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Degreed and Nondegreed Licensed Clinical Social Workers: An Exploratory Study

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This exploratory study focuses on 155 randomly selected respondents who obtained a clinical license in social work with or without the Master of Social Work (MSW) degree. Ninety-seven of the respondents obtained a license with an MSW degree; fifty-eight obtained a license without the MSW degree. The two groups of respondents completed a survey instrument that explored their basic demographic characteristics, their attitudes and behaviors related to practice, and their philosophical and political attitudes toward practice. The researchers found few statistically significant differences between the two groups of respondents. The article offers implications of these findings for the profession of social work.

Virtually all states regulate social workers; the majority require a minimum of a master's degree in social work (MSW) for licensure or certification (Garcia, 1990). Many states also require the candidate for licensure or certification to have at least 2 years of practice experience in addition to the MSW degree. It is not uncommon for states to offer various levels of regulation. For example, Massachusetts has four categories of regulation, ranging from a Social Work Associate which requires an AA or BA degree and no experience, to an Independent Clinical Social Worker

which requires a master's in social work (MSW) plus 3 years practice experience (Garcia). Some states also limit their regulation to a broad spectrum of social workers that include a variety of practice orientations, while others limit their regulations to those practitioners conducting direct clinical practice or psychotherapy. It is also common for states to require continuing education credit for licensure renewal. In sum, the laws regulating the social work profession are uneven; Gandy and Raymond (1979) conclude this is largely a result of the political processes and compromises made to achieve legal regulation.

Karger and Stoesz (1994) note that a number of states have only been able to achieve licensure through a process called "grandfathering." This practice is characteristic of new licensing legislation and allows candidates who have practiced professionally to become licensed without first meeting the requirements of licensing legislation.

A recent study by Cohen and Deri (1992) focused on grandfathering. They found in their research that continuing education can improve the skills and knowledge of those who have achieved licensure without the benefit of possessing an MSW degree. However, the Cohen and Deri study may well have been built on a faulty assumption. Specifically, they assumed candidates qualifying for licensure without the MSW degree did not have the appropriate skills, values, and knowledge to conduct successful social work practice. Even though it appears reasonable to assume that such would be the case, there is no empirical evidence to support this assumption. The goal of the present study is to test this assumption by exploring the attitudes and practice behaviors of practitioners who have achieved the status of Licensed Clinical Social Worker (LCSW) without the benefits of the MSW degree. Thus far, no research has been reported in the social work literature on this topic.

Methodology

The sample for this research was obtained from a survey of 300 randomly selected licensed clinical social workers in a midwestern state. The sample was generated from a list of all licensed clinical social workers, 4,105, in the state. Of the licensed

social workers surveyed, 155 returned usable questionnaires; 10 of the surveys returned were not usable. The return rate for the study was 52%. Of the 155 respondents, 97 were licensed with the MSW; 58 were licensed without the MSW.

Demographics

The average age of the sample was 48 years, and the majority of the respondents lived in urban areas; 72% were female and 28% male. The racial composition of the sample was 92% Caucasian and 8% African American.

Survey Instrument

Content validity of the survey instrument was established with the assistance of three Master's-level social workers and one doctorate-level psychologist. The survey instrument explored basic demographic characteristics of the respondents, their attitudes and behaviors related to their social work practice, and their philosophical and political attitudes toward social work practice.

Findings

It can be observed in Table 1 that the respondent's location (urban versus rural), gender, and practice setting (for profit versus nonprofit) had no statistically significant relationship with obtaining a clinical license with or without the MSW degree. However, the authors found a statistically significant relationship between race and the two groups of respondents. It can be observed in Table 1 that 69% of the nonwhite group obtained a license without the MSW degree; only 35% of the group with the MSW were in this category.

Table 2 presents the general practice characteristics of the respondents. The authors found no statistical relationship between the groups with helping clients find community resources or their commitment to volunteer work. Statistically significant differences were not observed between the two groups with the number of treatment sessions offered to clients or the treatment approach used. Sixty-one percent of the MSW group saw clients 11 or more times; the non-MSW group on average reported 70% for treating clients 11 or more times. Individual or the use of both individual and group treatment were the predominant treatment

Table 1

Practitioners' Demographic Characteristics (MSW Degreed vs. Non-MSW Degreed Licensed Clinical Social Workers)

	Urban <i>n</i> = 92*	Rural <i>n</i> = 53*
Licensed with MSW degree	88%	81%
Licensed without MSW degree	12%	19%
$\chi^2 = .25$ NS		
	\bar{X} Age <i>n</i> = 154	
Licensed with MSW degree	45 years	
Licensed without MSW degree	45 years	
<i>t</i> = .68 NS		
	Males <i>n</i> = 58	Females <i>n</i> = 97
Licensed with MSW degree	72%	71%
Licensed without MSW degree	8%	29%
$\chi^2 = .03$ NS		
	White <i>n</i> = 142	Nonwhite <i>n</i> = 13
Licensed with MSW degree	65%	31%
Licensed without MSW degree	35%	69%
$\chi^2 = 6.13^{**}$		

*N may vary due to missing data

NS = Not statistically significant

***p* < .05

strategies used by both groups. Both groups served almost identical clients in terms of social economic class. Finally, the data do report a statistically significant difference between the two groups in the area of political orientation. The MSW degree group had a much higher percentage of respondents who viewed themselves as liberals. The non-MSW degree group had a greater percentage of respondents who were politically moderate and conservative.

Table 2

General Practice Characteristics of Degreed MSW vs. Non-MSW Degreed Licensed Clinical Social Workers

1. When necessary, do you help your clients/patients find community/public resources?

Licensed with MSW <i>n</i> = 95*		Licensed without MSW <i>n</i> = 57*	
Yes	No	Yes	No
98%	2%	96%	4%

$\chi^2 = .27$ NS

2. Have you ever been involved in volunteer work for a public social agency?

Licensed with MSW <i>n</i> = 96		Licensed without MSW <i>n</i> = 57	
Yes	No	Yes	No
71%	29%	72%	28%

$\chi^2 = .02$ NS

3. On average, how many sessions do you treat your clients/patients?

Licensed with MSW <i>n</i> = 85		Licensed without MSW <i>n</i> = 45	
Number of treatment sessions			
1 to 10	11 or more	1 to 10	11 or more
39%	61%	30%	70%

$\chi^2 = .91$

continued

Table 2 Continued

 4. When treating clients/patients, what is your medium of choice?

Licensed with MSW <i>n</i> = 89			Licensed without MSW <i>n</i> = 52		
Treatment approach					
Individual	Group	Both*	Individual	Group	Both
45%	2%	53%	56%	4%	40%

 $\chi^2 = 2.13$ NS

5. How would you rate yourself politically?

Licensed with MSW <i>n</i> = 95			Licensed without MSW <i>n</i> = 56		
Political orientation					
Liberal	Moderate	Conservative	Liberal	Moderate	Conservative
59%	33%	8%	38%	45%	17%

 $\chi^2 = 7.18^*$

6. Which of the following most accurately describes the socioeconomic status of your clients/patients?

Licensed with MSW <i>n</i> = 91			Licensed without MSW <i>n</i> = 53		
Social economic class					
Lower	Middle	Upper	Lower	Middle	Upper
45%	52%	3%	57%	40%	3%

 $\chi^2 = 1.95$

**n* may vary due to missing data

NS = Not statistically significant

***p*. < .05

The findings in Table 3 are revealing. It can be observed that the treatment modalities used in practice were very similar for both groups, and no statistically differences were found. It would appear to be reasonable to assume that the two groups would have differed in their use of systems theory. Presently, systems theory is the dominant assessment and treatment modality taught in virtually all social work programs throughout the United States. Furthermore, the systems approach to intervention is a very complex theory and demands great skill to apply. Given this situation, one would expect the non-MSW group would have had a statistically significant lower percentage of respondents reporting that they used systems theory, but the data report otherwise.

Table 4 offers findings on attitudes and behaviors toward practice. The findings in Table 4 include items focusing on the importance of changing the client’s personality or behavior, changing the client’s social situation, the importance of working with the culturally diverse and economically disadvantaged, and political social work. It can be observed that none of the F scores generated through a One-Way Analysis of Variance report statistically significant findings. Both groups of respondents reflected similar attitudes and behavior in their treatment focus, working with

Table 3
Practice Modalities Used in Practice

Modalities used in practice	Licensed with MSW (n = 96)		Licensed without MSW (n = 57)		X ²
	Yes	No	Yes	No	
Behaviortherapy	8%	92%	18%	82%	2.92 NS
Psychodynamic therapy	19%	81%	18%	92%	.04 NS
Systems theory	33%	67%	28%	72%	.46 NS
Humanistic therapy	6%	94%	14%	86%	2.61 NS
Cognitive therapy	23%	77%	19%	81%	.28 NS

NS = Not statistically significant

Table 4

Attitudes and Behaviors Toward Practice

	Licensed with MSW (<i>n</i> = 93)	Licensed without MSW (<i>n</i> = 52)	F score
	\bar{X}	\bar{X}	
1. Your treatment focus is on the individual and changing his/her personality/behavior.	2.76	2.5	.53 NS
2. Your treatment focus includes changing the client's/patient's social situation (employment, family, community, etc.)	2.1	2.3	1.72 NS
3. It is important to work with culturally diverse populations of clients/patients.	1.9	2.0	.74 NS
4. It is important to help the economically disadvantaged as part of one's practice.	1.7	1.7	.06 NS
5. It is important to be politically active to promote social change as part of one's practice.	2.3	2.3	.05 NS
6. It is important to be involved in professional organizations.	1.92	2.2	.78 NS

NS = Not statistically significant

1 = Strongly agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly disagree

culturally diverse and economically disadvantaged clients, and the importance of being politically active and joining professional organizations. The responses to the Likert type scale ranging from 1 = Strongly Agree to 5 = Strongly Disagree suggest the MSW group versus the non-MSW group appeared to be aligned with the traditions of the profession of social work. For example, both groups generally agreed it was critical to work with culturally diverse populations and the economically disadvantaged. Each group largely agreed that changing the client's social situation and being politically active were important to one's practice. One would assume that those licensed respondents without the MSW would have had much different attitudes and behaviors toward practice; the data report otherwise.

In sum, only two statistically significant differences were observed between the two groups of respondents. The minority group respondents had a much higher percentage of individuals obtaining a clinical license without the MSW degree when compared to the white group of respondents. The MSW group reported a much higher percentage of respondents who were politically liberal versus the non-MSW group. The findings reported no statistically significant differences between the two groups in the areas of practice setting, practice behaviors and attitudes, and treatment modalities used in practice.

Conclusions

Greenwood (1957) outlined the five attributes of a profession: systematic theory, authority, community sanction, ethical codes, and a culture. According to Greenwood, the power and privileges of a profession are extended to members through acquisition of education designed to prepare individuals for professional life. Freidson (1986) also noted that the unique status of a profession vs. a semiprofession is largely obtained through training in higher education. Freidson concludes:

Such education is a basic credential for professionals; it delineates the foundation of their expertise. This distinction has lain at the root of thinking about professions as a special class or category of occupations. (p. 26)

When licensing or certification of social workers is granted without applicants' possessing a professional degree in social work, the professional status of social work is lessened.

However, much of this dilemma may well have its roots in the lack of clarity concerning the role and function of social work. For example, under various state licensing laws, the definition of social work varies greatly. Colorado's statute defines a licensed clinical social worker as "a person who practices psychotherapy and social work." Delaware defines clinical social work as "the application of social work principles and methods . . . that include counseling and using applied psychotherapy of a nonmedical nature with individuals and groups." Last, the Louisiana statute makes no mention of psychotherapy and simply states "the use of psychosocial methods within a professional relationship" (Thyer & Biggerstaff, 1989). One of the core problems that has prevented social work from achieving full professional status is the lack of clarity concerning what the role of social work is in the human services delivery system. Furthermore, the vast differences one finds among academic social work programs adds to the problem of defining social work. The lack of a clear definition for social work creates the opportunity for various states to pass statutes governing social work that include the "grandfathering clause."

Collins (1975) notes that a profession is an entity that has exclusive jurisdiction to practice a particular skill, admit new practitioners, train practitioners, and judge whether or not the skills are correct and proper. Laypersons, those individuals lacking membership in a profession, are excluded from these rights. The non-MSW respondents in this study who obtained a clinical license through a grandfathering clause would be defined as laypersons under Collins's observations concerning the boundaries of a profession. However, since there are a number of definitions for social work and the role of social work in practice settings is far from clear, the findings in this research make sense. The non-MSW degreed respondents had similar attitudes and behaviors toward practice as found for those in the MSW group. The data suggest that the practice experience of the non-MSW degreed group created similar values, skills, and knowledge as found for those who obtained their clinical license with the MSW degree. This situation appears to reduce social work to the status

of a semiprofession. The following quote by Collins succinctly summarizes the current dilemma in social work when practitioners receive a clinical license without the MSW degree:

If there is no relatively definite and teachable skill, or there is one that depends upon individual gifts or intuition, a colleague group is relatively weak. It is for this reason, for example, that social workers cannot form intrinsically strong collegial organizations. (p. 342)

Collins' position on the professional status of social work helps to explain the numerous contradictions that can be found between various state statutes regulating social work licensing. Furthermore, the politics of social work regulation allowing for the grandfathering clause appears to be related to the lack of clarity found within the field in general that includes but is not limited to defining the fields basic roles and functions. Given this situation, supervisors of those licensed without formal social work education must realize these individuals may well be highly competent practitioners.

Furthermore, since it is unlikely that a clear definition for social work will emerge in the foreseeable future, innovative strategies must be created by the National Association of Social Workers (NASW) and state social work licensing boards that certify or license practitioners. The NASW needs to develop a certification process that allows practitioners without professional social work education to certify their competencies based on practice experience. State boards that license or certify social workers should develop a similar program.

Implications

The findings in this study have potential implications for supervisors of practitioners who have been licensed under a grandfathering clause, for the NASW, and for the various state boards that certify or license social workers for practice. The results suggest that agencies employing licensed clinical social workers lacking formal academic training should not necessarily assume they lack competence to practice. The data in this research reported only two significant differences between those licensed with or without the MSW degree. These differences were found in the

areas of race and political orientation. The data appear to endorse the position that licensing laws tend to exclude minority groups because these groups often lack access to professional education (Johnson & Huff, 1987). Nearly 70% of the nonwhite group obtained a clinical license without the MSW degree; this was observed for only 35% of the white group. What this suggests is once the grandfathering provision ends in those states that initially allow licensing without professional education, a large percentage of minorities who lack social work education will no longer have access to licensing. This finding strengthens the argument for innovative strategies aimed at certifying competence of practitioners who lack professional education. Finally, the differences found between the two groups of respondents in the area of political attitudes would appear to have little or no impact on the effectiveness of practitioners.

Given the fact that few significant differences were found between the licensed practitioners from the MSW and the non-MSW groups, and that the data appear to reinforce the position that certification and licensing may have the potential to exclude minorities, new and innovative approaches may be called for to certify practice competence.

The International Certification Examination for Alcohol and Drug Counselors offers an innovative approach to assessing competence that might be adopted by the field of social work. This approach to certification is based on practice experience, not professional education (Missouri Substance Abuse Counselors' Certification Board, 1995). The process to certify competence through the International Certification Examination for Alcohol and Drug Counselors is administered at the state level throughout the United States. A core requirement to take the written and oral exams for the highest level of certification (Certified Substance Abuse Counselor II) is the completion of 1800 hours in the field, with 150 of those hours under the supervision of a Certified Substance Abuse Counselor II (Missouri Substance Abuse Counselors' Certification Board). The basic education requirement that one must meet is high school graduation; however, practitioners who have undergraduate and graduate degrees in social work, psychology, and related fields may also be certified if they have the appropriate practice experience.

Once an individual has met the basic practice experience requirements, he or she is eligible to take the written Certification Examination for Alcohol and Drug Counselors and also the oral exam that focuses on the presentation of a case the candidate has worked on. The written exam is comprised of 150 multiple choice questions, and the oral exam focuses on the competence of the candidate in treating chemical dependency. Both the written and oral examinations demand that the candidate for certification illustrate competence in the following clinical areas (Missouri Substance Abuse Counselors' Certification Board, 1995):

1. **Screening:** The process by which the client is determined appropriate and eligible for admission to a particular program.
2. **Intake:** The administrative and initial assessment procedures for admission to a program.
3. **Orientation:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; non-residential program; the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.
4. **Assessment:** The procedures by which a counselor/program identifies and evaluates and individual's strengths, weaknesses, problems, and needs for the development of a treatment plan.
5. **Treatment Planning:** Process by which the counselor and the client identify and rank problems needing resolution, establish agreed-upon immediate and long-term goals, and decide upon a treatment process and the resources to be utilized.
6. **Counseling (Individual, Group, and Significant Others):** The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.
7. **Case Management:** Activities which bring services, agencies, resources, or people together within a planned frame-

work of action toward the achievement of established goals. May involve liaison activities and collateral contacts.

8. **Crisis Intervention:** Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.
9. **Client Education:** Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.
10. **Referral:** Identifying the needs of a client that cannot be met by the counselor or agency, assisting the client to utilize the support systems and community resources available.
11. **Report and Recording Keeping:** Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.
12. **Consultation With Other Professionals in Regard to Client Treatment/Services:** Relating with in-house staff or outside professionals assure comprehensive, quality care for the client.

The 12 areas that the candidate for Substance Abuse Counselor II must illustrate competency in are pertinent to others in clinical practice. In other words, the testing procedures used to certify the substance abuse counselor might be modified to certify or license candidates for clinical practice in social work, as well as specialized fields of practice. This approach would allow those who have substantial practice experience but lack professional entry to the field.

In conclusion, what the data from this study suggest is other avenues may need to be opened to certify practice competence. A process that allows for those with only practice experience to achieve certification or licensing for practice moves the field of social work toward a community-based level; in a certain sense it decentralizes the processes used to assess competence. Such a process, however, will probably be rejected by the gatekeepers who argue the field of social work should be an exclusive profession that only allows entry based primarily on one's professional training and education.

Decentralizing the process of certification and licensing to a community level, moreover, is consistent with the need for community-based interventions. Those who reside in communities should be able to train others, who, in turn, can instruct additional community members in intervention strategies. In this way, the monopoly held by professionals is broken, while communities are encouraged to become self-sufficient.

This decentralization approach is not new but can be found in developing countries and is consistent with the movement toward democratization throughout the world (Murphy, Pardeck, & Chung, 1992). Decentralization challenges the belief that has been perpetrated among professionals that only they have the skills and temperament necessary to remedy social problems. Promoting such privilege increases the cost of services, reduces efficiency and effectiveness, and fosters dependency (Vega & Murphy, 1990). Creating other avenues to certification and licensing for practice that allow one to substitute practice experience for professional education is consistent with the movement toward decentralization and democratization of social services.

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