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Start Where the Social Worker Is: Social Workers' Perceptions of Clinical Licensure in Nebraska

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Abstract

Purpose: This study aims to evaluate the perceptions of clinical social workers compared to other mental health professionals (OMHPs). Methods: This exploratory survey research evaluates the perceptions of clinical licensure from social workers (*N* = 519) and OMHPs (*N* = 624) in a midwestern state. Results: The results indicate that most respondents believe that universities should be evaluated based on whether students pass licensing exams, and that faculty should be licensed. Many social workers feel ill-prepared to take a licensing exam. There are significant differences between social workers and OMHP in several areas. Additionally, differences are distinct between social workers who are people of color and White in their perception of universities' ability to prepare them for licensing exams. Conclusions: This research serves as a prototype for a more extensive study exploring social workers' perceptions of licensure's three main components: examination, supervision, and education.

Keywords

licensure, social work, examination, supervision, perceptions

This study seeks to contribute to the limited research on social workers' perceptions of clinical licensure. Within the context of licensure, it seems appropriate to start "where the social worker is" by understanding social workers' perception of licensure and the factors associated with licensure. Additionally, understanding the difference between how social workers perceive licensure versus other mental health practice professions such as psychology and counseling provides a unique perspective that may provide insight into how we can move forward with an informed understanding of licensure as an essential component of practice.

Clinical licensure is required to provide treatment to clients with mental health conditions in all 50 states (ASWB, 2021b). Third-party payers such as insurance companies, Medicaid, and Medicare require social workers to have clinical licenses before services are provided to the client system and before services are reimbursed (CMS, 2020). This critical connection between paying for services and clinical licenses makes licensure an essential component of clinical social work practice (Boutté-Queen, 2003).

The extant literature on perceptions of clinical licensure primarily stems from macro licensure for social workers practicing in non-clinical settings (Donaldson et al., 2014, 2016; Pine & Healy, 1994) and students or faculty (Cherry et al., 1989; Miller et al., 2015a, 2015b, 2017, 2021). Other relevant research regarding perceptions of licensure includes Boutté-Queen's (2003) study of the perceived barriers to licensure, which found no significant relationship between licensing costs and perceived barriers to licensing.

More research is needed about social workers' perceptions of clinical licensure and the components required to become licensed, such as examination, education, and clinically super- vised practice. Asking social workers what they think about licensing when they are so significantly impacted financially and professionally by licensing aligns with the core social work ethical principle of respecting the dignity and worth of the person (National Association of Social Workers, 2021).

Literature Review

Historical Context of Licensing

Medicine, dentistry, law, and academia were the first professions to be regulated by states in the 1900s. Puerto Rico was the first jurisdiction in the United States to regulate social work practice in 1934. Nearly a decade later, in 1947, the American Association of Social Workers made a statement to affirm social work professional licensing. As the demand for resources and social services evolved, the social work profession continued to grow, and its regulation followed suit. By 1970, the National Association of Social Workers (NASW) confirmed the importance of social work licensing, which, in turn, led to states mandating licensure for social work practitioners, with California becoming the first state with clinical social work licensure in 1945 (National Association of Social Workers, 2005). Eventually, all 50 states required clinical social work licensure (Burdick, 2020).

Clinical licensure is complex. Similar to other mental health professionals (OMHPs) who license individuals at the clinical level, the social work minimum practice standard varies by state, as does the type of licenses available and the process to become licensed (American Counseling Association, 2022; ASWB, 2021b). While there are differences between states, there are similarities too. Generally, all states have the same three-prong approach to determining the minimum practice standard before entry into clinical practice (ASWB, 2021a) which includes thresholds to competencies in the three areas of education, knowledge, and experience. These essential practice components are a routine part of a social worker's clinical practice and employment.

Currently, clinical licensure is a means of protecting the public by providing a minimum practice standard in the areas of knowledge as demonstrated by passing the Association of Social Work Boards (ASWB) clinical exam, education, as demonstrated by graduating from a Council on Social Work Education (CSWE), accredited Master of Social Work (MSW) program, and supervised clinical experience (ASWB, 2013; Bibus & Boutté-Queen, 2011; Nienow et al., 2021; Randall & DeAngelis, 2013). Yet, there is limited research indicating that these areas are linked to sound clinical practice, and in fact, some believe that licensing contributes to classism due to it serving as a gatekeeper to clinical practice (Albright & Thyer, 2010; Mathis, 1992).

ASWB Clinical Examination

Developed and managed by the ASWB, the social work examination consists of 170 multiple-choice questions, and the cost in 2022 is $260. This high-stakes exam is intended to measure a “minimum competency acceptable to practice social work within a given scope of practice at entry-to-practice” (ASWB, 2021c, p. 3). From test question construction, development of the content outline, and deter- mining the difficulty level of the body of exam questions, the process of developing the exam is intended to reflect the competencies necessary for social workers to work the first day on the job. Designed to align contemporary social work practice with exam content, ASWB asserts that the exam development process reflects the expertise of diverse stake- holders and that “the exam process embraces diversity, equity, and inclusion at every stage” (ASWB, 2017, p. 1; 2021a).

Social Work Education

The CSWE’s Educational Policy and Accreditation Standards (EPAS) require schools of social work to measure a student’s competency based on practice behavior. Alternately, the ASWB exam measures the individual’s knowledge and cognition. The difference in competency measures between the EPAS and ASWB exams provides an interesting dichotomy for the social work profession. Without licensure preparation as a component of the current EPAS and its exclusion from the working draft of the 2022 EPAS, there are no requirements for schools of social work to include competencies related to licensing in their curriculum (CSWE, 2021).

Some academic programs integrate licensing information into courses even though it is not a required CSWE competency. Studies such as Miller et al.’s (2015b) provide innovative ways of preparing students for licensing through a Licensing Preparation Initiative that includes modules and seminars to prepare students for the licensure process that they will encounter after graduation. Programs such as these have successfully supported students with the licensing process. Additional resources to assist universities in preparing students for licensure include ASWB’s path to licensure, group practice exam, and curricular guide (ASWB, 2021c). These resources are intended to serve as a bridge between the ASWB exam, licensure, and academic programs.

Another critical component of social work education and licensure is the controversial topic of whether social work faculty should be licensed when teaching clinical courses (Glenmaye and Bolin, 2015; Miller et al., 2017; Seidl, 2000; Thyer 2010, 2011). Faculty have generally believed that licensure is important, but also that the responsibility for licensure and examination rests with the student after graduation (Glenmaye and Bolin, 2015; Seidl, 2000). Most field placement supervisors believe that faculty should be licensed (Miller et al., 2017), yet, only about half (54%) of faculty are licensed (CSWE; 2016). Some scholars are in favor of faculty licensing for those teaching clinical courses, seeing it as a form of social work practice (Johnson & Munch, 2010). The lack of consensus regarding clinical faculty licensure presents challenges in the social work scholarly community.

Post-Graduation Supervised Clinical Experience

The third component of clinical licensure is post-MSW super- vised clinical practice, which is a requirement for clinical licensure in all 50 states (ASWB, 2021c). Each state has different rules about supervised clinical experiences, with some states requiring supervisors to be trained and/or submit super- vision plans, but a common theme between all states is that generally 2–3 years of full-time or equivalent supervised experience is required to practice independently as a licensed clinical social worker (ASWB, 2022). In 2013, ASWB and NASW collaborated on Best Practice Standards in Social Work Supervision (NASW, 2013). The standards call for supervision to be highly focused on the context of the supervisee's experience, conduct, legal and ethical issues, and technology components of clinical practice. The Standards highlight the need for ongoing evaluation of the supervisory process. The Best Practice Standards view the supervisor as "the last gate to competent, independent clinical practice and one of the best resources regarding a supervisee's fitness to practice social work" (NASW, 2013, p. 26). However, it is unclear if the Standards have been tested to affirm their validity in increasing social workers' competencies.

There is extensive research on best practices in supervision (Beddoe, 2012; Edwards et al., 2004; O'Donoghue, 2014; O'Donoghue & Tsui, 2012, 2018, O'Donoghue, & Engelbrecht, 2021). Interestingly, there appears to be limited research

on best practices in supervision, specifically for clinical social work licensure. Gray (1990) studied the interaction between licensure and supervision, finding that the context of the supervisee's employment and the supervision methods to be critical elements in social work licensure supervision. Barretta-Herman's (1994) editorial on social work supervision and licensure call for a licensure supervision model which includes group supervision and highlights the importance of viewing the supervisory experience as an interactive process that does not place the supervisor in the dominant position.

Clearly, there are gaps in the available research about supervision and licensure. Scant published research is avail- able identifying if social workers feel that clinical licensure supervision is vital to their practice and career preparation. The lack of information concerning the influence of licensing supervision on client outcomes is paramount. Additionally, there is limited research currently available indicating whether supervision impacts the supervisee's ability to pass the ASWB licensing exam, even though postgraduate super- vision is promoted as a critical component of preparation for independent clinically licensed social work practice (NASW, 2013).

Licensure in Nebraska

The current study examines licensure perception in the state of Nebraska. While only licensing at the independent, clinical level, Nebraska has a composite licensing structure. States with a composite licensing structure allow individuals of different disciplines to be eligible for the same license (Council on Social Work Education, 2015). Therefore, social workers, counselors, master's level psychologists, marriage and family therapists, and individuals with master's degrees in similar areas are eligible for the same license.

In Nebraska, the composite license is called the License of Mental Health Practice (LMHP) or License of Independent Mental Health Practice (LIMHP). The difference between the two is the ability of the LIMHP to practice without over- sight from a psychologist or psychiatrist when diagnosing clients with major mental illnesses. The precursor license to the LMHP or the LIMHP is called a Provisional Mental Health Practice License (PLMHP). Individuals with the Provisional License are engaging in supervised clinical practice as they work toward the LMHP or LIMHP. Social workers

graduating from a CSWE accredited program are not eligible for the LMHP or LIMHP until they have completed 3,000 hr of social work supervised clinical practice as a PLMHP and have passed the ASWB clinical examination (172 N.A.C § 94, 2021).

In addition to the LMHP and LIMHP, social workers in Nebraska are eligible for a credential called Certified Master Social Worker (CMSW). The credential of CMSW affords social workers the ability to identify as social workers and thus receive title protection (Randall & DeAngelis, 2013). The CMSW requires graduation from a CSWE accredited master's program, completing 3,000 super- vised hours, and passing the clinical or master's ASWB examination. Social workers with both the credentials of LMHP or LIMHP and the CMSW can use the title LCSW or LICSW.

This exploratory survey research conducted in Nebraska contributes to the limited research on the perceptions of licensing at the clinical or independent licensure level, among social workers. This study explored the licensing perceptions of social workers (*N* = 519) and OMHPs (*N* = 624) about clinical licensure in Nebraska. Specifically, this study ascertains social workers' perceptions of the factors associated with the three primary components necessary for clinical licensure, including education, examination, and postgraduate supervision. The study also explores perceptions of clinical independent licensure among OMHPs to identify similarities or differences associated with social workers' perceptions and OMHP. OMHP are individuals identifying as counselors, marriage and family therapists, and psychologists.

Methods

Procedures

The Nebraska regulations that govern social work and OMHP practice were updated in July 2021. As a result, the primary researcher of this study, who was a member of the state's Mental Health Practice board with 25 years of clinical experience, conducted live, free training webinars. The live, free webinars were conducted with support from the Grace Abbott School of Social Work (GASSW). The purpose of the webinar was to educate licensed individuals and community members about updates included in the newly ratified set of regulations. As part of the webinars, surveys were con- ducted to gather participants' learning needs, perceptions of licensure, and

satisfaction with the training. The information gathered from the surveys was used to inform future training. In addition, the data collected from the training surveys were used in this research to report on social workers' perceptions of different facets of licensure with IRB approval identifying it as exempt research (IRB #0787-21-EX).

The training webinars were advertised through social media and an email listserv with over 5,000 addresses that included social workers and all licensed mental health professions in the state. One training occurred in August 2021, and the other occurred in September 2021. Both training were scheduled for 2 hours but ended up longer because of the question-and-answer session. Participants received two free continuing education credit hours whether they completed the survey or not. Because the training topic was concerning changes to Nebraska's licensure regulations, the participants were primarily located in and/or licensed in Nebraska.

Participants

All participants who attended the free virtual training were asked to complete a post-training survey. Six hundred fifty-seven individuals attended the first training and completed the post-training survey, while 486 individuals participated in the second training totaling 1,143 participants. Demographic information was collected from the same online post-training survey. The average age of participants was 44 (*SD* = 11.646; range = 21–99) years old, and the majority of attendees were female (88%) and earned a master's degree (90%). Combining both training, 898 (79%) of the participants were White/Caucasian, 132 (11%) were people of color, and 113 (10%) did not share their race/ethnicity.

Although educational backgrounds varied among participants, 519 attended social work programs, whereas 624 attended other mental health programs such as counseling, marriage and family therapy, psychology, and human ser vices. Most of the participants held clinical licenses, including 96% of social workers and 97% of individuals with OMHP backgrounds. Tables 1 and 2 summarize the demographic data by educational background.

Table 1. Sociodemographic characteristics of participants.

Variable	Univariate Statistics		
	Social Work (*N* = 519)	OMHP (*N* = 624)	All (*N* = 1,143)
Age	*M* = 44 years	*M* = 45 years	*M* = 44 years
Sex			
Female	477 (92%)	524 (84%)	1001 (88%)
Male	30 (8%)	86 (14%)	125 (11%)
Non-binary/non-conforming	1 (<1%)	5 (1%)	6 (.5%)
Prefer not to share	1 (<1%)	8 (1%)	9 (.8%)
Transgender	0 (0%)	1 (<1%)	1 (<1%)
Two-spirit	1 (<1%)	0 (0%)	1 (<1%)
Race			
White/Caucasian	411 (79%)	487 (78%)	898 (79%)
Black/African American	18 (4%)	29 (5%)	47 (4%)
More than one race	18 (4%)	12 (2%)	30 (3%)
Hispanic/Latino/Latina	12 (2%)	16 (3%)	28 (2%)
Asian/Asian American	7 (1%)	10 (2%)	17 (2%)
Native American	4 (1%)	1 (<1%)	5 (<1%)
Non-Hispanic	1 (<1%)	1 (<1%)	2 (<1%)
Brazilian	0 (0%)	1 (<1%)	1 (<1%)
Greek	0 (0%)	1 (<1%)	1 (<1%)
Native Hawaiian/Pacific Islander	0 (0%)	1 (<1%)	1 (<1%)
Prefer not to share	48 (9%)	65 (10%)	113 (10%)

Note. OMHP = other mental health professionals who are not social workers.

Table 2. Participant education.

Variable	Univariate Statistics		
	Social Work (*N* = 519)	OMHP (*N* = 622)	All (*N* = 1,143)
Highest degree earned			
Doctorate	13 (3%)	30 (5%)	43 (4%)
Masters	455 (88%)	570 (91%)	1,025 (90%)
Bachelors	48 (9%)	20 (3%)	68 (6%)
High School/GED/Associates	3 (1%)	4 (1%)	7 (1%)

Note. OMHP = other mental health professionals who are not social workers.

Measures

The post-training survey was developed by the primary researcher. Tables 3 and 4 include the survey questions in their entirety. The survey contained demographic questions and 17 perceptually driven questions. Response options for the multiple-choice perceptual questions ranged from strongly agree, agree, disagree, and strongly disagree. Five questions yielded yes or no responses.

Table 3. Level of agreement in licensure perceptions between other mental health professionals.

Survey Item	Social Work		OMHP	
	Agree	Disagree	Agree	Disagree
11. I understand the purpose of mental health licensure.	519 (100%)	0 (0%)	621 (99%)	1 (>1%)
12. I believe that every mental health professional should have a license.	514 (99%)	5 (1%)	617 (99%)	6 (1%)
13. I believe that the process to obtain a mental health license is confusing.	313 (62%)	194 (38%)	283 (46%)	332 (54%)
14. Information about the purpose of licensure was provided to me during my college/university education.	391 (79%)	105 (21%)	466 (79%)	127 (21%)
15. Based on my experience, college/university professors value(d) licensing.	444 (96%)	17 (4%)	527 (96%)	24 (4%)
16. I believe that multiple-choice question exams adequately test mental health practice competencies.	336 (67%)	163 (33%)	527 (96%)	158 (27%)
17. I believe that colleges/universities adequately prepare students to take licensing board examinations.	311 (61%)	197 (39%)	418 (67%)	203 (33%)
18. I believe that college/university faculty should be required to have a professional mental health license or certificate	427 (85%)	74 (15%)	539 (90%)	58 (10%)
19. I believe that passing a mental health licensing exam accurately reflects the quality of education that the licensee received.	293 (59%)	201 (41%)	434 (71%)	174 (29%)
20. I believe that mental health higher education programs should be evaluated based on whether or not their graduates pass licensing exams.	332 (65%)	180 (35%)	421 (68%)	200 (32%)
21. I believe that passing a mental health licensing exam accurately reflects the quality of clinical work experience that the licensee received.	248 (48%)	264 (52%)	257 (42%)	362 (58%)
22. I believe that passing a mental health licensing exam accurately reflects the quality of supervision that the licensee received during their clinical work experience.	241 (47%)	270 (53%)	245 (40%)	376 (60%)

Note. OMHP = other mental health professionals who are not social workers.

Table 4. Additional survey questions.

Survey Item
What is your name as you wish it to appear on your CEU certificate?
What is your email address?
What is your age in years?
What is your gender?
What is your highest degree earned?
What is your race?
What is your ethnicity?
How many years have you had a license or certificate?
What is the zip code of the primary location where you work?
How many states or jurisdictions are you licensed in?
What best describes your educational background?
Please list all the licenses or certifications that you hold.
*I worry about being disciplined by a state licensing board.
*I believe that licensees who have been disciplined by a state licensing board are viewed negatively.
*Would you refer a friend or possible client to a mental health therapist who had received discipline from a state licensing board?
*I am aware that mental health licensees can be disciplined for unprofessional conduct.

Note. OMHP = other mental health professionals who are not social workers.

*Questions not included in the analysis for this research.

Data Analysis Methods

The Statistical Package for Social Sciences (SPSS) for Windows, version 28, was used to obtain descriptive information about the participants. The characteristics of subjects were analyzed through descriptive statistics to generate a general depiction of participants. The perceptual differences between social work participants and OMHP professionals were examined through descriptive and frequency inspection and one-way analysis of variance (ANOVA) analyses. Due to the limited group sample size, race/ethnicity was collapsed into a bivariate category to compare responses for White participants and participants of color and statistically control for group differences. Participants who only answered demographic questions were removed from the sample if they did not respond to the perception questions. Missing data varied by question ranging from 0% (Question 1) to 22.9% (question 15) with an average rate of 5.8%. Pairwise deletion techniques were utilized for affected analyses.

Results

Overwhelmingly, social work participants in this study under- stand the purpose of mental health licensure (100%) and believe that every mental health professional should have a license (99%). Participants also believe that their college/university professors value licensing (96%) and that they received licensure information during their college/university education (79%), which is consistent with the perceptions of OMHP in the study. Approximately 85% of social work participants also believe that college/university faculty should be required to maintain a professional mental health license or certificate.

However, views begin to differ when asked about the purpose of licensure and what licensing exams measure. For instance, only 67% of social work participants believe that multiple-choice exams adequately test mental health practice competencies and 61% report that their college/university adequately prepared them for their licensing exam. Fifty-nine percent of participants disclosed that the licensing exam accurately reflects the quality of their education. However, fewer participants believe that the exam reflected the quality of their clinical experience (48%) or the supervision (47%) they received during clinical work. Table 3 summarizes the perceptions of social work as well

as OMHP.

The data suggest that perceptions differ between mental health professionals in key areas. Approximately 64% of social work participants reported that the licensing process was confusing, whereas only 46% of OMHP believed the process was confusing. A one-way ANOVA examining group differences (social work, OMHPs) revealed a significant disparity in beliefs between the groups. Compared to OMHP, social work professionals, in this study, believed that the licensing process is more confusing ($F(1, 1120) = 27.809$, $p < .001$).

Further examination of participant characteristics did not affect these results. A two (group: social work, OMHP) × two (race/ethnicity: people of color, White) ANOVA revealed a non-significant interaction between type of professional and race/ethnicity about the level of confusion in the licensing process. There was a significant main effect on type of profession, ($F(1, 1116) = 14.211$, $p = <.001$), but a non-significant main effect for race/ethnicity. Therefore, social work professionals felt the licensing process was more confusing than OMHP, and the participant's race/ethnicity did not significantly affect this perception.

Approximately 67% of social work participants reported that a multiple-choice exam adequately tests mental health practice competencies compared to 73% of OMHP. A one-way ANOVA examining the groups (social work, OMHP) revealed significant perceptual differences. Although the majority of social work participants believed that multiple-choice exams adequately tested competencies, fewer OMHP participants shared that same believe ($F(1, 1092) = 4.627$, $p = <.032$). Follow up analysis of race/ethnicity did not influence the results of the comparison.

In addition to competency, approximately 59% of social work participants believe that passing a licensing exam reflects the quality of their education, whereas 71% of OMHP share similar beliefs. A one-way ANOVA revealed that these beliefs are significantly stronger among mental health professionals than social work participants, $F(1, 1100) = 22.699$, $p < .001$. Follow-up analysis of race/ethnicity did not influence the results of the comparison.

In contrast, only approximately 47% of social work participants agreed that passing a licensing exam reflects the quality of supervision they received during their clinical work

experience compared to 40% of OMHP. A one-way ANOVA comparing social work and OMHP, revealed that these views are significantly lower for OMHP, $F(1, 1130)$, $p = .025$. Follow-up analysis of race/ethnicity did not influence the results of the comparison.

The groups also differed in their perception of educational preparation. Approximately 61% of social work participants and 67% of OMHP disclosed that colleges/universities prepare students for licensing board exams. A one-way ANOVA (social work, OMHP) revealed that these beliefs were significantly stronger among OMHPs, $F(1, 1127) = 6.777$, $p = .009$. Table 5 summarizes the one-way ANOVA results. However, these perceptions appear more complicated when examining the effects of race/ethnicity on these beliefs as noted in Table 6.

Table 5. Means, standard deviations, and one-way ANOVA statistics for survey questions.

	Social Work		**OMHP**		**ANOVA**			
Question	***M***	***SD***	***M***	***SD***	***F* ratio**	***p***	**η^2**	**95% CI**
13. I believe that the process to obtain a mental health license is confusing	.32	1.151	−.04	1.158	27.809	.001**	.024	[.010–.045]
16. I believe that multiple-choice exams adequately test mental health competencies.	.44	1.159	.59	1.078	4.627	.032*	.004	[.000–.015]
17. I believe that colleges/universities adequately prepare students to take licensing board exams.	.26	1.191	.44	1.142	6.777	.009**	.006	[.000–.018]
19. I believe that passing a mental health licensing exam accurately reflects the quality of education the licensee received.	.25	1.212	.59	1.127	22.699	.001**	.02	[.007–.040]
22. I believe that passing a mental health licensing exam accurately reflects the quality of supervision that the licensee received during clinical experience.	−.06	1.170	−.22	1.160	5.056	.025*	.004	[.000–.015]

Note. OMHP = mental health professionals other than social workers; ANOVA = analysis of variance; CI = confidence interval.
*p<.05. **p<.01.

Table 6. Summary of Q17 responses by type of professional and race/ethnicity.

	Race/Ethnicity		
Type of professional	White	People of Color	Marginal
Social Work	$.33_a$	$-.25_b$	.26
OMHP	$.44_a$	$.48_a$	.45
Marginal	.39	.12	

Note. OMHP = other mental health professionals who are not social workers. Those with the subscript of $_a$ in the table are statistically similar. Those with the $_b$ subscript in the table differ at the p <.05 level, using the least significant difference post hoc follow-up (minimum mean difference = 0.20).

A 2 (group: social work, OMHP) × 2 (race/ethnicity: people of color, White) ANOVA examining participant's perception of educational preparation of the licensing exam revealed significant main effects for type of professional, (|$F(1, 1{,}014) = 14.199$, $p < .001$, partial $\eta^2 = .014$), race/ethnicity, (|$F(1, 1{,}014) = 5.905$, $p = .015$, partial $\eta^2 = .006$), as well as a significant interaction, (|$F(1, 1{,}014) = 7.732$, $p = .006$, $MSe = 1.353$, partial $\eta^2 = .008$). Simple effects with least significant difference (LSD) follow-ups were used to interpret this interaction (see Table 6) and revealed that fewer social workers believe that universities/colleges prepare them for the licensing exam compared to OMHP, and this effect is intensified for social workers of color. Social work participants of color report that educational institutions do not prepare them for the licensing exam. This relationship is not present in the group of OMHP. Despite reaching statistical significance, an examination of effect sizes suggests that these differences are quite small. Figure 1 offers a visual depiction of this interaction.

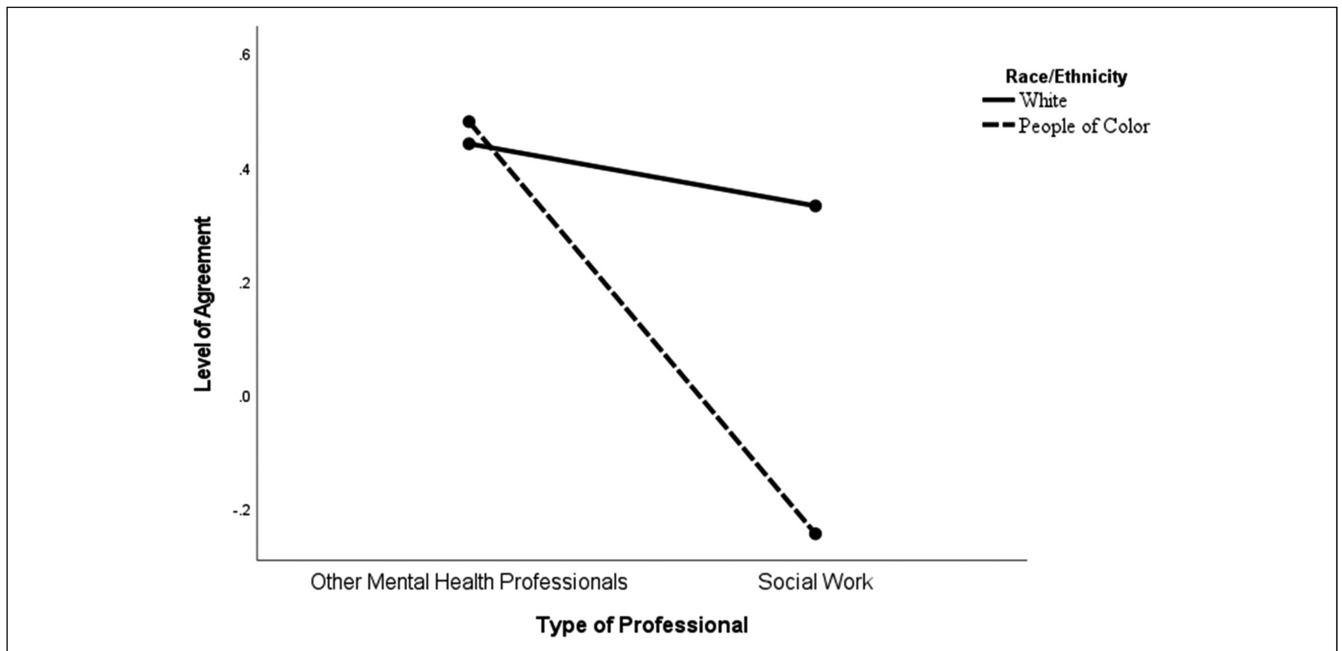

Figure 1. Response interaction between type of professional and participant's race/ethnicity (Q17). *Note.* Q17 = I believe that colleges/ universities adequately prepare students to take licensing board exams.

Discussion

The purpose of this study was to explore social workers' perceptions of clinical

licensure and examine the differences between social workers’ perceptions of licensure and those of OMHP. The authors sought to contribute to the limited research about social work licensing. There are significant pedagogical differences between social workers and OMHP that could explain some of the findings. The social work profession values social justice and the person-in-environment framework. OMHP may find importance in these areas, but not through the social work lens. OMHP has different course- work and rules about board examinations than social workers. For example, counseling students are encouraged to take a clinical board exam within 6 months of graduation (NBCC, 2022). While social workers are encouraged to take the exam after 2 years of full-time clinical practice after graduation. It is not the intention of this article to draw direct parallels between the groups, but to merely provide a different perspective, particularly in a state with a compact license structure where all behavioral health disciplines have the same clinical license. Additionally, it should be noted that the information collected in this study does not represent all social workers. The data were collected during a licensing webinar and would likely not include social workers who may not consider licensing important such as social workers engaged in non-clinical macro-level policy work.

Consistent with other studies, this study found that social workers and OMHP understand the purpose of licensing and believe in licensure (Bibus & Boutté-Queen, 2011; Miller et al., 2015a, 2015b, 2017). This finding, and the studies that came before it with similar conclusions, signal to researchers, educators, and clinical supervisors that ongoing attention to licensing is imperative. Clinical social work licensing is an essential component and highly valued element of the social work profession. Licensing is critical because, in the current paradigm, it is necessary for clinical practice and reimbursement for services.

The study’s findings reveal the difference in the participants’ understanding of what knowledge is required to obtain a license and where they obtain that knowledge. An overwhelming number of participants in this study perceive that the social work education program they attended valued licensing (96%) and that they received information about licensing during their education (79%). This affirms previous research conducted by Miller et al. (2015a). However, over half of the social workers in this study

reported that the licensing process was confusing compared to the OMHP group. A possible explanation for this finding is that the information provided to social workers is not perceived as being clear regarding the licensing process com- pared to that provided to OMHP. Other related data in this study support this conclusion, including the finding that only slightly over half of the social workers felt that universities prepared students for licensing examinations, which was significantly less than OMHP.

An overwhelming number of social work participants believe that college/university faculty should maintain a professional mental health license or certificate (85%). It is important to note that the survey question pertaining to faculty licensing did not specify if participants perceive that all social work faculty should be licensed or only faculty teaching clinical courses. Additionally, a significant number of social work participants in this study believe that social work education programs should be evaluated based on whether students pass a licensing exam (65%). With no man- dated standards established for the inclusion of licensure information in social work and OMHP curriculum and each state having different requirements, it is possible that there is much variability about what social workers learn about licensing and what they need to know. Developing one-size-fits-all licensing curriculum seems futile due to the complexity and variability of licensing between states and the differing requirements (Floyd & Rhodes, 2011). However, as previously stated, all jurisdictions have the same general three-prong approach to determining the minimum practice standard before entry-to-practice.

Using a standard three-prong approach inclusive of examination, education, and supervised clinical experience to teach social workers about clinical licensing requirements across states could provide some structure to develop a road map in licensing curriculum. Additional research demonstrating effective methods of universities teaching social workers about licensing, such as that demonstrated by Miller et al. (2015a), would contribute to the pool of research established to identify best practices in licensing knowledge acquisition. For example, research to determine the efficacy of the *Curricular Guide for Licensing and Regulation* (ASWB, 2013) developed collaboratively between ASWB, CSWE, and NASW may be a starting place in determining the validity of a curriculum that would meet the needs of social work students nationwide.

Social workers in this study differ in their perceptions compared to OMHP related to the examination. The difference is related to the influence of the participant's education in passing a licensing exam. Significantly fewer social workers than OMHP believe that passing a licensing exam reflects their education quality. Identifying how social workers differ in their perception of the influence of their education in passing an entry-to-practice exam compared to other professions which have similar exams provides a compelling perspective. Particularly with the sizable effect difference for social work participants of color, which is not present in the group of OMHP. In other words, social workers of color report that their education prepared them for a licensing exam significantly less than OMHP participants and White social workers. The current study does not yield answers as to the reason for this finding, but it indeed affirms the call for more research in this critical area of social work practice. Additionally, it would be noteworthy to determine how other professional behavioral health academic programs, compared to social work, prepare students for clinical entry-to-practice exams to determine differences and similarities, given that the same finding is not present for OMHP.

Only 61% of social workers in this study felt that their education prepared them for the ASWB exam. It is arguable that no one ever feels completely ready to take an exam that carries so much weight in determining the future of a clinical social worker. However, with as much attention to the content areas of social work education competencies receives, it seems paramount to address this finding as it relates to social work education. Granted, the current study is limited and represents social workers in primarily one state. However, this finding is consistent with concerns about the inclusion of licensure information within the social work curriculum (Miller et al., 2015a). It is essential to view this finding as an area for future exploration. This study affirms the collective call, as a profession, for social workers to do more to support students and professionals who are seeking clinical licensure by working together to find solutions to prepare them for clinical practice (Apgar, 2021; Miller et al., 2021).

Social workers are turning to for-profit organizations charging hundreds of dollars to prepare them for social work examinations. Universities offer seminars or continuing education typically outside of typical credit hours to prepare students and alumni for

examination. University-sponsored seminars or continuing education seem a step in the right direction to avoid students paying exorbitant amounts of money for exam prep to outside firms. However, with time and money, students are already paying for a carefully planned and highly regulated social work curriculum intended to prepare them to become competent clinical social workers. Critics of the inclusion of curriculum for high-stakes exams have highlighted that “teaching to the test” does not accurately reflect the knowledge gains of students (Posner, D., 2004). Perhaps working together to formulate solutions that fit the needs of clinical social workers that include broad knowledge gains and a focused understanding of expectations for clinical practice would benefit everyone.

Most of the social work respondents in the current study believe that multiple-choice exams adequately test competencies, but significantly less than OMHP. OMHP, such as the profession of counseling, advocates for entry-to-practice exams to be taken within 6 months of graduation from a master’s degree program. The ASWB exam is designed to be taken after approximately 2 years of supervised clinical practice. The difference between the timeline for OMHP to take entry-to-practice exams and the timeline for social work could be a rationale for the variability in social worker and OMHP perceptions of the influence of their education on the ability to pass the exam. However, more research is needed to determine if the differences in perceptions between the two groups relate to the timeline with which each profession requires the exam to be administered.

In an already shallow pool of social work licensing research, there is no clear research on the role of clinically supervised experience related to licensing. The licensing supervisor is viewed as the gatekeeper to clinical practice (ASWB, 2022; NASW, 2013), but there is limited research discovered to support what factors of the supervised clinical experience are most impactful to the supervisee, specifically related to licensing. Most states require between 2,000 and 4,000 hr, or about 2–3 years, of clinically supervised experience before eligibility for full licensure (ASWB, 2022). Research is needed to affirm if 2,000 to 4,000 is an adequate number of hours to determine competency to practice safely, ethically, or to promote positive client treatment outcomes as a clinically licensed social worker. Additionally, the interplay between supervised clinical experience, examination, and education is yet to be explored. It is unclear if the 2–3

years of supervised clinical practice that is recommended before taking the ASWB clinical exam significantly improves social workers' practice competencies. There may be utility in exploring the recommended time between graduation and ASWB clinical examination related to exam pass rates and overall social work competencies.

Strengths and Limitations

An evident strength of this study is that the sample is com- posed primarily of licensed clinical social workers. As previously stated, most samples exploring social workers' perceptions of licensure include faculty, students, and field education supervisors (Cherry et al., 1989; 2015). Over 96% of this study's sample contained licensed social work and mental health professionals, significantly contributing to the existing literature on the subject.

The survey question about faculty licensing did not clarify if participants perceive that all social work faculty should be licensed or only faculty teaching clinical courses. The lack of clarity in this survey question is a limitation of this study. Therefore, future survey research questions should specify participants' perceptions of faculty licensing for those teaching clinical courses.

The study primarily includes participants from a midwestern state, limiting the generalizability of the study and the survey methodology used in the study is limiting. Considering the salience of licensure revisions in the state, these changes likely influenced participants' perceptions of the licensing process. However, the state is not unique in this sense. Most states peri- odically modify their licensing regulations to accommodate societal changes and legal advancements. Consequently, generalizability should be recognized as a limitation as the state's regulation revisions could have contributed to the enhanced confusion among social work participants. In addition, the convenience sample may result in data that are not representative of the entire population of social work and OMHP.

Conclusions

The intention of this study is to give voice to social workers' perceptions of clinical licensure and how social workers compare in their perception to OMHPs. Yet, this study only begins exploring social workers' perceptions of licensure. The current study could be used as a guide for a much larger study evaluating social workers' perceptions of licensure by including a more representative sample of social workers.

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