

Submitter: Michelle Harvey
On Behalf Of:
Committee: House Committee On Behavioral Health
Measure, Appointment or Topic: HB4083

I am a Licensed Clinical Social Worker and supervisor writing to OPPOSE HB 4083. Social workers have a broader scope of practice and more restrictive code of ethics than LPCs and LMFTs. How will a supervisee navigate dual relationships and ethical dilemmas with a supervisor whose code of ethics takes a different approach - the supervisee may be subject to a board complaint for a breach of their professional ethics, while the supervisor may not be held equally liable? Much of our training as social workers happens in supervisions; the board is already considering removing the licensure exam and to change the supervision requirement does the field of social work zero favors. Clinical social workers fill several roles beyond that of mental health therapist and our education, training, and background is different. We are in clinics, in hospitals, in the VA, in housing authorities. We do case management and systems navigation. We do not have a shortage of supervisors; we are not adequately connecting potential supervisees to appropriate supervisors. I am a supervisor specializing in infant and early childhood mental health and would love to support social workers across the state but they have no way to know that I exist. This bill is a lazy approach and a bandaid for a different problem; I don't see how this will support rural communities with increased access to social work.