

Action Counseling

August 28, 2001

Senator Judy Robson, Chair
Senate Committee on Human Services and Aging
P.O. 7882
Madison, WI, 53707-7882

Dear Senator Robson:

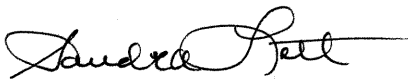
I understand there is to be a hearing for Senate Bill 96 on Wednesday, September 5, 2001. Unfortunately, it will be impossible for me to attend the hearing.

I am writing to ask that you support SB 96 as amended by the substitute amendment being offered by Senator Grobschmidt and Representative Urban.

If you have further questions or if I may be of further assistance, please do not hesitate to contact me.

Thank you.

Sincerely,



Sandra S. Lott, Ph.D.

Wisconsin Certified Professional Counselor (No. 2736-125)
Illinois Licensed Clinical Professional Counselor (No. 180-002921)
Nebraska Licensed Mental Health Practitioner (No. 2017)
Nebraska Certified Professional Counselor (No. 1157)
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Dorothy N. Helman
3105 Cross Street
Madison, WI 53711

August 29, 2001

Senator Judy Robson, Chair
Senate Committee on Human Services & Aging
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Robson:

I support the Psychotherapy Licensing bill, SB96 as amended by the substitute amendment offered by Senator Grobschmidt and Representative Urban. I urge you and the committee to report the amended bill favorably and to work for its passage in the Senate.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dorothy N. Helman". The signature is written in dark ink and is positioned below the word "Sincerely,".

Jack Kaufman
3105 Cross Street
Madison, WI 53711

August 29, 2001

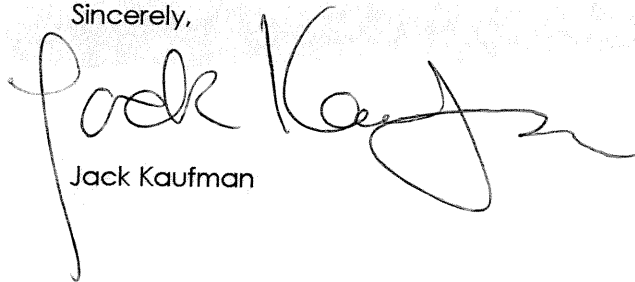
Senator Judy Robson, Chair
Senate Committee on Human Services & Aging
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Robson:

Your committee will be holding a hearing on the Psychotherapy Licensing bill, SB96, on Wednesday, September 5.

I support the bill as amended by the substitute amendment offered by Senator Grobschmidt and Representative Urban. I urge you and the committee to report the amended bill favorably and to work for its passage in the Senate.

Sincerely,



Jack Kaufman

Virginia Scott Heinemann

1319 McIndoe Street, Wausau, WI 54403

August 29, 2001

Senator Judy Robson
Chair, Committee on Human Services and Aging
State Capitol
P. O. Box 7882
Madison, WI 53707-7882

Dear Senator Robson,

I am unable to appear in person at the committee hearing on September 5th regarding SB 96. I am submitting the attached testimony in opposition to this bill in its present form. I hope that you will consider my remarks.

If you have any questions, please feel free to contact me. My phone number is (715) 842-4241.

Thank you for your consideration.

Virginia S. Heinemann

Virginia Scott Heinemann

1319 McIndoe Street, Wausau, WI 54403

Testimony in Opposition to SB 96:

I am the public member on the social work section of the Social Workers, Marriage and Family Therapists and Professional Counselors Board and I feel that I must speak up in my capacity of representing the consumer on the board. I have serious concerns about the bill in its present state and am hoping that you will consider the changes that I suggest.

First, the idea of changing the name of the board seems to me to be ridiculous. The board has existed for over nine years with its present name and suddenly changing the name would be terribly confusing to the public. I was not given a logical reason for the change and feel doing it is arbitrary. This bill is 41 pages long and I am sure trying to change the name contributes mightily to the length of the bill. There are 12,452 Social Workers certified by the state, 505 Marriage and Family Therapists and 2259 Professional Counselors. Doesn't it seem more logical to have the vast majority of certificate holders listed first in the name of the board?

My other big concern is not licensing Advanced Practice and Independent Social Workers. These people have master's degrees and the only difference from Clinical Social Workers is not having a clinical focus in the education and post-graduate supervision. They just have a different focus in their work. This bill is putting these people on a lower level when in fact they are equal. They also may do psychotherapy but under supervision. This is going to be so confusing for the public. Why is one social worker licensed and another certified? The public does not understand the differences that this bill is causing and they will think that Advanced Practice Social Workers and the Independent Social Workers are not as capable as the Clinical. I find this an insult to the other social workers. Why can't this bill license all master's level social workers?

I also find it ludicrous that barbers, beauticians, manicurists, landscapers and sports trainers are licensed but that master's degree social workers who are dealing with the most vulnerable people in our society are not licensed!

I hope that you will consider my requests. I am very concerned about the public perception and the confusion that this bill will cause if it passes in its present form.

James E. Hahn
1321 Clermont Street
Antigo, WI 54409

8-29-01

Senator Judy Robson
Chair. Senate Committee on Human Services and Aging
PO Box 7882
Madison, WI 53707-7882

Dear Ms. Robson:

Please accept this letter as a letter of support for SB 96, the psychotherapy licensure bill, as amended by the substitute amendment being offered by Sen. Grobschmidt and Rep. Urban.

As a provider of services myself, and a consumer of services for my family, I strongly support the licensing of psychotherapy in the State of Wisconsin. It is extremely important that this type of service is regulated and that only those with the appropriate credentials be allowed to practice.

Please support this bill.

Sincerely;



James E. Hahn MSEd/MSMFT

Certified: Independent Clinical Social Worker
Marriage and Family Therapist
Professional Counselor

August 29, 2001

Senator Judy Robson, Chair
Senate Committee on Human Services and Aging
P.O. Box 7882
Madison, Wi. 53707-7882

Dear Senator Robson:

I am sending this letter in support of the Social Work licensure bill AB 206/SB 96 as amended by Senators Grobschmidt and Representative Urban.

In my position as the Professional Social Work leader for Social Work services at the Clement J. Zablocki VA Medical Center, this is an important bill to reinforce and assure a qualified social work practitioner.

Social Workers play a key role in assisting veterans and families, not only at the medical center itself, but at the VA's affiliated Community Based Outpatient Clinics throughout the state. Qualified, independent social workers are integral to the provision of psychotherapy and to the coordination of the array of services needed to maintain our clients in the least restrictive setting.

I appreciate your advocacy of this important bill. Thank you.

Sincerely,



Jean E. Bromley MSW, CICSW
Social Work Consultant/ Div. Mgr. Rehabilitation Extended and Community Care
Zablocki VAMC, 5000 W. National Ave.
Milwaukee, Wi. 53295

I C F
C O N S U L T A N T S , I N C .

August 29, 2001

Senator Judy Robson, Chair
Senate Committee on Human Services
And Aging
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Robson:

As a mental health professional with certification as Independent Clinical Social Work and Marriage and Family Therapy I support the Psychotherapy Licensure Bill SB 96, as amended by the substitute amendment offered by Senator Grobschmidt and Representative Urban. Please do all you can to encourage this bill to be passes now so Wisconsin, like most of the other states can be seen to have the highest professional standards, and therefore, the best possible services.

Thank you for your consideration.

Sincerely yours,



Eve Lipchik, MSW, CMFT,
CICSW
Vice-President

INDIVIDUALS, COUPLES AND FAMILIES

1524 NORTH FARWELL AVENUE • MILWAUKEE, WISCONSIN 53202 • 414-273-2220 • FAX 414-273-2223

**NORTH CENTRAL HEALTH CARE
Langlade Health Care Center
Antigo, WI 54409
715-623-2394
FAX 715-627-4194**

8/30/01

**Senator Judy Robson,
Chair
Senate Committee on Human Services and Aging
P.o.7882
Madison, WI 53707-7882**

Dear Ms. Robson:

I am writing concerning WAMFT licensure, SB 96. I am in support of the bill as amended by the substitute amendment being offered by Sen. Grobschmidt and Rep. Urban.

Sincerely,



**Tom McGrath, MS
Certified Professional Counselor**

enclosures

August 30, 2001

Senator Judy Robson

Chair, Senate Committee on Human Services and Aging
P.O. 7882

Madison WI 53707-7882

Dear Senator Robson

I wish to speak in favor of Senate
Bill 96, the psychotherapy licensure bill
as amended Senator Grobschmidt and
Representative Urban. The bill
protects citizens from abuses of
psychotherapeutic practice and helps
to standardize several mental health
professions. Please attend to the merits
of SB 96 at the upcoming hearing on
Sept 5, 2001.

Sincerely

Mare Groshman

4716 N. Ellwood Av.

Whitefish Bay WI 53211

August 31, 2001

Senator Judith Robson
Chair
Senate Committee on Human Services and Aging

I am a mental health counselor at two Wisconsin county mental health clinics. My professional degree is in counseling psychology from UW-Madison. I am active in the Wisconsin Counseling Association. It is very important to my profession that Wisconsin has licensure for psychotherapists.

I strongly support SB 96 as amended by the substitute amendment being offered by Senator Grobschmidt and Representative Urban.

S. Whiting MS
Stephanie Misaki Whiting
4768 Barbara's Lane
Stevens Point, WI 54481



WISCONSIN STATE SENATOR
RICHARD GROBSCHMIDT

7TH SENATE DISTRICT

September 4, 2001

To: Members, Senate Committee on Human Services and Aging

From: Senator Richard Grobschmidt

RE: Substitute Amendment to SB 96

I have enclosed a Legislative Council memo on the proposed substitute amendment to 2001 Senate Bill 96/Assembly Bill 206.

One additional change has been made since the Legislative Council memo was drafted. The U.S. Veterans Administration (VA) asked that their employees be exempt from purchasing liability insurance. While exempt from licensure, the VA still requires their employees to be licensed. The VA is liable for its employee's performance, so employees would be required to purchase liability insurance through the VA.

The exemption language has been added to the substitute amendment and appears in the substitute amendment on page 27 line 14,

“(2) Subsection (1) does not apply to a person practicing clinical social work, marriage and family therapy, or professional counseling as an employee of a federal, state, or local government agency, if the practice is part of the duties for which he or she is employed and is solely within the confines of or under the jurisdiction of the agency by which he or she is employed.”

This does not exempt those employees if they are in private practice outside of their government employment.

If you have further questions, please feel free to contact my office.



WISCONSIN LEGISLATIVE COUNCIL STAFF MEMORANDUM

TO: REPRESENTATIVE FRANK URBAN

FROM: Richard Sweet, Senior Staff Attorney

RE: LRBs0088/3, a Proposed Substitute Amendment to 2001 Assembly Bill 206 (Social Workers, Marriage and Family Therapists, and Professional Counselors)

DATE: May 30, 2001

This memorandum is written pursuant to your request for a description of LRBs0088/3, a proposed Assembly Substitute Amendment to 2001 Assembly Bill 206. The bill and substitute amendment relate to regulation of social workers, marriage and family therapists, and professional counselors.

Under *current law*, ch. 457, Stats., governs marriage and family therapists, professional counselors, and four levels of social workers. Current law provides for certification of social workers, advanced practice social workers, independent social workers, independent clinical social workers, marriage and family therapists, and professional counselors. Current law prohibits persons from using certain titles unless they are certified under ch. 457, Stats.

Regulation of these professions is undertaken by the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors, which is divided into three sections--the Social Worker Section, the Marriage and Family Therapist Section, and the Professional Counselor Section. In addition, current law allows disciplinary actions to be taken by the examining board, provides for injunctive relief, and provides forfeitures, fines, and imprisonment for violators of ch. 457, Stats., or a rule promulgated under that statute.

Assembly Bill 206 includes the following major provisions:

1. The bill changes the name of the examining board to the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board. In addition, the bill changes the title of "independent clinical social worker" to "clinical social worker." The bill also creates a definition of "clinical social work."

2. The bill provides for licensure, rather than certification, of clinical social workers, marriage and family therapists, and professional counselors. In addition to the current restrictions on use of titles by persons not credentialed under ch. 457, Stats., the bill provides that persons who are not licensed may not practice clinical social work, marriage and family therapy, or professional counseling. The exceptions provided in current law for use of titles also apply to new practice restrictions in the bill and additional exceptions are created in the bill, as described in item 4. below.

3. The bill retains certification for social workers, advanced practice social workers, and independent social workers but expands the prohibition on use of titles to include "any other title or designation that represents or may tend to represent the person" as one of those three types of certified professionals or one of the three types of licensed professionals described in item 2.

4. The bill expands the exceptions in current law for persons who do not need to be certified in order to use a title to include employee assistance counselors and to specify that the exceptions apply not only to title use, but also to engaging in the types of counseling covered by the exceptions.

In addition, the bill specifies that a credential is not needed under ch. 457, Stats., in order for a person to do any of the following: (a) lawfully practice within the scope of a credential granted by Wisconsin or the federal government, including practicing psychotherapy under such a credential; (b) practice psychotherapy if the person is registered as a music, art, or dance therapist and meets rules promulgated by the Department of Regulation and Licensing (DRL) for the practice of psychotherapy by such a person; (c) practice psychotherapy if the person is a mental health professional who meets all of the qualifications under rules of the Department of Health and Family Services (DHFS) for employment as a mental health professional in an outpatient psychotherapy clinic certified by DHFS and if other conditions are met; or (d) provide a consultation or demonstration with an individual licensed under ch. 457, Stats., if the person providing the consultation or demonstration is licensed to practice marriage and family therapy, professional counseling, or clinical social work in another state or territory of the United States. The DRL rules for music, art, or dance therapists must be comparable to the requirements for obtaining a clinical social worker, marriage and family therapist, or professional counselor license.

5. The bill modifies the provisions in current law related to supervised practice by a person prior to obtaining a credential as a clinical social worker, marriage and family therapist, or professional counselor. Under current law, after receiving a master's or doctorate degree in social work, a master's or doctorate degree in marriage or family therapy, or a master's degree in professional counseling, the person must complete the equivalent of at least two years of full-time supervised clinical practice. The bill modifies this to require 3,000 hours of clinical practice, including at least 1,000 hours of face-to-face client contact, with specified supervision. For a person with a doctorate in professional counseling, current law requires one year of supervised practice; the bill changes this to 1,000 hours.

Under the bill, the supervisor must be an individual with a doctorate degree in the field for which the person is seeking a credential; an individual who has the same credential and who has engaged in the equivalent of five years of full-time practice; a psychiatrist or a psychologist; or an individual who is approved by the appropriate section of the examining board or who satisfies requirements for supervision that are specified in rules promulgated by the examining board upon the advice of the appropriate section.

6. The bill prohibits the examining board from promulgating rules that permit an individual to engage in psychotherapy unless the individual is licensed under ch. 457, Stats., as a clinical social worker, marriage and family therapist, or a professional counselor, or the individual is certified as an advanced practice or independent social worker and engages in psychotherapy only under the supervision of a clinical social worker. In addition, as noted under item 4. above, certain music, art, or dance therapists may practice psychotherapy and mental health professionals who meet DHFS requirements may practice psychotherapy under certain conditions.

In addition, current ch. 457, Stats., adopts, by cross-reference, the definition of "psychotherapy" that applies to psychologists. The bill creates a new definition of "psychotherapy" that is applicable to social workers, marriage and family therapists, and professional counselors.

7. The bill requires the examining board and the Psychology Examining Board to jointly promulgate rules that specify the different levels of psychometric testing that an individual who is certified or licensed under ch. 457, Stats., is qualified to perform. The rules must be consistent with specified national guidelines.

8. The bill creates a marriage and family therapist training certificate, which is valid for 24 months or until the certificate holder ceases to be employed in a supervised setting specified in the bill.

9. The bill allows a person holding a social worker training certificate to take the national social work examination before or after satisfying education and practice requirements specified in current law. Under current law, the person must take the examination after satisfying the education and training requirements.

10. The bill allows an applicant for one of the following credentials to take an examination before completing the practice requirements--social worker, advanced practice social worker, clinical social worker, marriage and family therapist, or professional counselor.

11. The bill allows the appropriate section of the examining board to grant a temporary certificate or license to an advanced practice social worker, independent social worker, or clinical social worker, who meets the requirements for a regular license except the examination requirement. Current law allows the appropriate section of the examining board to do so only for a social worker, marriage and family therapist, or professional counselor.

12. The bill modifies the requirement in current law that the appropriate section of the examining board grant a credential to a person holding a similar credential in another state or territory if the appropriate section determines that the requirements for obtaining these credentials in the other state or territory are substantially equivalent to the requirements under Wisconsin law. The bill modifies this by requiring that the person also pass an examination approved by the appropriate section of the examining board that tests the knowledge of Wisconsin law relating to the profession. In addition, the bill makes the granting of such a credential discretionary, rather than mandatory, with the appropriate section.

13. The bill modifies the provisions in current law allowing the examining board to promulgate rules relating to continuing education programs for credential renewal. The bill modifies this

by requiring the examining board to do so upon the advice of the appropriate section of the examining board.

14. The bill requires a clinical social worker, marriage and family therapist, or professional counselor who treats a person and determines that the person requires additional treatment that is outside his or her scope of practice, to continue to treat the person only if he or she consults with, or refers the person to, a health care practitioner who is authorized to provide the additional treatment.

15. The bill requires a person licensed as a clinical social worker, marriage and family therapist, or professional counselor to have professional liability insurance. The examining board is required to promulgate rules establishing the minimum amount of such insurance.

16. The bill provides that no insurance policy, plan, or contract that covers psychotherapy services may exclude or refuse to provide coverage for psychotherapy services performed by a licensed clinical social worker, marriage and family therapist, or professional counselor, within the scope of his or her professional license, if the policy, plan, or contract includes coverage for psychotherapy services performed by another health care provider.

17. The bill modifies the definition of "outpatient services" in the current statute that requires insurance coverage of treatment of nervous or mental disorders or alcoholism or other drug abuse. Under current law, the definition of "outpatient services" includes services provided by a program in an outpatient treatment facility, a physician who has completed a residency in psychiatry, and a psychologist who is listed in the National Register of Health Services Providers in Psychology or who is certified by the American Board of Professional Psychology. The bill amends the definition to include clinical social workers, marriage and family therapists, and professional counselors, licensed under ch. 457, Stats.

LRBs0088/3 makes the following changes to the bill:

1. The proposed substitute amendment deletes the provisions of the bill that relate to insurance coverage of psychotherapy provided by a clinical social worker, marriage and family therapist, or professional counselor. In addition, the proposed substitute amendment deletes the change to the definition of "outpatient services" in the current law requiring insurance coverage of treatment of nervous mental disorders or alcoholism or other drug abuse.

2. The proposed substitute amendment adds a new provision that states that ch. 457, Stats., does not authorize any person who is certified or licensed under the chapter to treat alcohol or substance dependency or abuse as a specialty unless the person is a substance abuse counselor as defined in DHFS rules, or unless the person satisfies educational and supervised training requirements established in rules promulgated by the examining board. In promulgating those rules, the examining board must consider the requirements for qualifying as a substance abuse counselor under DHFS rules.

3. The proposed substitute amendment modifies the new provision in the bill that states that a credential is not required for a person lawfully practicing within the scope of a credential granted by the state or the federal government. The proposed substitute amendment adds the phrase "or granted through a process recognized by the department of health and family services."

4. The proposed substitute amendment modifies the provision of the bill relating to practice of psychotherapy by an advanced practice or independent social worker. Under the bill, such a person may engage in psychotherapy only under the supervision of a clinical social worker. Under the proposed substitute amendment, the individual may engage in the practice of psychotherapy only under the supervision of a clinical social worker with a doctorate in social work; a clinical social worker who has engaged in the equivalent of five years of full-time clinical social work; a psychiatrist or psychologist; or a person approved by the Social Worker Section or who satisfies requirements for supervision that are specified in rules promulgated by the examining board upon the advice of the Social Worker Section.

5. The proposed substitute amendment deletes a change made by the bill that would have allowed an applicant for a clinical social worker license to take an examination before completing the practice requirements.

6. The proposed substitute amendment deletes from the bill the new provision creating a duty of a clinical social worker, marriage and family therapist, or professional counselor to consult or refer.

7. The proposed substitute amendment deletes the language added by the bill "or any other title or designation that represents or may tend to represent the person as a [social worker, advanced practice worker, or independent social worker]."

8. The proposed substitute amendment repeals the provisions in current law that allow imposition of a forfeiture, fine, or imprisonment for persons who violate ch. 457, Stats., or rules promulgated under that chapter.

Feel free to contact me if I can be of further assistance.

RNS:wu;tlu

**WISCONSIN DEPARTMENT OF
REGULATION & LICENSING**

Scott McCallum
Governor
Oscar Herrera
Secretary



1400 East Washington Avenue
PO Box 8935
Madison WI 53708-8935
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**Testimony on Senate Bill 96
Before The
Senate Committee on Human Services and Aging
Wednesday, September 5, 2001, 10:00 A.M.
201 Southeast, State Capitol**

Good morning, Chairperson Robson and committee members. Thank you for the opportunity to present testimony on Senate Bill 96. My name is Douglas Knight. I am a board member on the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors and past chairman. I am here today to present testimony, in support of Senate Bill 96, on behalf of the Psychotherapy Advisory Committee.

I wish to take this opportunity as co-chair of the Psychotherapy Advisory Committee, established by former Secretary Marlene A. Cummings in May 2000, to provide you with an account of the work that has led to the bill before you. This committee was advisory to the Department of Regulation and Licensing, with the secretary personally serving as the other co-chair.

In October 1999, I testified against a similar piece of legislation as chairman of the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors. 1999 SB 203 at that time was opposed by the Social Worker Section of the Examining Board, which meant we had a divided board with proposed legislation that would be difficult to implement under such conditions. I felt at that time that the bill was hurried, developed without the board's involvement, and consequently, was flawed in a number of ways.

Thanks to the senate committee, at that time, the matter was referred back to our board and the senate committee chair asked that I work with the various elements of the board to resolve the differences before asking the legislature to act. In short, with the cooperation of former Secretary Marlene Cummings, a very diverse composition of interested parties, including board representation, other disciplines/professions, academia, legislative staff of the Assembly and Senate, county human services, National Association of Social Workers (NASW), family and children's services organizations, as well as, minorities were named to an advisory committee. In addition, the Department of Health and Family Services and the Office of the Commissioner of Insurance were invited, both accepted the invitation.

In May 2000, the committee was formed in accordance with sec. 15.04(1)(c), Stats. The purpose was to determine whether the practice of psychotherapy needs to be protected from use by all those who do not meet certain specified requirements.

The charge to the committee was to: Identify potential harm to the consumer; recommend requirements that must be met in order to get a state license to practice psychotherapy, and to make recommendations pertaining to the practice of psychotherapy.

The Association of Social Work Boards (formerly the American Association of State Social Work Boards) of which Wisconsin is a member, offered to send their legal counsel to our first meeting at the invitation of the two co-chairs. This was done without cost to Wisconsin. This was of prime value to this committee since the law firm of Atkinson and Atkinson, which specializes in legal representation to several professions regulating legal practice, was in a position to be objective, and has an enviable reputation in regulatory issues nationally. To further illustrate the breadth of exposure and expertise this firm has at its disposal, Dale Atkinson serves as the executive director of the Federation of Associations of Regulatory Boards. I have gone to lengths to identify their expertise as their representative to our first meeting, Julia Works, J.D. provided us with a framework that served to keep this committee appropriately focused as follows:

- 1) Committee members were here as regulators in the interest of protecting the public.
- 2) The biggest issues impacting regulation are education, examination process and experience.
- 3) Collaboration between professions to resolve conflicts where there may be functional overlaps and avoid problems and move toward public knowledge and protection is essential.
- 4) Examine existing legislation to assure what is proposed is not duplicating what is already in place.
- 5) Finally, if we pursue a psychotherapy practice act address the following:

- a. Accreditation

What standards will be used?

- b. Examination

What are the competencies in the various examinations that deal with psychotherapy and are they the same?

How will you create a valid, defensible examination regarding psychotherapy if it is utilized in different ways in different professions?

Will the examination for psychotherapy be two-pronged, i.e. measuring competencies in a profession such as social work and psychotherapy separately?

- c. Enforcement/Discipline

Are there general standards of conduct with regard to psychotherapy that would allow you to discipline the various professionals in a uniform manner?

Communication between boards-confidentiality concerns.

What are the limitations regarding advertising and the use of the term, "psychotherapist"?

d. Continuing Education

Through consensus, we have adopted a common definition of psychotherapy. Through consensus, the members of the Examining Board of Social Workers, Marriage and Therapists and Professional Counselors and Department of Regulation and Licensing participating in this committee's work have a product we all support. Through consensus, a very diverse representation of interested parties and the public hold SB 96 to be in the best interests of the public in Wisconsin. This bill is essential if we are to regulate psychotherapy and protect the lay consumer.

Finally, I would be remiss if I did not accurately reflect the position of the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors. All three sections of the board were represented on this committee. All three sections of the board have voted to support SB 96. Two sections were unanimous in voting to support this bill and the Social Worker Section voted 3-2 in favor. It needs to be pointed out that this is not a social work bill. It is a practice act relating to psychotherapy practice and psychotherapy practice only. All other elements of existing social work credentialing were left intact. SB 96 does nothing to demean any profession. The various professionals and public members of the Psychotherapy Advisory Committee are to be commended for seeing through the maze, turf issues and personal agendas to arrive at a consensus on this piece of legislation.

Thank you for your attention to this lengthy report, which is being submitted as testimony. I ask that you recognize the public protection components so desperately needed and respectfully addressed through this bill. Should you have questions or wish documentation of the advisory committee's work on this matter, please advise. I stand ready to work with you and your staff and the department to cooperate in any manner if called upon.

It was a privilege to serve with former Secretary Cummings as co-chair on this important legislative initiative. It was indeed an honor to serve with such a distinguished group of Wisconsin citizens who donated their time and resources to serve on the advisory committee at their own expense. They are most deserving of the thanks and respect of our citizens-and they are proud to refer to SB 96 as the WISCONSIN MODEL.

Respectfully submitted:
Douglas Knight, Co-Chair
Psychotherapy Advisory Committee

PSYCHOTHERAPY ADVISORY COMMITTEE
May, 2000

Secretary Marlene A. Cummings, Committee Co-Chair
Department of Regulation and Licensing

Social Worker-Douglas Knight, Committee Co-Chair
2019 Hatch St., Eau Claire, WI 54701

Social Worker-Judy Bablitch, Director of Human Services
817 Whiting Ave., Stevens Point, WI 54481

Joanne D Barndt
2950 N. Shepard Ave., Milwaukee, WI 53211

Music, Art and Dance-Naomi T. Berkowitz
11145 N. Riverland Ct., Mequon, WI 53092

Social Worker-Roselyn Clipps
Center for Child and Family Services, Inc.
4222 W. Capitol Dr., Ste. 303, Milwaukee, WI 53209

Marriage and Family Therapist-Lynn J. Gauger
18390 Surrey Ln., Brookfield, WI 53045

Social Worker-Juan Guerrero
2217 E. Washington Ave., Madison, WI 53704

Social Worker-Les Higgenbottom
1820 Arlington Ave., Racine, WI 53403

Professional Counselor-Colleen James
611 Saddle Ridge, Portage, WI 53901

Social Worker-Anita Kropf
6811 W. Thornapple Dr., Janesville, WI 53545

Psychologist-Charles Moore
2147 Grandview Blvd., Onalaska, WI 54650

Social Worker-Dennis Wendt
Winnebago County Dept. of Human Services, PO Box 2925, Oshkosh, WI 54903

Joel R. Ambelang, Concordia University Wisconsin
12800 N. Lake Shore Dr., Mequon, WI 53079

Jennifer Borup
242 Sommers Ln., Hudson, WI 54016

Psychologist-Carolyn Dejoie
5322 Fairway Dr., Madison, WI 53711

Page 2

Psychotherapy Advisory Committee

Richard Salem, Sociology Professor-UW-Whitewater
1122 Timothy Ave., Madison, WI 53716

LaMarr Franklin, Chair, Examining Board of Social Workers, Marriage & Family Therapists and
Professional Counselors
6920 N. Beech Tree Dr., Glendale, WI 53209

Dismas Becker, Lobbyist
WI Coalition of Marriage & Family Therapists, Professional Counselors & Social Workers,
7 N. Pinckney St., Madison, WI 54703

John Grace, Executive Director
WI Association of Family & Children's Agencies
131 W. Wilson St., Ste. 901, Madison, WI 53703

Marc Herstand, Executive Director, NASW WI Chapter
16 N. Carroll St., Ste. #220, Madison, WI 53703

Brenda L. Johnson, President, WI Chapter of Society for Social Work Leadership in Health Care
614 Chatham Ter., Madison, WI 53711

Gwen Werner, President WSCSW
3467 N. Frederick Ave., Milwaukee, WI 53211

Eileen Mallow, Ins. Commissioner's Office
121 E. Wilson St., Madison, WI 53702

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**Testimony on Senate Bill 96
Before The
Senate Committee on Human Services and Aging
Wednesday, September 5, 2001, 10:00 A.M.
201 Southeast, State Capitol**

Good morning, Chairperson Robson and committee members.

We, the members of the Social Worker Section of the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors are unanimous in our belief that licensing of all social workers is in the best interest of the public.

The majority of this section recognizes that professional progress is often incremental. In this light, we view SB 96 as a progressive step that both helps protect the public and benefits our profession. While it does not contain all of the measures we would prefer, we do support its passage as the best obtainable solution at this time.

SB 96 is a psychotherapy practice act. It seeks to regulate a number of professions who engage in psychotherapy, but who currently are unregulated. We believe this is a necessary and positive step toward enhanced protection of the public, because it ensures greater accountability for those who work with clients who are emotionally vulnerable.

This is accomplished through several provisions:

- limiting the practice of psychotherapy to those highly trained in that specialty, thereby ensuring members of the public who seek assistance for psychological distress that they will be well treated by educated, ethical practitioners;
- a requirement that insurance companies provide mental health parity with physical illnesses, and
- permitting clinical social workers to independently provide much needed services to those least able to access and afford mental health therapy (a measure of particular importance to those who live in medically underserved parts of the state).

**Page 2-Testimony SB 96
Social Worker Section-Examining Board
of Social Workers, Marriage and Family
Therapists and Professional Counselors**

The majority of the Social Worker Section favors passage of SB 96. The two members of the Social Worker Section who do not support this bill do not believe it goes far enough. They are concerned that regulation through licensure for some and certification for others will be confusing to the public, and they favor licensure for masters degree level independent and advanced practice social workers who are permitted to practice psychotherapy, but only under supervision. Finally, they worry that changing the board's name will increase stationery costs to the Department of Regulation and Licensing.

Thank you for considering our testimony.

Submitted By: Cornelia Gordon-Hempe, CICSW, Chair
Social Worker Section
Examining Board of Social Workers, Marriage and Family Therapists and
Professional Counselors

Men and Women of this Senate Committee, I want to thank you for allowing me to address you today. My name is Naomi Berkowitz. I am a Board Certified Art Therapist. I am also the President of the Wisconsin Art Therapy Association and the Chairperson for the Committee on Professional Practice for the American Art Therapy Association. I work in an outpatient, mental health clinic in Milwaukee County. I am pleased to say that I had the opportunity to serve on the Psychotherapy Advisory Committee as well as the Music, Art and Dance Therapy Advisory Committee.

I come before you today to urge you to vote in favor of the amended form of 2001 Senate Bill 96 which will License psychotherapists in this state. I speak not only for myself but on behalf of the Wisconsin Art Therapy Association, the American Art Therapy Association, the Art Therapy department at Mount Mary College, the Wisconsin Dance therapists and the Wisconsin Music therapists. Currently there are 45 Master Level Art Therapists, 8 Master Level Dance Therapists and 63 music therapists as part of the Department of Regulations and Licensing Registration. This is a very unique Bill. It includes all of the different professions that use psychotherapy as part of their practice. You may wonder why this Bill is divided into two sections. One that addresses the Certified Professional Counselors, the Marriage and Family Therapists and the Clinical Social Workers and the other section addresses the Art, Music and Dance Therapists. It is because the psychotherapy advisory committee had the foresight and wisdom to know that even though all of us use psychotherapy, we use it differently. We felt it would make more sense to have the Certified Professional Counselors, Marriage and Family therapists and the Clinical Social Workers regulated under their Board. While the Art, Music and Dance Therapists sit down with the Department of Regulations and Licensing, once the Bill is passed, to work out the details of our regulations in accordance with the national standards of each of the disciplines.

Those of us that use psychotherapy as part of our practice know how powerful it is. We also know that there are untrained practitioners calling themselves

psychotherapists who have no training and are causing more harm than good to the consumer. The average consumer does not know the difference between a psychotherapist, a psychologist, and a psychiatrist let alone know to check credentials of someone calling him or herself a psychotherapist. It seems to me that the consumer should not have to worry about that also.

I know some of you have already made up your minds about the Bill and others have not. I would like to give you two examples to think about when it comes time to vote and you are still not sure. These are two cases I have worked with. I have changed their true names to protect their identity.

Several years ago, a mother brought her young daughter to see me. The mother said "Kathy" is driving me crazy. Help! She doesn't behave in school. She doesn't behave at home. No one wants to play with her because she is so bossy. I began seeing Kathy for art therapy sessions. She began to settle down. Her behavior was improving at home and in school and she even had a couple of friends. Kathy and I were building a positive therapeutic relationship with the help of the art. One day, Kathy's mother called me. She told me that Kathy would not stop crying and only wanted to speak with me. Her mother brought her to the clinic. Kathy looked as if she had been crying for hours. She slowly sat down at the table and reached for a piece of paper. She took a pencil and began to draw little, faint circles on the paper. Her circles became larger and larger and finally tore through the paper. She jumped up ripped up the paper and threw it across the room as she burst into tears. She then began to disclose all this stuff that happened to her. Abuse that should never happen to any one let alone a child. Kathy felt safe with me. She came to tell the adult she trusted.

The second example is about a family I worked with. A family that was divorced. We know that when a couple divorces it means the family divorces. A mother brought her two older children in to see me. She was concerned because they were refusing to see their father every other weekend and on Wednesdays. She was concerned that she was going to get into trouble. The children would not tell

her what the problem was. After a few sessions with children, it became clear that I had to see the parents with the children to discuss some of the issues that had come up. We scheduled an appointment. The mother arranged for a baby sitter to stay with little "Peter." Of course, the baby sitter could not come at the last minute. The mother called me to ask if it would be all right if Peter came also. She pointed out that "he would not bother anyone because he really does not speak very much." The mother brought the children to the clinic and the father met them there. I sat everyone at different parts of the table and told them to "draw the problem." The older children went right to work. The mother thought for a minute and began to work. The father reached for a straight edge and pencil and drew and erased and drew and erased. Little Peter climbed up on his chair and reached for his paper and crayons and also went to work. When everyone was finished, I had them put their drawings on the wall. The older children put their drawings up first. The mother took their lead and did the same. The father slapped his drawing with lines and arrows and written explanations onto the wall also. Then Peter dragged a chair to the wall so he could reach as tall as the others and placed his drawing up there with everyone else's. I began by asking Peter to tell us about his drawing. Peter, in a very faint, shaky voice pointed to a large, monster like figure and said, "This is my daddy." Then he pointed to a tiny, itty, bitty stick with a head and said, "This is me." "I get scared when daddy yells at me." There was not a dry eye in the room as Peter struggled to get his words out. His drawing said it all. "I get scared when daddy yells at me." I can tell you that daddy is working very hard at speaking softer and listening louder. On the rare occasions that he forgets, his children will run and get the paper and the markers to remind him.

I urge you to vote in favor of the psychotherapy licensing Bill. It is very fitting that it comes before you during National Self-Improvement Month and National Baby Safety Month. Do it for all the Kathys and all the Peters and all the future Kathys and Peters. If someone is coming in to get help for an emotional problem, they

should not have to worry about whether or not they are going to be harmed by someone calling him or herself a psychotherapist but really is not.

Thank you.

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Testimony

Senate Bill 96 - Senate Committee on Human Services and Aging
September 5, 2001

Senator Robson and members of the Committee:

My name is Sarah Bowen, and I am testifying today as the Executive Director of the Wisconsin Psychological Association.

The Wisconsin Psychological Association supports the licensure of psychotherapists in our state. We also appreciate the efforts of the groups that worked to develop Senate Bill 96. They have maintained an attitude of collaboration and openness throughout the process.

Earlier this year, I outlined our concerns about the companion bill, Assembly Bill 206. I have attached a copy of that testimony. **Our review of the proposed Substitute Amendment to Assembly Bill 206 appears to address most of our concerns, and I hope you will approve similar revisions of SB 96.**

As indicated in the written testimony for AB 206, we urge you to make the following changes:

- Delete Section 87 - the duty to consult or refer is more appropriately dealt with in administrative rules
- Amend Section 46 to be consistent with Section 55 and other sections dealing with choice of supervisors
- Reconsider the requirement that the Department of Regulation & Licensing promulgate rules, define scope of practice and act on disciplinary matters for Music, Art and Dance therapists who provide psychotherapy services - we believe these functions must be handled by a professional board, as is the case for all other health professions.
- Delete references to insurance mandates
- Remove the word "clinical" from pages 23, 25 and 26 (We understand that these were supposed to have been removed in drafting but were overlooked)

I want to thank the committee and the coalition for the hard work and open discussion that has resulted in SB 96. With the refinements suggested above, we urge you to vote in favor of passage. Thank you for the opportunity to speak with you today.



Availability of Mental Health Practitioners in Wisconsin*

Marriage and Family Therapists	466	6%
Professional Counselors	2189	26%
Certified Independent Clinical Social Worker	3822	46%
Psychiatrist	602	7%
Child Psychiatrist	82	1%
Psychologist	1223	14%
Total	8384	100%

78% of mental health practitioners in Wisconsin are composed of Marriage and Family Therapists, Professional Counselors, and Certified Independent Clinical Social Workers.

37.5% of Wisconsin counties lack psychiatrists.

They include: Adams, Buffalo, Burnett, Calumet, Clark, Door, Douglas, Dunn, Florence, Forest, Iowa, Iron, Kewaunee, Lafayette, Langlade, Lincoln, Marquette, Menominee, Oconto, Pepin, Pierce, Price, Rusk, Sawyer, Taylor, Vilas, and Waupaca.

17% of Wisconsin counties only have one psychiatrist.

They include: Columbia, Crawford, Dodge, Jackson, Juneau, Polk, Richland, St. Croix, Sauk, Shawno, Washburn, and Waushara.

76% of Wisconsin counties lack child psychiatrists.

They include: Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Douglas, Dunn, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kewaunee, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Monroe, Oconto, Pepin, Pierce, Polk, Portage, Price, Richland, Rock, Rusk, St. Croix, Sauk, Sawyer, Shawno, Taylor, Trempealeau, Vernon, Vilas, Washburn, Waupaca, and Waushara.

10% of Wisconsin counties only have one child psychiatrist.

They include: Grant, Kenosha, La Crosse, Oneida, Outagamie, Sheboygan, and Washington.

22% of Wisconsin counties lack psychologists.

They include: Adams, Buffalo, Burnett, Florence, Forest, Iowa, Iron, Juneau, Kewaunee, Lafayette, Langlade, Menominee, Oconto, Price, Rusk, and Vilas.

12.5% of Wisconsin counties only have one psychologist.

They include: Bayfield, Calumet, Clark, Door, Pepin, Richland, Shawno, Taylor, and Trempealeau.

100% of Wisconsin counties have Certified Independent Clinical Social Workers.

*Information based upon place of residence of mental health practitioner

WISCONSIN CHAPTER, NATIONAL ASSOCIATION OF SOCIAL WORKERS

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TESTIMONY IN FAVOR OF SB 96
Senate Committee on Human Services and Aging
September 5, 2001

Senator Robson and honorable committee members, I appreciate being able to speak to you in favor of SB 96 that would change current regulation of clinical social workers from certification to licensure. I have been a clinical social worker in Madison for 27 years and have been before legislative committees many times in support of licensure—three times in the past six years.

Today I speaking on behalf of the National Association of Social Workers-Wisconsin Chapter. I am one of over 1000 clinical social workers in this organization whose total membership numbers 2550. NASW participated in the Psychotherapy Advisory Committee, appointed by former Sec'y Cummings, that revised and reviewed this bill over many months. This committee included practitioners, professional groups, and county human service representatives. The result is a licensing bill that we believe will promote **competent and confidential** as well as **accessible and affordable** outpatient mental health services throughout the state.

Competency: Wisconsin is now one of only a handful of states that doesn't have licensure for clinical social workers, although they provide over 45% of the mental health care in the state. Clients, some of whom are vulnerable, have a right to know who is qualified by training and experience to practice psychotherapy. Licensing clinical social workers in Wisconsin will regulate the *practice*, not just the *title* of clinical social workers. The practice of psychotherapy would be more clearly defined and exclusively reserved for the professionals designated by the state as competent to provide this service, thereby offering consumers information they need in selecting a qualified psychotherapist.

Confidentiality: Privileged communication is an essential component of any therapeutic relationship and is strengthened with the passage of this legislation. In June 1996, the *Jaffe v. Redmond* decision resulted when an Illinois police officer was sued by the parents of a suspect who was killed by the officer in the line of duty. The officer sought post trauma treatment, according to the protocol in his department. However, a law suit followed and the plaintiff's lawyer asked for treatment records. The clinical social worker who had seen the officer refused. The judge directed the jury to assume the records were damaging and a settlement was awarded to the plaintiff. When the police union appealed the case in Federal court, it was reversed but the ruling was based on the fact that records of a *licensed* clinical social worker were privileged. SB 96 would more strongly guard Wisconsin citizens' rights to privileged communication with their psychotherapists.

Accessibility: (Reference handout on availability) Clinical social workers are more consistently available throughout the state. 78% of mental health practitioners in Wisconsin are composed of Clinical Social Workers, Marriage and Family Therapists, and Professional Counselors. Citizens in counties where there are a shortage of licensed psychiatrists and psychologists have a right to have *licensed* mental health providers available in their areas – SB 96 would guarantee this.

Another benefit of SB 96 relates to the all social workers. This bill allows for candidates both certification and licensure to sit for their qualifying exams before the eligibility date for certification or licensure. Currently, we are losing many qualified social workers in Western Wisconsin to Minnesota because of delays caused when they must wait to take the exam.

Affordability: While this bill does not regulate health insurance, it does offer Wisconsin clinical social workers, marriage and family therapists, and professional counselors the same credentials that clinicians in other states have. Consumers would like to use their health insurance but most insurance companies expect state licensure as a minimum requirement of providers. Wisconsin's mandated mental health benefits law, passed in the early 1970's, guarantees coverage only for citizens with group policies written within the State. So, my colleagues who work near state borders have clients whose out of state insurance companies deny their claims simply because the Wisconsin clinician is not licensed. Without licensure, the thousands of clinical social workers in this state are at a disadvantage, as are the clients who would like to use their health insurance dollars when they need mental health services.

This bill is the culmination of hundreds of hours of thought, deliberation, and compromise. It regulates practice, not just title -- providing better consumer information and protection of their privileged communication. It enables citizens to use their health insurance dollars more effectively. If passed into law, SB 96 will benefit the citizens of Wisconsin, both the providers and consumers of mental health services by ensuring competent and confidential as well as accessible and affordable psychotherapy to those who are in need. Thanks for your kind attention and please vote favorably on SB 96.

Ruth Ann Berkholtz, MSSW, CICSW
608-274-0355 RABerkholtz@tds.net



URBAN

Wisconsin State Representative • 99th Assembly District

DR. FRANK H. URBAN

Testimony by Representative Frank Urban in support of SB 96.

Currently, all but three states license the practice of psychotherapy. There are several reasons why we need a practice act for psychotherapy and all of them have to do with the welfare of the public.

Under the current system of certification of psychotherapy, a practitioner can be found guilty of malpractice by the Department of Regulation and lose their certification, yet still be able to practice psychotherapy by going to a Department of Health and Family Services clinic. This is perfectly legal under our current system and puts the most vulnerable members of the population at an even greater risk. By licensing the practice of psychotherapy we ensure that someone who is found guilty of malpractice is not allowed to practice psychotherapy in Wisconsin.

The second significant reason Wisconsin must license the practice of psychotherapy is simple: access. Currently, there is a severe shortage of mental health care practitioners in the rural areas of the state, specifically Northern Wisconsin. While one can argue actual numbers of psychiatrists or psychologists in any given county, anyone who has spent any time in Northern Wisconsin knows that mental health practitioners such as psychiatrists and psychologists are not as prevalent as in Southeastern Wisconsin.

In statewide numbers alone, marriage and family therapists, professional counselors and certified independent clinical social workers make up 78% of Wisconsin's mental health practitioners. However, under the current system of certification, most of these mental health practitioners gravitate toward clinic settings, which are most often found in heavily populated areas of the state. This leaves rural populations severely understaffed while facing a population that has a greater need for services. Recently, the Firearm Injury Center at the Medical College of Wisconsin issued a report that stated that Northern Wisconsin had a firearm suicide rate of 6.9 per 100,000 people as compared to 4.6 in Southeastern Wisconsin.

The reason for this disparity is often that in a clinic setting mental health practitioners are assured of receiving payment. Wisconsin law assumes that practitioners who are certified will be treated the same by insurance companies as those who are licensed.

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This holds true for those companies that are based in Wisconsin; however, it is not true for out-of-state companies. Because all but three states license the practice of psychotherapy, licensure is a criterion that out-of-state insurance companies use to determine whether they pay the bill for psychotherapy treatment. Currently, the consumer's choice for a therapist is limited if they want to be covered by their insurance. By changing the law from title protection to practice act, we are removing the barrier to treatment that currently often exists.

SB 96 is a very simple licensure bill. Former Secretary of Regulation and Licensing, Marlene Cummings, put together a diverse committee of 23 people to study the issue of licensure of psychotherapy. SB 96 is a result of the consensus of that committee.

While SB 96 is a simple licensure bill, there were drafting errors that took it beyond that. The drafter put in an insurance mandate that was not our intention. This was brought to Senator Grobschmidt's and my attention and we have drafted a substitute amendment to eliminate the language. I want to stress that it is not the intent of SB 96 to mandate coverage of psychotherapy treatment. Also, there was revision language included on page 19 of the original bill that was not our intention and that has been included in the substitute amendment as well.

Additionally, we were recently informed that we needed to exempt the Veterans' Administration and all other government employees from purchasing liability insurance. The government agencies cover liability and it is not necessary for the employee to have their own unless they practice outside of their agencies' jurisdiction. This exemption has been included in the substitute amendment.

In past attempts to license the practice of psychotherapy, it was noted by some that the definitions of psychotherapy were too broad. In SB 96 we have crafted a much more academic definition. I have enclosed a comparison copy of the current definition of psychotherapy and the definition contained in SB 96. As you will see, the new definition is much narrower. While many professionals treat persons to modify their behavior, they do not diagnose nor do this through psychological or systemic principles.

I would also like to point out to the committee that there are no added costs to the state involved in moving the practice of psychotherapy from certification to licensure. In fact, according to the fiscal estimate, there will be a slight gain in revenue.

I urge the committee to support SB 96.

DEFINITIONS OF PSYCHOTHERAPY

Present definition as found in 455.01 (6)

"Psychotherapy" means the use of learning, conditioning methods and emotional reactions in a professional relationship to assist persons to modify feelings, attitudes and behaviors which are intellectually, socially or emotionally maladjustive or ineffectual.

The definition used in this bill found in 457.01 (8m)

"Psychotherapy" means the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose of understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.

The underlined words make the new definition much narrower. While many professionals treat persons to modify their behavior they do not diagnose nor do this through psychological or systemic principles.

**WISCONSIN DEPARTMENT OF
REGULATION & LICENSING**

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**Testimony on Senate Bill 96
Before The
Senate Committee on Human Services and Aging
Wednesday, September 5, 2001, 10:00 A.M.
201 Southeast, State Capitol**

Good morning, Chairperson Robson and committee members. My name is Lynn Gauger. I am the chair for the Marriage and Family Therapists Section of the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors. Thank you for the opportunity to testify on Senate Bill 96.

The Marriage and Family Therapist Section of the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors unanimously voted to support the legislation to license psychotherapists. This has been a goal of the Board's since July 1994.

The Marriage and Family Therapist Section supports SB 96 because it will protect the public in the following ways:

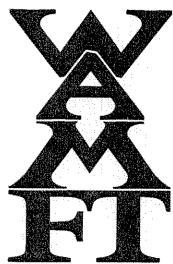
1. By requiring minimum standards of regulating persons who practice psychotherapy, and
2. By permitting consumers and mental health services a greater choice of providers, many of whom will cost consumers and insurance companies less money.

The bill also requires 3,000 hours of post Master's supervised clinical experience, a requirement, which mirrors the current requirement of licensed outpatient mental health clinics.

Again, thank you for this opportunity to testify on SB 96 and we hope that the committee will be supportive of this legislation.

Submitted by:

Lynn J. Gauger, CMFT, Chair, Marriage and Family Therapist Section, Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors
Peter Fabian, Ph.D., CMFT, Section/ Vice Chair
Linda Schwallie, CMFT, Section/Board Member
Ann Marie Rathburn, Section/Secretary and Public Member



WISCONSIN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

A Division of the American Association for Marriage and Family Therapy

Growing Stronger... Together

5 September 2001

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Testimony in favor of Senate Bill 96: Psychotherapy Licensure Bill
Ann Marie Starr CMFT, CICSW, President Wisconsin Association for
Marriage and Family Therapy,
Director, Family Therapy Training Institute

We must provide better consumer protection to persons seeking psychotherapy. Our citizens only seek psychotherapy when they are troubled and vulnerable. Clients have a right to expect a level of uniform preparation and competence when they enter into this highly personal and private experience. Persons seeking psychotherapy must be assured their therapist is trained in the most effective means of diagnosing and healing mental and emotional illnesses. Empathy and compassion are important variables in forming a therapeutic relationship but are secondary to a foundation of adequate training in the diagnosis and treatment of complex disorders.

We must provide uniform protection against unprofessional conduct. The current certification law is a title protection law. If a professional is found to have violated the rights or welfare of a client, the worse case scenario is the loss of the title—they can and will continue to practice on unsuspecting and unprotected consumers. When a client finds the courage to file a grievance with the regulatory board, there must be assurance that, if the complaint is substantiated, the practitioner will be held accountable for malpractice not mal use of title.

We must have uniform language and standards with other States. This bill does not regulate insurance or mandate payment but it does bring Wisconsin law in alignment with laws in other States. More and more of our families are covered by health insurance administered by companies all over the United States. Most companies expect State licensure as a minimum requirement for third party payment. The insurance companies rely on the State laws to regulate the practice and will deny payment, outright, to providers who do not hold licensure within their State of practice. This seriously limited access to the majority of mental health providers in our State.

We must not compromise the client's right to confidentiality. Federal courts have ruled that confidentiality is protected only if the psychotherapist is licensed. Certification risks the very foundation of the therapeutic relationship—the right to confidentiality of medical records.



WISCONSIN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

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5 September 2001

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TO: The Wisconsin Legislative Senate on Human Services and Aging, Chairwoman Judy Robson, Senators Gwen Moore, Robert Wirch, Dave Hansen, Peggy Rosenzweig, Carol Roessler and Robert Welch

FROM: Fred Devett, CMFT, CICSW, Executive Director, Wisconsin Association for Marriage and Family Therapy

The Wisconsin Association for Marriage and Family Therapy supports Senate Bill 96, licensing marriage and family therapists, professional counselors, and clinical social workers to practice within a specified scope of competence. We strongly encourage you to consider the importance of this legislation in protecting Wisconsin consumers from the unregulated practice of psychotherapy in Wisconsin.

Under our current structure, certification to title, Wisconsin residents remain completely unprotected. Should a citizen have a complaint against a Master's level mental health clinician, there is no Wisconsin regulatory body to hear that complaint. If the clinician is certified, a complaint may be investigated. If the complaint *is* substantiated, the clinician's certified title is withdrawn, but remains completely free to practice in the marketplace without interruption, even so far as to continue practice in a state certified mental health facility. There is absolutely nothing that can be done to prevent that individual from doing further harm.

And, even *within* the competent, ethical practice of the Master's level clinician, there is still a substantial problem: In *Jaffe vs. Redmond*, the U.S. Supreme Court has ruled that confidentiality is only protected if the therapist is licensed. Furthermore, a recent Federal court in Florida (*Abramson v. Gonzalez*, 949 F.2d 1567, 11th Cir. 1992) has ruled that the regulation of title was unconstitutional based on "commercial free speech."

We have come before you on previous occasions, asking you to weigh the importance of this legislation. We have listened to your concerns and have gone back to the drawing board. The Task Force called together by former Secretary Marlene Cummings has worked hard to forge the current bill. Since being introduced in the Assembly, several concerns have been raised, all of which have been satisfied by Amendments.

Please recognize the importance of this legislation and vote in its favor. Thank you.

Vote Record

Senate - Committee on Human Services and Aging

Date: 9/12/01
 Moved by: Robson Seconded by: Hansen
 AB: _____ SB: 96 Clearinghouse Rule: _____
 AJR: _____ SJR: _____ Appointment: _____
 AR: _____ SR: _____ Other: _____

A/S Amdt: _____
 A/S Amdt: _____ to A/S Amdt: _____
 A/S Sub Amdt: _____
 A/S Amdt: _____ to A/S Sub Amdt: _____
 A/S Amdt: _____ to A/S Amdt: _____ to A/S Sub Amdt: _____

Be recommended for:

- Passage *as amended*
- Introduction
- Adoption
- Rejection

- Indefinite Postponement
- Tabling
- Concurrence
- Nonconcurrence
- Confirmation

Committee Member

Sen. Judith Robson, Chair
 Sen. Gwendolynne Moore
 Sen. Robert Wirch
 Sen. David Hansen
 Sen. Carol Roessler
 Sen. Robert Welch
 Sen. Ted Kanavas

	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Sen. Judith Robson, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gwendolynne Moore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Robert Wirch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. David Hansen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Carol Roessler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Robert Welch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Ted Kanavas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: 5 1 1 _____

Motion Carried

Motion Failed

Vote Record

Senate - Committee on Human Services and Aging

Date: 9/12/01
 Moved by: Robson Seconded by: Hansen
 AB: _____ SB: _____ Clearinghouse Rule: _____
 AJR: _____ SJR: _____ Appointment: _____
 AR: _____ SR: _____ Other: _____

A/S Amdt: _____
 A/S Amdt: _____ to A/S Amdt: _____
 A/S Sub Amdt: SSA 1
 A/S Amdt: _____ to A/S Sub Amdt: _____
 A/S Amdt: _____ to A/S Amdt: _____ to A/S Sub Amdt: _____

Be recommended for:

- | | |
|--|--|
| <input type="checkbox"/> Passage | <input type="checkbox"/> Indefinite Postponement |
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Tabling |
| <input checked="" type="checkbox"/> Adoption | <input type="checkbox"/> Concurrence |
| <input type="checkbox"/> Rejection | <input type="checkbox"/> Nonconcurrence |
| | <input type="checkbox"/> Confirmation |

Committee Member

	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Sen. Judith Robson, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Gwendolynne Moore	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Robert Wirch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. David Hansen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Carol Roessler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Robert Welch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sen. Ted Kanavas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: 5 1 1 _____

Motion Carried

Motion Failed

Austin, David

From: Shelton, Myra
Sent: Wednesday, October 10, 2001 8:29 PM
To: Austin, David
Cc: Herrera, Oscar-DRL; Nania, Kimberly; Schweitzer, John; 'mjharper@powerweb.net'
Subject: SB 96 Testimony-Muriel Harper

Hi David,

Hope all is going good with you and your family. One of our board members on the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors, was not able to attend the hearing held on Senate Bill 96, September 5, 2001. She asked that I send you her written testimony attached. Ms. Harper is aware that the bill has been amended and exec'd on but still wanted the committee to know her position on the bill. Thanks so very much, David, for handling this for me. Enjoy your upcoming weekend. Myra



Testimony on SB
96-Muriel H..d...

WISCONSIN DEPARTMENT OF
REGULATION & LICENSING

Scott McCallum
Governor
Oscar Herrera
Secretary



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**Testimony on Senate Bill 96
Before The
Senate Committee on Human Services and Aging
Wednesday, September 5, 2001, 10:00 A.M.
201 Southeast, State Capitol**

Good morning, Chairperson Robson and committee members. Thank you for the opportunity to offer testimony on Senate Bill 96. I am Muriel Harper, a certified independent social worker and a nine year member of the Social Worker Section of the Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors. I retired last year after 26 years of social work at various levels, working in institutions and in a management position in the central office of the state Department of Health and Family Services. **I am in opposition of Senate Bill 96 in its present form.** I feel I would be remiss in my obligation to protect the public interest as a member of the board if I did not speak out against what I firmly believe are the flaws and inadequacies or perhaps oversights that could be corrected before this bill goes to the legislature.

Various paid lobbying groups and a special committee appointed by former Secretary Marlene Cummings refer to this bill as "the psychotherapy bill". This designation seems to me to be a misnomer. This bill actually makes other changes to the regulation of social workers, marriage and family therapists and professional counselors. Most importantly for those providers who will become licensed, rather than having the current certification (title protection) "requires insurers...to cover services provided by clinical social workers, marriage and family therapists and professional counselors". * Therefore, I regret to say that if this bill becomes law, protection of the consumer is secondary to protecting the incomes of some of my associates.

Under the present law as well as in this bill, Advanced Practice Social Workers, Independent Social Workers and Independent Clinical Social Workers may all practice psychotherapy, the difference being that only Independent Clinical Social Workers may practice psychotherapy without supervision. The proposed law would not change that provision but would grant licensure only to those currently titled Independent Clinical. With only title protection those Advanced Practice and Independent Social Workers whose certificates were suspended or revoked could continue to practice social work no matter how unethical their practice may have been if they used titles such as "Social Service Specialist, Social Service Coordinator or even Social Service Supervisor." With revocation of a license, however, the consumers would be protected from unethical practice by these practitioners until such time as the board may see fit to reinstate their licenses. With apologies to Shakespeare "what's in a name?" social work by any other name would still be social work. Wisconsin citizens need social workers whose practice is regulated, not merely their titles.

While I support the licensure of one category of social workers and also the insurance provisions of this proposed bill I urge the members of this committee to vote against any bill, which does not license Advanced Practice and Independent Social Workers as well as Independent Clinical Social Workers, Marriage and Family Therapists and Professional Counselors.

*Analysis by the Legislative Reference Bureau

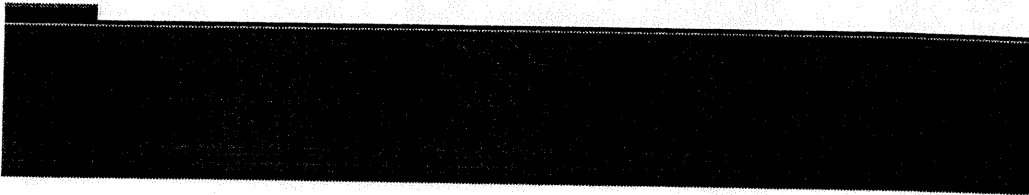
Submitted by: Muriel Harper, CISW, Board Member, Social Worker Section, Examining Board of Social Workers, Marriage and Family Therapists and Professional Counselors.

I:\Testimony on SB 96-Muriel H..doc/mls

Submitted 10/11/01
David Austin, clerk
committee

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Gun suicides high in north

Study finds murder rate highest in Milwaukee area

By JESSICA McBRIDE and JAMES H. BURNETT III of the Journal Sentinel staff

Last Updated: March 1, 2001

The North Woods might mean peace and quiet for many, but it has a higher rate of firearm suicide than anywhere else in the state, with young men pulling the trigger most often, according to a first-ever statewide study of gun injuries and deaths.

The authors of the report - which the Firearm Injury Center at the Medical College of Wisconsin released Thursday - said they hope it spurs better prevention strategies involving collaboration among law enforcement officials and community and medical groups.

More than 4,400 Wisconsin residents lost their lives as a result of firearm injuries from 1990 to 1998, the report found - as many people as live in Columbus, Dodgeville or Medford.

Suicides by firearm outnumbered homicides 2 to 1 statewide, a greater ratio than other states, the report found. Overall, 418 people died by firearm in Wisconsin in 1999: 270 suicides, 136 homicides and 12 accidents.

Northern Wisconsin had a firearm suicide rate of 6.9 per 100,000 people, compared with 4.6 in southeastern Wisconsin. Although Milwaukee County recorded 83% of all firearm homicides in the state in 1999, it accounted for just

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31% of firearm suicides, the report found.

One of the most remarkable findings in the report is that there are high concentrations of firearm homicide and firearm suicide among men ages 20 to 24, said Stephen W. Hargarten, center director and chairman of emergency medicine at Froedtert Lutheran Memorial Hospital in Wauwatosa.

Among the 270 firearm suicide victims in Wisconsin in 1999 were 228 white men, seven black men and 21 women. By contrast, among the 136 firearm homicide victims were 72 black men, 37 white men and 23 women.

The report showed that the number of firearm suicide victims among men peaks at 27 among 20- to 24-year-olds, then drops off and peaks at 29 in the 45- to 49-year-old group. With firearm homicides, males ages 15 to 19 account for almost as many victims as the 20-to-24 group, but there is a steep drop-off after that.

Interestingly, men over 85 have by far the highest suicide rate per 100,000 population.

Law enforcement and health care professionals attributed the "up north" phenomenon of suicide by firearm to a hunting culture that puts a "gun in every house" - along with consumption of alcohol, isolation and lack of treatment.

The desolate winter months are not a factor, however, as most firearm suicides occur in the spring, according to the report.

in southeastern Wisconsin, men in the 20-to-24 category are still at the most risk of firearm deaths, but they are more likely to be black and murdered by firearms, the report said.

Although white men make up most firearm victims in Wisconsin overall - because they have a greater suicide propensity than those in other states - black men have the highest firearm death rate.

Deaths down overall

Firearm deaths are in decline in Wisconsin overall, and the state ranks just 38th in the nation in its firearm mortality rate, according to the center. Still, in 1999 an average of eight Wisconsin residents died each week because of firearm-related injuries, according to the study, and firearm-related injuries cost more than \$10 million from hospitalizations.

Lincoln County Sheriff Tom Koth, whose county had one of the highest firearm suicide rates in 1999, attributed the northern Wisconsin problem to "the accessibility of firearms" and said that earlier intervention is needed.

"I really can't think of anyone who doesn't have a rifle or something," Koth said. "I know a 92-year-old lady who shoots red squirrels off her bird feeder with a .22."

Jim Fendry, spokesman for the Wisconsin Pro-Gun Movement, said the statistics did not surprise him. If guns weren't around, people would have simply found other means to kill others or themselves, he said, adding, "It's not a gun issue, it's a social issue."

Putting the numbers into perspective, Mike Caylor, a communications officer with Lincoln County, said the Sheriff's Department handled just 38 "shots fired" complaints in 2000. That same year, the department handled 792 complaints that cars had hit deer.

Margaret Parsons, branch office director for the Lincoln County Health Care Center, said she believes more needs to be done to reach northern Wisconsin men in the risk categories.

But she pointed out that "even if there is a risk for suicide, there is resistance to taking guns out of the household."

Parsons added that suicide victims her center sees are "generally young males between ages 18 and 30, generally by firearms, generally with substance abuse problems, generally who have not been in treatment or who come in through OWI, generally in trouble with the law, generally with problems with relationships."

A suicide victim

Her observations are borne out in the report.

She might have been describing Nathan Clarkson, 23, although she didn't know him.

His death followed the most common patterns the center found in firearm suicides: He was a white man in his 20s who lived in northern Wisconsin; he killed himself in the spring between noon and 6 p.m.; he had attempted suicide in the past; and he struggled with alcoholism, depression, relationship problems and minor run-ins with police.

Clarkson had an affinity for guns, even posing with a rifle for his high school graduation picture, and was proudly immersed in the northern Wisconsin hunting culture. So a gun was in easy reach when he reached a crisis point in March 1998.

Taylor County sheriff's deputies arrived at Clarkson's mobile home in rural Medford with a warrant in a traffic case. He had had a string of troubles, including a drunken-driving arrest, a failed relationship and alcoholism, said his mother, Wilma Clarkson. His dream of becoming a truck driver disappeared with his license, and he pretty much spent his time watching television, she said.

"I just can't seem to get a grip on life," Nathan Clarkson wrote to his ex-girlfriend in a note that his mother found in his wallet after his suicide. "When we split up, I threw it all away. I just can't go on knowing we'll never make it together. I'll love

you forever - with that I'm leaving."

When deputies arrived, Clarkson ran into a nearby cornfield. "I'm sorry you have to see this," he said before pulling the trigger.

His mother said she believes more treatment opportunities are needed in northern Wisconsin, and she pointed out that the isolated area where her son lived made it difficult for him to get help. "We live out in the country," Wilma Clarkson said.

A homicide victim

It came as no shock to Angela Ward that her son, Jimmy L. Bell, also fit several descriptive categories in the report - this one of firearm homicide victims.

Bell was a day away from turning 21 when he was shot to death on March 7, after defending his sister against an unwanted male suitor and alleged gang member.

Bell was shot on the street near N. 8th St. and W. North Ave. on the near north side, an area of Milwaukee that accounted for nearly 60% of Milwaukee County firearm homicides during the study period.

The murder took place about 1 a.m.; midnight to 6 a.m. is the second-most common time frame for homicides in Wisconsin. And a fight apparently precipitated Bell's murder: He had beaten up the alleged gang member for accosting his sister.

"It's kind of scary," Ward said, "because this means that Jimmy's situation is not all that uncommon, and too many young men are dying this way."

That is one of the truths that prompted the center to compile its report.

Hargarten and Robert Delfay, president and chief executive officer of the National Shooting Sports Foundation, agreed that while guns exist and are available to the public, better gun safety education is a must.

The foundation co-sponsors Project Home Safe with local law enforcement agencies nationwide, said Delfay, who was the keynote speaker at the formal release of the report Thursday night at the Milwaukee Public Museum.

Delfay cautioned against demonizing the simple possession of firearms.

The bottom line, he and Hargarten agreed, is that at-risk individuals must be taught safer behavior before the problem of firearm injuries will come close to being eliminated.

Appeared in the Milwaukee Journal Sentinel on March 2, 2001.

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