
Contemporary Social Work Licensure: Implications for Macro Social Work Practice and Education

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Understanding the impact of state licensing on social work practice remains a critical concern for social work academics and professionals alike. Given the complex social problems of our times, social workers need to be prepared to intervene with the individual, in various structural dimensions, and to engage in policy debates at the core of human injustice and suffering. Currently, there is insufficient research on the impact of state licensing on the profession and on accredited social work education. The purpose of this article is to begin to address this by providing an overview of the current state of social work licensing across the United States and to analyze the implications of social work regulations as they relate to the future of macro social work practice and education.

KEY WORDS: *licensing; macro practice; social work education*

Nearly 20 years ago, Pine and Healy (1994) argued that the social work profession's focus on licensing social work practice has led to a skewed perception that the primary function of the occupation was to provide clinical mental health services. They added that this misunderstanding caused MSW students to perceive the clinical concentration as the pathway that leads to the "best credential" (p. 269) and concluded that state licensing laws created obstacles for students in selecting macro concentrations.

Understanding the impact of state licensing on social work practice is a critical concern for social work. Given the complex social problems of our times, we need social workers prepared to intervene at all systems levels and to engage in policy debates at the core of human injustice and suffering. Currently, there is insufficient research on the impact of state licensing on the profession and on accredited social work education programs. This article begins to address this lack of research by providing an overview of the current state of social work licensing across the United States and by analyzing the implications of social work regulations for the future of macro social work practice and education.

LITERATURE REVIEW

The purpose of licensing is multifold; however, the paramount reason for licensure is to protect people, who often represent the most vulnerable in society, from mistakes and ethical misconduct that may occur in the provision of social services. Licensing provides those who are served by social workers with an avenue for accountability. Although protecting the public has been a central aim of licensing, protecting the title and status of social work has also been an important motivator for licensing. Beginning in the late 1960s, the National Association of Social Workers (NASW) has steadily supported the licensing of social work practice (Gandy & Raymond, 1979; Hardcastle, 1977; Johnson & Huff, 1987).

The first licensing law endorsed by NASW in 1980, and subsequently used by other NASW chapters in their advocacy efforts, identified three tiers of social work licensing: the bachelor of social work (BSW), MSW, and the advanced MSW. The BSW and MSW license exams could be taken after graduation from an accredited program. The advanced MSW licensure exam could be taken after two years of supervised experience (Randall & DeAngelis, 2008). These categories of licensing did not identify clinical social work as a "distinct" form of advanced

practice. However, the political and economic context of mental health services created the need for the profession to seek parity with other mental health disciplines and to be able to pursue third-party reimbursement for mental health services. This demand for professional parity helped skew the focus of advanced licensing toward clinical social work practice (Randall & DeAngelis, 2008). Today, social work licensing exists in all 50 states and the District of Columbia, and the predominant focus of licensure is on clinical social work practice.

National Actors in Social Work Education and Licensing

Two core entities that have a national role in shaping social work education and practice are the Council on Social Work Education (CSWE) and the Association of Social Work Boards (ASWB). Both organizations provide oversight and direction to initiatives that influence and standardize social work education and licensing across the United States. CSWE provides this oversight through accreditation standards and ASWB through the content of the licensing exams it provides to almost all 50 states and the District of Columbia.

Founded in 1952, CSWE is the only accrediting agency specifically for social work education in the United States. It provides national leadership to strengthen and promote social work education. Its Commission on Accreditation develops educational standards that define competent social work practice at both the undergraduate and graduate levels and administers processes to ensure compliance with those educational standards (<http://www.cswe.org>).

The ASWB was incorporated in 1979. ASWB's mission is to "strengthen protection of the public by providing support and services to the social work regulatory community to advance competent and ethical practices" (ASWB, 2012, p. 7). Building on previous licensing laws for the profession promulgated 17 years earlier, the Model Social Work Practice Act (ACT) was adopted in 1997 (ASWB, 2011). The ACT, which is reviewed and updated yearly, identifies the types of licensure options states may offer and provides the language states can use to do this:

[T]he Model Act facilitates greater standardization of terminology and regulation from

jurisdiction to jurisdiction. Greater standardization promotes increased public understanding of social work, and increased mobility for qualified social workers increasing the public protection benefits of increased understanding of social work practice and greater access to vital *mental health practitioners and services*. (ASWB, 2011, p. 1, emphasis added)

ASWB also develops the social work licensing exams that are required by all but one state. At this time, there are four licensing exams offered by ASWB. There are two exams that can be taken after graduation with no postdegree experience. These are the bachelor's and master's exams. The Advanced Generalist exam can be taken by post-MSW graduates with two years of supervised experience. The Clinical exam can be taken by post-MSW graduates with two years of direct clinical supervised experience. ASWB does not offer a specialized macro exam at either the undergraduate or graduate level.

Effect of Licensing on Macro Social Work Education

Although empirical research examining the impact of licensing on macro social work education is limited, academics have written about the tensions licensing can have on macro social work education. Some authors have argued that the focus on clinical social work licensure in many states has led to the marginalization of macro social work practice (Ezell, Chernesky, & Healy, 2004; Koeske, Lichtenwalter, & Koeske, 2005), resulting in fewer students selecting a macro concentration and therefore fewer role models and mentors to guide aspiring new macro practitioners. Starr et al. (1999) posited that students believe that a macro emphasis may be detrimental to their employment possibilities. Rothman (2012) reported that because licensing is geared toward clinical social work, "macro students feel that their employment options will be constrained because they will not be qualified to work in the much larger clinical arena if they are not able to get macro jobs or if they want to switch emphasis" (p. 9). Declines in macro practice interest may also be related to competition with other master's degrees in management and public policy (Ezell et al., 2004). Much more research is needed to better

understand what factors motivate social work students to choose a practice concentration.

SOCIAL WORK LICENSING IN THE UNITED STATES

With no federal mandates on social work licensure, licensing of social work practice has developed unevenly from state to state, creating different levels of licensure, with different names and different prerequisites required prior to be determined eligible to sit for the exam. This variation in licensing across the United States makes the process of examining the dynamic interplay between licensure and practice very complicated (Bibus & Boutté-Queen, 2011).

Despite the variation in social work licensing across the country, there are two core criteria shared by each state for its licensees: having graduated from a CSWE-accredited program and passing a licensing exam. For advanced licenses, completing two or more years of postgraduate experience under the supervision of a credentialed professional (typically a licensed social worker) is required. Applicants also have to submit an application, university transcripts, and pay a fee. Beyond these, supplementary materials, titles, supervision credentials, and continuing education expectations vary.

The type of post-master's licenses available in each of the states, and in Washington, DC, are presented in Table 1, along with a summary of requirements for the advanced-level licenses. Forty-four states have graduate-level licenses, that is, a license that MSW graduates obtain soon after they finish their MSW degrees. Fifty states plus the District of Columbia have advanced clinical licenses, 18 states have advanced generalist licenses, and three states (Michigan, Missouri, and Oklahoma) offer advanced macro licenses.

The majority of states (37) still recognize as the core criteria for advanced clinical licensure an MSW degree from an accredited program, 2,000 to 3,000 hours of postgraduate experience under an appropriately credentialed supervisor, and a passing score on the advanced clinical exam. Thirteen states prescribe specific MSW course requirements, beyond what CSWE has required for the graduate degree to be able to sit for the advanced clinical license. Eleven states identify specific credit or contact hour requirements that candidates must have taken in their MSW programs. These additional educational requirements vary in their

specificity. For example, New York requires that students complete “12 hours of clinical coursework acceptable to the Board” (New York State Education Law, 2010, Article 154, § 7704). Virginia requires a “clinical course of study” that specifies a range of required courses and a “practicum that focuses on diagnostic, treatment, and prevention services” (Senate Bill 1011). Four states (New Hampshire, Utah, Virginia, and Wisconsin) require candidates to have completed an advanced clinical field placement to be eligible for advanced clinical licensure.

Of the 18 states that offer advanced generalist licenses, only Florida and South Carolina require specific course requirements to be eligible to pursue an advanced generalist license. Florida requires three credit hours in one of eight macro areas (for example, agency administration or supervision, program planning and evaluation, community organization, and so forth). South Carolina requires “90 academic contact hours in advanced social work practice with communities and organizations” (South Carolina Code of Laws, 2011, Title 40, Chapter 63).

None of the three states that offer advanced-level macro licenses require additional coursework beyond an MSW. Furthermore, all three states require candidates for advanced-level macro licensure to take the ASWB Advanced Generalist exam for state licensure. Although generalist social work includes macro social work, the advanced generalist exam is not an advanced-level macro exam, as evidenced by the percentage breakdown of categories addressed on the Advanced Generalist exam (human development, diversity, and behavior in the environment, 18 percent; micro assessment and planning, 22 percent; micro practice and social work relationships, 18 percent; macro practice, 18 percent; and professional values and ethics, 24 percent (ASWB, 2012). As indicated, only 18 percent is labeled as “macro practice.”

The dominance of clinical social workers in terms of licensing is shown in Table 1: The total reported number of social workers who are licensed comprise 201,368 clinical, 3,434 advanced generalist, and 11,460 macro social workers. This imbalance is expected given the lack of macro licensing across the country. Furthermore, because there is no central way to locate macro social workers who do not have a license, it is hard to know how many macro versus clinical social workers are located in any jurisdiction. In addition,

Table 1: State-by-State Master's-Level Social Work Licensing Requirements in the United States

State	Graduate License	How Many	Advanced Clinical Requirements	How Many	Advanced Generalist Requirements	How Many	Advanced Macro Requirements	How Many
AK	LMSW	123	Licensed Clinical SW—Std	429	N/A	N/A	N/A	N/A
AL	LGSW	^a	Licensed Certified SW—Std	5,549 ^a	Licensed Certified SW PIP ^a —Std	659	N/A	N/A
AR	LMSW	873	Licensed Certified SW—Std	1,555	N/A	N/A	N/A	N/A
AZ	LMSW	1,326	Licensed Clinical Social Worker—Std	2,005	N/A	N/A	N/A	N/A
CA	ASW	10,481	Licensed Clinical SW—Std plus ^b	18,633	N/A	N/A	N/A	N/A
CO	LSW	647	Licensed Clinical SW—Std	4,179	N/A	N/A	N/A	N/A
CT	LMSW	Un	Licensed Clinical SW—Std	5,369	N/A	N/A	N/A	N/A
DC	LGSW	1,332	Licensed Independent Clinical SW—Std plus ^c	2,910	Licensed Independent SW—Std	89	N/A	N/A
DE	N/A	N/A	Licensed Clinical SW—Std	Un	N/A	N/A	N/A	N/A
FL	N/A	N/A	Licensed Clinical SW—Std plus ^d	8,398	CMSW—Std plus ^e	3	N/A	N/A
GA	LMSW	1,953	Licensed Clinical SW—Std	2,862	N/A	N/A	N/A	N/A
HI	LSW	886	Licensed Clinical SW—Std	686	N/A	N/A	N/A	N/A
IA	LMSW	1,354	Licensed Independent SW—Std	1,784	N/A	N/A	N/A	N/A
ID	LMSW	989	Licensed Clinical SW—Std ^f	1,009	N/A	N/A	N/A	N/A
IL	LSW	Un	Licensed Clinical SW—Std	Un	N/A	N/A	N/A	N/A
IN	LSW	2,377	Licensed Clinical SW—Std	4,305	N/A	N/A	N/A	N/A
KS	LMSW	2,581	Licensed Specialist Clinical SW—Std	1,763	N/A	N/A	N/A	N/A
KY	CSW	2,897	Licensed Clinical SW—Std	1,542	N/A	N/A	N/A	N/A
LA	LMSW	1,979	Licensed Clinical SW—Std	2,692	N/A	N/A	N/A	N/A
MA	LCSW	4,955	Licensed Independent Clinical SW—Std	12,449	N/A	N/A	N/A	N/A
MD	LGSW	3,565	Licensed Certified SW—Clinical—Std plus ^g	7,962	Licensed Certified SW—Std	403	N/A	N/A
ME	LMSW	150	Licensed Clinical SW—Std ^h	1,975	N/A	N/A	N/A	N/A
MI	N/A	N/A	Licensed Master SW—Clinical—Std	14,264	N/A	N/A	LMSW—Macro—Std	11,442 ⁱ
MN	LGSW	1,525	Licensed Independent Clinical SW—Std plus ^j	3,925	Licensed Independent SW—Std	675	N/A	N/A

(continued)

Table 1: Continued

State	Graduate License	How Many	Advanced Clinical Requirements	How Many	Advanced Generalist Requirements	How Many	Advanced Macro Requirements	How Many
MO	LMSW	879	Licensed Clinical SW—Std	5,078	N/A	N/A	LAMS—Std ^k	1
MS	LMSW	818	Licensed Certified SW—Std	5,058	Licensed Certified SW—Std	12	N/A	N/A
MT	N/A	N/A	Licensed Clinical SW—Std	722	N/A	N/A	N/A	N
NC	LCSWA ^l	1,860	Licensed Clinical SW—Std	5,829	N/A	N/A	N/A	N/A
ND	LCSW	330	Licensed Independent Clinical SW—Std	286	N/A	N/A	N/A	N/A
NE	PCMSW ^m	165	Certified Master's Social Worker—Std	827	N/A	N/A	N/A	N/A
NH	N/A	N/A	Independent Clinical SW—Std plus ⁿ	850	N/A	N/A	N/A	N/A
NJ	LSW	5,345	Licensed Clinical SW—Std plus ^o	8,163	N/A	N/A	N/A	N/A
NM	LMSW	Un	Licensed Independent SW—Std ^p	Un	Licensed Independent SW—Std	Un	N/A	N/A
NV	LSW	Un	Licensed Clinical Social Work—Std	764	Licensed Independent SW—Std	22	N/A	N/A
NY	LMSW	26,851	Licensed Clinical SW—Std plus ^q	26,417	N/A	N/A	N/A	N/A
OH	LSW	11,207 ^r	Licensed Independent SW—Std	5,346	N/A	N/A	N/A	N/A
OK	LMSW	263	Licensed Clinical SW—Std	1,757	Licensed SW ^s	103	LSW—Adm ^f	17
OR	LMSW ^u CSWA ^v	443 Un	Licensed Clinical SW—Std	3,508	N/A	N/A	N/A	N/A
PA	LSW	6,627	Licensed Clinical SW—Std	4,509	N/A	N/A	N/A	N/A
RI	LCSW	537	Licensed Independent Clinical SW—Std	1,653	N/A	N/A	N/A	N/A
SC	LMSW	2,070	Licensed Independent SW—CP—Std plus ^w	1,190	Licensed Independent SW—AP—Std plus ^x	27	N/A	N/A
SD	CSW	195	Certified SW—Private Independent Practice—Std	280	Certified SW—Private Independent Practice—Std	26	N/A	N/A
TN	LMSW	2,438	Licensed Clinical SW—Std	2,283	Licensed Advanced Practice SW—Std	345	N/A	N/A
TX	LMSW	8,501	Licensed Clinical SW—Std	7,137	Licensed MSW—Advanced Practice—Std	384	N/A	N/A
UT	CSW	1,018	Licensed Clinical SW—Std plus ^y	2,886	N/A	N/A	N/A	N/A
VA	N/A	N/A	Licensed Clinical SW—Std plus ^z	5,391	N/A	N/A	N/A	N/A
VT	N/A	N/A	Licensed Clinical SW—Std	921	N/A	N/A	N/A	N/A

WA	LSWA ^{aa}	947	Social Worker Associate—Independent Clinical—Std	3,460	Social Work Associate Advanced—Std	Un	N/A	N/A
WI	SW-AP ^{bb}	6,132	Licensed Clinical SW—Std plus ^{cc}	Un	Social Worker—Independent—Std	330	N/A	N/A
WV	LGSW	412	Licensed Independent Clinical SW— Std plus ^{dd}	283	Licensed Certified SW—Std	321	N/A	N/A
WY ^{ee}	PCSW ^{ff}	103	Licensed Clinical SW—Std ^{gg}	525	LCSW—Std	35	N/A	N/A
Total		122,683		201,368		3,434		11,460

Notes: Table is based on best available and accessible data at the time of publication. Some undifferentiated numbers are placed in the advanced clinical requirements column, leading to overinflation. For the purposes of the table, the District of Columbia is classified as a state. A “Standard” (Std) designation means that licensure requirements reflect the universal standard: an master of social work (MSW) from a Council on Social Work Education accredited program; a passing score on an advanced exam; 2 or more years of post-graduate experience under appropriately credentialed supervisor; and application, transcript fee, and supplementary materials. A “Standard plus” designation means that licensing boards in those jurisdictions have gone beyond the standard universal requirements and typically prescribe required coursework and/or particular field placements to qualify for advanced-clinical licensure. LMSW = licensed master’s social worker; SW = social worker; N/A = not applicable; LGSW = licensed graduate social worker; ASW = associate clinical social worker; LSW = licensed social worker; Un = unavailable for miscellaneous reasons; CSW = certified social worker; LCSW = licensed clinical social worker.

^aGraduate and certified social workers are combined. An LCSW may apply for a practicing independent professional (PIP) certificate. It shows greater experience and is open to micro and macro practitioners.

^bAdditional coursework prior to licensing exam includes seven hours child abuse assessment and reporting; 10 hours human sexuality; 15 hours alcoholism and chemical substance abuse dependency; 15 hours for spousal or partner abuse; 10 hours aging and long-term care. California uses its own licensing exam.

^c12 credit hours of clinical coursework in MSW program. It does not specify exactly what counts as clinical coursework.

^d24 semester hours in human behavior theory and practice methods as courses in clinically oriented services, including 1 course in psychopathology.

^eThe certified master social worker (CMSW) requires an MSW plus three semester hours of graduate coursework in the following eight content areas: (1) agency administration and supervision; (2) program planning and evaluation; (3) staff development; (4) research; (5) community organization; (6) community services; (7) social planning; and (8) human services advocacy.

^fThere is also an independent-level social work application for clinical social workers engaged in independent practice (not under the auspices of an agency).

^gIf you have a nonclinical MSW, your postgraduate practice hours are doubled what is required of those who had a clinical concentration.

^h12 academic credit hours in clinical course work.

ⁱIn 2005, the Michigan Board of Social Work grandfathered in all “certified social workers” as “licensed master’s social workers” in both clinical and macro practice—hence the large numbers of macro social workers reflected in Michigan. Starting in July 2006, social workers needed to select and verify experience in a particular practice method; it is unclear how many have chosen a macro license since that time.

^jAll applicants for the licensed independent clinical SW license must document 360 hours in a range of clinical areas in their postgraduate experience.

^kLicensed advanced macro social workers (LAMSW) take the Association of Social Work Boards (ASWB) advanced generalist exam.

^lThe licensed clinical social work associate (LCSWA) is the name of the graduate-level license.

^mProvisionally certified master’s social worker (PCMSW) is working toward the CMSW (advanced clinical) status.

ⁿ30 semester hours of MSW course work shall be clinical coursework from at least five of the following nine areas: (1) theories of personality development, ego psychology, object relations, and human behavior and the social environment (HBSE); (2) casework or clinical interventions, social work practice, and direct practice; (3) theories of cross-cultural development and race relations; (4) marriage and family dynamics, family systems; (5) therapy with children; (6) group behavior and dynamics; (7) psychopathology; (8) chemical dependency and substance abuse; or (9) research. Must have advanced year clinical placement.

^oCompleted 12 hours graduate coursework in methods of clinical social work practice in any of the following areas of study: HBSE; diagnosis and assessment; models of psychotherapy or clinical practice; clinical supervision and consultation; and/or intervention with special populations.

^pAdvanced clinical and advanced generalist are distinguished by type of ASWB exam the social worker takes. All social workers need to create a three-credit course or board-approved course on New Mexico cultures.

^q12 semester hours of clinical coursework acceptable to board.

^rThis includes BSW, MSW, and PhD levels. MSWs who pass the advanced generalist exam are LSWs.

^sCan be supervised by LCSW or LSW-A.

^tTwo years of administrative social work but takes ASWB advanced generalist exam.

^uThe LMSW is a nonclinical license for MSWs.

^vThe clinical social work associate (CSWA) is a clinical license for MSWs interested in working toward a clinical license.

^wMust have 45 academic contact hours each of psychopathology and psychodiagnosis. CP = clinical practice.

^xMust have at least 90 academic contact hours in advanced social work practice (AP) with communities and organizations.

^yMust have clinical concentration in MSW program.

Must have received a master’s degree in social work with a clinical course of study from CSWE-accredited program. “Clinical course of study” includes a clinical practicum that focuses on diagnostic, prevention, and treatment services.

^{aa}Two different graduate-level licenses: licensed social worker associate (LSWA)—advanced; LSWA—independent clinical.

^{bb}Social worker—advanced practice (SW-AP) is the graduate-level license in Wisconsin.

^{cc}Requires advanced clinical field placement.

^{dd}Course in psychopathology; clinical field placement or postmaster’s experience that is deemed equivalent.

^{ee}LCSW clinical and LCSW advanced generalist are distinguished by the ASWB exam the candidate takes.

^{ff}Provisional clinical social worker.

^{gg}The Advanced Generalist or Clinical exam can be taken; numbers appear to be combined.

Table 2: Social Work Licensing Boards

Type of Board	No. of States	Board Composition
Social work boards	32	Representation from each level of licensure; none specify macro social work representation.
Composite boards	14	Representation from a range of mental health disciplines, for example, social workers, licensed professional counselors, marriage and family therapists, and so on.
State administrative office	5	No stated representation from macro social work.

Note: The District of Columbia is counted as a state for the purposes of this table; therefore, the total number of states is 51.

Michigan has a high number of macro social workers because of a process in 2005 that grandfathered in all certified social workers as licensed in both clinical and macro practice, regardless of experience. Since July 2006, applicants for advanced licensure have sought the advanced license appropriate to their experience.

ROLE OF STATE LICENSING REGULATORY BOARDS

State licensing regulatory boards of social work practice are charged, broadly, with providing professional social workers with legal authority, ensuring a measure of professional competence, and providing quality control and oversight to protect the public (Hopps, Lowe, Stuart, Weismiller, & Whitaker, 2008). They have power to determine who will or will not become licensed social workers in their state. There is a lot of variation, state to state, in both the composition of state licensing boards and in their definitions of social work. Many states (32) have boards of social work (see Table 2) that are composed of social workers who are charged with overseeing social work practice and practitioners in their states. Other states (14) have a composite or collaborative model (for example, Arizona has a State Board of Behavioral Health Examiners, and Montana has a Board of Mental Health Practice), such as mental health, therapy, or health boards that oversee multiple professions, including social work. The membership of these boards is usually representative of the professions that they oversee; marriage and family therapists, psychologists, and social workers all may serve on boards. Still other states (five) use a state administrative office to provide oversight of social work licenses (for example, in Hawaii, responsibility for social work licensure lies with the Department of Commerce and Consumer Affairs, Professional and Vocational Licensing).

States that have a social work board have state requirements about board membership. In all cases, these include at least one clinically licensed social

worker. Other required members may include members of the public, government-employed social workers, school social workers, or members of other professions (for example, Arkansas requires a psychiatrist to sit on the board). States that have multiple levels of licensure generally require the board to include member representation from each level of licensure; however, none of the states have legislative provisions that specify that a macro practitioner must sit on the board. Thirty-three states do not provide a license opportunity for nonclinical social workers; 47 states and the District of Columbia do not provide a license opportunity for macro social workers. None of these have a role for social workers on their board who engage in macro practice, unless the social worker happens to have a license in some other practice modality. In addition, states that do make provisions for nonclinically licensed social workers on their board rarely specify the need for macro practitioners. Instead, they identify a specific number of positions to be filled by an independent social worker, or a school social worker, or a government social worker, with the focus on place of employment rather than area of practice method.

The legislation that creates the composition for social work boards also includes the state's definition of social work practice. However, the legislative definition of "social work" varies widely among the state boards. Although all states recognize the complexity of social work practice, there is not a national consensus about the elements of practice that require oversight and licensure. All 50 states and the District of Columbia include clinical social work practice—with elements such as psychotherapy, counseling, assessment, diagnosis, and treatment—in their definitions of social work practice. Beyond that, great variation exists; 18 states limit their definition of licensable social work practice to clinical practice, and 33 use language that includes a more generalist approach (for example, references to work with groups and communities, supervision, management and administration, case

management, policy, and research). Only nine states (Hawaii, Louisiana, Michigan, Mississippi, Missouri, New Jersey, Nevada, South Carolina, and Tennessee) specifically mention macro practice, policy, or community organizing in their state definition of social work.

DISCUSSION

This article seeks to assess the current conditions of social work licensing in the United States, to identify the potential implications on the future of macro social work, and to suggest research and action. Evidence that clinical social work licensing is the most frequently pursued by social work graduates is provided in Table 1. The growing hegemony of clinical social work may create a public perception that clinical social work is the only “legitimate” form of social work practice. If the majority of social workers in a given geographic area are holding only a license for clinical practice, then it is increasingly unlikely that potential social workers or social work employers will recognize macro practice as an area of either educational or professional specialization.

The professional sanction provided by state licensing boards is powerful, shaping professional social work education as well as the perception of what social work is to the public. Although most state boards seem to value the MSW degree and postgraduate experience as the foundation for competent advanced social work practice, there is a growing trend among states toward mandating that certain educational courses be taken during one’s MSW program as part of the eligibility criteria for taking the clinical licensing exam. This implies a concern about the content of the CSWE-sanctioned MSW curriculums. By prescribing an increasing number of MSW course requirements to be eligible for advanced clinical social work licensure, state boards indirectly reduce course options for many MSW students, including the option of focusing on macro (and advanced generalist) content. As one faculty member stated in Rothman’s (2012) report, “[Clinically bounded] licensure is the death of macro practice and is tragic for the future of social work” (p. 9).

In addition, despite the existence of macro social work concentrations and the CSWE mandates for macro skills, ASWB does not offer exams to match the micro and macro expertise gained by students. Not offering a macro exam option may have the

effect of reducing interest in social work macro practice as students do not see the same sanction for their professional status that their clinically focused colleagues are offered by virtue of sitting for a distinct license. Furthermore, given the centrality of field internships to social work education, a lack of professional social workers with a focus on macro practice will limit the ability of schools of social work to train future macro practice professionals.

Through an examination of state boards composition, it is clear that the lack of a licensure option for macro practice has contributed to a lack of macro representation on social work boards. Understandably, licensing boards require and give preference to members who are licensed, inadvertently limiting the voice of macro practitioners, particularly if no efforts are made to reach out to macro social workers. Indeed, none of the state licensure boards or regulatory agencies has a specific role for a macro social worker who is unlicensed. Thus, neither the licensure requirements set by the states nor the entity that oversees licensing practice is generally inclusive of macro practice.

Delving further, one sees that there is not a consistent definition of social work practice used by state boards, which has an impact on licensing decision making. Although CSWE has established definitions and core competencies for social work practice, which include macro-level practice, state boards and legislative definitions of social work are generally far narrower in scope. Of the nine states that refer specifically to macro practice activities in their social work definitions, only three have advanced macro licenses (Michigan, Missouri, and Oklahoma).

IMPLICATIONS FOR RESEARCH, EDUCATION, AND PRACTICE

Social work is rooted in practice interventions targeted at all systems levels. Indeed, the commitment to person and environment is a hallmark of social work and its practice. Yet students who specialize in macro practice comprise only 6.5 percent of total graduates (CSWE, 2012). There appears to be a troubling move toward truncation of training and practice in organization, community and policy interventions, which may be driven, in part, by licensing requirements. Thus, the profession needs to engage in research to better understand and address this emerging trend.

It remains unclear whether inclusion of a macro social work practitioner on the regulatory board

would influence licensing exam content or exam options in a given state. Thus, further research on states with macro licenses could help better explicate the dynamic interplay between board representation, prevalence of macro practitioners, MSW program offerings, student selection of macro concentration, and the impact on MSW preparation for practice. Is there a difference in interest and numbers of macro practitioners among states with a macro license and states with an advanced generalist license? Are there differences in the social work identity of macro practitioners in states with macro licenses versus those without?

Further investigation is needed to understand the current state of macro practice education and the factors that support or deter student selection of a macro concentration. The Rothman (2012) report echoes calls from other authors (Moore & Johnston, 2002; Starr et al., 1999) for CSWE to take active and purposeful steps to increase the visibility of macro social work practice in the field. Advocates suggest that CSWE should support the creation and dissemination of teaching strategies and the integration of macro practice topics into generalist and micro-oriented course materials, as well as purposefully highlighting the importance of macro practice during site visits, in its publications, and at the annual program meeting.

Another area for further research is the impact of state board mandates on CSWE-accredited MSW programs. It is clear that in some states, social work boards are demanding specific educational experience for social workers to qualify to take the clinical license exam. How are these curricular requirements affecting accredited schools in these states? Finally, what role should CSWE have as the chief policy maker for social work education with these regulatory boards? One could argue that state boards, composed of a small numbers of social workers in a given state, are creating educational policy that is shaping MSW curriculums in these states, which may potentially erode the universality of the CSWE competencies. Do we want state boards determining educational curriculums for social work graduate programs?

Macro social workers also need to stay abreast of state licensing regulations and developments at ASWB to promote the macro perspective even in the absence of representation. ASWB has a mechanism for the orderly submission, review, and delegate assembly participation and approval of

suggested modifications to the ACT. The ASWB Regulation and Standards Committee is charged with reviewing suggested modifications to the ACT submitted by member boards and committees of the Association. Suggestions and discussion are encouraged to ensure a document that is current and responsive to the needs of the ASWB membership. More locally, macro social workers can and should remain involved with their local licensing entities, either through formal representation or informal monitoring and advocacy.

It is time for the social work profession to revisit the question of whether to pursue an advanced-level macro license and what criteria would be needed to sit for such an exam. There are compelling arguments on both sides of the issue. Opponents to macro licensure might argue that licensure is exclusionary and unnecessary or that it overrides market demand for certain skills. Supporters of macro licensure may see a need to protect the public from inappropriate macro social work, may view licensure as a formal method of “professionalizing” practice, or may feel that because social work education includes practice with systems of all sizes, licensure standards should be equally inclusive. Not having this conversation is no longer an option. **SW**

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