

IOWA CHAPTER BOARD STAND ON LISW TESTING RIGHTS

Over the course of the last year, the Iowa Chapter of NASW has become aware of an issue with the Iowa Board of Social Work Examiners denying social worker's applications for the independent level of licensure (LISW). The basis for these denials has been on the grounds of failure to meet the requirements for supervised practice, including assessment, diagnosis, and treatment. The heart of this discussion lies with the understanding of the Iowa Administrative Code (IAC) and the Iowa Code and further exploration of the utilization of the Diagnostic and Statistical Manual (DSM) in practice.

The May/June edition of the Iowa Update contained an article titled "*Independent Licensure: Comments From The Iowa Board of Social Work.*" The article did a good job reiterating the Iowa Code § 154C and the IAC 645. In particular, sections were identified as important to social work practice and supervision. The NASW, Iowa Chapter, Board of Directors affirms the Licensing Board's comments that the responsibility for supervision is two fold – the supervisee and the supervisor.

This issue at hand has to do with the interpretation of the Administrative Rules and laws for the LISW candidate to "Complete a supervised professional practice" and what constitutes "assessment, diagnosis, and treatment." Let's look at the definitions stated in the Code and Rules:

- According to the Iowa Code – the independent social workers are qualified to perform the practice of master social workers as private practice. [154C.1(3)(c)]
- **Private practice** is defined as "*social work practice conducted only by an independent social worker who is either self-employed or a member of a partnership or of a group practice providing diagnosis and treatment of mental and emotional disorders or conditions.*" [154C.1(4)]
- **Assessment** – This is neither defined by the Iowa Code nor the IAC. Often times this is synonymous with "diagnosis."
- **Diagnosis** – This is neither defined by the Iowa Code nor the IAC. Often times this is synonymous with "assessment."
- **Psychosocial Therapy** – "*specialized, formal interaction between an LMSW or LISW and a client in which a therapeutic relationship is established and maintained to assist the client in overcoming or abating specific emotional, mental, or social problems and achieving specified goals for well-being. Psychosocial therapy is a form of psychotherapy which emphasizes the interface between the client and the client's environment. Therapy is a planned structured program based on a diagnosis and is directed to accomplish measurable goals and objective specified in the client's individual treatment plan.*" IAC 645-282.1(154C)

The Licensing Board, in their article, clearly stated they have "*consistently maintained the stance that during the supervised professional practice the supervisee must gain knowledge of, understand, and demonstrate the ability to diagnose using the DSM-IV to the satisfaction of the supervisor.*" This is concerning since "DSM" language is **not** presented in either the Iowa Code or the Administrative Rules.

The Iowa Chapter Board is in disagreement with the Licensing Board's interpretation of utilization of the "DSM-IV" as it relates to the requirement for application for Independent Licensure. The DSM-IV is a diagnostic tool developed by psychiatrists to use in a medical model setting. The majority of social work does not practice in a medical model. Social workers utilize a person-in-environment

theory to identify factors relating to problems to help form resolution. While the DSM-IV may be a commonly used tool to identify mental and emotional disorders or conditions, it is not the only tool. The Licensing Board, in previous denial decisions, have stated they look at “*the DSM-IV or its equivalent*” to diagnose. The Licensing Board has failed to recognize an equivalent to the DSM-IV.

It is important to keep in mind the spirit of the social work profession. Social workers work with all ages, from birth to the elderly and in various practice settings, including, but not limited to: schools, hospitals, veteran’s hospitals, mental health, hospice, public policy, senior centers, prisons, government agencies, and more. The Iowa Chapter Board believes that one should refer to our professional standards for practice, including definitions.

If the board were to define diagnosis, the definition would be one set forth by **our** profession. The Social Work Dictionary defines diagnosis as:

The process of identifying a problem (social and mental, as well as medical) and its underlying causes and formulating a solution.

This is a more broad definition of diagnosis which captures the spirit of social work.

The Iowa Chapter Board strongly recommends the Licensing Board allow social workers whom meet the requirements, as defined in the Iowa Code and Administrative Rules, the ability to sit for the licensing exam. Currently the clinical licensing exam dedicates only 16% of the questions for assessment and diagnosis. The remaining questions follow a wide range of topics, with the majority of the questions (22%) falling in the category of “Human Development and Behavior in the Environment.” If a social worker meets the minimum competency level (as defined by the Iowa Code and Administrative Rules), they should be able to sit for the Clinical Level exam and be licensed as a LISW.

Currently, there is a case of a school social worker defending her belief that she has met the requirements as defined by law and rules and should be able to sit for the exam. The case has been appealed to the District Court with a hearing set in July 2009. NASW, Iowa Chapter, continues to monitor the case.

The Iowa Chapter Board of Directors welcomes your comments and thoughts. Please feel free to contact the NASW Chapter Office or a member of the Board.