

BEFORE THE IOWA BOARD OF SOCIAL WORK

IN THE MATTER OF:) DIA NO. 08DPHSW018
)
)
) FINDINGS OF FACT,
JENNIFER M. OWENS) CONCLUSIONS OF LAW,
) DECISION AND ORDER

On August 21, 2008, the Iowa Board of Social Work (Board) sent Jennifer M. Owens (Applicant) a preliminary notice of intent to deny her application for a license to practice social work at the independent level. The Applicant appealed and an evidentiary hearing was held on February 9, 2009 at 1:00 p.m. in the fifth floor conference room, Lucas State Office Building, Des Moines, Iowa. The following members of the Board presided at the hearing: David Stout, LMSW, Chairperson; Katinka Keith, LISW; Joyce Westphal, LISW; Beth Harms, LISW; LaMark Combs and Mary Tasler, public members. Administrative Law Judge Margaret LaMarche assisted the Board in conducting the hearing. The Applicant appeared by telephone and was self-represented. Assistant Attorney General Julie Bussanmas represented the state. A certified court reporter recorded the hearing. The hearing was open to the public, pursuant to Iowa Code section 272C.6(1)(2007). Following the hearing, the Board convened in closed executive session to deliberate their decision, pursuant to Iowa Code section 21.5(1)(f)(2007). The administrative law judge was instructed to prepare Findings of Fact, Conclusions of Law, Decision and Order, in accordance with the Board's deliberations.

THE RECORD

The record includes the Applicant's testimony and the following exhibits:

- State Exhibit 1: Iowa Code sections 154C.1, 154C.3
- State Exhibit 2: 645 IAC chapter 280.6, 282.1;
Frequently Asked Questions
- State Exhibit 3: Application and Accompanying Materials
- State Exhibit 4: Emails, Sparks and Westphal
- State Exhibit 5: Preliminary Notice of Intent To Deny
Licensure, 8/21/08
- State Exhibit 6: Appeal Letter, 9/16/08
- State Exhibit 7: Notice of Hearing

Applicant Exhibit A: Long Term Care Coordinating Unit-
Client Care Plan
Applicant Exhibit B: ASI Capacity Screen
Applicant Exhibit C: Tool Administration Instructions
Applicant Exhibit D: Learning Contract
Applicant Exhibit E: Intake/Assessment/Intervention
Plan

ISSUE

Whether the Board correctly denied the application for social work licensure at the independent level because the Applicant had not established that she was practicing at the master's level providing diagnosis and treatment of mental and emotional disorders or conditions, during her supervised practice?

FINDINGS OF FACT

1. The Applicant earned a Master of Social Work degree from the University of Iowa on May 15, 1998. The Applicant is currently licensed as a master social worker (LMSW) in the state of Iowa. (Testimony of Applicant; State Exhibit 3)

2. From April 2005 to the present, the Applicant has been employed full-time as a social worker by Aging Services in Cedar Rapids. On March 5, 2008, the Applicant filed an application with the Board for licensure at the independent level. The application described the Applicant's supervised social work practice as "assess at-risk seniors, provide information and referral of community support services, and coordinates services w/interdisciplinary team."

The application included a Supervision Report signed by the Applicant's supervisor, Renee Grummer-Miller, LISW, on February 22, 2008. Ms. Grummer-Miller is also the Assistant Executive Director at Aging Resources. Ms. Grummer-Miller documented that she provided 110 hours of direct supervision for the Applicant from May 19, 2005 through February 8, 2008. Question 7 on the Supervision Report form asked "[w]as the supervisee in a position performing psychosocial assessment, diagnosis, and treatment?" Ms. Grummer-Miller crossed out the word "diagnosis" and also handwrote "interventions" beneath the word "treatment," before and checked the "yes" box. Ms. Grummer-Miller

recommended that the Board allow the Applicant to sit for the ASWB clinical level examination. (Testimony of Applicant; State Exhibit 3)

3. On August 21, 2008, the Board issued its Preliminary Notice of Intent To Deny Licensure to the Applicant. The reason given by the Board was that the Applicant was not practicing at the masters' level providing diagnosis and treatment of mental and emotional disorders or conditions as required, under supervision. (State Exhibit 4)

4. The Applicant filed a Notice of Appeal on September 16, 2008, in which she wrote that she does participate in the diagnosis and treatment of clients with mental and emotional disorders at the request of physicians, other professionals, family members, and other referral sources. She further described her practice as a social worker with the Elder Abuse Initiative at Aging Services as including: assessing potential abuse situations, intervening when necessary with voluntary services, abuse reports to the Department of Human Services, and committal proceedings. Appellant reported that she follows individuals over a period of time to monitor their home environment and treatment regimen and creates care plans to address setting goals and monitoring client progress. (Testimony of Applicant; State Exhibit 5)

5. The Applicant's supervisor, Renee Grummer-Miller, also submitted a letter in support of the appeal. In her letter, Ms. Grummer-Miller states that the Applicant participated in the diagnosis of clients, particularly when there was a need for a differential diagnosis or a concern about co-morbidity. The Applicant was also assisted with defining the severity and stage of disease and with determining whether clients were incapacitated to the extent that they were not able to continue living independently.

Ms. Grummer-Miller also wrote that many of the clients assessed by the Applicant had already been diagnosed by a physician, often with a diagnosis of dementia. However, there were occasions when the Applicant was asked to evaluate a client in order to determine whether further testing and evaluation by a physician was warranted, to provide assessment information to assist with diagnosis, and to discuss potential delirium or co-existing conditions affecting the client's primary diagnosis.

According to Ms. Grummer-Miller, the Applicant consults her client's physicians over time regarding the client's medical treatment and service based interventions. The Applicant evaluated client situations and at times determined that the client had become a danger to themselves or others. This would result in commitment of the client for immediate treatment, after consultation with the client's physician. (State Exhibit 5)

6. At hearing, the Applicant supplemented her written submissions with her own testimony and with copies of some of the care plans and assessment screening tools that she uses in her work at Aging Services. The Applicant had personally developed one of these tools, the ASI Capacity Screen, during her supervised practice with Ms. Grummer-Miller. The tool evaluates cognitive skills and assists professionals to determine whether individuals with dementia, mental illness, or delirium require further intervention. The Applicant presented a program introducing this screening tool in August 2008 at the National Adult Protective Services Association Conference in Chicago. (Testimony of Applicant; Applicant Exhibits A-E)

7. The Applicant also submitted a copy of the Learning Contract governing her supervised practice. The Learning Contract specified that the Applicant and Ms. Grummer-Miller would meet weekly for one hour from May 19, 2005 through May 2007. The goals set by the Learning Contract were that the Applicant would develop broader practice skills by:

- Consulting with her supervisor on complicated and challenging client issues;
- Strengthening her knowledge of available community support services, systematic issues that complicate service provision, and co-morbidities that often accompany or complicate the aging process.

The Learning Contract's Practice Skills Objective was for the Appellant to research issues that create challenges when providing service to at risk client population and collaborate with other professionals to meet these challenges. (Testimony of Applicant; Applicant Exhibit D)

8. The Applicant admits that she was not providing diagnoses or psychosocial therapy to clients, during her supervised

professional practice in her social work position with Aging Services or through her Learning Contract. Rather, she was performing assessments and interventions, assisting clients in obtaining necessary services and setting goals, and collaborating with physicians. (Testimony of Applicant)

CONCLUSIONS OF LAW

The Iowa legislature mandates licensure for social workers in Iowa and has specified requirements for three levels of permanent licensure: bachelor social worker, master social worker, and independent social worker.¹

Iowa Code section 154C.1(3) provides, in relevant part:

3. ...The practice of social work for each of the categories of social work licensure includes the following:

a. Bachelor social workers provide psychosocial assessment and intervention through direct contact with clients or referral of clients to other qualified resources for assistance, including but not limited to performance of social histories, problem identification, establishment of goals and monitoring of progress, interviewing techniques, counseling, social work administration, supervision, evaluation, interdisciplinary consultation and collaboration,...

b. Master social workers are qualified to perform the practice of bachelor social workers **and provide psychosocial assessment, diagnosis, and treatment**, including but not limited to performance of psychosocial histories, problem identification and evaluation of symptoms and behavior, assessment of psychosocial and behavioral strengths and weaknesses, effects of the environment on behavior, **psychosocial therapy with individuals, couples, families, and groups**, establishment of treatment goals and monitoring progress, differential treatment planning, and interdisciplinary consultation and collaboration.

¹ Iowa Code sections 154C.2; 154C.3.

c. Independent social workers are qualified to perform the practice of master social workers as a **private practice**.

(emphasis supplied) Pursuant to the authority delegated by Iowa Code section 154C.4, the Board has promulgated rules governing the licensure and practice of social workers at 645 IAC chapters 280 and 282. The Board's rules provide the following relevant definitions:

"*Private practice*" means social work practice conducted only by an LISW who is either self-employed or a member of a partnership or of a group practice providing diagnosis and treatment of mental and emotional disorders or conditions...²

"*Clinical services*" means services provided by an LMSW or LISW which involve the professional application of social work theory and methods in diagnosing, assessing, treating, and preventing psychosocial disabilities or impairments, including emotional and mental disorders.³

"*Psychosocial therapy*" means a specialized, formal interaction between an LMSW or LISW and a client in which a therapeutic relationship is established and maintained to assist the client in overcoming or abating specific emotional, mental, or social problems and achieving specified goals for well-being. Psychosocial therapy is a form of psychotherapy which emphasizes the interface between the client and the client's environment. Therapy is a planned, structured program based on a diagnosis and is directed to accomplish measurable goals and objectives specified in the client's individual treatment plan.⁴

Requirements for licensure at the independent level include, in part, possession of a master's or doctoral degree in social work, passing an examination, and having engaged in the practice of social work under supervision for at least two years as a

² Iowa Code section 154C.1(4); 645 IAC 280.1.

³ 645 IAC 282.1.

⁴ Id.

full-time employee or four thousand hours prior to taking the examination given by the board.⁵

Supervision shall be provided by a social worker licensed at least at the level of the social worker being supervised and qualified to practice without supervision, unless the board determines that such supervision is unobtainable or that supervision by another qualified professional is appropriate. The legislature has specifically authorized the board to determine "additional standards for supervision."⁶

The Board has promulgated rules governing the standards for supervised professional practice for the LISW at 645 IAC 280.6. 645 IAC 280.6(1) provides, in relevant part:

645-280.6(154C) Supervised professional practice for the LISW.

280.6(1) The supervised practice shall:

a. Be the equivalent of two years of full-time post-master's social work degree practice at the master's level performing **psychosocial assessment, diagnosis and treatment**; ...

...

c. Have at least 110 hours of supervision which shall be equitably distributed throughout a minimum of a two year period;...

...

(emphasis supplied).

The Board has consistently applied and interpreted the statutes and rules governing licensure at the independent level to require applicants to establish that they performed psychosocial assessment, diagnosis, and treatment throughout their two years of supervised practice. The Board has consistently required applicants to establish that they have personally utilized the DSM-IV or its equivalent to provide diagnoses and to further establish that they have provided psychosocial therapy based on a diagnosis.

Both master level social workers and independent level social workers are authorized to provide diagnosis and psychosocial

⁵ Iowa Code section 154C.3(1)(c)(1)-(4) (2007).

⁶ Iowa Code section 154C.3(5) (2007).

therapy.⁷ The critical difference between the two levels of licensure is that licensure at the independent level, unlike licensure at the master's level, authorizes the social worker to provide diagnosis and psychosocial therapy as part of a *private practice*. While an LISW may choose to work in a group private practice, the LISW is also authorized to be self-employed in a solo practice.⁸ It is therefore essential for the Board to ensure that social workers granted licensure at the independent level have the necessary knowledge, skill, and experience to perform diagnosis and psychosocial therapy in a competent and ethical manner.

Obtaining licensure at the independent level should not be perceived as a progression or reward that is earned by years of successful experience at the master level. Qualification for the independent level of licensure depends on the specific nature of the applicant's master level practice, i.e. the performance of diagnosis and treatment of mental and emotional disorders or conditions, under supervision, for the minimum two-year period.

There is no doubt that the Applicant is a very experienced and effective social worker who performs essential work for the elderly clients that she serves. The Applicant's work is multi-faceted and includes detailed assessments, counseling, interventions, and referrals of clients for further services. However, although the Applicant may at times assist a physician or other professional in arriving at a diagnosis by sharing her assessment and her important observations of the client in the home setting, she does not diagnose mental or emotional disorders and has not done so under supervision. In addition, while the Applicant has provided counseling and interventions for clients, the record failed to establish that she provides psychosocial therapy to clients or that she did so under supervision.

DECISION AND ORDER

IT IS THEREFORE ORDERED that the Preliminary Notice of Intent to Deny Applicant Jennifer M. Owens licensure to practice social work at the independent level is hereby AFFIRMED.

⁷ Iowa Code section 154C.1(3)(b) and (c) (2007).

⁸ Iowa Code section 154C.1(4) (2007); 645 IAC 280.1.

This findings of fact, conclusions of law, decision and order is approved by the board on April 20, 2009.

Any appeal to the district court from a decision in a contested case shall be taken within 30 days from the date of issuance of the decision.