

May 27, 2025

To Whom It May Concern:

I am writing to express my concerns regarding the proposed amendments to New York State education law that would allow Licensed Mental Health Counselors (LMHCs) to supervise Licensed Master Social Workers (LMSWs). The National Association of Social Workers-New York State & New York City **strongly opposes** the SUPPORT Act, supported by Assemblymember Sam Berger (AD27). While I appreciate the intention to enhance access to mental health services in our community, I believe this change could compromise the integrity and quality of care provided to individuals who seek support.

I have laid out the *problem, impact, solution, role and a sample proposed revision* strengthening the role of our licensed clinical social workers.

### **Problem:**

The SUPPORT Act proposes that a mental health practitioner who has privileges to diagnose and develop assessment-based treatment plans under article one should be allowed to supervise the clinical work experience of LMSWs. LCSWs undergo a rigorous training program that includes extensive coursework and supervised clinical experience, amounting to at least 3,000 post-master's hours. In contrast, LMHCs complete fewer hours in supervision without the same depth of experience in diverse clinical settings. This discrepancy raises concerns about the readiness of LMHCs to provide adequate supervision for LCSWs, particularly in complex cases that require nuanced understanding and intervention.

This proposal dilutes the oversight of licensed clinical social worker's expertise, as it potentially subjects LMSWs to supervision that may lack specific training in the unique competencies and ethical standards of social work practice.

### **Impact on Clinical Social Workers:**

The practice of social work is deeply rooted in the person-in-environment perspective, which emphasizes the importance of understanding individuals within their social, cultural, and economic contexts. LCSWs are trained to consider these factors holistically when providing support. This change could undermine our collective efforts to address systemic issues and promote social justice within mental health services. Furthermore, LCSWs are educated in recognizing and responding to power dynamics, systemic oppression, and cultural competence. Supervision from an LMHC may not adequately incorporate these critical ethical considerations, putting at risk vulnerable clients who rely on a supportive and informed therapeutic environment.

Without guidance from experienced clinical social workers, LMSWs may miss critical competencies specific to the field, affecting the quality of care they provide to clients and eroding the profession's distinct identity and

standards. Allowing LMHCs to supervise LCSWs risks imposing a more individualized and potentially less comprehensive framework of care.

### **Solution:**

To safeguard the social work profession's integrity, supervision of LMSWs should be restricted to licensed clinical social workers (LCSWs) or other mental health professionals with documented experience in clinical social work practices. This can be achieved by **blocking** the proposed SUPPORT Act. Professional guardrails must explicitly limit LMSW supervision to professionals who are active, licensed LCSWs with substantial clinical social work experience. This action would ensure LMSWs receive training in social work-specific clinical skills, fostering a higher standard of practice and maintaining a clear professional identity.

### **Role of Legislators:**

We understand the critical role legislators play in maintaining the professional standards of social work by enacting laws that ensure rigorous, specialized supervision for all professions. By **blocking** legislation like the SUPPORT Act, you can prevent the weakening of the social work profession, while reinforcing the importance of professional-specific training and preserving the unique competencies that social workers bring to the behavioral health landscape. Doing so will enhance public trust and ensure clients benefit from care that adheres to the highest ethical and professional standards intrinsic to the social work profession. I strongly urge you to advocate for maintaining the current supervisory structure that preserves the depth of expertise required for social workers to have an effective practice.

### **Proposed Revision of the SUPPORT Act:**

**Section 1:** This act shall be known and may be cited as the "Supervising Upcoming Professionals for Practice in Official Roles in Therapy (SUPPORT) Act."

**§ 2:** Paragraph (c) of subdivision 2 of section 7704 of the education law, as amended by chapter 130 of the laws of 2010, is amended to read as follows:

**(c) Experience:** Must have a minimum of three years of full-time, supervised postgraduate clinical social work experience in diagnosis, psychotherapy, and assessment-based treatment planning, or an equivalent part-time experience obtained within a continuous period of no more than six years. This supervision must be conducted by a licensed clinical social worker, psychiatrist, or licensed psychologist in a facility or approved supervised setting, as deemed satisfactory by the department.

To qualify as satisfactory:

- Supervisors must be actively licensed in one of the professions above with demonstrated expertise in clinical social work practice, free of any licensure restrictions or violations.
- Supervision in a facility operating under a waiver issued by the department under section sixty-five hundred three-a of this title may be acceptable, including pre-waiver experience if compliant with department standards.

- In cases of good faith experience obtained under a reasonable belief of proper authorization, the department may accept such experience if all other criteria are met.

No exceptions outside of these conditions will apply.

§ 3: This act shall take effect immediately.



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