

Clinical Social Work in the U.S. Current Trends

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- *Clinical social work is a specialty practice area of social work which focuses on the **assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances**. Individual, group and family therapy are common treatment modalities. Social workers who provide these services are required to be licensed or certified at the clinical level in their state of practice.*
- *NASW advocates for clinical social workers through the legislative and regulatory process.*



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Where is Clinical Social Work happening?

- *Private practice --- increasing in numbers and in challenges*
- *Hospitals*
- *Nursing homes/geriatrics/older adults*
- *Community mental health agencies*
- *Schools*
- *Addictions services*
- *Services for people with developmental disabilities*



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Licensure & Supervision

- **Education Requirements:** MSW from a CSWE-accredited program or one that's in candidacy for CSWE accreditation or a doctorate in social work from a CSWE-accredited institution
- **Field Requirements:** Two years of full-time clinical social work, meaning 3,000 hours under direct supervision of an LCSW subsequent to earning an MSW.
- **Exam:** ASWB Clinical Exam
- **License Renewal:** Every two years

SUPERVISION: Supervision is not your “boss” overseeing your work—its so much more!
Supervisor must hold a clinical supervisory certification.



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Consistent Theories and Modalities

- *Cognitive Behavioral Therapy*
- *Dialectical Behavioral Therapy*
- *Psychodynamic Therapy*
- *Person Centered Therapy*
- *Interpersonal Therapy*
- *Family Systems Therapy*
- *Narrative Therapy*
- *Solution Focused Therapy*



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Still Going Strong....

- *Importance of cultural humility and diversity in practice*
- *Reliance on evidenced based interventions*
- *Awareness of self care and burn out prevention*
- *Interdisciplinary collaboration*



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Current Trends....

- *Continued expansion of telehealth services post Covid-19*
 - *and related integration of technology through electronic health records within telehealth platforms*
- *Emphasis on integrated healthcare*
- *Use of and greater reliance on adjunctive therapies (challenges around payment)*
- *Prevalence of Trauma-informed practice*
- *Active engagement in advocacy efforts to address social justice issues and promote systemic change.*



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Who is Paying and How?

- *Medicare/Medicaid*
- *Employer based health plans*
- *Community mental health agencies*
- *Sliding scales*
- *Grants/not for profits*
- *Cash*

Witnessing an increase in private practices who are not participating with insurance carriers



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How?

As we witness an increase in private practices who are not participating with insurance carriers and the lack of insurance coverage for adjunctive therapies (equine therapy, art therapy, music therapy etc) , necessitating payment up front in cash, consider the implications:

- Creation of a two-tiered system of care*
- Longer waits for treatment through community mental health agencies and entities that do accept insurance*



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*An example of
integrated
services from
New Jersey:
Children's
System of Care—
(1999)*

single point of entry—
available 24/7/365

serves children and adolescents with emotional and behavioral health care challenges and their families

children with developmental and intellectual disabilities and their families

children with substance use challenges and their families

services based on the needs of the child and family in a family-centered, community-based environment.

services include community-based services, in-home services, out-of-home residential services, and family support services.



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Children's System of Care Principles

All children who need services should receive the same accessibility to services.

Availability and access to a broad, flexible array of community-based services and support for children, and their families and caregivers, to address their emotional, social, educational and physical needs, should be ensured.

Services should be individualized in accordance with the unique needs of each child and family.

Services should be guided by a strength-based, wraparound service planning process and a service plan that is developed in true partnership with the child and family.

Services should be delivered in the least restrictive settings that are clinically appropriate.

Treatment outcomes for children and families should be quantifiable.



Children's System of Care

In-home
counseling

Family support
services

Behavioral
supports

Mobile crisis
response

Care
management

Assistive
technology

Habilitation
services

Summer camp
tuition
assistance

Substance use
treatment
(under 18 only)

Trauma
informed care



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