political environment and the "hot topics"*. Back in the 1990s, when much of the legislative work for social work regulation was active, the political environment was friendlier to regulation. She stated there was a more common value, across the board, for protecting the public. Another factor in legislative work is *being prepared - it takes time and money*. She stated social workers often get passionate about an issue, like not being able to diagnose. They want to jump in and make things right. The groundwork has to be laid for it to happen, and it

takes lots of time and money to be ready. She also spoke about the importance of getting the right content into the law when *writing good social work legislative proposals*. She said clinical social work legislation must include the right to diagnose and the right to perform psychotherapy in order to adequately support good social work practice.

She addressed the importance of using ASWB's Model Social Work Practice Act when designing generalist social work legislation, but it does not expound on clinical practice. When designing clinical social work legislation, she states it is important to consult with a clinical social work association and work with a lobbyist or a clinically focused, well-informed advocacy professional. She also spoke about the need for clinical social work practitioners to be required to take and pass ASWB's clinical exam. She emphasized these licensure requirements are essential in every state level social work law.

Historian 4

Historian 4 is a female from Minnesota who is in an advanced career role. She holds an MSW and doctoral degree and is licensed. She has lived in Minnesota for 23 years working full time in academia and part time as a clinician and an activist. She previously lived in Ohio where she maintained full time employment in clinical social work. She began working in the political environment while in Ohio when she was serving on a social work board, but her interests root back into her childhood when her parents took her to rallies. Since moving to Minnesota her interest included decreasing exceptions to licensure which is what engaged her in legislative work. She includes this focus in her teaching and research. She expresses importance of this work for the best interest of clients. She also has some experience in the regulation of school social work.

State Information. According to Historian 4, Minnesota has reduced exemptions to licensure laws to only one exception which allows workers in some counties to practice without a license. Exemptions are troublesome for her because the counties allowing the exemption are ones with the most vulnerable populations. Historian 4 and some invested colleagues researched the exemption. According to Historian 4, human rights complaints within the counties are investigated within the counties. Their investigation raised question if counties might focus on protecting their own liability which may influence the outcome of the investigations. She emphasized the potential conflict of interest as a problematic system.

She added that although social workers in Minnesota can diagnose, the practice environment does not always support allowing it. For example, social workers are trained to work in addictions settings and the statutes do no restrict social workers from practicing in the setting. However, she reported the Department of Human Services determined social workers are not adequately trained in the "12 core functions". Historian 4 opposed the practice and confronted the Department about the restriction. She reported being successful in providing evidence that graduates from Minnesota State University are adequately trained. Because of her work, she states the graduates from Minnesota State University can practice in addictions inpatient settings while other social workers cannot. According to Historian 4, Minnesota utilizes additional licensure of licensed alcohol and drug counselor (LADC). LADCs can provide services on inpatient addictions facilities. She explains Minnesota hosts a Minnesota Conference on Social Work Education annually and the group provides education but also becomes involved in advocacy at times. The group has been involved in the addictions treatment provider issue.

Historian 4 stated Minnesota has a substantial number of Native American Indiana and tribal communities which are protected groups. She reported that social work regulation does not designate an exemption to the statute for tribes, but the federal status does provide practice exemptions. According to Historian 4, 11 of the tribes requested to work with social work regulation to assure quality of services being provided and protection of their public. These tribes voluntarily comply with the licensure laws and ask for help in doing so. Historian 4 also spoke of regulations for child protective workers. She stated a few years ago there were several deaths of children in foster care. During discussions, several legislators revealed assuming the child protective service workers were licensed, and the legislators were surprised to learn child protective workers were not. Historian 4 stated, "We came within a hair of the legislators last year saying all supervisors and child protection workers had to be licensed. It was within one or two votes of passing." She explained how eliminating exemptions and having more mental health and social service providers licensed is a tough battle, but once an expectation of safe care is established into the state culture, intolerance of inadequate care is established too. Her approach included asking the questions, "Do you want clients on a waiting list or do you want clients being harmed? Which is worse?" She stated when the bar is set for a safe level of care, enrollments increase in social work programs and mental health professional programs because the professions are then more desirable and less scary.

Historian 4 spoke of geography in Minnesota as being vastly large and quite rural. She said the state has problems with the amount of time providers use in reaching clients, or vice versa, and the amount of time and money it takes for clients to get to agencies providing needed services. She predicts an increase in practice using technology in the next 10 to 15 years. She

reported technology based services have reached clients who may not otherwise have gotten help.

Legislative Process. Historian 4 spoke of some aspects of the legislative process; however, the majority of the content she shared fit better into other categories. Content is not duplicated in this section.

Barriers. Historian 4 identified and explained several barriers to passing social work related legislation, beginning with *the nature of social work*. She explained social workers are passionate and sometimes let the passion get in the way of seeing other, sometimes valid, perspectives. She notes that passion can also stifle compromise or turn into fear and defensiveness if one is not able to achieve the goal quickly.

An additional barrier identified by Historian 4 is *state level sessions have short durations and move quickly*. State legislative sessions move quickly and during session access to legislators becomes scarce and the ability to influence their perspectives on any given issue lessens. She also reported problems with getting to sessions in the midst of busy schedules. *Logistics*, or coordination, is another important barrier. Legislators need to hear meaningful stories from clients; sometimes there is no better way to explain a need than having a client tell an impactful story. While seemingly simple, she said it can be challenging to coordinate meetings with the right people at the right time. She stated clients with these stories need to be face-to-face with the legislator but difficulties include getting the meeting times coordinated, managing work and transportation issues for the client, money to afford the travel, and even helping the client to maintain motivation to speak with the legislators until the meeting time takes substantial time and commitment.

Political Climate or Historic Events. Historian 4 explained how historically politicians seemed to compromise, and it does not feel as if legislators do this as well currently. She sees a more adversarial relationship than collaborative in the political climate currently. Her explanation is rooted in power. She explained how use of power and influence are not conducive to compromise and negotiation and she sees a more polarized climate influencing decision making. She stated she has seen this before and it is unfortunate for society to experience it again. She stated, "I hope the nation doesn't go back to the 60s and explode again; that's my fear. Way too many good people died or were injured in the 60s."

Another of her comments was about political climate related to the social work regulatory board. She stated Republicans would like for social work to consolidate with other mental health professions into a composite board. The discussion comes up from time to time, but thus far, social work has maintained a stand-alone board.

Relationships among Mental Health Professions. According to Historian 4, social workers in Minnesota can diagnose, but physicians and psychologists practicing in medical environments do not accept diagnoses by clinical social workers. She stated the other disciplines do not recognize the ability of clinical social workers; their roles are more restricted in the practice setting than by law. The influence of other disciplines is also present when social work related legislation comes to the hearing floor. Lastly, she shared belief that social work remains a profession, like nursing, who is not well understood. For example, she states most people do not know the difference between a two-year registered nurse and a four-year registered nurse, or a registered nurse with a master's degree or clinical specialty. Social work is equally misunderstood by the other disciplines.

Solutions. Historian 4 first suggested the solution of *compromise*. In the last effort to eliminate all exemptions from the social work licensure law, she said it would have failed had the social workers not agreed to compromise and allow the county exemption. From her perspective, it was better to eliminate most exceptions and deal with one than to have the bill fail. Also, she said social workers have to practice what they preach. Social workers have to hear the perspective of others, even if it does not align with their perspective. She discussed an example where a student was distraught by oppositioners protesting at a pride parade. She used the example as a teaching moment to emphasize how there is always opposition. She explained to the student how people never agree on only one perspective. She encouraged the student to consider a planned and respectful perspective and to consider why the protesters might have not supported the parade.

She said *making the cause real* involves having clients with meaningful stories sharing them, and having them heard by legislators. Context, or real life examples clarifying the meaning, make a difference in whether legislative change will be supported or not. She explained email blasts to congressmen and representatives have their purpose, and these types of advocacy work, but one meaningful story is very powerful. She also suggested perhaps a needs assessment, whether formal or informal, adds meaning to the need for a legislative change.

Next she spoke about *relationships*. Historian 4 stated legislators need to be accessible and people need to connect with them. Informal conversations are a starting point when need for legislative change becomes apparent. She also emphasized need to use *technology*. Legislators as well as constituents need to be able to use technology, such as Skype, to facilitate communication. Technology lessens the impact of travel distance, meeting coordination, and the costs associated with making meaningful connections happen.

Historian 4 also spoke of the value in strategy, or planning, *when writing social work related legislative proposals*. She emphasized need to recognize the value of designing the right plan. Sometimes the best plan is a huge step while other times the best method may be to take small steps. She stressed the importance of not undervaluing the small steps approach. She also discussed the importance of *education*. Her perspective is to educate everyone along the way about the issues being addressed in a proposal. Being informed helps legislators make better decisions.

Historian 5

Historian 5 is a female who currently resides in Virginia, but has substantial history in Florida. She is considered a national Historian in this study since she provides information well beyond content for one state. She is an advanced career professional who serves as Chief Executive Officer for a national social work association. She holds an MSW and is a licensed clinical social worker. Historian 5 worked for an American politician in the late 1960s, but notes real legislative experience began for her when she became President of a Florida association chapter in the 1980s. She has a long history with NASW and was active in the association for many years. When she assumed the role as President of a Florida association, she partnered with Presidents of other associations to lead the state's efforts to design laws and rules. She was later appointed to the Florida licensure board. During this appointment she was also active in writing more laws and rules. She has extensive experience serving on committees and chairing workgroups whose work affects social work laws and rules. She was involved in writing earlier versions of ASWB's Model Practice Act and is actively involved in the mobility and portability efforts. Her employment history includes teaching social work and serving on many multi-disciplinary committees and panels.

Historian 5 shared information about the state of Florida as well as other states. For the purposes of this study, the information regarding Florida is separated allowing for the information related to Florida to be included in the Florida analysis. Each subsection follows this format.

State Information. Historian 5 reported that Florida established regulation over social work practice in the early 1980s, but only for clinical practice. She said social work is regulated within an umbrella, or composite, board along with marriage and family therapy and mental health counseling. The composite board was developed by the psychotherapy act because it was the only way to get social work regulation in Florida. She reported that while social workers can diagnose, scope of practice is somewhat restricted to "methods of a psychological nature". The board uses the Rules to further define the practice of social work beyond the law in Florida. Historian 5 explained Florida legislature is in session annually and laws are not changed outside of the legislative sessions. The regulatory board is housed in the Division of Medical Quality Assurance and is comprised of nine members – two social workers, two marriage and family therapists, two mental health counselors, and three public members. Board meetings are open to the public.

Historian 5 explained that ASWB hosts a database on their website including the social work related laws and rules of all U. S. States, the Virgin Islands, Guam, the Northern Mariana Islands, and the 10 provinces in Canada. The site is helpful to anyone wanting to learn about social work regulations of a particular state, or to compare states, or to see all of the social work related state regulations.

Legislative Process. Historian 5 explained social work legislation as somewhat confusing, and a process not necessarily based in common sense. She states many states, but not

all, use laws and rules. It was a long road getting professional regulation established in Florida, but overall, the regulated professions are not unhappy with the composite board model. She said initial efforts were to have separate boards for each profession, but legislators in Tallahassee would not agree. She stated, year after year, social workers would propose legislation and the legislators would say, "Counseling is counseling is counseling. Come back when you have one bill." As a result, she said the three professions worked together to create common definitions as needed while still respecting the separate disciplines; the definitions culminated in the psychotherapy act. She said a definition of clinical social work is included in the psychotherapy act, though it is long and cumbersome and not necessarily one social workers would ideally choose. She added, "Legislation uses legislative language, not necessarily the language of each of the professions." She explained how defining the language in the act was challenging, mostly because psychology required significant restrict the language. According to Historian 5, the way the law was written allowed the board to establish rules to further explain practice in each discipline. To best understand professional regulation, one must read both the laws and rules.

Historian 5 reported that social workers in Florida have attempted to secure licensure for bachelor social workers, it has been an unsuccessful effort. Since the profession is regulated under the psychotherapy act, other professions included in the act opposed regulating bachelor level providers. She said the effort to obtain bachelor licensure has been brought to the legislature multiple times and it appears to have no positive movement even currently.

According to Historian 5, states also decide in which divisions regulatory boards are housed. Board functions and funding vary depending on the division. For example, the Florida board at one time was in the Department of Public Regulation, then under the Department of Business and Public Regulation. During these times, she recalled hearings including musicians,

architects, funeral directors, and landscapers. She reported the board is now is under the Division of Medical Quality Assurance and social workers sit at the table with health related professionals.

In New York, the board is housed in the Department of Education. Historian 5 stated, "Imagine how different their board meetings are than Florida." She stated their laws are somewhat similar, but their rules are very different. New York has the largest number of licensed social workers and California has a close second. Historian 5 concluded by explaining the laws and rules used need to be more simple and consistent. She stated specializations, multiple levels of licensure, and varying credentials have made licensure much more complex from the national perspective. She is hopeful for movement toward more simplicity again as a means of facilitating mobility of licensure. She stated, "The specialness is working against us now."

Barriers. Historian 5 quickly identified the most significant barrier toward passing social work related legislation as *the specializations within social work*. Historian 5 explained how the evolution of practice in social work created need for specialized practice; however, she emphasized how the complexity has unnecessarily made its way into laws. From her perspective, the laws need to be simplified, and specializations can be managed equally well in rules rather than law. She explained that specializations vary across the states, and as such have produced more than 60 titles for social workers in the U. S., and these titles are inconsistently used among the states. According to Historian 5, bachelor level licensure is established in 41 states and master level licensure is established in all states, but those holding the degree are not consistently recognized as licensed bachelor social worker (LBSW) or licensed master social

worker (LMSW); the same qualifications are recognized by multiple and varying titles among the states.

Historian 5 shared another barrier of *not valuing the need for licensure*, even within the profession. She stated some social workers are reluctant to support regulation of the profession, noting it is expensive, discriminatory, and requires undue burden to maintaining licensure. She added that social workers do not necessarily understand the purpose of licensure. She said some perceive regulation as promoting the social worker or the profession when in reality it is about assuring the public receives ethically safe service. Historian 5 added the barrier of *legislative work taking time*. She recalled the example of having to come back year after year to attempt professional regulation and being told to come back with one collective proposal.

She also recognized a *need to overhaul social work education* as a barrier. She stated, "Nurses, doctors, and dentists graduate knowing they need to be licensed to practice. Why don't social work students equally know this?" She further explained how confusion within the profession about the value of licensure adds to the overall confusion by others. She stated a starting point for eliminating this confusion within the profession is during education. Historian 5 also stated that social workers need to be more comfortable lobbying and talking to legislators and schools of social work need to more fully develop these skills before graduation.

Political Climate or Historic Events. Historian 5 spoke about political climate. She began by saying the legislative process is very political. A great deal of time is spent on simple words with meaning to certain parties, and it has to be worked out or the bill fails. She also spoke about the desire by some to formulate a national model of social work. While she is an advocate of licensure mobility and portability, she supports simplifying the laws and managing details in the rules. She stated this method still offers flexibility in meeting the needs of

individual states. She shared a couple of additional thoughts opposing national licensure. First, the state of New York regulates 65,000 social workers. While they do well, she stated there are struggles with the volume of work involved with one agency regulating so many individuals. She added, "Just image the bureaucracy and infrastructure needed to manage all 50 states." Secondly, she mentioned the legislative process. Navigating social work related legislation is very complicated within any one state, and it would be nearly impossible on the national floor.

Relationships among Mental Health Professions. Historian 5 also explained the impact of relationships among the professions in the legislative process. For example, in Florida, when social work, marriage and family therapy, and licensed professional counselors learned the legislature would not support individual board creation, the professions worked together to develop licensure. She explained how the professions worked hard to design a proposal meeting the needs of all but with some language protecting the individual professions. She recalled that during the process, there was substantial opposition by the psychologists who wanted complete restriction from any use of the term "psychology". The psychotherapy bill that passed included "methods of a psychological nature" which she stated has met their needs. On the other hand, bachelor level social work is regulated in 41 states, and some social workers in Florida would like to regulate the practice as well. However, she stated that because of the composition of the umbrella board, and social work being regulated in the psychotherapy act, the other professions adamantly oppose regulation of bachelor level social work providers. Historian 5 stated it takes courage to keep trying and emphasizes collaboration with the other professions. She stated she will simply not fight with psychology. The disciplines are very similar and face similar challenges, and collaborative work is much more productive for both disciplines.

Solutions. Historian 5 first discussed the importance of *relationships*. More specifically, she recalled the value of collaboration with marriage and family therapy and professional counselors in designing the psychotherapy act. The act created a composite board in Florida to regulate mental health practice while also describing the scope of practice for each of the three disciplines. Their working together was the key to having regulation of all three professions. More globally, Historian 5 expressed need for all social workers to communicate better within the profession and about professional needs. She stated that the leaders of all three national social work associations are committed to working together, with a goal of bring some unity to the profession. According to Historian 5, regulation is a priority among all three organizations now. She also emphasized need to develop coalitions, committees, and work groups to build consensus, helping to eliminate significant opposition.

Historian 5 proposed need to *simplify social work laws*. She referred to the complications caused by writing specializations into laws, which has created confusion with the profession about social work practice as well as for the public and legislators. She suggested taking legislative proposals to more basic language and defining details of practice in rules. She indicated ASWB's Model Social Work Practice Act serves as guide in designing basic laws. As an example, the model practice act proposes three categories of licensure – licensed bachelor social worker (LBSW), licensed master social worker (LMSW), and licensed clinical social worker (LCSW). States would still define the scope of practice for each (as written in rules). She stated this simple procedure would add clarification among the states as to category of practice and reduce the more than 60 social work related titles currently being used to 3 titles.

Similarly, Historian 5 emphasized *need for all social workers to be licensed*. Having states who do not regulate all categories of social work practice and having social workers who

practice without a license creates problems with establishing social work as a profession that needs to be regulated in order to protect the public. She stated that having all social workers licensed demonstrates professional commitment and value to protecting the public as well as reducing confusion about the role of social workers in serving the public.

Historian 6

Historian 6 is a female from Texas who is a retired social worker. She completed her master's degree in social work in 1972. She holds an MSW and a doctoral degree and she is a licensed clinical social worker. She was employed by a governmental healthcare agency for nearly 25 years. She also has experience with starting a social work department in a major medical center. Historian 6 has chaired the social work licensing board in Texas. She has also been an active member of NASW and was a board member of ASWB. She has served as a regulator with a hospital accreditation commission. While with the commission, she helped develop standards of mental health practice, including social work, in free standing mental health facilities. Historian 6 has extensive experience in legal and non-legal regulation and has been actively involved in social work regulation throughout her career.

State Information. Historian 6 explained the three forms of credentials. She stated registration is the weakest form of regulation whereby individuals essentially voluntarily place their names on a list. Certification legally protects the titles and involves registration, but has very little oversight. Licensing makes the distinction between licensure as a title protection, or practice act. Licensing enables third party billing and insurance reimbursement for services.

Legislative Process. Historian 6 shared some information about the state via her own experience and also shared an additional document addressing legislative change related to social

work regulation in Texas. For the purposes of analysis, both her interview and the document she provided are included in this section.

Texas began seeking social work regulation in 1967; however, efforts failed between 1967 and 1973. According to Historian 6, Texas is a "right to work" state and regulation was initially considered a conflict with the law. Between 1973 and 1979, NASW gathered groups of invested people to form a Licensing Bill Drafting Committee. The committee worked diligently to make some advances toward regulation between 1979 and 1981. During this timeframe bills began to pass in senate but fail in the house, as Historian 6 recalled, "because of opposition from the Speaker". She recalled in 1981, a small group of social workers met with the Speaker to understand his perspective; he told them licensure would never pass in Texas because of the political climate. She stated he suggested changing the approach to certification, which would protect the title, and if the social workers would agree then he would find a sponsor to help get the bill through the house. She stated certification passed fairly quickly. The four categories of certification included associate, bachelor, master, and clinical. She recalled in 1990, one of the associates brought a lawsuit against the board because certification was essentially the same as title protection, not a practice act. She stated the 73rd legislature produced licensure, which was better than a practice act because of the benefit of allowing for insurance reimbursement. She recalled the coalition successfully pursuing this law included representatives from NASW, the Texas Society for Clinical Social Work, the Society of Hospital Social Work Directors, and others who joined their cause. According to Historian 6, the National Association of Black Social Workers opposed licensure for many years stating it was discriminatory in practice because minorities were less successful in passing the licensure exams. The final bill was drafted and sponsored by some influential legislators and became law on June 15, 1993.

Barriers. Historian 6 discussed a number of barriers Texas faced in passing or changing social work related legislation. The early years were, as she recalled, "fragmented and fraught with failure". *Social workers and well as legislators in Texas were not informed about certification or licensure*. There was a substantial amount of missing and needed information in order to successfully design and pass a regulatory law. Historian 6 also stated Texas legislators *did not value the need for licensure* initially. Texas is a "right to work" state and some legislators saw licensing as directly conflicting with ones right to work. Historian 6 also reiterated that many people in the legislative system had a *misunderstanding the social work profession.* She stated legislators did not see social workers as clinicians; social workers were perceived as welfare workers who removed children from parents.

As efforts continued toward achieving licensure, a small group of social workers asked the Speaker why he opposed the bill and were told the *political climate* in Texas would never support licensure. She recalled there was also *opposition from influential groups* such as the nursing home industry, the Department of Protective Regulatory Services (DPRS), and the National Association of Black Social Workers. She stated the nursing home industry and DPRS wanted to maintain the status quo, and also wanted the ability to continue to employ the Social Work Associates. The National Association of Black Social Workers criticized licensing as a device for consolidating power and as discriminatory. She recalled another association also fought legal regulation in Texas. In more recent years, she said resistance continues regarding requiring licensure for faculty. NASW, the National Association of Deans and Directors (NADD), and some educational institutions oppose licensure requirements for faculty claiming discriminatory practice.

Political Climate or Historic Events. Historian 6 shared some information about the political climate in Texas and its impact on passing social work related regulation, though the content fit better under other headings. Information is not duplicated in this section.

Relationships among Mental Health Professions. Historian 6 shared examples of how relationships among the mental health professions affected legislation in Texas. Early in the process of establishing social work regulation, there was an attempt to establish a consolidated board among psychologists, licensed professional counselors, and licensed marriage and family therapist, and social workers. While the professions worked well together, no one wanted a composite board. She stated, "The psychologists were totally unhappy about the whole thing and were not nice players in this." She added, "We fought like crazy then." Yet in the most recent legislative cycle, there was an attempt to develop an oversight board and Historian 6 shared how the professions worked well together to maintain separate independent boards.

Solutions. Historian 6 shared *educating* and planning as the solutions used in the early years when social workers and legislators were so uninformed. *Relationships* play an important role is solving problems. For example, a small group of social workers met with the Speaker to understand his opposition to licensing. After some negotiating, the Speaker found support from a legislative ally who sponsored the bill, and it successfully passed. Similarly, she added, the Licensing Bill Drafting Committee including involvement from NASW, the Clinical Society, minority social work organizations, and academicians were working together to draft a certification bill. The process was successfully duplicated in the 1990s when changing certification to licensing.

Historian 6 explained an attempt to further define licensing was successful by finding two sponsors who believed in social work and were willing to help. The governor's daughter was

also a social worker and she helped a great deal. Historian 6 also emphasized the importance of having and using a state level Society for Clinical Social work. She stated, "I don't know what I would have done without the Society for Clinical Social Work. They are primarily mental health focused folks. They supported the clinical stuff when the association and I practically went to war."

Historian 6 also discussed how *timely incidents, either predictable or unexpected,* can prompt action for change in social work related legislation. She reported, for example, a lawsuit in the 1990s exposed the inadequacies of the certification act which prompted the Licensing Bill Drafting committee to begin work on the licensing bill. Another example is when a law is approaching sunset. She stated, "Everything is up for grabs then". The sunset timing brought the mental health professionals together to develop consensus around legislation benefitting all of the professions. She said sometimes timing is key. She shared, for example, it was good timing when the governor was receptive to social work related legislation. Significant amounts of work went into educating legislators, relationships were good, and legislators were receptive to the approach used by the coalition.

Compromise and negotiation plays an important part in passing social work related legislation in Texas. A premier example is overcoming the prediction that Texas would never support a practice act. According to Historian 6, the Licensing Bill Drafting Committee began looking for options for what might be acceptable, and negotiating solutions with legislative partners. Although the result initially was certification, she explained how certification was better than no regulation, and it became a stepping stone toward licensure. A very similar process repeated when passing licensing laws. She reported the licensing law also gave the

board independent rule making authority. Using the rules allowed for further clarification and specificity to the laws.

According to Historian 6, *using technology* can provide a forum for research, communication, and problem solving. Technology can aid in overcoming barriers in a variety of ways including gathering and sharing information, reaching legislators as well as the public, and facilitating meetings. Historian 6 identified another solution in overcoming barriers as *persistence and dedication* for the cause. She somewhat humorously stated, "We worked like dogs. We drew in everybody we knew. We drove the legislature crazy. We were not willing to give up on this."

Historian 7

Historian 7 is a male from Minnesota who is retired. He holds an MSW and a doctorate degree, and is a licensed social worker. He began his social work career in child welfare practice and has experience teaching elementary school. Historian 7 spent the majority of his career teaching social work in higher education. The majority of his career he was actively involved in social work associations, mainly at the state level. His earlier interests were in public policy and advocacy for other priorities in social work. His interest in regulation came when his colleague who had been on the licensing board for many years retired and suggested that he appeal to the governor for appointment to the board. He was appointed to the social work licensing board in the early 2000's and served two terms under different governors. During this time Historian 7 developed a passion for licensure and regulation and remained active in the process of securing social work related legislation. He has authored several publications including books and articles related social work legislation.

State Information. Historian 7 shared that Minnesota social workers are regulated by an independent social work board. Licensure was first defined in the law in the mid 1980's and he became licensed in 1987. Minnesota licenses both bachelor and master level social workers. Historian 7 explained controversy in defining clinical social work as a distinguishably different category of practice because it complicated the licensure law. He reported Minnesota also faced debate when defining the boundaries around timeframe after a client ceased being a client when the social worker could begin a relationship. The controversy rooted in a case where many people saw the relationship as not fitting into the boundary violation clearly. He recalled the case involving a school social worker who worked with a parent on a committee to completion of the committee's work, and then several years later, in different context, developed a romantic relationship. He said the case went to court and was determined to not be a boundary violation. This case prompted social workers to engage in another overhaul of the social work laws.

Historian 7 explained the legislature in Minnesota tolerates very little drama and expects any proposed legislation to be thoroughly vetted before being presented. As such, most proposed legislation passed fairly easily. He shared that people involved in legislative work know to be prepared with explanations for who has been consulted, who supports the proposal, and who opposes the proposed bill. Nonetheless, he said cases or situations arose from time to time creating need to revise laws in the midst of controversy. Historian 7 had gotten involved in social work regulation at a time when the laws were being completely overhauled. He was satisfied with their product and the resulting laws, but two years later another issue arose whereby they again considered major overhaul. He explained how taking on major legislative changes in a short timeframe was also controversial.

Historian 7 shared the importance of public opinion in the legislative process in Minnesota. He explained how the legislature seeks and uses public opinion in forming laws. Although not the case in many states, those working with legislation in Minnesota are well advised to understand and include the public perspective in their work.

Schools of social work also went through a period of time focusing on clinical licensure pass/fail rates. He shared how education shifted toward clinical coursework to facilitate pass rates, resulting in minimizing attention to macro practice. He said the conflicting perspectives continue and macro practice has slightly declined, though the concern about macro practice being eliminated has not come to fruition.

Historian 7 summarized by stating the current laws seem to support social work practice efficiently and are reasonably stable. Although situations arise at any time presenting need for change to legislation, the current statutes seem to have a solid platform for practice but are flexible enough to allow for minor interpretation. At the time of interview, Historian 7 was not aware of any new legislative proposals being considered for social work related legislation.

Legislative Process. Historian 7 shared information about the laws and rules in Minnesota. He explained Minnesota attempted to use the "laws and rules" model as most states do. However, he said Minnesota reached a point where the laws and rules were overlapping, sometimes conflicting, and the technical details became difficult to interpret. There was disagreement as to how to separate the rules and laws, thus, Minnesota reached a time when overhaul of licensure was imminent. From his perspective, the effort was intensive and faced some controversy; however, when completed, the profession was reasonably satisfied with the format. Essentially, Minnesota stopped using rules and defined social work practice solely in law. Two years later, he explained, a court case raised question about the need to overhaul the

regulations again and the profession struggled with doing so primarily because it had to, again, go through the legislature since there was no other provision in rules.

Barriers. Historian 7 explained the *specializations in social work had complicated the laws* in Minnesota. The laws and rules model was not working because the laws and rules overlapped in some ways and conflicted in others. He explained that there came a time when social workers decided the regulations needed complete overhaul. Their efforts to tweak or modify were not enough to clarify the profession's needs. From his perspective, the problems resulted because when there was controversy regarding professional regulation, the legislature got involved, even if the issues arose within the rules. There was also some controversy by *other mental health professions* around definitions. He specifically recalled "clinical social work", "assessment", and "treatment" being scrutinized. He perceived the primary resistance from physicians and psychiatrists who interpreted these terms to include prescribing medication.

Lastly, Historian 7 discussed how *misunderstanding the social work profession* impacts legislation. He reported the state legislature is not interested in advancing the profession of social work. In his experience, individuals are happy to have social work services in the hospital, or during a time of need, but they are not interested in investing time or effort to advance the profession because there is no economic benefit.

Political Climate or Historic Events. Historian 7 shared there is no stronger factor than political climate when presenting a bill to the legislature. He shared the initiating factor in licensure for social workers in Minnesota was a very visible case of neglect sparking general social movement in the state. Historian 7 wondered if social work licensure would have ever passed without this very visible case.

Relationships among Mental Health Professions. Historian 7 shared the culture of the legislature in Minnesota as tolerating very little controversy. As such, the mental health professions vet proposals before submitting to the legislature. He shared that doing so prepares them to explain who was supportive, who opposed, discuss any attempts to resolve conflicts, and if any conflicts were unresolved. In most cases, if conflict was unresolved, the bill would not be forwarded to committees. He shared that professions tend to support each other and resolve conflicts while drafting bills. He stated it was important to include educators as well as associations within the profession.

Another example in Minnesota was when master level psychologists sought licensure. Historian 7 explained that psychology had only regulated the doctoral level of practice. There was concern among social workers when the legislators reviewed training and education among mental health professions. From his perspective, social workers were most concerned the legislature might view social work as undertrained rather than differently trained. He stated the social work concern was highly dependent upon the strategy used by the master level psychologists when making their case. Social work had designed laws to cover the breadth and depth of social work practice and did not focus on highlighting qualifications and training of, specifically, clinical social work. As stated previously, Historian 7 thinks social work practice is fairly stable in professional regulation now.

Solutions. Historian 7 discussed the importance of *writing good social work legislative proposals that put the right content in the laws*. In order to achieve this goal, sometimes the law just needed complete overhaul. According to Historian 7, Minnesota, after weighing pros and cons, decided to eliminate rules and manage regulation only in the laws, and the legislature likes it. Additionally, the legislature has no tolerance for conflict over proposed bills coming to the

house. Those proposing a bill have to *compromise/negotiate* before it reaches the legislative floor. He stated that proposed bills are vetted within the profession and with any stakeholder who may oppose it. The legislature expects answers to the vetting questions before any bill advances to a committee. He explained one idea generated by the social workers was *to educate* by creating educational materials based on the practice act and use them as teaching tools to inform constituents, social workers and students. The materials provided opportunity to make sure the language was clear enough for legislators as well as the public to understand social work and all of its complexities.

Historian 7 discussed *a timely event* prompting need for social work related legislation to be overhauled. As discussed previously, a social worker involved in a law suit regarding a boundaries case whereby many thought there was no boundary violation presented the need for social work legislation overhaul. Using the timing of the case created opportunity for legislative change which might otherwise not have existed. Lastly, Historian 7 emphasized the importance of *involving the public* when drafting proposals for legislation. The legislature in Minnesota listens to the public, and the public is very involved. Coalitions and constituents must be at the table during the drafting and proposing of any social work related legislation.

Historian 8

Historian 8 is a male from Florida who is in an advanced career role as an Executive Director of a state social work association; he has served in this role for over 20 years. He holds a master degree in social work and is a licensed social worker. He has been working as a social worker for 43 years. He has been an Executive Director for a state social work association in Arkansas, has served on the Arkansas NASW board, and was involved when Arkansas was establishing social work licensure in the state. He has also worked in higher education in

Missouri and served on the Missouri NASW board. Historian 8 was also previously employed in Tennessee as Executive Director of a state social work association and has been active in their licensure efforts. He has been involved in revisions of the licensing laws in Florida for many years. He recently started working with ASWB on the mobility taskforce. Given Historian 8's experience in multiple states, he is considered a national Historian for the purposes of this study. Relevant content applying to states other than Florida are recorded for inclusion in the national analysis.

State Information. Historian 8 provided fundamental information about social work practice in Florida. He explained social work practice is regulated under a composite board including mental health counseling and marriage and family therapy. The board only licenses master's educated mental health providers; bachelor level social work practice is not regulated in the state. He said each of the disciplines defines their own requirements for education, categories of exams, requirements for supervision and continuing education, and scope of practice. However, for the most part, the standards are very similar. He stated supervision for each discipline is not shared; each discipline provides supervision for their own discipline. Only qualified social workers can provide supervision.

He explained that Florida used to have substantially more licensed clinical social workers than marriage and family therapy therapist and mental health counselors combined. During those years, licensed clinical social workers could provide supervision for them. Now there are about 9,000 mental health counselors, 8,000 licensed clinical social workers, and 2,000 marriage and family therapists and social work no longer can provide supervision for the other disciplines.

Historian 8 reported the Florida board operates using both laws and rules. The board is comprised of two representatives from each profession and three consumers. He stated that last

year the board changed social work rules allowing social workers in Florida a five year window to pass the clinical licensure exam. Historian 8 explained the intent was to prevent social workers from registering as social work interns and then not completing independent licensure; however, the change created a dilemma. ASWB reported the pass rate on the clinical licensure exam as typically about 67-70%. He reported significant discussion by social workers around what would happen to those who earned social work degrees but could not pass the licensure exam. At the time, there were no alternative routes to clinical social work licensure in Florida. The issue raised question about the accountability of schools of social work in teaching all content necessary to pass the exam.

According to Historian 8, social work is essentially considered a mental health profession and is viewed from the perspective of healthcare because of how the profession is regulated in Florida. He explained that bachelor level social work, administrative social work, and macro social work are often overlooked and undervalued because their practice does not fit within the scope of professional regulation. His perception is that schools of social work have adjusted curriculum over time and very few focus on these areas. Similarly, many schools of social work are moving from Arts and Sciences into Health focused colleges. Historian 8 shared most social workers in Florida are employed by community mental health agencies or are in private practice. As such, educational guidelines have shifted to clinical programs and clinical courses, and there remains little priority on macro social work. Historian 8 recalled the time when the language included direct and indirect practice more so than clinical versus macro practice, and the licensure exams still use this language. Historian 8 shared a recent conversation with an educator focused on the quality differences between campus-based education and online education. He said the educator questioned if there could be a proposal to add another level of

licensure for social workers receiving online degrees based on the difference in educational quality. The conversation demonstrates the ever changing issues in social work practice.

Legislative Process. Historian 8 shared that Florida regulates mental health professions in two boards. Psychology is regulated in the 490 statutes and the other mental health professions including clinical social work, mental health counseling, and marriage and family therapy are regulated by a composite board as defined in the 491 codes. He states that Florida would never have licensed the professions in the 491 codes had they not agreed to use a composite board. More changes are likely coming soon to social work regulation with ASWB's focus on mobility. Most of the U. S. has licensure for bachelor level social workers and Florida does not.

Barriers. Historian 8 began with explaining the biggest barrier as legislators *not valuing the need for licensure*. In Florida, specifically, there have been several attempts to modify both laws and rules to allow for bachelor level social work licensure and the efforts have not been successful. Some of the issues come from people other than legislators including other professionals and from licensed clinical social workers. Similarly, he emphasizes *lack of having a unified plan for change* results when the social workers are not on the same page. Within the profession, he reports that some licensed clinical social workers fear adding another level of licensure will confuse their role and open the door for controversy in their scope of practice or dilute their professional identity.

Historian 8 also raised the question of *how much opposition is there from the psychologists and other mental health professionals.* He states that opposition to social work related legislation occurs nearly every time a proposal to change legislation is presented. He concurred with others that psychology presents the most consistent arguments against advancing

clinical social work practice. The next most common question involves *money*, specifically, how much is the proposed change going to cost the state? He stated proposals involving money are more heavily scrutinized and require more support.

Historian 8 spoke of the need to understand any *influential opposition* to the proposed bill. Insurance companies are usually vocal in the legislative process and want more providers to qualify to be licensed. He explained how sometimes the points of opposition are not exactly obvious and meaningful conversations are necessary to best understand the issues.

Political Climate or Historic Events. Historian 8 explained how historic events of the 1970s influenced social work legislation. The mid-1970s is when many states began licensing social workers, at least it became a more common effort within the profession. He stated state hospitals started closing and managing mental illness in communities while social workers began migrating toward private practice. He said this movement was very influential in Florida, but also in other states. In order for social workers to be able to provide mental health services in private practice, there had to be legislation supporting licensure so providers could receive reimbursement from insurance companies.

According to Historian 8, another significant movement in social work was in the late 1960s and early 1970s when NASW began working with Medicare to include social workers in the Medicare law. He reported that only social workers and psychologists can receive reimbursement from Medicare for mental health services; the other disciplines are not authorized providers of mental health services under Medicare regulations. This remains true and is a somewhat iconic position for the social work profession.

Relationships among Mental Health Professions. Historian 8 emphasized relationships among the mental health professions as important, especially in states utilizing a composite

regulatory board. He stated, "You are going to have to deal with the other professions." He recalled that psychology was the only mental health profession acquiring licensure outside of a composite board. The legislature would not license counseling or social work until it was presented under one bill. Historian 8 explained that psychologists appear to watch the actions of the composite board from the perspective of protecting the practice of psychology. He stated, regarding composite board regulation, "No license under 491 can do psychological testing and that's written into the law." He said while the laws are written broadly enough to encompass the three mental health disciplines, the laws also contain unique aspects for each discipline. He reported that the three disciplines who are regulated under the composite board, including clinical social work, oppose establishing licensure guidelines for bachelor level practice including social work. Given the newer focus within social work on license portability and mobility, Historian 8 predicted the social work profession will engage the board in discussions about bachelor level licensure in the near future.

Historian 8 added emphasis on the importance of having a board including two representatives from each of the disciplines and three consumers. Rules are established by the board, and in order to pass any rules, the structure requires the disciplines to work together or gain support from the consumers. He stated a current issue being discussed is the insurance company's efforts to reduce reimbursement rates, so the professions are working well together to address the problem.

Solutions. Historian 8 shared the most important factor in passing social work related legislation is to use a substantial *educational* campaign to explain the profession, the issues, the proposal, why it is necessary, and the risks if not enacted into law. He stated, "We hosted lobby days and brought in 800 students, educated them on the issues, and then they took the

information back to talk about in their home districts." Equally important to Historian 8 is establishing *relationships*. He stated relationships with legislators cannot be emphasized enough. Having ability to get time with them and talk about issues is among the most important factors in legislative work. He emphasizes the importance of having allies, or "a few champions". It takes a dedicated group of knowledgeable people, not just one person, to drive legislative work. He stated the efforts are much more effective when the group involves supporters from multiple perspectives. Coalitions and committees help with bringing the right people together for meaningful conversations. He also discussed how relationships can be used to know the opposition and their points of view.

According to Historian 8, social workers must *prepare a strong defense* against the points of opposition. Having a well-informed strategy to address opposing points when the bill is heard in committee can make the difference between the bill passing or failing. He also suggested *making the cause real* by having good success stories demonstrating the issue and how the proposed legislation meets the need, and then back up the story with statistics.

Historian 8 stated need for *social workers to protect the discipline, just like other disciplines (i.e. psychology) do*. He stated social workers must be aware of the issues being proposed to the legislature by other mental health professions and take a stand and speak out. Further, he emphasized that protecting the social work scope of practice needs to be important to social workers, just as with psychology.

Historian 9

Historian 9 is a female from Texas who is an advanced career professional, though she is currently partially retired. She has direct practice experience, macro experience, and is an educator. She has a master's degree in social work as well as a doctorate degree. Historian 9 has

served on the social work licensing boards in both Louisiana and Texas and has been actively involved in influencing social work legislation in both states. She also has extensive experience working with ASWB and has testified in several states regarding legislation impacting the social work profession. Historian 9 speaks publically about social work regulation nationally and internationally.

State Information. The social work licensing board in Texas has been housed within several agencies and will move to another division soon. She states the board operates within a budget allocation even though the board makes money from licensing fees of 24,000 licensed social workers. She explained that the state sweeps the income from licensure fees into the general fund. From her perspective, licensing fees essentially function like a tax.

She stated the social work board was directed to create an alternate route by which social workers who could not pass the bachelor or master exam could be licensed. Although the board did not like the option, the alternative process was created to license individuals who were within five points of passing the exam and who failed the exam three times. She explained how these individuals could petition to submit a portfolio including documentation of supervision for a year, reviews of various topics they had learned in school, and written and graded papers about educationally based social work topics. While the portfolio offered an alternative option to earn licensure in Texas, some social workers were frustrated as the license was not honored by other states, thus, the alternative method license was not portable. She reported that few social workers used the alternate process to licensure. She also shared her perspective that the Texas board functions much less independently than Louisiana's board.

Legislative Process. Historian 9 provided a wealth of information in other areas of the project. Content is reported in the best fitting section and are not duplicated in this section.

Barriers. Historian 9 began by addressing *need to overhaul social work education* because all social workers need to be prepared and effective when addressing social work related legislation. She stated that new social workers need to be more strategic and less motivated by feeling. New social workers need a stronger understanding of the link between policy making and professional practice. Social workers also need to be trained well in public speaking. She stated, "How does one testify meaningfully before the legislature if they aren't well prepared in public speaking?"

She further explained that *legislators do not understand the social work profession*. According to Historian 9, the profession has not done a good job of defining and representing social work at the macro level. She stated, "It's almost like they look at us like nail techs or other kinds of licensed groups." Historian 9 defined this as the most intractable problem social work faces.

Historian 9 reported apprehension by many to open the laws because of the risk of *unpredictable outcomes*. Once open, results may not go as intended. In fact, the question of need for licensure at all sometimes comes up. Historian 9 identified a barrier of *social work is a primarily female occupation*. She stated that most of the legislators are men who do not think the same way as a female driven profession.

Historian 9 also spoke of the impact of sunset clauses on the profession as a matter of *political climate*. She stated Texas just went through sunset in August 2017 and had to have a special session to address it. From her perspective, it was fortunately was extended for two years, but the professions become political pawns when sunset approaches.

Political Climate or Historic Events. Historian 9 spoke of issues related to political climate in both Texas and Louisiana. Sunset legislation is challenging. If not addressed in a

timely manner, health and mental health professionals lose licenses. She reported it creates a crisis because if sunset happens without being addressed in the legislature, doctors cannot practice medicine, people cannot get needed prescriptions, and mental health patients do not get needed care. She reported that it is scary for the professions. As stated previously, Texas just went through this in August 2017 and had to have a special session to address it.

Historian 9 reported that Louisiana's social workers were quite affected by Katrina. Many Louisiana residents were evacuated and the BSWs who were registered could not get jobs in new locations because registration was a credential honored in Louisiana and not many other states. It remains a concern for her that registration allows social workers to practice without passing an exam. She explained that it is a hard conversation to have with students and educators because many do not believe the issue is problematic or think it will not happen to them.

Relationships among Mental Health Professions. Historian 9 explained the relationship between licensed professional counselors and social workers. Texas has growing numbers of licensed professional counselors and the increase is impacting jobs historically held by social workers. She also explained that more men are moving toward licensed professional counseling and the programs are usually in schools of education. Her concerns revolve around impact on jobs, pay, and accessibility to jobs. She also explained difficulties in relationships between social workers and psychologists. She stated social workers engage in multiple types of employment and are sometimes perceived as less qualified mental health providers. Legislators tend to understand psychology better than social work and are more familiar with their professional roles. She stated that very often the professions can utilize the same continuing education programs for licensure and encourages interaction and interprofessionalism.

Solutions. Historian 9 emphasized the importance of *relationships*. She stated the Society for Clinical Social Work is instrumental in changing social work related legislation. She stated, "We need people who represent our interests well and who know how to do it. They have a lobbyist, and they are strong leaders and speak well." Historian 9 also discussed different ways of using the relationships. For example, she said many negotiations occur on the golf course, or when going out with friends. She stated very little negotiation actually happens on the house floor. Networking with decision makers is invaluable when problems arise in the legislative process.

She also explained need for social workers to *work out problems in the professional organizations, not in the legislature*. She stated, "It doesn't look good for the profession to air dirty laundry in the legislature. It's more harmful than people know." She stated she had seen and heard of these types of situations and she perceives them as unnecessary challenges.

Historian 9 closed the interview with a thought related to *social work engagement*. She stated, "Social workers need to go beyond legislation to make an impact. The rules making process is where the real action is! The legislation is just the start, but the rules that implement the law can vastly alter the intent of the law. Rules put the wheels on the vehicle. So we need to be engaged in the public hearings to move the law forward."

Historian 10

Historian 10 is a female from Florida who is an advanced career professional. She holds an MSW and a doctoral degree, and is a licensed clinical social worker. She has been in private practice for over 20 years as a clinical social worker. She has served administrative roles as well as direct client service. She has been a member of social work associations for many years and has served on task forces and committees on a variety of special topics.

State Information. Historian 10 spoke about the struggles in Florida with securing licensure and regulation of social work at the bachelor level. She advocates for their rights to be licensed, noting the schools of social work in Florida provide solid education at the bachelor level. From her perspective, social workers need to recognize this shortcoming in the regulations and advocate at all levels, illustrating this need, to help resolve it.

Legislative Process. Historian 10 spoke briefly about the legislative process in Florida. Content from her interview fit better in other categories and is not duplicated here.

Barriers. Historian 10 shared one issue with passing social work related legislation as being the *political climate*. She stated social work tends toward a rather Democratic lane, due to the NASW Code of Ethics, but this does not align with the political ideology of many conservative law makers. While she reported understanding the different perspectives, she noted there are ways to navigate and compromise to achieve realistic outcomes.

Her second point related to *misunderstanding or misrepresenting social work*. The regulatory board in Florida is a composite board, which is comprised of three disciplines. She stated that sometimes the best interest of each discipline, in this case social work, may not be well represented when the proposals go before the legislature.

Lastly, Historian 10 mentioned the barrier of *the nature of social work.* She identified a lack of social work involvement in the legislative process as problematic. Similarly, she emphasized how *educational programs need to be overhauled*. Educators need to add emphasis when training new social workers about how and why to get involved in the legislative process.

Political Climate or Historic Events. Historian 10 shares that society, in general, is faced with some difficult political issues currently. She stated social workers have a position in these issues, as described by our Code of Ethics. She explained how there are challenges from

multiple angles and no clear perspective bringing people together. From her perspective, polarized political positions create a wide division among the people now. She stated the political environment in general is influencing how social workers provide services to clients.

Historian 10 also spoke about how past and current events affect social work related legislation. She mentions racial climate and how tensions rise in certain conversations. Floods and disasters, such as in Texas and Florida at the time of interview, require relief efforts and funding. The types of issues can be vastly different and change at any moment. She shared that social workers can be flexible in offering help, and these same skills apply in the process of deciding how to approach changing legislation.

Relationships among Mental Health Professions. Historian 10 shared how conversations, when client focused, are often very positive and productive. The professions also collaborate well on applying for and securing funding for mental health services. However, from her perspective, when focusing on social work related legislation, the relationships are challenged. Each discipline has a vested interest in protecting their own scope of practice so compromise can sometimes be overlooked in the process.

Solutions. Historian 10 shared how *relationships* are importing in passing social work related legislation. From her perspective, working with state level professional associations facilitates working across political lines and with women. She also spoke of the value of *getting social workers involved*. She said social workers need to be more involved in the legislative process. She supported getting involved with issues of personal or professional importance, writing letters to legislators, and motivating other constituents to do the same.

Historian 11

Historian 11 is a male from Minnesota who is retired. He holds an MSW and JD and is a licensed social worker and attorney. His career history includes working as an Executive Director for a Minnesota social work association, a position he has held for 37 years.

State Information. Historian 11 shared substantial history about Minnesota's process toward achieving social work legislation to regulate practice. Minnesota first secured legislation to regulate social work practice in 1987. Historian 11 researched their process revealing initial efforts toward licensure as far back as the mid-1940s. Additional attempts occurred again in the 1950s and 1960s, and the efforts ceased during a time perceived as an unfriendly political environment. He explained how conservatives posited that licensure restrained the free market; other states including Wisconsin and Indiana were also affected by this perspective. Efforts reestablished in the mid-1980s reaching successful regulation of social work practice in 1987. Several of the east coast states had secured licensure in the 1960s. He explained some of the eastern colleges are very old and established the priority for licensure early, so legislation passed easier. Some states later established sunrise and sunset clauses which required health care professions to go through a rigorous process in the Department of Health before the sun could rise on any bill. Minnesota required proposals to be vetted through a Human Services Advisory Council hearing. He explained Minnesota social workers took about ten years to get through the process successfully. NASW provided some funding to help the bill pass through the Council. He explained that the lobbyist worked tirelessly and hundreds of witnesses testified. Shortly thereafter, a new Health Commissioner was appointed. Historian 11 recalled her as a fairly conservative Catholic nun who was trained as a master's level social worker. He perceived the new Commissioner as not being a pushover, but she saw value in regulating the profession. He

said it was then easier to establish a board and set up the processes whereby the public could file complaints and have them investigated. Before licensure was established, complaints were reported and investigated through the state chapter of NASW. He explained how recourse for violations to the NASW Code of Ethics included suspension of association membership and loss of the ACSW credential (which resulted in loss of ability to engage in private practice). The worst cases were publicized in the media. He recognized the process as less than ideal, but shared the perspective that it was their best means of protecting the public at the time.

Licensure laws in Minnesota include a multi-level model and Historian 11 explained it took a few revisions to get laws and rules functioning well. One of the later revisions established provisions largely matching the NASW Code of Ethics. Minnesota has been successful in eliminating all but one exemption to social work regulation. He stated state employees in Minnesota are not exempt from the licensure law. Unions in Minnesota supported the licensure requirement which helped to eliminate the exemptions.

Legislative Process. Historian 11 provided relevant content related to the legislative process in Minnesota; however, the content fit best under other headings and is placed there. It is not duplicated in this section.

Barriers. Historian 11 began by recognizing the barrier of *time*. In Minnesota, attempts to pass social work related legislation stemmed back to the 1940s. He shared an example of attempting to get a proposal through the Health Council took nearly 10 years before the bill even reached the legislative floor. He also discusses the impact of an *inadequately designed legislative proposal*. Early discussions in the 1980s began with possible registration rather than licensure. He states social work needed a process not just allowing social workers to practice

social work, but one including a mechanism for the public to file complaints for improper services and have the complaints investigated.

Historian 11 shared an example of how *incidental events* can be a barrier to passing social work related legislation. He explained how two brothers, both in influential political roles in the state, had some competitive issues going back into their childhood. One of the brothers supported the bill, the other opposed it. Historian 11 stated their disagreements on the bill spread vastly causing larger groups of nearly polar opposite positions. He stated that when the bill was presented it passed but with a narrow margin of vote. Historian 11 also shared about a time when *political climate* affected social work related legislation. During one of the early attempts, prior to 1980, conservatives posited that licensure restrained the free market. He stated efforts to establish legislation to regulate social work practice in the earlier attempts failed.

Political Climate or Historic Events. Historian 11 spoke about how the "sex and anything goes" attitude of the 1960s influenced behaviors. Specifically, he mentioned therapists having sex with clients, which provided examples of the need for licensure – need to protect the public. He also identified Minnesota as a Democratic state, historically being called, "The Democratic Farmer Labor Party". He noted the reference is still used in Minnesota. The Democrats call on the unions in Minnesota to either endorse or oppose a bill. From his experience, union positions on an issue weigh heavily in Minnesota.

Relationships among Mental Health Professions. Historian 11 shared several relevant comments about relationships among the mental health professions, but most of the content fit better under other headings. As such, it was placed there and is not duplicated in this section.

Solutions. Historian 11 shared one of the most valuable solutions as being use of *relationships* including lobbyist and experts who understand the legislative process well. In the

example of the brothers, each on opposite sides of the bill, the lobbyist identified a person who was most likely to be able to converse with each of the brothers about what he wanted. Historian 11 stated belief by some that these conversations created the softening of the issues, allowing the bill to pass.

When possible, having support and resources from national social work associations helps with moving past snags in the process. Although not considered a solution, Historian 11 suggested including local champions in the process so they grow into experts to help with future efforts to pass social work related legislation. Additionally, he stated Minnesota had the benefit of strong allies within the legislature including a chief author in the house and one in the senate. Historian 11 summarized, "90% of passing legislation involves relationships with legislators. One of the reasons that congress can't do much anymore is because they can't work across the aisle. They need to get to know each other and their families."

Minnesota social workers rallied support in the process to *make the cause real* which included hundreds of well-prepared witnesses who testified during the hearings. Historian 11 explained how the lobbyist looked up relevant and related cases in the districts of the representatives and went to *educate* them on need in their home communities. He perceived this as quite influential in the process. Another effective educational strategy is bringing someone in from another state who just had success with a legislative roadblock to speak to a broad audience of stakeholders.

Given the amount of time it takes to pass social work related legislation, *persistence* is essential in being successful with passing legislation. Historian 11 spoke of *using current events* to support needed regulation changes. He stated, "Others don't read our minds; we have to put it out there in front of them so they know." He recalled, for example, in the 1960s and 1970s there

was a rash of therapists having sex with clients. This presented a clear need for public protection which served as the foundation for forming the laws.

Lastly, Historian 11 shared an example of why influential people need to be *present and ready to react quickly when the legislature is in session*. He recalled when time was running out on the last day of session and it looked like the agenda was not going to reach the social work related bill. The sponsor interrupted the Speaker and asked for a modification of the agenda, and the bill was heard and passed just before the session closed. He explained how quick response in the moment was critical in the process, and had this not happened, it likely would not have passed even during the next annual session.

Historian 12

Historian 12 is a female from Minnesota who is in an advanced career role as a regulatory board executive director. She holds a master's degree in psychology but was grandfathered into licensure as a licensed social worker. Her career history includes several years as a direct service provider. She also has experience providing supervision for social workers. She is employed by a social work association and has served in this role for over 25 years. She has served various roles within the association and now is Executive Director. She was worked in legislative practice in Minnesota for over 25 years and the state began regulating social work practice 30 years ago. She identifies herself as a "legislation dinosaur".

State Information. Minnesota social workers are regulated by a social work, stand-alone board and has done so since the creation of licensure in 1987. There have been some revisions to practice regulations over time, but the board has essentially operated under similar procedures since its creation. From her perspective, Minnesota, for the most part, values professional standards and regulation because arguments in favor of regulation focus on

protecting the public. Several of the leaders of social work legislative advocacy have been involved for many years and have established a straight forward approach about public protection and the position remains constant. As such, she said social work related legislation has only one exemption to the licensure requirement.

According to Historian 12, Minnesota does not use the legal system as a method of managing licensing issues. The social work board designed a fee system into the rules to manage unlicensed practice. She explained how late licensing and late renewals are assessed a $100 administrative fee plus prorated fees for the number of months of unlicensed practice based on the cost of licensing. She reported that if social workers pay the fees to make licenses current, there are no disciplinary or legal actions. However, if complaints are filed, the complaints are investigated and the unlicensed practice issue is also part of the investigation. She perceives the fee method of regulating licensed practice as brilliant because it keeps regulation within the profession and out of the legal system. She reported that the process is working.

Legislative Process. Historian 12 explained every state's culture and political climate is one of the most influential aspects of the legislative process, whether the proposed regulation is social work related or not. She added that the states have very little interest or investment in regulation professions. There has to be persistent and rational arguments readily available when professional regulation conversations come up. She stated a key concept is to always focus on protection of the public rather than discipline-specific rights. She explained that state agencies and their employees cannot lobby in Minnesota, so lobbying efforts have to come from other perspectives. State agencies and their employees are considered part of the executive branch.

Barriers. Historian 12 started the conversation by pointing out every state faces some degree of *not valuing need for licensure*. From her perspective, the conversation of deregulation

is always on the table, no matter how stable regulation may seem. She also explained that during the legislative process, people become very concerned about *unpredictable outcomes*. When a bill is proposed and the legislative cycle is open, it becomes risky. She explained how opening up an act, even for a mundane or simply purpose, can end up with major and unpredicted changes. Even with a solid plan, no one really has control in the legislative process. *Political climate* and state culture have real influence in legislation. She stated there is always some fluctuation in perspective and when combined with political differences, legislative work can easily begin to feel out of control. She explained new challenges but this year, in particular, because Minnesota experienced a change is leadership from Democrat to Republican.

Political Climate or Historic Events. Historian 12 shared an example of how the political environment affects social work related regulation. In the mid-2000s, the federal government, Medicaid and Medicare, conducted audits and found some serious inadequacies in documentation in client mental health records. Examples included timeliness of documentation and problems with diagnostic assessments. She reported that the government took back funds which caught the attention of the Department of Health, the governor, and many legislators. Question was raised about how to prevent the problem again in the future and the focus shifted to professional standards. She said a state wide taskforce was formed and conducted a review of all of the standards of practice for mental health professions. Each discipline's standards were compared to national standards as well as compared to other mental health professions within the state. She explained how social work took a leading position in proposing higher numbers of hours for supervision, experience, and continuing education. Essentially, the situation prompted an emergent need for evaluating and proposing new regulatory legislation.

Relationships among Mental Health Professions. She stated that the mental health disciplines in Minnesota are invested in protecting their disciplines, as evidenced in the informal issues with diagnosing, but the professions are also able to work together productively to adjust standards to a safe level of care. She said it is reasonable to assume when licensure proposals go before the legislature, the other disciplines will be there and be vocal.

Solutions. Historian 12 shared need to focus on *relationships* including coalitions and committees. She stressed importance in designing a legislative proposal meeting its purpose and then have it well vetted. She discussed need to work it through committees, coalitions, and as many stakeholders as possible. She emphasized that nobody likes surprises. Similarly, she said having solid and well established relationships with legislators is important. The chances of being successful when submitting social work related legislative proposals is quite dependent on having trust built into relationships with legislators and the governor. She also discussed the need for allies. From her perspective, the professional social work associations in Minnesota have strong positive relationships now and this helps with having a unified perspective within the profession. She also noted the importance of keeping focus on protecting the public and the interests of stakeholders.

Historian 12 emphasized attention on *writing good social work legislation proposals*, and making sure to have the right content in the proposal. She emphasized doing research and comparing the legislative proposal to national standards of the profession as well as comparing it to the standards of other professions to be sure it is solid and will withstand scrutiny. Similarly, the noted the importance of *preparing a strong defense to any points of opposition*. She emphasized need to always have ready arguments for why professional regulation is needed and

why the proposed regulation is needed. From her perspective, keep the focus on protecting the public and less on discipline specific rights.

Historian 12 included *education* as part of the solutions in achieving success with social work related legislation. She spoke about educating strategically by designing good materials, good communication tools, and using a smart marketing strategy. She closed the interview by emphasizing solutions including to *make the cause real*. She said getting individuals to tell meaningful stories, asking NAMI to write a letter addressing the need, and including experts on the topic are instrumental to success in changing social work related legislation. She stated, "Nothing is more impactful than having a mother whose son committed suicide talking about the need for mental health care."

State Analyses

This section re-composes relevant information from the contributions of the Historians into State level analyses. Since some of the information provided by Historians is not directly related to the research questions, it is not summarized at the state level. Only content related to the research questions, specific to barriers and solutions, is included in the following analyses. Readers may review the Historian interviews for the supplemental content related to each state.

Florida

Historians contributing to the analyses for the State of Florida include Historians 3, 5, 8, and 10.

Barriers. The Historians were asked to identify barriers, or problems, experienced in their attempts to pass or change social work related legislation. Historians from Florida were able to recall a significant list of barriers. Their barrier-related themes include money/financial, misunderstandings about the social work profession, not valuing the need for licensure, the

nature of social work, lack of a unified plan for change, the political climate, legislative work takes time, influential opposition, educational programs need overhaul, and how much opposition is there from psychology (or other mental health professions)? Table 4 provides a summary of the themes emerging from the interviews along with supporting comments from the Historians from Florida.

Table 4

Barriers When Attempting Social Work Related Legislation in Florida

H1-Money H2 – Financial (state budgets)	H8 What is the cost of the proposal going to be to the state?
H1 – Misunderstandings about the social work profession	H10 Because of being part of a composite board, proposed legislation may not be in the best interest of social work; it may not be given the priority social workers would want.
H1 – Not valuing the need for licensure	H8 The biggest barrier we have experienced is convincing the legislature of the need for licensure, more specifically, for bachelor level social workers. We are not there yet.
H1 – The nature of social work	H10 Lack of social worker involvement in the legislative process. Educators need to add emphasis on the training of new social workers on how and why to get involved in the legislative process.
H3 – Lack of a unified plan for change	H8 Within the profession, LCSWs fear adding the BSW licensure level will create confusion about their scope of practice or dilute their role.
H2 – The political climate	H10 Social work tends toward a rather Democratic lane due to the NASW Code of Ethics, but this does not align with the political ideology of many conservative law makers.
H2 – Legislative work takes time	H5 We came back, year after year, trying to pass individual professional board. They kept telling us to come back with one collective proposal.

H6 – Influential opposition

H8 Know where the insurance companies stand. They usually want more providers and lower reimbursement rates.

H9 – Educational Programs need overhaul

H10 Educators need to add emphasis in training new social workers about how and why to get involved in the legislative process.

H3 - How much opposition is there from psychology (or other mental health professions)?

H8 How much will other mental health professions fight the bill?

Note: A code, for example H1, identifies the Historian from which the theme was initially identified. Comments from Historians supporting the theme are categorized below the theme. The comments are coded in the same manner as the themes.

Solutions. The Historians were asked to identify solutions used in overcoming barriers in their attempts to pass or change social work related legislation. Historians from Florida offered a substantial list of solutions. Their solution-related themes include education, relationships (with legislators, develop coalitions and committees, find and work with allies, and know the opposition), make the cause real, get social workers engaged/involved, importance of writing good social work legislative proposal (simplifying the laws), prepare a strong defense to points of opposition, and protect the discipline - just like other disciplines do. Table 5 provides a summary of the themes emerging from the interviews along with supporting comments from the Historians from Florida.

Table 5

Solutions Used in Passing Social Work Related Legislation in Florida

H1 – Educate	
	H8 Use a massive educational campaign to explain the profession, the issues, the proposal, why it is necessary, and the risks if not enacted into law.
H1 – Relationships (With Legislators)	
	H8 Relationships with legislators, to be able to talk about the issues with them, cannot be emphasized enough.
(Develop coalitions and committees)	
	H8 Using coalitions and committees is an effective way to bring the right people together to get on the same page, learn about opposing points, and to help distribute information.
	H10 Working with state level professional associations has facilitated communication across political lines and with women.
(Find and work with allies)	
	H5 Working together with the other professions, Florida was successful in designing law establishing a composite board to regulate practice but also described the scope of practice for each of the three disciplines.
	H8 It takes a dedicated group of knowledgeable people to drive the work. It's much more effective when the group involves supporters having various perspectives.
(Know the opposition)	
	H8 Use relationships to know the issues and know the opposition.
H1 – Make the cause real	
	H8 Have good success stories demonstrating the issue and how the proposed legislation meets the need, then back up the story with statistics.

H1 – Get social workers to engage H2 Get social workers involved

H10 Social workers need to be more involved in the legislative process. Get involved with issues of personal or professional importance, write letters to legislators, and motivate other constituents to do the same.

H5 – Importance of writing good social work legislative proposals (Simplify the laws)

H5 Social work laws have becomes too specialized, which creates confusion and diminishes the ability to promote a national platform. Focus on making laws simpler and defining specializations in the rules.

H8 - Prepare a strong defense to points of opposition

H8 Once social workers know the opposition to the proposed legislation, it is essential to prepare a strong defense to present when the bill is heard.

H8 - Protect the discipline, just like other disciplines do

H8 Social work must stay alert when other disciplines propose legislation and speak up, either in support or opposition. Social work has to be invested in protecting our domain just as other professions do.

Note: A code, for example H1, identifies the Historian from which the theme was initially identified. Comments from Historians supporting the theme are categorized below the theme. The comments are coded in the same manner as the themes.

Minnesota

Historians contributing to the analyses for the State of Minnesota include Historians 4, 7, 11, and 12.

Barriers. The Historians were asked to identify barriers, or problems, experienced in their attempts to pass or change social work related legislation. Historians from Minnesota were able to recall a significant list of barriers. Their barrier-related themes include logistics, misunderstandings about the social work profession, the nature of social work, specializations in social work, inadequately designed legislative proposals, the political climate, legislative work takes time, legislative sessions move quickly, unpredictable outcomes, how much opposition is there from psychology (or other mental health professions)?, and incidental events. Table 6 provides a summary of the themes emerging from the interviews along with supporting comments from the Historians from Minnesota.

Table 6

Barriers When Attempting Social Work Related Legislation in Minnesota

H4 - Logistics	
	H4 It can be challenging to coordinate meetings with the right people at critical times. Clients with meaningful stories need to tell them to legislators, but getting the meeting times coordinated, managing work and transportation for the client, money to afford the travel, and even helping the client to maintain motivation to speak with the legislators until meeting time takes substantial time and commitment.
	H4 Part of the problem is even being able to access the legislators to set up meetings.
H1 – Misunderstandings about the social work profession	
	H7 He reported the state legislature is not interested in advancing the profession of social work. In his experience, individuals are happy to have social work services in the hospital, or something similar, but they are not interested in investing time or effort to advance the profession because there is no economic benefit.
H1 – Not valuing the need for licensure	
	H12 It seems the conversation of deregulation is always on the table no matter how stable regulation may seem.
H1 – Nature of social work	
	H4 Social workers are passionate and sometimes let the passion get in the way of seeing other, perhaps valid, points. Passion can also get in the way of compromise.
	H4 Passion may also turn into fear, which may lead to defensiveness. It impacts ability to discuss issues and compromise.
H5 – Specializations in social work	
	H7 The regulation of social work had become too technical with laws and rules conflicting and overlapping. It required a complete overhaul.

H3 - Inadequately designed legislative proposals

H11 Discussion in the 1980s began with possible registration rather than licensure. Social work needed a process not just allowing social workers to practice social work, but one including a mechanism for the public to file complaints and have them investigated.

H2 – The political climate

H11 Conservatives posited that licensure restrained the free market.

H12 The political climate has a very real role in the legislative process.

H2 – Legislative work takes time

H11 Initial efforts to establish social work regulation began in the 1940s and it did not pass until 1987. They had to get the proposal through the Department of Health before it would go to the legislative floor and it took ten years to get it through the Department of Health.

H2 - Legislative sessions move quickly

H4 State legislative sessions move quickly and during session access to legislators becomes scarce and the ability to influence on any given issue lessens.

H2 – Unpredictable outcomes

H12 When a bill is proposed and the legislative cycle is open, it becomes risky. Opening up an act, even for a mundane or simply purpose, can end up with major and unpredicted changes.

H3 - How much opposition is there from psychology (or other mental health providers)?

H7 Physicians and psychiatrists fought definitions such as "treatment" because from their perspective it meant prescribing medication.

H11 - Incidental events

H11 Brothers who were both in influential political positions took opposite positions on the social work bill. For whatever reason, the bill triggered competitiveness and their disagreements spread vastly causing nearly polar divides causing a very close vote.

Note: A code, for example H1, identifies the Historian from which the theme was initially identified. Comments from Historians supporting the theme are categorized below the theme. The comments are coded in the same manner as the themes.

Solutions. The Historians were asked to identify solutions used in overcoming barriers in their attempts to pass or change social work related legislation. Historians from Minnesota offered a substantial list of solutions. Their solution-related themes include education, relationships (with legislators, develop coalitions and committees, find and work with allies), make the cause real, involve the public, the importance of writing good social work legislative proposals (getting the right content in the laws), prepare a strong defense to points of opposition, use timely incidents (planned or unplanned), use technology, compromise and negotiate, persistence and dedication, and be prepared to react quickly when the legislature is in session. Table 7 provides a summary of the themes emerging from the interviews along with supporting comments from the Historians from Minnesota.

Table 7

Solutions Used in Passing Social Work Related Legislation in Minnesota

H1 – Educate	
	H7 Create educational materials from the practice act and use them as teaching tools to inform constituents, social workers, and students. This provides opportunity to make sure the language is clear enough for legislators as well as the public to understand as well as informing interested people about what social work is and all of its complexities.
	H11 The lobbyist looked up relevant and related cases in the districts of the representatives and went to educate them on need in their home communities.
	H11 Another effective educational strategy is bringing someone in from another state who just had success with a legislative roadblock to speak about it. Invite widely so stakeholders are informed.
	H4 Educate everyone along the way about the issues being addressed in a proposal. Being informed helps legislators make better decisions.
	H12 Educate strategically by designing good materials, good communication tools, and use a smart marketing strategy.
H1 – Relationships (With Legislators)	
	H11 In the example of the brothers, each on opposite sides of the bill, the lobbyist identified a person who was most likely to be able to have a conversation with the opposing brother and sent them to speak with him to find out what he wanted. It is believed by some that this conversation created the softening of the fight allowing the bill to pass.
	H11 "90% of passing legislation involves relationships with legislators. One of the reasons that congress can't do much anymore is because they can't work across the aisle. They need to get to know each other and their families."
	H4 Legislators need to be accessible, and people need to connect with them.
	H4 Informal conversations need to begin with legislators as soon as a need for legislative change becomes apparent.

H12 The chances of being successful when submitting social work related legislative proposals is quite dependent on having trust built into relationships with legislators and the governor.

(Develop coalitions and committees)

H11 Use lobbyists and experts to help navigate the legislative process

H11 Include consultation and use of resources from national social work associations to help with moving issues through the process

H12 Try to put together a legislative proposal meeting its purpose and then have it well vetted. Work it through committees, coalitions, and as many stakeholders as possible. Nobody likes surprises.

(Find and work with allies)

H11 Minnesota had the right legislators supporting the bills. There was support from an excellent chief author in the house and a good author in the senate.

H12 The professional social work associations in Minnesota have strong positive relationships now and this helps with having a unified perspective within the profession.

H1 – Make the cause real

H11 Minnesota utilized hundreds of well-prepared witnesses who testified at the hearings.

H4 Clients who have meaningful stories about why a bill is needed have to tell their stories.

H4 Maybe do a needs assessment, formally or informally, if it adds meaning to the need for legislative change.

H12 When proposing new social work related legislation, it is vitally important to make it real. Get individuals to tell meaningful stories, ask NAMI to write a letter addressing need, and include experts on the topic. Nothing is more impactful than having a mother whose son committed suicide talking about the need for mental health care.

H2 – Involve the public

> H7 In Minnesota, the public is quite involved in legislation, and legislators listen to them. Coalitions and constituents must be at the table during the drafting and proposing of any social work related regulations.

H5 – Importance of writing good social work legislative proposals
(Get the right content in the laws)

> H7 Sometimes the law just needs complete overhaul to create a good law. Minnesota, after weighing pros and cons, eliminated rules and manages regulation only in laws. The legislature likes it.
>
> H4 Recognize the value of designing the right plan. Sometimes the best plan is a huge step while other times the best method may be to take small steps. Do not undervalue the small steps approach.
>
> H12 Do research and compare legislative proposals nationally and among the other professions to be sure it is solid and will withstand scrutiny.

H8 - Prepare a strong defense to points of opposition

> H12 Always have ready arguments for why professional regulation is needed and why the proposed regulation is needed. Keep the focus on protecting the public and less on discipline specific rights.

H6 – Using timely incidents (planned or unplanned) H6 Timing

> H7 In Minnesota, the law suit involving a social worker in the boundaries case where many agreed there was no violation presented the need for social work overhaul. Had the timeline event not happened, the legislature might well have never considered social work regulation.
>
> H11 Use timely events influencing professional practice to support the effort on the legislative floor. For example, in the 1960s and 1970s there was a rash of therapists having sex with clients. The importance of public protection was very clear and needed to be addressed.

H6 – Use technology

H4 Legislators as well as constituents need to be able to use technology, such as Skype, to facilitate communication. It lessens the impact of travel distance, meeting coordination, and cost in making meaningful connections happen.

H6 – Compromise/Negotiate

H7 Vet all proposed legislation within the profession and with all stakeholders to essentially eliminate conflict before the bill comes to the legislative floor. Bills not properly vetted will not advance to committees for hearing.

H4 In the last effort to eliminate all exemptions from the social work licensure law, it would have failed had the social workers not agreed to compromise and take out the county exemption. It was better to eliminate most exceptions.

H4 Social workers have to practice what they preach. Social workers have to hear the perspective of others, even if it does not align with their perspective.

H6 – Persistence and dedication

H11 Persistence is a requirement to succeed in passing social work related legislation. It took Minnesota years and without persistence it would never have happened.

H11 - Be prepared to react quickly when legislature is in session

H11 Time was running out on the last day of session and it was looking like the agenda was not going to reach the social work related bill. The sponsor interrupted the Speaker and asked for a modification of the agenda, the bill was heard just before the session closed. The bill passed. Had this not happened, it likely would not have passed even during the next annual session.

Note: A code, for example H1, identifies the Historian from which the theme was initially identified. Comments from Historians supporting the theme are categorized below the theme. The comments are coded in the same manner as the themes.

Texas

Historians contributing to the analyses for the State of Texas include Historians 1, 2, 6, and 9.

Barriers. The Historians were asked to identify barriers, or problems, experienced in their attempts to pass or change social work related legislation. Historians from Texas were able to recall a significant list of barriers. Their barrier-related themes includes social workers and legislators not being informed about certification or licensure, money and financial needs, misunderstandings about the social work profession, Medicaid being a broken system, not valuing the need for licensure, the nature of social work, the political climate, media influence, legislators having misinformed perspectives, legislative work takes time, legislative sessions move quickly, unpredictable outcomes, influential opposition, social work educational programs need overhaul, and social work is a primarily female occupation. Table 8 provides a summary of the themes emerging from the interviews along with supporting comments from the Historians from Texas.

Table 8

Barriers When Attempting Social Work Related Legislation in Texas

H6 Initially, social workers and legislators were not informed about certification or licensure	
	H6 They did not know what to do or how to start.
H1-Money H2 - Financial	
	H1 Republican leadership who will not spend money. The state maintains a large "rainy day" fund.
	H1 Getting money for any services is tough.
	H2 Any bill that has a fiscal note attached will be difficult to pass in the legislature.
H1 – Misunderstandings about the social work profession	
	H1 Social Workers are “pigeon holed” as child welfare workers. Few legislators understand social work as a mental health profession. Getting clinical social work provisions for mental health services was not intuitive when legislators think of social workers as child welfare workers.
	H6 Legislators did not see social workers as clinicians; they saw social workers as welfare workers who took kids away.
	H9 Legislators do not understand what social workers do. “It’s almost like they look at us like nail techs or other kinds of licensed groups".
H1 – Medicaid is a broken system	
	H1 Mental healthcare is somewhat lost in the Medicaid funding discussion.
	H1 When combined with stigma, getting funding for Medicaid is difficult.
	H1 Many people in Texas use Medicaid and few providers will accept patients due to low reimbursement.
	H1 Social workers have tried several times to get Medicaid funding increased and it just will not pass.
	H2 Legislation has been presented multiple times in attempt to improve the Medicaid reimbursement rate.
	H2 The bill has champions on both sides of the aisle; next time we will address it as a workforce shortage issue.
	H2 Historically Texas has not endorsed Medicaid expansion regardless of need.

H1 – Not valuing the need for licensure

H1 Legislators ask from what the public needs to be protected.

H1 The question that kept coming up, "Can regulation be managed in a less expensive way"?

H1 Is there a less restrictive way to manage public protection and make regulation qualifications more attainable by more providers?

H6 Texas was a right to work state, and licensure was seen as infringing on the law.

H1 – Nature of social work

H1 People outside the profession devalue social work, i.e. social workers are helpers and will do what they do anyway, regardless of if the proposal is funded.

H1 Social workers join the profession as micro providers and often do not see macro advocacy within their role.

H1 If social workers do not take the lead in macro advocacy, then others do not know what social work is.

H2 – The political climate

H1 Texas is primarily administratively managed by Republicans.

H1 Even in the Obama era when there was focus on ACA, healthcare and substance abuse services were underfunded.

H1 It is difficult to get funds shifted from criminal justice perspective to healthcare.

H1 The Obama era brought some shifts in the legislature, but the current administration scrutinizing healthcare may lose the advancements that were previously made.

H2 Political climate is definitely affecting legislation related to healthcare.

H2 In general, Texas is not friendly to the issue of healthcare. No healthcare is getting funding now.

H2 There is concern about how the political climate is diminishing relationships. People used to go have coffee and talk things out. Now ‘polarization and demonization’ doesn’t lend toward conversations and negotiations.

H6 Early in the attempts to achieve licensure, the speaker told social workers that due to the political climate in Texas, licensure would never pass.

H9 Texas just went through sunset in August 2017 and had to have a special session to address it. Fortunately, it was extended for two years, but the professions become a political pawn when sunset approaches.

H2 – Media Influence

H2 Fake news and stigmas associated with political affiliation affect legislation.

H2 Politicians are using twitter and limiting conversations on important issues to 140 characters.

H2 The media does not attempt to be fair now, and that used to be the hallmark of journalism.

H2 – Legislators having misinformed perspectives

H2 One legislator refused to support a bill because 5 constituents disagreed; he based opinion on 5 constituents and didn't explore the perspective of the whole.

H2 Governor and lieutenant governor sometimes sway legislators toward their perspective and legislators do not challenge it. This is the 'kiss of death' for a bill.

H2 – Legislative work takes time

H2 On average, it takes 3 sessions, 6 years, to get a bill passed.

H2 - Legislative sessions move quickly

H2 (TX) Anything can happen when he laws are reviewed; while the legislature is in session changes happen quickly.

H2 – Unpredictable outcomes

H2 Anything can happen once the bill is open and in discussion/review.

H2 People fear the risk of unwanted outcomes.

H9 We do not want to open the laws. Once open, it may not go the way it was intended and may even result in raising the question of if licensing is needed at all.

H6 – Influential opposition

H6 Licensure related to social work practice was opposed by the nursing home industry and the Department of Protective and Regulatory Services (because they wanted status quo) and because they wanted to keep access to the Social Work Associates as employees. The National Association of Black Social Workers criticized licensing as a device for consolidating power and as discriminatory.

H6 Some associations fought against clinical licensure.

H6 In more recent years, resistance continues to exist with requiring licensure of faculty. The debate continues. Opposition comes from NASW, NADD, and some institutions stating that it is discriminatory practice.

H9 – Educational Programs need overhaul

H9 New social workers need a stronger understanding of the link between policy making and professional practice

H9 New social workers need to be more strategic and less driven by feeling.

H9 New social workers need to be better trained in public speaking. How does one testify meaningfully before the legislature if they aren't well prepared in public speaking?

H9 – Social work is a primarily female occupation.

H9 Most of the legislators are male and don't think the same way as a female driven profession.

Note: A code, for example H1, identifies the Historian from which the theme was initially identified. Comments from Historians supporting the theme are categorized below the theme. The comments are coded in the same manner as the themes.

Solutions. The Historians were asked to identify solutions used in overcoming barriers in their attempts to pass or change social work related legislation. Historians from Texas offered a substantial list of solutions. Their solution-related themes includes education, relationships (with legislators, developing specific coalitions ad committees, networking, and finding and working with allies), making the cause real, getting social workers engaged and involved, working the process, involving the public, supporting candidates who share social work values, reframing issues, using a narrow focus, using timely incidents, using technology, compromising, being persistent, and working out professional problems within professional organizations rather than in the legislature. Table 9 provides a summary of the themes emerging from the interviews along with supporting comments from the Historians from Texas.

Table 9

Solutions Used in Passing Social Work Related Legislation in Texas

H1 – Educate	
	H1 Share information through brochures and pamphlets to legislators and the public.
	H1 Look up relevant information about current issues and send to relevant individual decision makers.
	H1 Information helps individual legislators get on the same page; it helps them understand the issues and problems and overcome myths and stigmas.
	H1 Educate about specific issues, not just for the general good.
	H2 Communicate with legislators even in off session times to strategize, get them informed and educated about issues and needs.
	H6 Early in the process of certification and licensure, education and planning were used to gain a platform for developing certification.
H1 – Relationships	
(With Legislators)	
	H1 Spend a lot of time in the state house and never let a week pass without talking to legislators.
	H1 Be present and available in the state house, be known.
	H1 Know individual legislators well on both sides of the aisle.
	H2 Develop relationships with "legislative champions and partners" and communicate with them often.
	H1 Have strategic relationships.
	H1 Visit legislators who may oppose the bill to talk about their concerns and provide information.
	H6 A small group of social workers met with the Speaker to understand his perspective.
	H9 Many negotiations occur on the golf course or when going out with friends. Very little negotiation actually occurs on the house floor.
(Develop coalitions and committees)	
	H1 Coalition build around issues. Include all possibly interested stakeholders.
	H2 NASW has lobbyists and a political actions committee to help bills get on calendars and into committees.

H6 Develop coalitions, committees, and work with groups to build consensus eliminating significant opposition.

(Networking)

H1 Know people who know people who are good spokespersons for what social workers did for them. Use them to testify in hearings, write letters, and to generally communicate with legislators.

H9 Networking with decision makers is invaluable when problems arise in the legislative process.

(Find and work with allies)

H6 We found 2 sponsors that believed in social work who were willing to help us.

H6 The governor's daughter was a social worker. She helped us a great deal.

H6 Extremely beneficial to have a state level Society for Clinical Social Work. They advocate for clinical when other associations will not.

H1 – Make the cause real

H1 Use stories that reach legislators and sprinkle in statistics, not vice versa.

H1 Address depth of impact and use emotional appeal.

H1 Always include money and statistics, and phrase the proposal in a way that supports a low budget request.

H1 – Get social workers to engage H2 Get social workers involved

H1 Make sure social workers understand the issues/needs to pass legislation and make sure they are not passive about the issues.

H1 Get social workers to speak to legislators about importance of the bill and on the economic benefits.

H2 Motivate association membership to call and write legislators to voice opinions on important issues.

H9 Social workers need to go beyond legislation to make an impact. The rule making process is where the action is! The legislation is just the start, but the rules that impact the law can vastly alter the intent of the law. Rules put the wheels on the vehicle. So we need to be engaged in public hearings to move the law forward.

H2 – Work the Process

H2 As soon as issues arise that appear to be coming into a need for legislation change, start working the process. Start talking with "legislative champions and partners" to get them on board and informed.

H2 Communicate with legislators even in off session times to strategize, get them informed and educated about issues and needs.

H2 – Involve the public

H2 Inform people through public service campaigns.

H2 Solicit the public to speak to legislators and share their opinions and concerns.

H2 Motivate people to attend town hall discussions and other public forms.

H2 Activism such as women's marches make strong statements.

H2 – Support candidates who share social work values

H2 – Support candidates who share social work values.

H2 Associations sometimes provide funds and endorse candidates whose platforms align with social work values.

H2 Candidates who were endorsed and who win become legislative champions.

H2 – Reframe issues

H2 Use the language that the legislation understands, do not force one's agenda. The most direct route may be too direct. Examples: Underfunded Medicaid vs workforce needs; Practice act vs title protection.

H2 – Use a narrow focus

H2 "You can't do everything about everything, but you can pick one or two things and make a difference."

H1 Educate about specific issues, not just for the general good.

H6 – Using timely incidents (planned or unplanned) H6 Timing

H6 A lawsuit exposed inadequacies of certification; it brought to light the need for licensure instead of certification.

H6 "It's a good opportunity because when you are up for sunset, everything is up for grabs."

H6 – Use technology

H6 Use technology to facilitate solutions via research, communication, and problem solving.

H6 – Compromise/Negotiate

H6 Texas will never pass a practice act. OK, work with what they will accept. The social workers did not get exactly what was wanted, but did get a start toward regulation. The board used the rules to make further adjustments to address what the law did not.

H6 – Persistence and dedication

H6 "We worked like dogs, drew in everyone we knew, and drove the legislature crazy. We were not willing to give up."

H9 – Work out professional problems within the profession, not in the legislature

H9 Take problems to the professional organizations for resolve. It does not look good for the profession to air dirty laundry in the legislature. It's more harmful than people know.

Note: A code, for example H1, identifies the Historian from which the theme was initially identified. Comments from Historians supporting the theme are categorized below the theme. The comments are coded in the same manner as the themes.

Other States

Some Historians had experience with social work legislation in more than one state. These participants include Historians 3, 4, 5, 8, 9, and 11. The states in which these Historians had experience (other than states included in this study) included Alabama, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Idaho, Kentucky, Louisiana, Maryland, Michigan, Montana, New Jersey, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Virginia, Washington, Washington D. C. and Wisconsin. Although specific social work related legislation is not addressed for each of these states in the interviews, the Historians called upon experience from work with these states to make some generalizations considered to be National. The scope of this study included exploring the research questions from the perspectives of three states. Since the contributions of these Historians directly align with the research questions and add value to the study, the contributions are included. These contributions are included in the following national analysis.

Barriers. The Historians were asked to identify barriers, or problems, experienced in their attempts to pass or change social work related legislation. Historians were able to recall a significant list of barriers. Their barrier-related themes include money/financial (association funding), misunderstandings about the social work profession, not valuing the need for licensure, specializations in social work, lack of a unified plan for change, inadequately designed legislative proposals, the political climate, legislative work takes time, educational programs need overhaul, and how much opposition is there from psychology (and other mental health professions)? Table 10 provides a summary of the themes emerging from the interviews along with supporting comments from the Historians who provided information about other states.

Table 10

Barriers When Attempting Social Work Related Legislation in Other States (National Historians)

H1-Money H2 - Financial (Association funding)	H3 Overcoming problems with not just passing social work legislation, but the right legislation, takes lobbying and outside help and associations often cannot afford the help.
H1 – Misunderstandings about the social work profession	H5 There is a lack of understanding by many people involved in this process about what social workers do and how well we are trained.
H1 – Not valuing the need for licensure	H5 Within the profession we have a subgroup who remain resistant to regulation. H5 Social workers lack understanding of the purpose of licensure, which is not to promote the profession, but rather to protect the public.
H5 – Specializations in social work	H5 Having specializations written into legislation has lost basic uniformity of the profession nationally. H5 State level specializations have produced more than 60 titles of social workers in the US which are not consistently used among the states.
H3 – Lack of a unified plan for change	H3 Individuals or associations do not have the same goals for the law. H3 Associations do not differentiate between clinical and macro practice. H3 Not having clear goals and well defined aspects of social work practice are problematic when addressing therapy and diagnosing in the law.

H3 - Inadequately designed legislative proposals

H3 Scope of practice has to be well written and clear. Clinical social work legislation has to address the ability to diagnose and the ability to perform psychotherapy.

H3 Laws usually define the required exam, and some states do not clearly require the clinical exam.

H2 – The political climate

H3 The political climates vary tremendously among the states. Each state must know the unique issues and be prepared to work them and address them in the process.

H2 – Legislative work takes time

H3 If the associations and social work champions in the legislative effort are not on the same page, it takes monthly meetings for a year to get them there.

H9 – Educational Programs need overhaul

H5 Many social work students graduate not understanding the need to be licensed. Nurses, doctors and dentists don't graduate with this misconception.

H5 Social workers need to be more comfortable lobbying and talking to legislators, and need to recognize the importance of lobbying about social work regulation.

H3 - How much opposition is there from psychology (or other mental health providers)?

H3 Psychology is often the main objector when trying to design clinical social work legislation. They fight against the right to diagnose and the right to perform psychotherapy nearly every time it is in the proposed legislation. They seem to think these services are their domain.

H3 A few years ago clinical social workers sought approval to perform disability evaluations and competency evaluations through the Social Security Administration. Because 11 states do not allow social workers to diagnose, the request was denied. This is important because psychologists will fight against clinical social workers right to diagnose with strong opposition to keep this national level of protection for their own profession.

Note: A code, for example H1, identifies the Historian from which the theme was initially identified. Comments from Historians supporting the theme are categorized below the theme. The comments are coded in the same manner as the themes.

Solutions. The Historians were asked to identify solutions used in overcoming barriers in their attempts to pass or change social work related legislation. Historians offered a substantial list of solutions. Their solution-related themes include education, relationships (with legislators and finding and working with allies), get the "players" on the same page, prepare – legislative work takes time and money, using a narrow focus, the importance of writing good social work legislative proposals (simplify the laws and get the right content in the laws), know the political environment and the "hot topics", and get all social workers licensed. Table 11 provides a summary of the themes emerging from the interviews along with supporting comments from the Historians who provided information about other states.

Table 11

Solutions Used in Passing Social Work Related Legislation in Other States (National Historians)

H1 - Educate	
	H3 Educate committee members and committee chairs on the importance of the issues in the proposal. Make every effort to make sure they understand, so they are on the same page.
H1 – Relationships (with Legislators)	
	H3 Know the legislators, the governor's office, and other key people on committees and make sure they understand what you are trying to do and why.
(Find and work with allies)	
	H3 Establish working relationships with invested agencies such as the Department of Health and the Department of Education.
H3 – Get the "players" on the same page (have a unified goal)	
	H3 Get everyone interested in the project on the same page before attempting to move the bill forward.
H3 – Prepare – Legislative work takes time and money	
	H3 Social workers often get passionate about an issue, like not being able to diagnose. They want to jump in and make things right. The groundwork has to be laid for it to happen, and it takes lots of time and money to be ready.
H2 – Use a narrow focus	
	H3 Stay focused on the goal, ignore distracting drama, and keep the importance of giving citizens what they need.
	H3 Regarding mental health services, if people do not get what they need in mental health treatment, then it shows up in the corrections system, and the corrections system is much more expensive.
H5 – Importance of writing good social work legislative proposals (Simplify the laws)	
	H5 Use ASWB's Model Social Work Practice Act as a model for simple laws.

(Get the right content in the laws)

H3 For clinical social work laws, make sure to include the right to diagnose and the right to perform psychotherapy in the law.

H3 ASWB Model Social Work Practice Act is good for broader social work legislation but use a clinical social work association to help with clinical laws

H3 Address the proper level of ASWB exam necessary for safe practice in relation to the scope of practice. For example, clinical social work licensure needs to require the clinical level of exam.

H3 – Know the political environment and the "hot topics"

H3 Back in the 1990s when much of the legislative work for social work regulation took place, the political climate was much friendlier to regulation than it is today.

H5 – Get all social workers licensed

H5 Having states that do not regulate categories of social work practice and having social workers who practice unlicensed devalues the profession and protection of the public.

H5 Having all social workers licensed demonstrates professional commitment to protecting the public and reduces confusion about the role of social workers in serving the public.

Note: A code, for example H1, identifies the Historian from which the theme was initially identified. Comments from Historians supporting the theme are categorized below the theme. The comments are coded in the same manner as the themes.

All-Findings Analysis

Responses from all 12 Historians are summarized into two analyses: one collective analysis of barrier themes and one collective analysis of solution themes used when working with social work related legislation.

Barriers

The Historians were asked to identify barriers, or problems, experienced in their attempts to pass or change social work related legislation. Historians were able to recall 21 barriers. Their barrier-related themes were then grouped using restricted coding by the dissertation committee in collaboration with the researcher into 5 groups to facilitate easier understanding and usage. The groups and themes were as follows:

Political and Legislative: (1) the political climate, (2) legislative work takes time, (3) legislation sessions move quickly, (4) not valuing the need for licensure, and (5) unpredictable outcomes;

Financial: (6) money/financial (state budgets and association funding), (7) logistics, (8) Medicaid is a broken system;

The Profession: (9) misunderstandings about the social work profession, (10) the nature of social work, (11) specializations within social work, (12) lack of a unified plan for change, and (13) social work is a primarily female occupation;

Educational: (14) initially social workers and legislators were not informed about certification or licensure, (15) educational programs need overhaul, and (16) legislators have misinformed perspectives; and

Miscellaneous/Other: (17) media influence, (18) inadequately designed legislative proposals, (19) influential opposition, (20) how much opposition is there from psychology (or other mental health professions), and (21) incidental events.

The 5 most common barrier themes from All Findings were: (1) The political climate, (2) Not valuing the need for licensure, (3) Misunderstandings about social work, (4) The Nature of social work, and (5) Education needs to be overhauled.

Table 12 provides a summary of the groups of themes emerging from the interviews along with supporting comments from the Historians.

Table 12

Barriers When Attempting Social Work Related Legislation – All Responses

POLITICAL/LEGISLATIVE	
H2 – The political climate	
	H1 (TX) Texas is primarily administratively managed by Republicans.
	H1 (TX) Even in the Obama era when there was focus on ACA, healthcare and substance abuse services were underfunded.
	H1 (TX) It is difficult to get funds shifted from criminal justice perspective to healthcare.
	H1 (TX) The Obama era brought some shifts in the legislature, but the current administration scrutinizing healthcare may lose the advancements that were previously made.
	H2 (TX) Political climate is definitely affecting legislation related to healthcare.
	H2 (TX) In general, Texas is not friendly to the issue of healthcare. No healthcare is getting funding now.
	H2 (TX) There is concern about how the political climate is diminishing relationships. People used to go have coffee and talk things out. Now 'polarization and demonization' doesn't lend toward conversations and negotiations.
	H6 (TX) Early in the attempts to achieve licensure, the speaker told social workers that due to the political climate in Texas, licensure would never pass.
	H3 (N) The political climates vary tremendously among the states. Each state must know the unique issues and be prepared to work them and address them in the process.
	H9 (TX) Texas just went through sunset in August 2017 and had to have a special session to address it. Fortunately, it was extended for two years, but the professions become a political pawn when sunset approaches.
	H11 (MN) Conservatives posited that licensure restrained the free market.
	H10 (FL) Social work tends toward a rather Democratic lane due to the NASW Code of Ethics, but this does not align with the political ideology of many conservative law makers.
	H12 (MN) The political climate has a very real role in the legislative process.

H2 – Legislative work takes time

H2 (TX) On average, it takes 3 sessions, 6 years, to get a bill passed.

H5 (N) We came back, year after year, trying to pass individual professional board. They kept telling us to come back with one collective proposal.

H3 (N) If the associations and social work champions in the legislative effort are not on the same page, it takes monthly meetings for a year to get them there.

H11 (MN) Initial efforts to establish social work regulation began in the 1940s and it did not pass until 1987. They had to get the proposal through the Department of Health before it would go to the legislative floor and it took ten years to get it through the Department of Health.

H2 - Legislative sessions move quickly

H2 (TX) Anything can happen when he laws are reviewed; while the legislature is in session changes happen quickly.

H4 (MN) State legislative sessions move quickly and during session access to legislators becomes scarce and the ability to influence on any given issue lessens.

H1 – Not valuing the need for licensure

H1 (TX) Legislators ask from what the public needs to be protected.

H1 (TX) The question that kept coming up, "Can regulation be managed in a less expensive way"?

H1 (TX) Is there a less restrictive way to manage public protection and make regulation qualifications more attainable by more providers?

H6 (TX) Texas was a right to work state, and licensure was seen as infringing on the law.

H5 (N) Within the profession we have a subgroup who remain resistant to regulation.

H5 (N) Social workers lack understanding of the purpose of licensure, which is not to promote the profession, but rather to protect the public.

H8 (FL) The biggest barrier we have experienced is convincing the legislature of the need for licensure, more specifically, for bachelor level social workers. We are not there yet.

H12 (MN) It seems the conversation of deregulation is always on the table no matter how stable regulation may seem.

H2 – Unpredictable outcomes

H2 (TX) Anything can happen once the bill is open and in discussion/review.

H2 (TX) People fear the risk of unwanted outcomes.

H9 (TX) We do not want to open the laws. Once open, it may not go the way it was intended and may even result in raising the question of if licensing is needed at all.

H12 (MN) When a bill is proposed and the legislative cycle is open, it becomes risky. Opening up an act, even for a mundane or simply purpose, can end up with major and unpredicted changes.

FINANCIAL

H1-Money H2 - Financial

(State budgets)

H1 (TX) Republican leadership who will not spend money. The state maintains a large "rainy day" fund.

H1 (TX) Getting money for any services is tough.

H2 (TX) Any bill that has a fiscal note attached will be difficult to pass in the legislature.

H8 (FL) What is the cost of the proposal going to be to the state?

(Association funding)

H3 (N) Overcoming problems with not just passing social work legislation, but the right legislation, takes lobbying and outside help and associations often cannot afford the help.

H4 - Logistics

H4 (MN) It can be challenging to coordinate meetings with the right people at critical times. Clients with meaningful stories need to tell them to legislators, but getting the meeting times coordinated, managing work and transportation for the client, money to afford the travel, and even helping the client to maintain motivation to speak with the legislators until meeting time takes substantial time and commitment.

H4 (MN) Part of the problem is even being able to access the legislators to set up meetings.

H1 – Medicaid is a broken system

H1 (TX) Mental healthcare is somewhat lost in the Medicaid funding discussion.

H1 (TX) When combined with stigma, getting funding for Medicaid is difficult.

H1 (TX) Many people in Texas use Medicaid and few providers will accept patients due to low reimbursement.

H1 (TX) Social workers have tried several time to get Medicaid funding increased and it just will not pass.

H2 (TX) Legislation has been presented multiple times in attempt to improve the Medicaid reimbursement rate.

H2 (TX) The bill has champions on both sides of the aisle; next time we will address it as a workforce shortage issue.

H2 (TX) Historically Texas has not endorsed Medicaid expansion regardless of need.

THE PROFESSION

H1 – Misunderstandings about the social work profession

H1 (TX) Social Workers are "pigeon holed" as child welfare workers. Few legislators understand social work as a mental health profession. Getting clinical social work provisions for mental health services was not intuitive when legislators think of social workers as child welfare workers.

H6 (TX) Legislators did not see social workers as clinicians; they saw social workers as welfare workers who took kids away.

H9 (TX) Legislators do not understand what social workers do. "It's almost like they look at us like nail techs or other kinds of licensed groups".

H5 (N) There is a lack of understanding by many people involved in this process about what social workers do and how well we are trained.

H7 (MN) He reported the state legislature is not interested in advancing the profession of social work. In his experience, individuals are happy to have social work services in the hospital, or something similar, but they are not interested in investing time or effort to advance the profession because there is no economic benefit.

H10 (FL) Because of being part of a composite board, proposed legislation may not be in the best interest of social work; it may not be given the priority social workers would want.

H1 – Nature of social work

H1 (TX) People outside the profession devalue social work, i.e. social workers are helpers and will do what they do anyway, regardless of if the proposal is funded.

H1 (TX) Social workers join the profession as micro providers and often do not see macro advocacy within their role.

H1 (TX) If social workers do not take the lead in macro advocacy, then others do not know what social work is.

H10 (FL) Lack of social worker involvement in the legislative process. Educators need to add emphasis on the training of new social workers on how and why to get involved in the legislative process.

H4 (MN) Social workers are passionate and sometimes let the passion get in the way of seeing other, perhaps valid, points. Passion can also get in the way of compromise.

H4 (MN) Passion may also turn into fear, which may lead to defensiveness. It impacts ability to discuss issues and compromise.

H5 – Specializations in social work

H5 (N) Having specializations written into legislation has lost basic uniformity of the profession nationally.

H5 (N) State level specializations have produced more than 60 titles of social workers in the US which are not consistently used among the states.

H7 (MN) The regulation of social work had become too technical with laws and rules conflicting and overlapping. It required a complete overhaul.

H3 – Lack of a unified plan for change

H3 (N) Individuals or associations do not have the same goals for the law.

H3 (N) Associations do not differentiate between clinical and macro practice.

H3 (N) Not having clear goals and well defined aspects of social work practice are problematic when addressing therapy and diagnosing in the law.

H8 (FL) Within the profession, LCSWs fear adding the BSW licensure level will create confusion about their scope of practice or dilute their role.

H9 – Social work is a primarily female occupation.

H9 (TX) Most of the legislators are male and don't think the same way as a female driven profession.

EDUCATIONAL

H6 Initially, social workers and legislators were not informed about certification or licensure

H6 (TX) They did not know what to do or how to start.

H9 – Educational Programs need overhaul

H9 (TX) New social workers need a stronger understanding of the link between policy making and professional practice.

H9 New social workers need to be more strategic and less driven by feeling.

H9 (TX) New social workers need to be better trained in public speaking. How does one testify meaningfully before the legislature if they aren't well prepared in public speaking?

H5 (N) Many social work students graduate not understanding the need to be licensed. Nurses, doctors and dentists don't graduate with this misconception.

H5 (N) Social workers need to be more comfortable lobbying and talking to legislators, and need to recognize the importance of lobbying about social work regulation.

H10 (FL) Educators need to add emphasis in training new social workers about how and why to get involved in the legislative process.

H2 – Legislators having misinformed perspectives

H2 (TX) One legislator refused to support a bill because 5 constituents disagreed; he based opinion on 5 constituents and didn't explore the perspective of the whole.

H2 (TX) Governor and lieutenant governor sometimes sway legislators toward their perspective and legislators do not challenge it. This is the 'kiss of death' for a bill.

MISCELLANEOUS/OTHER

H2 – Media Influence

H2 (TX) Fake news and stigmas associated with political affiliation affect legislation.

H2 (TX) Politicians are using twitter and limiting conversations on important issues to 140 characters.

H2 (TX) The media does not attempt to be fair now, and that used to be the hallmark of journalism.

H3 - Inadequately designed legislative proposals

H3 (N) Scope of practice has to be well written and clear. Clinical social work legislation has to address the ability to diagnose and the ability to perform psychotherapy.

H3 (N) Laws usually define the required exam, and some states do not clearly require the clinical exam.

H11 (MN) Discussion in the 1980s began with possible registration rather than licensure. Social work needed a process not just allowing social workers to practice social work, but one including a mechanism for the public to file complaints and have them investigated.

H6 – Influential opposition

H6 (TX) Licensure related to social work practice was opposed by the nursing home industry and the Department of Protective and Regulatory Services (because they wanted status quo) and because they wanted to keep access to the Social Work Associates as employees. The National Association of Black Social Workers criticized licensing as a device for consolidating power and as discriminatory.

H6 (TX) Some associations fought against clinical licensure.

H6 (TX) In more recent years, resistance continues to exist requiring licensure of faculty. The debate continues. Opposition comes from NASW, NADD, and some institutions stating that it is discriminatory practice.

H8 (FL) Know where the insurance companies stand. They usually want more providers and lower reimbursement rates.

H3 - How much opposition is there from psychology (or other mental health providers)?

H3 (N) Psychology is often the main objector when trying to design clinical social work legislation. They fight against the right to diagnose and the right to perform psychotherapy nearly every time it is in the proposed legislation. They seem to think these services are their domain.

	H3 (N) A few years ago clinical social workers sought approval to perform disability evaluations and competency evaluations through the Social Security Administration. Because 11 states do not allow social workers to diagnose, the request was denied. This is important because psychologists will fight against clinical social workers right to diagnose with strong opposition to keep this national level of protection for their own profession.
	H7 (MN) Physicians and psychiatrists fought definitions such as "treatment" because from their perspective it meant prescribing medication.
	H8 (FL) How much will other mental health professions fight the bill?
H11 - Incidental events	
	H11 (MN) Brothers who were both in influential political positions took opposite positions on the social work bill. For whatever reason, the bill triggered competitiveness and their disagreements spread vastly causing nearly polar divides causing a very close vote.

Note: A code, for example H1, identifies the Historian from which the theme was initially identified. Comments from Historians supporting the theme are categorized below the theme. The comments are coded in the same manner as the themes.

Solutions

The Historians were asked to identify solutions used in overcoming barriers in their attempts to pass or change social work related legislation. Historians offered a list of 22 solution themes. Their solution-related themes were then grouped using restricted coding by the dissertation committee in collaboration with the researcher into 3 groups to facilitate easier understanding and usage. The groups and themes were as follows:

Intra Professional (within social work): (1) get the "players" on the same page, (2) prepare – legislative work takes time and money, (3) get social workers engaged/involved, (4) support candidates who share social work values, (5) the importance of writing good social work legislative proposals (simplify the laws, and get the right content in the laws), (6) get all social workers licensed, (7) work out professional problems within the profession - not in the legislature, and (8) protect the discipline - just like the other disciplines do;

Inter Profession (with other professions): (9) relationships (with legislators, develop coalitions and committees, networking, finding and working with allies, and knowing the opposition), and (10) involve the public; and

Broader Perspective: (11) educate, (12) make the cause real, (13) work the process, (14) reframe issues, (15) use a narrow focus, (16) know the political environment and the "hot topics", (17) prepare a strong defense to points of opposition, (18) using timely incidents (planned or unplanned), (19) use technology, (20) compromise/negotiate, (21) persistence and dedication, and (22) be prepared to react quickly when legislature is in session.

The 6 most common solution themes from All Findings were: (1) relationships (with legislators, develop coalitions and committees, networking, finding and working with allies, and knowing the opposition), (2) educate, (3) the importance of writing good social work legislative

proposals (simplify the laws, and get the right content in the laws), (4) make the cause real, (5) get social workers involved, and (6) involve the public.

Table 13 provides a summary of the themes emerging from the interviews along with supporting comments from the Historians.

Table 13

Solutions Used in Passing Social Work Related Legislation – All Responses

INTRA PROFESSIONAL (WITHIN SOCIAL WORK)	
H3 – Get the "players" on the same page (have a unified goal)	H3 (N) Get everyone interested in the project on the same page before attempting to move the bill forward.
H3 – Prepare – Legislative work takes time and money	H3 (N) Social workers often get passionate about an issue, like not being able to diagnose. They want to jump in and make things right. The groundwork has to be laid for it to happen, and it takes lots of time and money to be ready.
H1 – Get social workers to engage H2 Get social workers involved	H1 (TX) Make sure social workers understand the issues/needs to pass legislation and make sure they are not passive about the issues. H1 (TX) Get social workers to speak to legislators about importance of the bill and on the economic benefits. H2 (TX) Motivate association membership to call and write legislators to voice opinions on important issues. H10 (FL) Social workers need to be more involved in the legislative process. Get involved with issues of personal or professional importance, write letters to legislators, and motivate other constituents to do the same. H9 (TX) Social workers need to go beyond legislation to make an impact. The rule making process is where the action is! The legislation is just the start, but the rules that impact the law can vastly alter the intent of the law. Rules put the wheels on the vehicle. So we need to be engaged in public hearings to move the law forward.
H5 – Importance of writing good social work legislative proposals (Simplify the laws)	H5 (N) Social work laws have becomes too specialized, which creates confusion and diminishes the ability to promote a national platform. Focus on making laws simpler and defining specializations in the rules. H5 (N) Use ASWB's Model Social Work Practice Act as a model for simple laws.

(Get the right content in the laws)

H3 (N) For clinical social work laws, make sure to include the right to diagnose and the right to perform psychotherapy in the law.

H3 (N) ASWB Model Social Work Practice Act is good for broader social work legislation but use a clinical social work association to help with clinical laws.

H3 (N) Address the proper level of ASWB exam necessary for safe practice in relation to the scope of practice. For example, clinical social work licensure needs to require the clinical level of exam.

H7 (MN) Sometimes the law just needs complete overhaul to create a good law. Minnesota, after weighing pros and cons, eliminated rules and manages regulation only in laws. The legislature likes it.

H4 (MN) Recognize the value of designing the right plan. Sometimes the best plan is a huge step while other times the best method may be to take small steps. Do not undervalue the small steps approach.

H12 (MN) Do research and compare legislative proposals nationally and among the other professions to be sure it is solid and will withstand scrutiny.

H2 – Support candidates who share social work values

H2 (TX) Support candidate who share social work value.

H2 (TX) Associations sometimes provide funding and endorse candidates whose platforms align with social work values.

H2 (TX) Candidates who were endorsed and who win become legislative champions.

H5 – Get all social workers licensed

H5 (N) Having states that do not regulate categories of social work practice and having social workers who practice unlicensed devalues the profession and protection of the public.

H5 (N) Having all social workers licensed demonstrates professional commitment to protecting the public and reduces confusion about the role of social workers in serving the public.

H9 – Work out professional problems within the profession, not in the legislature

H9 (TX) Take problems to the professional organizations for resolve. It does not look good for the profession to air dirty laundry in the legislature. It's more harmful than people know.

H8 - Protect the discipline, just like other disciplines do

H8 (FL) Social work must stay alert when other disciplines propose legislation and speak up, either in support or opposition. Social work has to be invested in protecting our domain just as other professions do.

INTER PROFESSIONAL (WITH OTHER PROFESSIONS)

H1 – Relationships
(With Legislators)

H1 (TX) Spend a lot of time in the state house and never let a week pass without talking to legislators.

H1 (TX) Be present and available in the state house, be known.

H1 (TX) Know individual legislators well on both sides of the aisle.

H2 (TX) Develop relationships with "legislative champions and partners" and communicate with them often.

H1 (TX) Have strategic relationships.

H1 (TX) Visit legislators who may oppose the bill to talk about their concerns and provide information.

H6 (TX) A small group of social workers met with the Speaker to understand his perspective.

H3 (N) Know the legislators, the governor's office, and other key people on committees and make sure they understand what you are trying to do and why.

H9 (TX) Many negotiations occur on the golf course or when going out with friends. Very little negotiation actually occurs on the house floor.

H8 (FL) Relationships with legislators, to be able to talk about the issues with them, cannot be emphasized enough.

H11 (MN) In the example of the brothers, each on opposite sides of the bill, the lobbyist identified a person who was most likely to be able to have a conversation with the opposing brother and sent them to speak with him to find out what he wanted. It is believed by some that this conversation created the softening of the fight allowing the bill to pass.

H11 (MN) "90% of passing legislation involves relationships with legislators. One of the reasons that congress can't do much anymore is because they can't work across the aisle. They need to get to know each other and their families."

H4 (MN) Legislators need to be accessible, and people need to connect with them.

H4 (MN) Informal conversations need to begin with legislators as soon as a need for legislative change becomes apparent.
H12 (MN) The chances of being successful when submitting social work related legislative proposals is quite dependent on having trust built into relationships with legislators and the governor.

(Develop Coalitions and Committees)

H1 (TX) Coalition build around issues. Include all possibly interested stakeholders.
H2 (TX) NASW has lobbyists and a political actions committee to help bills get on calendars and into committees.

H6 (TX) Develop coalitions, committees, and work with groups to build consensus eliminating significant opposition.

H8 (FL) Using coalitions and committees is an effective way to bring the right people together to get on the same page, learn about opposing points, and to help distribute information.

H11 (MN) Use lobbyists and experts to help navigate the legislative process.
H11 (MN) Include consultation and use of resources from national social work associations to help with moving issues through the process.
H10 (FL) Working with state level professional associations has facilitated communication across political lines and with women.
H12 (MN) Try to put together a legislative proposal meeting its purpose and then have it well vetted. Work it through committees, coalitions, and as many stakeholders as possible. Nobody likes surprises.

(Networking)

H1 (TX) Know people who know people who are good spokespersons for what social workers did for them. Use them to testify in hearings, write letters, and to generally communicate with legislators.

H9 (TX) Networking with decision makers is invaluable when problems arise in the legislative process.

(Find and work with allies)

H3 (N) Establish working relationships with invested agencies such as the Department of Health and the Department of Education

H6 (TX) We found 2 sponsors that believed in social work who were willing to help us.

H6 (TX) The governor's daughter was a social worker. She helped us a great deal.

H6 (TX) Extremely beneficial to have a state level Society for Clinical Social Work. They advocate for clinical when other associations will not.

H5 (N) Working together with the other professions, Florida was successful in designing law establishing a composite board to regulate practice but also described the scope of practice for each of the three disciplines.

H5 (N) All social workers need to communicate better with each other.

H5 (N) All three leaders of national social work associations are committed to working together and regulation is among their priorities.

H8 (FL) It takes a dedicated group of knowledgeable people to drive the work. It's much more effective when the group involves supporters having various perspectives.

H11 (MN) Minnesota had the right legislators supporting the bills. There was support from an excellent chief author in the house and a good author in the senate.

H12 (MN) The professional social work associations in Minnesota have strong positive relationships now and this helps with having a unified perspective within the profession.

(Know the opposition)

H8 (FL) Use relationships to know the issues and know the opposition.

H2 – Involve the public

H2 (TX) Inform people through public service campaigns.

H2 (TX) Solicit the public to speak to legislators and share their opinions and concerns.

H2 (TX) Motivate people to attend town hall discussions and other public forms.

H2 (TX) Activism such as women's marches make strong statements.

H7 (MN) In Minnesota, the public is quite involved in legislation, and legislators listen to them. Coalitions and constituents must be at the table during the drafting and proposing of any social work related regulations.

BROADER PERSPECTIVE

H1 – Educate

H1 (TX) Share information through brochures and pamphlets to legislators and the public.

H1 (TX) Look up relevant information about current issues and send to relevant individual decision makers.

H1 (TX) Information helps individual legislators get on the same page; it helps them understand the issues and problems and overcome myths and stigmas.

H1 (TX) Educate about specific issues, not just for the general good.

H2 (TX) Communicate with legislators even in off session times to strategize, get them informed and educated about issues and needs.

H3 (N) Educate committee members and committee chairs on the importance of the issues being addressed in the proposal. Make every effort to make sure they understand so they are on the same page.

H6 (TX) Early in the process of certification and licensure, education and planning were used to gain a platform for developing certification.

H7 (MN) Create educational materials from the practice act and use them as teaching tools to inform constituents, social workers, and students. This provides opportunity to make sure the language is clear enough for legislators as well as the public to understand as well as informing interested people about what social work is and all of its complexities.

H8 (FL) Use a massive educational campaign to explain the profession, the issues, the proposal, why it is necessary, and the risks if not enacted into law.

H11 (MN) The lobbyist looked up relevant and related cases in the districts of the representatives and went to educate them on need in their home communities.

H11 (MN) Another effective educational strategy is bringing someone in from another state who just had success with a

legislative roadblock to speak about it. Invite widely so stakeholders are informed.

H4 (MN) Educate everyone along the way about the issues being addressed in a proposal. Being informed helps legislators make better decisions.

H12 (MN) Educate strategically by designing good materials, good communication tools, and use a smart marketing strategy.

H2 (TX) Associations sometimes provide funds and endorse candidates whose platforms align with social work values.

H2 (TX) Candidates who were endorsed and who win become legislative champions.

H1 – Make the cause real

H1 (TX) Use stories that reach legislators and sprinkle in statistics, not vice versa.

H1 (TX) Address depth of impact and use emotional appeal.

H1 (TX) Always include money and statistics, and phrase the proposal in a way that supports a low budget request.

H8 (FL) Have good success stories demonstrating the issue and how the proposed legislation meets the need, then back up the story with statistics.

H11 (MN) Minnesota utilized hundreds of well-prepared witnesses who testified at the hearings.

H4 (MN) Clients who have meaningful stories about why a bill is needed have to tell their stories.

H4 (MN) Maybe do a needs assessment, formally or informally, if it adds meaning to the need for legislative change.

H12 (MN) When proposing new social work related legislation, it is vitally important to make it real. Get individuals to tell meaningful stories, ask NAMI to write a letter addressing need, and include experts on the topic. Nothing is more impactful than having a mother whose son committed suicide talking about the need for mental health care.

H2 – Work the Process

H2 (TX) As soon as issues arise that appear to be coming into a need for legislation change, start working the process. Start talking with “legislative champions and partners” to get them on board and informed.

H2 (TX) Communicate with legislators even in off session times to strategize, get them informed and educated about issues and needs.

H2 – Reframe issues

H2 (TX) Use the language that the legislation understands, do not force one's agenda. The most direct route may be too direct. Examples: Underfunded Medicaid vs workforce needs; Practice act vs title protection.

H2 – Use a narrow focus

H2 (TX) "You can't do everything about everything, but you can pick one or two things and make a difference."

H1 (TX) Educate about specific issues, not just for the general good.

H3 (N) Stay focused on the goal, ignore distracting drama, and keep the importance of giving citizens what they need.

H3 (N) Regarding mental health services, if people do not get what they need in mental health treatment, then it shows up in the corrections system, and the corrections system is much more expensive.

H8 - Prepare a strong defense to points of opposition

H8 (FL) Once social workers know the opposition to the proposed legislation, it is essential to prepare a strong defense to present when the bill is heard.

H12 (MN) Always have ready arguments for why professional regulation is needed and why the proposed regulation is needed. Keep the focus on protecting the public and less on discipline specific rights.

H3 – Know the political environment and the "hot topics"

H3 (N) Back in the 1990s when much of the legislative work for social work regulation took place, the political climate was much friendlier to regulation than it is today.

H6 – Using timely incidents (planned or unplanned) H6 Timing

H6 (TX) A lawsuit exposed inadequacies of certification; it brought to light the need for licensure instead of certification.

H6 (TX) "It's a good opportunity because when you are up for sunset, everything is up for grabs."

H7 (MN) In Minnesota, the law suit involving a social worker in the boundaries case where many agreed there was no violation presented the need for social work overhaul. Had the timeline event not happened, the legislature might well have never considered social work regulation.

H11 (MN) Use timely events influencing professional practice to support the effort on the legislative floor. For example, in the 1960s and 1970s there was a rash of therapists having sex with clients. The importance of public protection was very clear and needed to be addressed.

H6 – Use technology

H6 (TX) Use technology to facilitate solutions via research, communication, and problem solving.

H4 (MN) Legislators as well as constituents need to be able to use technology, such as Skype, to facilitate communication. It lessens the impact of travel distance, meeting coordination, and cost in making meaningful connections happen.

H6 – Compromise/Negotiate

H6 (TX) Texas will never pass a practice act. OK, work with what they will accept. The social workers did not get exactly what was wanted, but did get a start toward regulation. The board used the rules to make further adjustments to address what the law did not.

H7 (MN) Vet all proposed legislation within the profession and with all stakeholders to essentially eliminate conflict before the bill comes to the legislative floor. Bills not properly vetted will not advance to committees for hearing.

H4 (MN) In the last effort to eliminate all exemptions from the social work licensure law, it would have failed had the social workers not agreed to compromise and take out the county exemption. It was better to eliminate most exceptions.

H4 (MN) Social workers have to practice what they preach. Social workers have to hear the perspective of others, even if it does not align with their perspective.

H6 – Persistence and dedication

H6 (TX) "We worked like dogs, drew in everyone we knew, and drove the legislature crazy. We were not willing to give up."

	H11 (MN) Persistence is a requirement to succeed in passing social work related legislation. It took Minnesota years and without persistence it would never have happened.
H11 - Be prepared to react quickly when legislature is in session	
	H11 (MN) Time was running out on the last day of session and it was looking like the agenda was not going to reach the social work related bill. The sponsor interrupted the Speaker and asked for a modification of the agenda, the bill was heard just before the session closed. The bill passed. Had this not happened, it likely would not have passed even during the next annual session.

Note: A code, for example H1, identifies the Historian from which the theme was initially identified. Comments from Historians supporting the theme are categorized below the theme. The comments are coded in the same manner as the themes.

Relationships between Barriers and Solutions

The All-Findings lists of themes and supportive statements from Barriers and Solutions (see Table 12 and Table 13) provide somewhat comprehensive analyses from reports of Historians, yet further explanations of the analyses are necessary for the richest understanding of the Findings.

Of the 21 identified Barrier themes, 14 were supported by statements from Historians in more than one state. Similarly, only seven themes were supported by Historians from only one state; these themes were: Initially, social workers and legislators were not informed about certification and licensure, Logistics, Medicaid is a broken system, Media influence, Legislators have misinformed perspectives, Social work is primarily a female profession, and Incidental events. It may be perceived these barriers were unique to the culture of one state, Historians from various states did not think of, or prioritize, these issues in their states, or the researcher did not categorize Barriers into the most meaningful or "best" themes. It was not assumed these Barriers were insignificant or meaningless.

Of the 22 identified Solutions themes, 12 were supported by statements from Historians in more than one state. Similarly, 10 themes were supported by Historians from only one state; these themes were: Get the "players" on the same page (Have a unified goal), Prepare – Legislative work takes time and money, Work the process, Support candidates who share social work values, Reframe issues, Know political environment and "hot topics", Get all social workers licensed, Work out professional problems within the profession and not in the legislature, Protect the discipline – just like others do, and Be prepared to react quickly when the legislature is in session. It may be perceived these solutions were unique to the culture of one state, Historians from various states did not think of, or prioritize, these solutions in their states,

or the researcher did not categorize Solutions into the most meaningful or "best" themes. It was not assumed these Solutions were insignificant or meaningless.

To provide context for this explanation, one barrier, for example Medicaid is a broken system, can be analyzed. Clearly, when reviewing the supportive comments from Historian 1 and Historian 2 in Texas, there are some issues affecting the state which may differ from other states in the study. The strongly historical Republican leadership has led Texas to have a well-funded "rainy day fund"; similarly, any bills presented to the legislature having fiscal notes attached do not pass. Healthcare is deprioritized given the strong political Republican affiliation of the state and the current political climate where there is Republican priority to decompose the Affordable Care Act and reconstruct healthcare, but there is no currently acceptable plan with Republican support at this time. While Historian 2 reports the Medicaid issue has support on both sides of the aisle, it does not have enough support, when framed as an endorsement of Medicaid expansion, to pass. Historian 2 said they are not giving up on improving Medicaid. Next time the legislature opens, the focus may well shift from Medicaid expansion to workforce shortage.

Clearly, this Barrier is significant and a high priority in Texas currently. It does not mean that the same or similar issues are not priorities in other states; however, it did not present with the same priority in the other two states in the study sample. In this example, there are explanations for why the issue is not yet resolved, though some proposed Solutions themes have potential for use in resolving the Barrier. Reframing the issue as a workforce issue was identified by Historian 2 as one possible solution. In reviewing the broader list of Solution themes within the Theory, one might consider developing Educational materials, use of Relationships such as Coalitions and Committees, using the support of a Lobbyist, Making the

cause real by having meaningful stories and examples of negative impact on citizens of Texas, and Preparing a strong defense for points of opposition. Obviously, issues affecting legislation are complex and multifaceted, thus, solutions will also be. It would be a gross oversight to not include Timing, Political climate, and Incidental events in this discussion. Even with the best laid plans with all the alignment of supports, sometimes legislation just will not pass. In Texas, Medicaid reform has a long history of not passing in the legislature. Timing, Political climate, and Incidental events are contributing factors. Those coordinating the efforts to overcome the Barrier have worked together tirelessly and know the issues well. They continue to seek new solutions and try different perspectives. It may be, in good time, an incidental event or change in political climate may open the door for the legislative change. Maybe coordinating efforts, knowledge learned from this study, and designing a strategy using multiple Solution themes will, in good time, achieve the result.

Strategy

As demonstrated in the discussion of Medicaid as a broken system, the complexity of the Barriers affecting change of social work related legislation require complex solutions. As such, there really is no one-to-one linear model from Barrier themes to Solution themes. In order to address any change in legislation, analysis is required as to the specific Barriers or Barrier systems. Development of a strategy of the Solution themes becomes essential.

The Theory

Achieving success in passing social work related State legislation is a complex and multifaceted endeavor. There are significant potential barriers complicating what might be a seemingly straight-forward process. As with the discipline itself, the problems occur at the micro, mezzo, and macro levels and are systemically influenced in nearly undefinable

circumstances. This study has successfully identified some of the potential barriers, but perhaps more importantly, it has produced a somewhat comprehensive strategy of methods for approaching legislative proposals and passing social work related State legislation. Each of the emergent themes is somewhat simplistic, but when grouped via restricted coding into a systematic strategy, successfully implementing social work related legislation becomes somewhat achievable.

The 5 groupings used to organize the 21 barriers in this theory include:

Political and Legislative Barriers: (1) the political climate, (2) legislative work takes time, (3) legislation sessions move quickly, (4) not valuing the need for licensure, and (5) unpredictable outcomes;

Financial Barriers: (6) money/financial (state budgets and association funding), (7) logistics, (8) Medicaid is a broken system;

The Profession Barriers: (9) misunderstandings about the social work profession, (10) the nature of social work, (11) specializations within social work, (12) lack of a unified plan for change, and (13) social work is a primarily female occupation;

Educational Barriers: (14) initially social workers and legislators were not informed about certification or licensure, (15) educational programs need overhaul, and (16) legislators have misinformed perspectives; and

Miscellaneous/Other Barriers: (17) media influence, (18) inadequately designed legislative proposals, (19) influential opposition, (20) how much opposition is there from psychology (or other mental health professions), and (21) incidental events.

The 3 groupings used to organize the 22 solutions addressed in this theory include:

Intra Professional (within social work): (1) get the "players" on the same page, (2) prepare – legislative work takes time and money, (3) get social workers engaged/involved, (4) support candidates who share social work values, (5) the importance of writing good social work legislative proposals (simplify the laws, and get the right content in the laws), (6) get all social workers licensed, (7) work out professional problems within the profession - not in the legislature, and (8) protect the discipline - just like the other disciplines do;

Inter Profession (with other professions): (9) relationships (with legislators, develop coalitions and committees, networking, finding and working with allies, and knowing the opposition), and (10) involve the public; and

Broader Perspective: (11) educate, (12) make the cause real, (13) work the process, (14) reframe issues, (15) use a narrow focus, (16) know the political environment and the "hot topics", (17) prepare a strong defense to points of opposition, (18) using timely incidents (planned or unplanned), (19) use technology, (20) compromise/negotiate, (21) persistence and dedication, and (22) be prepared to react quickly when legislature is in session.

The theory emerging from the study requires understanding and synthesis of the Findings. Barrier themes, alone, essentially have little meaning. Likewise, Solution themes, alone, have little meaning. The Barriers and Solutions have relationships which are interrelated, but not in a one-to-one linear manner. In reality, there is never only one barrier to passing legislation. If this were true, the solution would likely not require strategy. Bright, intelligent people could likely use good logic to overcome the barrier. One must think in terms of systems and synthesis. As an example, legislators having misinformed perspectives is a complex barrier. The team proposing legislative change needs to understand political climate, historic processes previously used in legislative change, use relationships to be well informed about specific

barriers and who the players are, and know the resistance likely to present with the proposed legislation. Given the complexity of barriers, and recognizing in many cases there are multiple barriers, it becomes important to recognize and develop a strategic plan (i.e. strategy) involving multiple Solution themes as a critical part of seeking legislative change. Strategy helps assure systems issues are addressed in a timely manner culminating synchronously when the proposed legislation comes to the legislative floor. Solution themes which may address the barriers vary by states, but might include education, using relationships in multiple ways, preparing strong evidence to defend against opposition, and using real stories to add impact to the issue. Others themes may apply, based on unique circumstances in various states. As stated previously, it is assumed the barrier themes identified in this study offer valuable consideration to multiple states who intend to address social work related legislative change, and the solution themes identified in the study offer valuable consideration in designing effective strategies to overcome barriers.

Summary

Findings of the study were collected from 12 experienced Historians. Each of the interviews produced content relevant to the study. The interview content relevant to the research questions from each of the Historians was analyzed by state (Florida, Minnesota, Texas, and Other) as well as collectively to formulate answers to each of the research questions. Saturation of the data was achieved. With regard to barriers, 8 of the 12 Historians contributed to the identification of 21 themes; every Historian contributed content toward developing and/or supporting the identified themes. With regard to solutions, 7 of the 12 Historians contributed to the identification of 22 themes; every Historian contributed content toward developing and/or supporting the identified themes. A social work colleague reviewer was used throughout the project to analyze data, collaborate with the researcher, and resolve any concerns as a means of

addressing rater selection of themes, to remove bias, to avoid omission of data, and to confirm the final listings of barriers and solutions. Although the solutions did not directly align with the barriers, the researcher, colleague reviewer, and dissertation committee agree that the overall solutions provide some strategies with potential to successfully address the overall barriers. The dissertation committee in collaboration with the researcher used restrictive coding as a third level of coding to group barriers and solutions into an organized manner to help users identify their areas of need and to select the solutions themes that best align with where they need to focus. Findings were used to develop the grounded theory.

CHAPTER 5

DISCUSSION, CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

Introduction

The discussion, conclusions, limitations, and recommendations section reviews the purpose for the study and the research questions, and provides discussion about relevance of the findings, as we as how the findings of the study can be used. This section also clarifies the limitations of the study as well as offering recommendations.

Purpose of the Study

The purpose of the study was to initiate a grounded theory study exploring the barriers, and the solutions used to overcome the barriers (as reported by Historians), encountered during the process of legislative change to state statutes to allow licensed clinical social workers to be private and independent providers of mental health services.

Research Questions

There were two primary research questions in this study:

1. Among states changing legislation to allow licensed clinical social workers to be private and independent providers of mental health services, what specific barriers were encountered by social work representatives in the process of changing those state statutes?

2. What solutions were used in overcoming barriers in the process of securing state statutes allowing licensed clinical social workers to be private and independent providers of mental health services?

Discussion

The solutions identified by Historians did not directly align with the barriers identified by the Historians. The semi-structured interview format, however, was not designed in a manner that would necessarily ensure that they did. The researcher recognized states might have encountered barriers for which a solution was not clear, or perhaps there were several solutions which did not perfectly align with an identified barrier. The intent, from the beginning, was to ask broad and open questions promoting depth of thought about the issues and needs in changing social work related regulation. Although the solutions did not directly align with the barriers, the researcher and the project consultant agreed the overall solutions provided some strategies with potential to successfully address the overall barriers. The identified barrier themes were broad enough to encompass several specific examples, yet specific enough to be understood and categorical. The solutions themes followed this same pattern.

At this time, saturation of the data will be addressed. The researcher proposed that the study would include four Historians from three states resulting in a targeted number of 12 Historians for the study. In fact, the study resulted in inclusion of 12 Historians with nearly a perfect match to the proposed composition by state. That said, the proposal noted if saturation of the data was not reached, then additional Historians from each state would be sought until data were saturated by theme within each of the three states, or until there were no more identifiable Historians in the state.

For this particular definition of saturation, it was difficult to ascertain achievement or

lack thereof. First, interviews were not conducted by state; they were conducted as each Historian agreed to be interviewed and signed the Informed Consent Form. Thus, data were collected in a much less formal sequence than might be necessary in order to achieve saturation. Since data were collected by historian availability, rather than by state, it was a bit more difficult to determine state level saturation while staying true to the notion of progressive data analysis from one to the next interview in grounded theory. Florida Historians defined no new Barrier themes while they contributed two new Solution themes. Minnesota Historians defined three new Barrier themes while they contributed one new Solution theme. Texas Historians defined 14 new Barrier themes while they contributed 14 Solution themes. National Historians defined four new Barrier themes while they contributed five new Solution themes.

As stated previously, of the 12 Historians, 9 (Historians 1, 2, 3, 4, 5, 6, 8, 9, and 11) contributed a Barrier theme; 3 Historians (Historians 7, 10, and 12) contributed content to support themes but did not define any Barrier themes. Nationally, saturation was achieved in Barrier themes. Of the 12 Historians, 8 (Historians 1, 2, 3, 5, 6, 8, 9, and 11) contributed a Solution theme; 4 Historians (Historians 4, 7, 10, and 11) contributed content to support themes but did not define any Solution themes. Nationally, saturation was achieved in Solution themes.

Second, the researcher learned there is actually a quite small overall sample of possible Historians for this type of study. Additional Historians were identified in each state, and were contacted for possible inclusion as the referrals were received, but no additional Historians agreed to participate. To that end, even though it is unclear whether saturation was achieved per state, the researcher is comfortable reporting saturation was achieved nationally in both Barrier themes and Solution themes.

The study successfully acquired a very qualified sample of Historians with significant

and relevant experience. Of the collective group of 12 Historians, four were male and eight were female. One of the Historians was a mid-career professional, eight were advanced career professionals, and three were retired. All of the Historians have earned a master's degree, 11 of which are in social work, whereas one Historian earned a master's degree in psychology. Six of the Historians had doctoral degrees in social work, social policy, or law. All of the Historians were licensed social workers (one was licensed under the grandfathering clause). All of the Historians had substantial experience working with state level legislation related to social work regulation. Every Historian had at least 10 years of experience with legislative work and two Historians had nearly 40 years of experience. Seven Historians had more than 30 years of experience with social work regulation.

Interestingly, snowball sampling worked as desired in the current study. There were only two potential Historians who declined to participate without engaging in discussion or offering a reason for their unwillingness to participate. Six potential Historians who were contacted declined to participate for various reasons, including a feeling that participation was a conflict of interest with current employment, health and family issues which were overwhelming at the time, and not feeling qualified to provide content relevant to the study. Each of these six potential Historians made between one and four referrals to other potential Historians. While these referrals led to reaching the goal of pre-determined Historians, some of the same names repeated in these referrals. Clearly, the overall sample of people with this type of expertise in knowledge and experience is a small pool. With this degree of qualification, the contributions of Historians are considered to be valid for the purposes of this study.

The states selected to form the sample in this study were Florida, Minnesota, and Texas. The researcher first referred to the GAO (1986) article and the Cooper-Bolinskey and Blower

(2016) article to find states who had changes in their regulations to allow licensed clinical social workers to provide mental health services independently. Factors then used in selecting these states included geographic region, size of the state, historic political affiliations, variance in the populations of the states, industry, type of regulatory board, and at least one identified person who would potentially serve as a Historian. The composite profile of selected states represents difference in each of these factors. State sizes vary by midsize to large and represent geographic regions of the Midwest, South, and Southeast. The political affiliations vary between Democratic, Republican, and changing affiliation. Populations vary by demographic from very rural and farming to metropolitan and big business. There is a small population of states utilizing a composite board versus independent board, but it was important to include this representation in the composite profile, so one state using a composite board was included in the sample. These factors and outlined in detail, by state, below.

Florida is a midsized southeastern state whose population includes some concentration of older and retired people, immigrants, and evangelicals. The majority of registered voters were Democrats, however, Florida currently has a super-majority Republican legislature (State of Florida, 2017). Leading industry in Florida includes life sciences, manufacturing, and tourism. Although not an industry, Florida's population has a high concentration of retirees. The profession of social work is regulated under a composite board that includes mental health counselors and marriage and family therapists. ASWB provided a recommendation for at least one person as a potential Historian. Clinical social work regulation was established in 1988.

Minnesota is a midsized northern Midwestern state whose population includes a dense majority of white people with a smaller concentration of immigrants and minorities. The major industry in the state is agricultural, which includes farming, raising livestock, and forestry;

however, in more recent history a few large businesses have moved their central offices into Minnesota (State of Minnesota, 2017). The state has historically known to be Democratic, with the Democratic Party being known as the Democratic Farmer Labor Party. One Historian in the study reported a recent transition to Republican leadership this year. The profession of social work is regulated by an independent regulatory board. ASWB provided a recommendation for at least one person as a potential Historian. Clinical social work regulation was established in 1987.

Texas is a large southern state with the second largest population in the U.S. The state includes several densely populated metropolitan areas with other large regions being rural. The population includes a high percentage (over 30%) of Hispanics including some foreign-born residents and some undocumented immigrants. Leading industries in Texas include petroleum and natural gas, farming, raising livestock, steel manufacturing, and banking. The state is historically and currently known to have strong Republican affiliation (State of Texas, 2017). The profession of social work is regulated by an independent regulatory board. ASWB provided a recommendation for at least one person as a potential Historian. Clinical social work regulation was established in 1981.

It was extremely difficult to establish a sample of any three states that would represent diversity among all of the identified categories, and clearly the sample of states selected for this study has some overlap. However, it is clear there were identifiable differences with meaning for this study. There is difference among geography, with no two selected states being in the same region, although the western states were not represented. Populations among the participant states differ, although there was some overlap in agriculture. This was considered acceptable, among the possible overlaps, given that agriculture tends to involve large amounts of

land, but a very small portion of any population. Additionally, there is diversity in the populations of the states and political affiliations (both historically and currently). There is variation among the numbers and types of social work practices and regulatory boards. Given this explanation of sample composition, the study was assumed to have good representation of social work practice in the sample.

The literature review, which aligned with concerns revealed by some of the Historians, indicated a clear need for the study. As seen, even within the small sample of three states, social work regulation has not yet achieved a foundational level of regulation. There were some states not regulating some levels of social work practice. Social work licenses have as many as 60 different titles across the various states. The scope of practice across states was quite inconsistent with some states not allowing social workers to perform the same types of practice although the educational requirements and qualifying exams were the same, nationally. While these examples were important, they represent only a sprinkling of the differences in social work regulations among the states. In order for the profession to have a reasonable platform to establish portability and mobility of licensure, there needs to be a foundational level of practice with some degree of similarity.

Social work regulation is clearly work based on a continuum. Ever-changing factors, such as the political environment, the development of specializations in social work practice, the changing needs of the public, and even changes in technology will require modifications to social work legislation within the states for years to come. The Historians from this study offered good examples of the barriers they have experienced in dealing with these important issues. More importantly, the Historians offered a collection of solutions that have been used in successfully passing laws related to social work regulation. These solutions serve to provide

guidance for other states in their efforts to do the same.

Conclusions

In conclusion, the relevant lists of barrier themes and solutions themes resultant from this study provide social workers and other persons interested in changing social work related legislation with a valuable theory to guide their efforts. Understanding the model does not provide a step-by-step guide to resolving potential legislative barriers; rather, the synthesis of findings from the study serve as the foundation for developing a systems model of addressing potential barriers. Using the valuable, yet simplistic, pieces of information obtained in this study could serve as a building block for formulating effective strategies to revolve barriers. In using the theory to facilitate change in social work related legislation in Indiana, the home state of the researcher, it would be important to formulate a legislative team to explore the list of barrier themes and identify those most affecting change in Indiana. Similarly, the legislative team would also need to focus on the systems of solutions possibly affecting change, based on the identified barriers. Lastly, the theory would require the team to develop a strategy synthesizing the identified barriers and solutions in order to be adequately prepared to address legislative change. The other 10 states who do not have legislative authority in place for social workers to diagnose, as well as the 7 states who do not have legislative authority in place for social workers to practice psychotherapy, are ideal candidates to use the theory.

Limitations

There are several limitations to the present study. Although the pool of potential states who could contribute to the study was 51 (including Washington D.C.), the sample included only three states. The small sample size was somewhat mitigated by having some Historians who spoke to both barriers and solutions in multiple states. Although each of the states from which

Historians drew experience were not individually analyzed, Historians drew upon experience with social work related legislative work in more than 25 states. This level of experience was actually an unexpected, but welcomed, benefit to the study.

Another limitation of the states selected as the sample for the study was the lack of inclusion of western states and small states. Again, it was difficult to capture all possibilities of demographics in a sample of three. The states included in the sample all acquired clinical social work licensure during the 1980s – Florida in 1988, Minnesota in 1987, and Texas in 1981. The first state to achieve regulation of clinical social work was Rhode Island in 1961, and the last state was Michigan in 2004 (Groshong, 2009). The study might have benefitted by inclusion of these states, however, the researcher was not able to identify any potential Historians from Rhode Island, and Michigan did not meet the qualifying criteria for inclusion in the study. Furthermore, at least one of the Historians who participated in the study had experience working with Michigan, so at least some experience in working with Michigan influenced the study.

Additionally, the small number of Historians included in the sample of the study was identified as a possible limitation. Although the number of Historians used in the study met the pre-determined goal for the study, it was clear that a pool of 12 even extremely well qualified and experienced individuals could not offer a comprehensive analysis of the research questions from a national perspective. That said, the researcher learned while conducting this study exactly how small the pool of expert Historians was on this topic. The participating Historians were exceptionally generous with giving time and information. Several potential Historians who elected not to participate often offered suggestions of other Historians, made contact with potential Historians, and followed up with the researcher to inquire if the needed number of Historians was acquired. Only two potential Historians simply declined to participate without

providing additional information. The researcher interpreted the sample of participant Historians to be representative of the pool because the participating Historians were most often recommended multiple times and only one Historian who was referred to the researcher multiple times declined to participate. One additional potential Historian who was referred by multiple people was contacted by the researcher but did not respond to the inquiry.

The sample of Historians was professionally homogeneous. Only one Historian was not a social worker. She was a master's level psychologist who was a licensed social worker under the grandfathering clause. No politicians, governors, or Historians from other disciplines were included in the sample. Furthermore, the ethnicity of Historians was unknown. Ethnicity of each Historian was not collected by the researcher. There were no early career professionals in the study sample, but this characteristic would not have been conducive to recall of history as needed for this study to be meaningful.

Recommendations

Recommendations for using the findings. The researcher recognized the collections of barriers and solutions related to working with legislation related to independent practice were not exhaustive. However, the study produced some valuable and valid barriers and solutions. States that are in the process of changing, or that plan to change, social work related legislation should be aware of the identified barriers. Clearly, given the more than 25 states in which the Historians in the study had experience, many know of these issues and barriers. As previously noted, each individual barrier was somewhat simplistic in nature, but when combined, the identified collection of 21 barriers required strategy to overcome. The compilation of 22 themes provided a comprehensive theory for overcoming the barriers.

Some states, such as Indiana, the state of residence of the researcher, may be able to use

the results of the study, in whole or in part, to advance clinical social work practice by creating more fully developed statutes that allow licensed clinical social workers to independently provide mental health services. If a legislative team were to explore barriers and identify several themes which have likely been the most restrictive issues impacting social work related legislation, the team would also explore the list of solution themes to facilitate a multifaceted system to overcome the barriers. According to the theory, a strategy with steps and timelines would serve as the glue to enable the overall process of change.

At least one of the most likely issues in Indiana has been lack of getting all of the players on the same page (i.e., all of the people involved in legislative change have not had one clearly defined goal). Indiana does not have a clinical social work association, thus, perhaps another part of the problem has been lack of clinical focus in proposing legislative change. Were the legislative team in Indiana to have such an association or expert help in establishing the goal of attaining the right to diagnose, possible solutions might include engaging help of an expert, getting players on the same page, education, and using relationships. Were these established and believed to be the most likely effective solutions to the barrier, then strategic steps might involve soliciting funds to secure the help of an expert, developing sub-committees to design educational materials as well as building relationships with legislators.

When specific and realistic timelines are added to the strategy, the coordinated effort may be more successful than past attempts. The researcher is not proposing this example as a realistic model because the effort would clearly require a team of invested persons in Indiana to engage the theory for a more thorough analysis, but the example serves as a simplified model to demonstrate the theory and how it may be applied.

Additionally, and as previously stated, most of the barriers and solutions identified in the

study were not restricted to clinical social work regulation. Other states attempting changes in broader social work related legislation may benefit from understanding the barriers and solutions resultant from the study.

Recommendations for future research. Social work is a constantly changing and ever-evolving profession. There was no status-quo and the regulatory standards cannot be left as constant. Additional studies are recommended, periodically, to assess changes in the barriers and solutions regarding changing social work regulation.

Given the underrepresentation of available research, future studies should assess attitudes and readiness of the profession to move toward some form of foundational regulation. A similar type of study may reveal key barriers and solutions in helping to bring the social work profession closer to some foundation of regulation. If a key factor is finding the right time to address change, how will the profession know if the time is right unless effort is invested in assessing the problem?

Lastly, there was a serious shortage of research in the literature about social work regulation, in general. Given its increasing importance in protecting the public as well as in establishing a base of knowledge about the national landscape of social work practice, any research exploring the various aspects of social work regulation would be valuable. Feeding the body of knowledge about regulation of the profession, overall, is needed.

Summary

The idea for this study came from learning social workers in Indiana could not legally diagnose. As mentioned by Historian 3, many people become impassioned by an issue and want to do something about it. The researcher elected to use a different strategy than perhaps a more common, maybe less productive, route. This dissertation is founded in two core research

questions directly focused on barriers and solutions associated with passing social work related state level legislation. The experiences of 12 amazingly generous Historians have provided insight into the barriers influencing social work regulation.

More importantly, the study explored the solutions used to overcoming barriers to state level legislation allowing licensed clinical social workers to provide mental health services independently. Results of the study have produced a meaningful theory for doing so. Similarly, though indirectly, the results of this study have the potential to assist in the effort to achieve ASWB's goal of mobility and portability for social work licensure by helping states establish some level of foundational regulation of social work practice if the profession is ready to go there.

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APPENDIX A: LETTER EXPLAINING THE STUDY

LETTER EXPLAINING THE STUDY

To: Potential Participant (Historian) for the research study

From: Dianna Cooper-Bolinskey, Primary Investigator

Date: (to be determined)

Subject: Informing and Recruiting Research Participants

I am writing to ask you to consider participating in a research study entitled "*Identifying Problems and Solutions in Changing State Legislation Regarding Licensed Clinical Social Workers Providing Private and Independent Mental Health Services*". The research involves interviewing Historians in previously identified states about the problems experienced in the process of changing social work legislation as well as the solutions that were used in resolving those problems. Historians may include licensed clinical social workers, other social workers, political representatives, state social work licensing board members, Executive Directors from the state National Association of Social Workers office, national representatives from social work organizations such as Association of Social Work Boards and National Association of Social Workers, retired persons from represented entities, and other identified involved persons.

The purpose of the study is to explore barriers and the solutions used to overcome the barriers (as reported by Historians/Research Participants), encountered during the process of legislative change to state statutes to allow licensed clinical social workers to be private and independent providers of mental health services. Historians/Research Participants will be interviewed to obtain information for use in this qualitative study.

I am contacting you because you have been identified as a person that may have meaningful information relevant to this study.

If you are interested and willing to participate in the study, please contact the Primary Investigator. She will answer any questions you may have, and send an Informed Consent Form for you to give consent to participate. Once you agree to participate, you will be asked to complete one or two interviews. Each interview will last no longer than one hour. Second interviews will be scheduled if one hour does not allow time to collect what you want to share and you agree to a second interview. Interviews will be completed via face-to-face interview when feasible, or telephone.

The study utilizes semi-structured interviews and essentially involve open dialogue of topics related to changing legislation that regulates clinical social work practice. Interviews consist of four demographic questions and between five and seven content topics. Interviews will be recorded and transcribed. The written transcription will be provided back to you for review, change, and/or deletion of any content.

As a Historian/Participant, you can provide as much or as little information as you choose and interviews cease when the topics are covered or when you requests to stop or withdraw.

However, once the transcriptions are added to the research dataset, it will no longer be an option to withdraw participation as it will impede the study.

Participation is voluntary and there is no contact by the Primary Investigator related to the study after transcripts are added to the research dataset. You may withdraw at any time, until your transcribed data is added to the research dataset, without penalty. Participation in this study is considered of minimal risk, yet it may benefit the field of social work by adding to knowledge that may aid in changing state social work legislation.

Questions about the research may be directed to Dianna Cooper-Bolinskey, MSW, Doctoral Candidate in Applied Health Science at Indiana State University, at Dianna.Cooper@indstate.edu or via phone at 812.237.8786. Faculty sponsor for this study is Matthew Hutchins, PhD, Associate Professor in Applied Health Science at Indiana State University, and he may be reached at Matthew.Hutchins@indstate.edu or via phone at 812.237.3299. Thank you for considering serving as a Historian in this study.

To participate, please reply to Dianna Cooper-Bolinskey to complete the Informed Consent and schedule the interview.

Dianna Cooper-Bolinskey
Indiana State University
Department of Social Work
Nursing Building Room 423
Terre Haute, IN 47809
Phone: (812) 237.8786
Fax: (812) 237-8114
Email: Dianna.Cooper@indstate.edu

APPENDIX B: INFORMED CONSENT TO PARTICIPATE

The following will be used as the Informed Consent form to participate in this study. It will be collected via paper with signature. The Participant ID number will be assigned on this form and then the document will be scanned and stored electronically. The original document will be shredded once the electronic copy is confirmed.

CONSENT TO PARTICIPATE IN RESEARCH

IDENTIFYING PROBLEMS AND SOLUTIONS IN CHANGING STATE LEGISLATION REGARDING LICENSED CLINICAL SOCIAL WORKERS PROVIDING PRIVATE INDEPENDENT MENTAL HEALTH SERVICES

You are asked to participate in a research study conducted by Dianna Cooper-Bolinskey, DHSc Candidate, under the faculty sponsorship of Matthew Hutchins, PhD, from the Department of Applied Health Science at Indiana State University. This study is being conducted as partial fulfillment of a doctoral dissertation. Your participation in this study is entirely voluntary. Please read the information below and ask questions about anything you do not understand, before deciding whether or not to participate.

You are asked to participate in this study because you have been identified as a person that may have meaningful information relevant to this study.

• PURPOSE OF THE STUDY

The purpose of the study is to explore barriers and the solutions used to overcome the barriers (as reported by Historians/Research Participants), encountered during the process of legislative change to state statutes to allow licensed clinical social workers to be private and independent providers of mental health services. Historians/Research Participants will be interviewed to obtain information for use in this qualitative study.

• PROCEDURES

If you volunteer to participate in this study, you will be asked to do the following things:

Complete Informed Consent, ask any questions and discuss concerns that you may have regarding the study, then sign the Informed Consent Form.

After signing and returning the Informed Consent Form, the Primary Investigator will contact you to schedule an interview. The interview will last no longer than one hour. If the interview is not completed in one hour, you have the option to schedule a second interview. The interviews will be completed via face-to-face meeting when feasible, or by telephone.

The study utilizes semi-structured interviews and essentially involve open dialogue of topics related to changing legislation that regulates clinical social work practice. Interviews consist of four demographic questions and between five and seven content topics. Interviews will be recorded and transcribed. The written transcription will be provided back to you for review, change, and/or deletion of any content.

As a Historian/Participant, you can provide as much or as little information as you choose and interviews cease when the topics are covered or when you requests to stop or withdraw. However, once the transcriptions are added to the research dataset, it will no longer be an option to withdraw participation as it will impede the study.

Participation is voluntary and there is no contact by the Primary Investigator related to the study after transcripts are added to the research dataset.

- **POTENTIAL RISKS AND DISCOMFORTS**

The interview questions and topics relate to specific knowledge about the process of changing state social work legislation. As such, there are no to minimal foreseeable risks or discomforts including but not limited to, psychological, social, legal, or financial risks or harms.

Any participant who wishes to withdraw, for any reason, may do so, until the participant's transcripts are added to the research dataset. However, once the transcriptions are added to the research dataset, it will no longer be an option to withdraw participation as it will impede the study. There are no foreseeable reasons for which the researcher may terminate the study.

- **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

Participants will not benefit directly from participation in the study; participants will not receive compensation in any form for participating in the study. The discipline of social work may benefit by gaining knowledge that may aid in changing state social work legislation.

- **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of recording responses with a sequential number, for example, Texas Interview 1, or Ohio Interview 2. The results of the study will not reveal identifying information of any Historian; however, results will identify the states from which the collected data relate. No one will be able to identify you or your answers, and no one will know whether or not you participated in the study. However, absolute anonymity cannot be guaranteed. Any Historian's public comments or activity may align with findings in the study. Individuals from Indiana State University Institutional Review Board may inspect these records.

The Informed Consent forms will be scanned and retained in the Primary Investigator's password protected computer. The original paper copies of Informed Consent forms will be destroyed by shredding once the electronic document is secured and verified. Transcriptions and Data Collection Tools will contain no Historian-specific identification. Audio-recordings will be used for transcription; upon approval by the Historian, the audio-recording will be destroyed/erased.

- **PARTICIPATION AND WITHDRAWAL**

You can choose whether or not to be in this study. If you volunteer to be in this study, you may withdraw at any time until your interview transcripts are added to the research dataset. You may refuse to answer any questions you do not want to answer. There is no penalty if you withdraw from the study.

- **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about this research, please contact Dianna Cooper-Bolinskey, Primary, Investigator, at 812.237.8786 or via email at Dianna.Cooper@indstate.edu or the Faculty Sponsor, Matthew Hutchins, PhD, at 812.237.3299 or via email at Matthew.Hutchins@indstate.edu.

- **RIGHTS OF RESEARCH SUBJECTS**

If you have any questions about your rights as a research subject, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN 47809, by phone at (812) 237-8217, or e-mail the IRB at irb@indstate.edu. You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with ISU. The IRB has reviewed and approved this study.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____
Printed Name of Subject

_____ _____
Signature of Subject Date

Research Participant Identification Number ___
(assigned after the participant agrees to participate)

APPENDIX C: SAMPLE INTRODUCTORY INTERVIEW

SAMPLE INTRODUCTORY INTERVIEW

IDENTIFYING PROBLEMS AND SOLUTIONS IN CHANGING STATE LEGISLATION REGARDING LICENSED CLINICAL SOCIAL WORKERS PROVIDING PRIVATE INDEPENDENT MENTAL HEALTH SERVICES

Study Conducted by: Dianna Cooper-Bolinskey

Research Conducted under the direction of: Matthew Hutchins

State:

If known, what year was the state statute changed for the first time to include licensed clinical social workers ability to provide private independent mental health services?

Historian:

- Name, Profession, and Gender
- Please tell me a bit about you including your professional history.
- Please explain your relationship to or interest in this issue.
- Why are you a good Historian for inclusion in this study?

Content Questions:

- Explain the process (the steps utilized) when addressing legislative change in this state to allow licensed clinical social workers to provide private independent mental health services.

- What were the barriers, as you can best recall, arising in the process of attempting legislative change in this state to allow licensed clinical social workers to provide private independent mental health services?

- What were the solutions, from your recollection, that were used in overcoming those barriers in this state to secure legislation allowing licensed clinical social workers to provide private independent mental health services?

Topics for inclusion in the interview:

- Duration of time for legislation to be passed in this state.
- Composite Board vs Each Profession having their own boards?
- Political climate and/or relevant historic happenings when passing social work legislation in this state
- Relevant issues in social work when passing legislation in this state
- Relationships among related professions in this state
- Other relevant legislation being passed at or near the same time in this state
- Supplemental Documents
- Anything else you want to add?
- Other meaningful or interested Historians

APPENDIX D: AUTHOR CONSENT TO USE FIGURE IN DISSERTATION

Author Consent to use Figure in Dissertation

-----Original Message-----
From: Dianna Cooper-Bolinskey
Sent: Monday, March 06, 2017 7:59 AM
To: 'Bob Dick'
Subject: RE: Permission to use a chart

Thank you.
Regards,
Dianna Cooper-Bolinskey

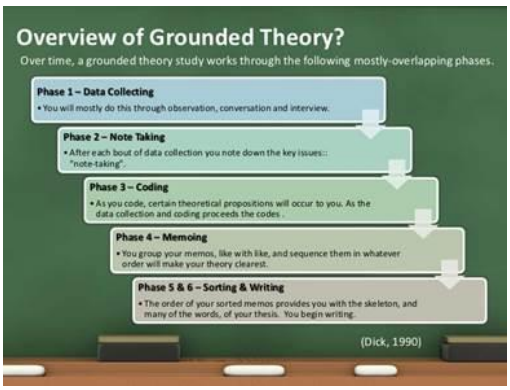
-----Original Message-----
From: Bob Dick [mailto:bd@bigpond.net.au]
Sent: Sunday, March 05, 2017 5:46 PM
To: Dianna Cooper-Bolinskey
Subject: Re: Permission to use a chart

Hello
Dianna. You're welcome to use that diagram.
Warm regards -- Bob

From: Dianna Cooper-Bolinskey
Sent: Sunday, March 05, 2017 10:18 AM
To: 'bd@bigpond.net.au'
Subject: Permission to use a chart

Dr. Dick,

I am using grounded theory in my dissertation and found this chart online in web images. I am writing to seek your permission to include this visual chart in my dissertation as a figure. Please feel free to ask if you have other questions. I appreciate your consideration of my request.



Regards,
Dianna Cooper-Bolinskey
DHSc Candidate