D.C. Official Code § 3-1201.02(18)(A) defines the practice of social work as:

[The] rendering or offering to render professional services to individuals, families, or groups of individuals that involve the diagnosis and treatment of psychosocial problems according to social work theory and methods. Depending upon the level at which an individual social worker is licensed under this chapter, the professional services may include, but shall not be limited to, the formulation of psychosocial evaluation and assessment, counseling, psychotherapy, referral, advocacy, mediation, consultation, research, administration, education, and community organization.

The definition of the practice encompasses many types and levels of social work, which, in the District, are distinguished by four (4) types of licensure: Licensed Social Work Associate (LSWA); Licensed Graduate Social Worker (LGSW); Licensed Independent Social Worker (LISW); and Licensed Independent Clinical Social Worker (LICSW). These licenses signify not only the holder’s educational and training levels but also the scope of lawful, authorized practice for each. It is crucial for licensees and applicants for license to strictly observe and comply with the authorized scope and requirements for each licensure type.

While the District has adopted a broad and comprehensive definition of the practice, it is helpful to note that social work may be separated into clinical practice and non-clinical practice. Both types of social work practice involve the application of social work theory and methods to the tasks at hand. However, in simple terms, clinical practice of social work involves the application of the professional knowledge and training to the diagnosis and treatment of individuals or groups in accordance with the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM–5). Non-clinical practice of social work involves the application of social work theory and methods to a broad range of other, non-clinical activities to restore or enhance social, psychosocial, or biopsychosocial functioning of
individuals, groups, organizations, or communities. Such activities are, for example, case management, referrals, mediation, consultation, community organization, and non-clinical counseling.

Each licensure type is authorized to practice within the following scope and requirements:\(^1\)

- **LSWA must have at minimum a bachelor’s degree in social work and may perform only non-clinical practice.** Additionally, an LSWA must be supervised at all times by an LISW or LICSW.

- **LGSW must have at minimum a master’s degree in social work and may perform both clinical and non-clinical practice.** LGSW may receive supervision for non-clinical practice from either an LISW or LICSW. However, LGSW may perform clinical practice only under the supervision of an LICSW.

- **LISW must have at minimum a master’s degree in social work and may perform non-clinical practice of social work independently.** However, an LISW who has sufficient educational and training in clinical practice may engage in clinical practice only under the supervision of an LICSW.

- **LICSW must have at minimum a master’s degree in social work and is authorized by law to practice both clinical and non-clinical social work independently.** Additionally, LICSWs are authorized to provide supervision of social work practice, both clinical and non-clinical, in the District.

A further point of extreme importance is: **No person may practice social work in the District without a license.** Unless a person is a student enrolled in an accredited social work program, anyone wishing to practice social work in the District must obtain the appropriate license. Accordingly, a person who has graduated with a bachelor’s or master’s degree in social work must obtain the appropriate license (LSWA or LGSW)\(^2\) before starting work as a social worker in the District.

D.C. Official Code § 3-1208.04(a) provides that a person may qualify for an LICSW license by accruing 3,000 hours of post-master’s or postdoctoral experience participating in the diagnosis and treatment of individuals, families, and groups with psychosocial problems under the supervision of a licensed independent clinical social worker over a period of not less than two (2) years or more than four (4) years.

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\(^1\) Note that this Policy Statement describes legal requirements only in a summary, cursory manner. Refer to D.C. Official Code § 3-1201.01 et seq. and 17 DCMR 7500 et seq. for more detailed information of the legal requirements.

\(^2\) However, a person who has graduated with a bachelor’s degree and is currently enrolled in a master’s program in social work may lawfully engage in social work practice under supervision.
Supervision and Private Practice

The Board of Social Work (Board) has received numerous inquiries related to the practice and supervision of LGSWs, particularly as related to private practice. As a bright-line rule, LGSWs **may NOT practice independently** or under the supervision of anyone other than an LICSW for *clinical practice* or an LICSW or LISW for *non-clinical practice*. Note, further, that a psychiatrist, a psychologist, or a professional counselor **may not supervise an LGSW** or an LISW. Based on these fundamental requirements, the Board now concludes that LGSWs may practice in a private setting provided that the practice complies with the bright-line rule both in spirit and in practice. The following specific requirements must be observed:

(a) **Only an LICSW in good standing** in the District may supervise an LGSW’s practice.\(^3\)

(b) An LGSW may be employed to practice in a private setting but the employer must be an LICSW, or his/her legal entity, and the employing LICSW must be the supervisor of the LGSW. The following are required to establish this:

1) The LGSW receives his/her pay from the employer or the employer’s practice, **not directly from the client or client’s agent**;

2) The LGSW cannot be the owner or in charge of any practice;

3) The LGSW cannot be the lessor in a co-lease or sublease arrangement of an office space where the practice is based or delivered;

4) The clients or patients served by the LGSW have *bona fide patient/client-practitioner relationship with the supervising LICSW*, as evidenced by, for example, documents (such as invoices, client agreements) bearing or indicating the name of the supervising LICSW;

5) The LGSW cannot advertise for clients or patients but may be included in the practice advertisement provided that any advertisement or information about the LGSW also clearly identifies the LGSW’s supervisor;

6) The LGSW cannot either directly or indirectly recruit or solicit clients or patients – whether for him/herself or for the supervising LICSW;

7) The supervising LICSW must own and operate the practice and be physically present at the practice location at least 25% of the time.

(c) The supervising LICSW must retain full and complete responsibility for the LGSW’s practice and professional conduct. The following are required:

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\(^3\) An LISW in good standing may supervise an LGSW’s *non-clinical practice*.
1) The supervising LICSW understands and accepts all responsibility, including disciplinary actions, related to the LGSW’s practice and professional conduct;

2) The LGSW does not select or recruit his/her own clients or patients;

3) The LGSW’s clients or patients are assigned to him/her by the supervising LICSW. Such assignments must be based on the supervisor’s assessment of the LGSW’s experience, competence, and training as well as the client’s needs;

4) The supervising LICSW must participate in the initial intake and diagnostic assessment of all clients served by the LGSW subject to the following:

   i. For an LGSW with less than 1,500 hours of supervised clinical experience, the supervising LICSW must participate in a face-to-face interview of the clients;

   ii. For an LGSW with at least 1,500 hours of supervised clinical experience, the supervising LICSW must exercise appropriate professional judgment to determine whether he/she should participate in a face-to-face interview with the client. Such professional judgment should be based on the supervisor’s sound assessment of the LGSW’s knowledge, skills, and ability as well as the known profile and needs of the client.

5) The supervising LICSW reviews and co-signs all clients'/patients' records;

6) The supervising LICSW monitors and ensures effective and ethical services to clients or patients;

7) The supervising LICSW is responsible for ensuring that the LGSW is properly licensed, knows the relevant laws and regulations governing the practice, and complies with all relevant laws, regulations, and Social Work standards of conduct and practice;

8) Both the supervising LICSW and the LGSW must maintain full records of practice and communication clearly establishing the LGSW is a supervisee and not an independent practitioner.

(d) The supervision complies with the requirements of 17 DCMR § 7012.8, which includes, for example, daily in-person communication between supervisor and supervisee, the supervisor's knowledge of the supervisee's contacts with clients or patients, joint decision-making by the supervisor and the supervisee where special skill, knowledge, or training is required.
All inquiries pertaining to the practice of social work, including the CE requirements, may be directed to the Board’s Health Licensing Specialist, Ms. Mavis Azariah Armattoe, at 202-442-4782 or mavis.azariah@dc.gov.