

Submitter: Daniel Cavanaugh
On Behalf Of:
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Measure, Appointment or Topic: HB4083

I am highly concerned with a shift towards a policy that would allow clinical social workers to be supervised by counselors, psychologists, and marriage and family therapists. Although we are fellow travelers, these are distinct professions with distinct skillsets. This may seem like a good idea to help more behavioral health practitioners become licensed sooner, but it has some clear gaps that are highly concerning.

As a profession, social work has its own code of ethics, literature base, empirical research body, and professional ideals. These are not understood by the other helping professions. After earning my LCSW, I decided to pursue a PsyD (doctorate of clinical psychology) before I switched to a PhD in social work. Part of the reason I left the PsyD program was that I sat in class after class where my professors would share statements describing social workers as unable to complete assessments, unable to offer therapeutic services, and must be supervised by clinical psychologists. I was surprised that these clinical psychology faculty, who were supposed to be field leaders, had such a poor understanding of the work of clinical social workers. It was clear that although they were well educated to prepare clinical psychologists, they had a great deal to learn about the work of clinical social workers.

Simply put, the only profession that is adequately trained to provide clinical supervision to social workers is clinical social workers. The LCSW is a professional license, and the stamp of approval of the profession of social work that a practitioner has the clinical capacity, knowledge, and skills to practice independently. I am not confident that an LCSW who has been supervised by a psychologist will be utilizing interventions that are rooted in our professional knowledge, research, and ethics.

Additionally, there are specific skills that social workers are uniquely trained in that counselors, psychologists, and marriage and family therapists do not have expertise in. These include case management, biopsychosocial assessment, person-in-environment perspectives, systems interventions, and more. Although all of these helping professions indeed do therapy, this law overlooks the unique clinical skills that we bring outside of the therapy office. This bill would be parallel to the creation of a new bill that allows social workers to supervise psychiatry interns. Although social workers do have the training to provide them with insight into therapeutic techniques, we do not have the training to supervise their use of psychopharmaceuticals. Similarly, these other professions lack the capacity to supervise social workers on the unique skills and processes that have differentiated us as a profession.

I would encourage the legislature to ask psychologists, counselors, or marriage and family therapists to describe the ethical principles or professional values of the National Association of Social Workers (<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>). I would also ask them to describe the Council on Social Work Education's Core Competencies (<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>). Additionally, I would ask them to describe the work of Jane Addams, Mary Richmond, or Frances Perkins. I have no doubt that they would struggle to do any of these things. Similarly, I would not be able to give you the professional values or history of counseling or marriage and family therapy. For these reasons, it is important that we protect the autonomy and expertise of each profession. We should not push legislation that would diminish our professional expertise and boundaries.

Please reach out if you have any questions or concerns.

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