March 28, 2023

To: Members of the House Health and Government Operations Committee

From: SWEAR (Social Workers for Equity and Anti-Racism)

Re: SB0871 Social Workers - Sunset Extension, Notification of Complete Application, and Workgroup on Social Worker Examination Requirements for Licensure

SB0145 State Board of Social Work Examiners - Conditional and Temporary Licenses to Practice Social Work

Position: Favorable

SWEAR is a collective of over 300+ everyday social workers formed in response to the harms of discriminatory licensing exams in our profession. We are Maryland social workers who have witnessed and/or experienced the ways our profession's current exams negatively impact both social work professionals AND the many diverse communities that we serve.

Since the ASWB (Association of Social Work Boards) release of exam pass/fail data in August 2022, SWEAR has connected with hundreds of social workers who have witnessed and/or experienced very real financial, mental, and emotional harm as a result of the ASWB exams widespread disparities based on age, race, language, and gender. Collectively, we have observed the ways these exams continue to prevent people who are older, Deaf & hard of hearing, non-native English speakers, and/or People of the Global Majority from entering and advancing in our profession.

SWEAR supports a favorable vote on SB0871 and S0145. These bills create a diversified work group specifically focused on addressing alternatives to culturally biased exams. In addition, these bills provide an opportunity for people with Bachelors of Social Work (BSWs) and Masters of Social Work (MSWs) degrees to enter and advance in the social work profession without having to pass a biased exam that has no evidence of demonstrating high quality and ethical practice.

In addition to a **favorable vote**, we strongly support the following amendments:

SB0871
Reinstatement of the 1-year moratorium on __all__ social work licensing exams. While we wait for a workgroup to identify long-term solutions, social work professionals already licensed at the Master's Level (LMSWs) will continue to be denied promotions while often paying hundreds of dollars per month in mandatory supervision while they continue to try to pass the LCSW-C exam. A moratorium would pause the requirement to pass culturally biased exams to achieve licensure while allowing more social workers to become licensed under the BSWE.

Adjust language in the workgroup, per request by the Deaf and hard of hearing community, from "a representative of Gallaudet University" to "A social worker designated by the Maryland Association of the Deaf who is familiar with the licensing process for deaf and hard of hearing social workers." A representative from Gallaudet does not ensure that the representative is Deaf or understands the exam issue from the Deaf perspective.

SB0145

Change "The BSWE may…" to "The BSWE shall…" The BSWE has historically not addressed disparities in social work licensing and opposed temporary licensing. The shift from "may" to "shall" ensures the Board of Social Work Examiners (BSWE) grants temporary licensure to eligible candidates.

Reinstate 2-year temporary license option for LCSW-Cs. Temporary licensure for LCSW-C is currently amended out of SB0145. The LCSW-C exam is just as biased as the LBSW and LMSW exam. It is imperative that we include LCSW-Cs as possible candidates for temporary licensure. Many are ready to advance in our field but are unable to do so because of the barrier of a bias exam.

Please see the attached 2-Page Policy Brief and 6-Page Fact Sheet for additional information. It should be noted that **this written testimony has been signed by 64** people from **29** different Districts throughout the state of Maryland, and include **30** alumni of **5** different Maryland Area Schools of Social Work, **25** Licensed Clinical Social Workers, and **25** members of the NASW-MD - Maryland Chapter.

Sincerely,

Adam Schneider MSW, DISTRICT 42B, UM SSW Faculty
Amanda Lehning MSW, PhD, DISTRICT 46, UM SSW Administration & Faculty
Amber Flanigan MSW
Amera Davis MSW, LMSW, DISTRICT 27A, NASW-MD, MSU SSW Alumni
Ametisse Gover-Chamlou MSW, LMSW, DISTRICT 20, UM SSW Alumni
Andrea Agalloco MSW, LCSW-C, DISTRICT 20, CUA NCSSS Alumni
Arianne Desiree Munoz MSW, LMSW, DISTRICT 16, UM SSW Alumni
Becky Davis MSW, LMSW, DISTRICT 21, UM SSW Alumni & Faculty
Bracha Poliakoff MSW, LCSW-C, DISTRICT 11B, NASW-MD, UM SSW Alumni
Brea Matthews BSW, LMSW, DISTRICT 40, NASW-MD, MSU SSW Student
Camille N. Snow MSW, LMSW, DISTRICT 40, NASW-MD, MSU SSW Alumni
Cara Matteson DISTRICT 22, UM SSW Student
Caren Kirkland DISTRICT 24
Corey Shdaimah PhD, UM SSW Faculty
Dawn Shafer MSW, LCSW-C, DISTRICT 41, UM SSW Faculty
Devika Petty MSW, LCSW, GWSCSW, NASW-MD, MSU SSW Student
Eleshia Thomas MSW, DISTRICT 6, NASW-MD, MSU SSW Alumni
Elissa Levine MSW, LCSW-C, DISTRICT 9A, GWSCSW, NASW-MD, UM SSW Alumni

Ellen Line MSW, LCSW-C, DISTRICT 40, NASW-MD

Ethan Ulanow MSW, LCSW-C

Evan Martinez DISTRICT 10, UM SSW Student

Fernando Antonio Wagner DISTRICT 7A, UM SSW Faculty

Glennis Armstrong MSW, LMSW, DISTRICT 8, NASW-MD, MSU SSW Alumni

Gretchen M. Tome MSW, LCSW-C, DISTRICT 45, UM SSW Alumni

Ismatu Daramy DISTRICT 26

Jodi Frey MSW, PhD, LCSW-C, DISTRICT 7B, NASW-MD, UM SSW Alumni & Faculty

Johanna Smearman MSW, LCSW-C, DISTRICT 7A, UM SSW Alumni

Judith L. Mounty MSW, LCSW-C, DISTRICT 9A, NASW-MD, GU SSW Alumni & Retired Director of Field Education

Julia Le Gendre, MSW, DISTRICT 6, NASW-MD, MSU SSW Student

Karen Marie Hopkins PhD, DISTRICT 9A, UM SSW Faculty

Kathryn Harris MSW, LMSW, DISTRICT 26, MSU SSW Student

Katie Piura MSW, LMSW, DISTRICT 14, CUA NCSSS Alumni

Kiarra Bragg BSW, DISTRICT 23

Lisa Berlin DISTRICT 41, UM SSW Faculty

Kaylee Miller MSW, LMSW, DISTRICT 35A, SU SSW

Keeley Thomas, LCSW-C MSW, LCSW-C, DISTRICT 42A, UM SSW Alumni

Leiora Kortvely MSW, LCSW-C, DISTRICT 10, NASW-MD

Leslie Allen MSW, LCSW-C, DISTRICT 7B, UM SSW Alumni

Lisa Kays MSW, LCSW-C, DISTRICT 16, Former member GWSCSW, CUA NCSSS Alumni

Lynn Panepinto MSW, LCSW-C, DISTRICT 43A, NASW-MD

Maria F. Smith, BSW, MSW, LCSW-C, DISTRICT 18, NASW-MD, UM SSW Alumni

Marianna Mujica MSW, LMSW, DISTRICT 6, , UM, Alumni

Megan Meyer PhD (DSW), DISTRICT 11B, UM SSW Faculty

Melissa Carrera MSW, LMSW, DISTRICT 15, NASW-MD, CUA NCSSS Alumni

Michael Giordano MSW, LCSW-C, GWSCSW, UM SSW Alumni

Michael Massey PhD, DISTRICT 18, NASW-MD, CUA NCSSS Faculty

Nicole Smith MSW, LMSW, UM SSW Alumni

Philicia Ross MSW, LMSW, DISTRICT 23, NASW-MD

Phyllis Winston MSW, DISTRICT 12B, MSU SSW Alumni

Priscilla F Ohuoha MSW, LMSW, DISTRICT 22, NASW-MD

Rachel Doyle MSW, LICSW, DISTRICT 21, UM SSW Alumni

Rachel Phillips-Anderson MSW, LCSW-C, DISTRICT 20, GWSCSW

Rachel Rene Smith MSW, LCSW-C, DISTRICT 44A, NASW-MD, SU SSW Alumni

Rebecca Seader MSW, LCSW-C, DISTRICT 12B, UM SSW Alumni

Samantha Fuld DSW, LCSW-C, DISTRICT 46, NASW-MD, UM SSW Faculty

Sarafina Cooper DISTRICT 7A, Population Health Administration

Scott A Stafford MSW, DISTRICT 45, UM SSW Staff

Susan Black BSW, MSW, DSW, LCSW-C, DISTRICT 28, NASW-MD

Tammy Montague BSW, MSW, LCSW-C, DISTRICT 7A, NABSW, NASW-MD, MSU SSW Alumni
Tanerra Best-Barnes MSW, DISTRICT 6, NASW-MD, MSU SSW Alumni
Temeka Bailey MSW, LCSW-C, DISTRICT 24, NABSW, NASW-MD, MSU SSW PhD Student
Tracy Harris MSW, LMSW, DISTRICT 43A, MSU SSW Alumni
Victoria Rodriguez MSW, LMSW
Will Doyle MSW, LICSW, DISTRICT 21, GWSCSW, CUA NCSSS Alumni

KEY

Maryland Area Schools of Social Work

CUA NCSSS = The Catholic University of America National Catholic School of Social Service

GU SSW = Gallaudet School of Social Work

MSU SSW = Morgan State University School of Social Work

SU SSW = Salisbury University School of Social Work

UM SSW = University of Maryland School of Social Work

Maryland Social Work Organizations

GWSCSW = Greater Washington Society for Clinical Social Work

NABSW = National Association of Black Social Workers

NASW-MD = National Association of Social Workers - Maryland Chapter

Let Maryland Social Workers Go To Work For Our Community
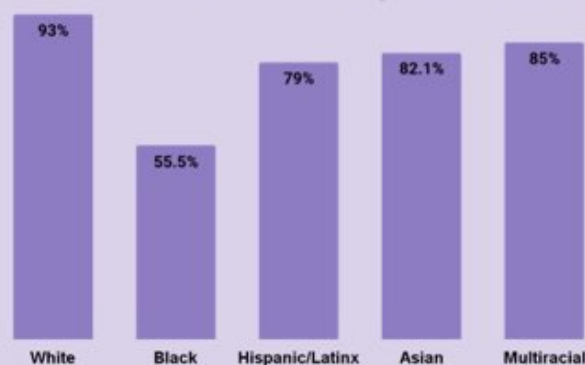## Support SB871 and SB145 (with amendments)!

There are vast disparities in social work licensure exam scores. The exams, which lack evidence that they ensure safe or effective practice, leave thousands of social workers out of the workforce. We cannot afford to keep these discriminatory exams in a mental health crisis with a severe shortage of social workers. Marylanders need more social workers that share their identities and experiences. **We must pass two pieces of legislation to address these harmful disparities.**

SB871 This bill mandates a workgroup to develop recommendations for a fairer path to licensure. We also ask for an amendment that reinstates the original language, **placing an immediate moratorium on using an exam as a requirement for social work licensure**. All other requirements for licensure would remain in place.
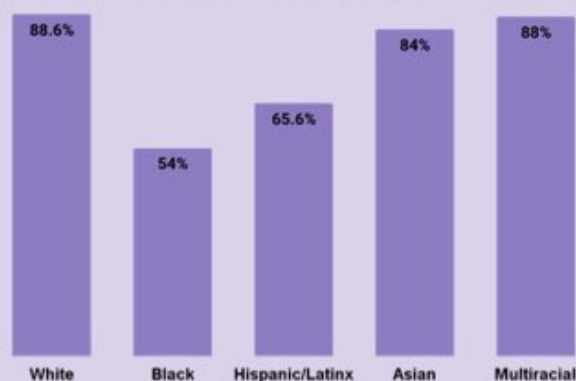
SB145 **authorizes a temporary license to practice social work** to an applicant who, except for passing an exam, has met the appropriate education and experience requirements for a license issued to practice. **We also recommend an amendment to replace the word "May" with "Shall", taking away discretion of the Social Work Board of Examiners, who have not been supportive of efforts to address these biased exams.**

Data released from the Association of Social Work Boards (ASWB) in August 2022 show alarming racial disparities in pass rates[1]

LMSW Exam First-Time Pass Rate in Maryland from 2011 to 2021

White	Black	Hispanic/Latinx	Asian	Multiracial
93%	55.5%	79%	82.1%	85%

LCSW-C Exam First-Time Pass Rate in Maryland from 2011 to 2021

White	Black	Hispanic/Latinx	Asian	Multiracial
88.6%	54%	65.6%	84%	88%

The disparities don't end at race. Pass rates consistently go down as test taker age goes up. Test takers whose first language is something other than English also have significantly lower pass rates. ASWB has not released data on test-takers with disabilities.

Neither of these bills ends social work licensure. There are already substantial requirements for licensure, including graduation from a nationally accredited school—which includes hundreds of supervised hours of fieldwork, thousands of hours of supervised practice, and a background check. This is a sufficient baseline to ensure that social workers are prepared to practice safely and equitably.

Over a thousand social workers are missing from Maryland's workforce. If all test-takers passed at the same rate as white test-takers from 2011 to 2021, we would have 1227 more licensed social workers in Maryland.[2]

There is no evidence that licensing exams serve any purpose. After 40 years of licensure exams, there is still no evidence of a relationship between exam scores and safe, ethical, or effective social work. However, evidence indicates ongoing validity problems[3] and racial microaggressions embedded in exam questions[4]. ASWB, which creates and administers the exams, does not follow the best practice methodological standards laid out by the National Council on Measurement in Education.

The NASW agrees that the exam must go. On February 3, 2023, the National Association of Social Workers announced that they oppose the use of the ASWB exams, based on the clear and incontrovertible evidence that they discriminate against marginalized groups.[5]

Public safety is improved when more social workers are regulated by Boards of Social Work.

Illinois is leading the way, it's time for other states to follow. In 2021, Illinois removed the exam requirement for social workers applying for the LSW license. According to the NASW-IL chapter, in the year before the law went into effect, only 421 social workers became licensed. Since then, 2600 more social workers have become licensed.

We cannot continue to allow this exam to keep competent, compassionate social workers from serving those in need. The alarming outcome disparities, along with ongoing issues of validity, prove that the exams are needlessly perpetuating inequality, keeping social workers from making a living and advancing in their profession. Social work, and our communities, stand to benefit from a more diverse network of professionals.

Please support SB871 and SB145! (*with amendments)

Visit swear-md.org or email hello@swear-md.org to learn more or get involved.

[1] Association of Social Work Boards (2022). Contributing to the conversation: 2022 ASWB Exam Pass Rate Analysis
[2] Association of Social Work Boards (2022). Exam pass rates by state/province
[3] Caldwell, B.E. & Rousmaniere, T. (2022). Clinical licensing exams in mental health care.
[4] Castex, G., Senreich, E., Phillips, N. K., Miller, C. M., & Mazza, C. (2019). Microaggressions and racial privilege within the social work profession: The social work licensing examinations. Journal of Ethnic & Cultural Diversity in Social Work, 28(2), 211-228.
[5] National Association of Social Workers (Feb. 3, 2023). NASW Opposes Association of Social Work Boards (ASWB) Exams

SWEAR

Social Workers for Equity and Anti-Racism

http://www.swear-md.org

Fact Sheet to Support SB871 and SB145

SWEAR formed and began to advocate when the social work licensing test writers, Association of Social Work Boards (ASWB), released data in August 2022 confirming what social workers have colloquially known for years: ASWB exams are discriminatory by age, race, ethnicity, and whether the test taker is a native English speaker. Here is a small part of their data release:

National Pass Rates by Race and Ethnicity (first-time pass rates)	
Clinical Level (LCSW-C) Exam: ○ Black: 43.5% ○ Hispanic/Latinx: 63% ○ Native/Indigenous: 64.8% ○ Asian: 64.3% ○ Multiracial: 79.2% ○ White: 83.5%	Masters Level (LMSW) Exam: ○ Black: 44.65% ○ Hispanic/Latinx: 64% ○ Native/Indigenous: 64.8% ○ Asian: 70.5% ○ Multiracial: 80.2% ○ White: 86%

Maryland Pass Rates by Race and Ethnicity (first-time pass rates)	
Clinical (LCSW-C) Exam: ○ Black: 53.4% ○ Hispanic/Latinx: 65.9% ○ Asian: 81.1% ○ Multracial: 86.5% ○ White: 88.4%	Masters (LMSW) Exam: ○ Black: 51.4% ○ Hispanic/Latinx: 75% ○ Multiracial: 83.2% ○ Asian: 85.4% ○ White: 90%

Racial disparities are the most glaring differences, but there are also differences in pass rates by age (pass rate goes *down* as age goes *up*) and English speaker status (non-native English speakers pass at lower rates than native English speakers). No pass rates were released based on disability, but colloquially, we know these rates are lower, particularly for our Deaf and hard of hearing colleagues.

Fast Facts About Social Work
- Social work terminology here
- Maryland licensing information here
- Association of Social Work Boards (ASWB) data from August 2022 here, our summary here
- Maryland first-time exam pass rates by race/ethnicity, gender, age, and native language here.

Dispelling Myths and Misinformation Brought Forth by Bill Opponents

Social work licensing exams are not supported by research, have never been proven to be correlated with safe and competent social work practice, do not protect the public, and do not follow standardized testing protocols. Therefore, bill opponents frequently resort to offering vague "unintended consequences" concerns and spreading misinformation, as their stance does not have substantive merit. Following is factual information regarding concerns raised by opponents:

Compact, License Portability, and The Courtroom

- Maryland's ability to join the Social Work Licensure Compact is *not* affected by a change in exam requirements for Maryland licensure. **Any information presented otherwise is blatantly *false*.** As currently written, Maryland can join the Compact regardless of exam requirements for the state. If an individual social worker wants to take advantage of the Compact, however, they must take the licensing exam.
- Some social workers care about license portability, but not all or even a majority! Anyone who cares about portability can still take the exam appropriate to their licensing level.
- Some social workers express concern that they will be taken less seriously in a courtroom environment if they have not passed an exam. This is a *perceived* concern that affects approximately 20% of social workers. As a profession, we should not all be beholden to a biased exam for the *perceived* concern of approximately 20%. Anyone who feels the exam is important for their own licensure process may still take it.

Insurance and Reimbursement Rates

- Insurance companies ask about whether social workers have a license. They do not ask whether social workers have passed licensing exams. State law determines licensure requirements.
- Social workers who were exempted from licensing exams when the exams were new ("grandfathered") are still able to get paneled with insurance companies. There is no evidence that their reimbursement rates are lower because they have not passed an exam.

Concerns About Lowering Standards and Delegitimizing the Profession

- ASWB exams, which are unsupported by research, do not legitimize the profession. A 150-question multiple choice exam does not capture the subjective, varied, and nuanced work with individuals and communities required from social workers. Many talented and ethical social workers are kept out of the profession by these exams, but there are social workers who have passed these exams who in fact do active harm to the people they serve.
- Maryland law, under Health Occupations § 19-304(d)(2), states that exams used for licensing "shall strive to be free of cultural bias." The recent data and accumulated evidence demonstrates that these exams do not comply with this regulation, including one study that found several racial microaggressions embedded into exam questions. Removing these exams will *add* legitimacy to our profession. Standardized testing is generally known to

underestimate the abilities of non-white, non-native English speakers, Deaf/hard of hearing, and disabled people, not just ASWB exams. Clients will seek out social workers because we will better reflect the diverse communities we serve.

- ASWB states that part of the problem is that some CSWE-accredited schools are not teaching to the test, but ASWB has failed to design its exams to align with educational competencies. It is a general consensus that teaching to the test is a *problem* in K-12 education, but this holds true for the ASWB tests as well. No social worker wants to be taught to this test; it often demonstrates poor and unethical social work practice.

Claims About Public Protection

- ASWB falsely claims their exams test for baseline competence and protect the public. They have no proof to back up these claims. There is no research or evidence showing that ASWB exams demonstrate any correlation with safe and effective social work practice. (Our own BSWE was mostly unable to be present at Senate Finance Committee testimony due to a disciplinary hearing!)

- ASWB hides their data so their claims cannot be tested by independent researchers, failing to meet standards outlined by the American Psychological Association, the American Educational Research Association, & National Council on Measurement in Education. In 2021, their CEO denied collecting demographic outcome data: "By now most of you are aware of the policy ASWB has followed since the inception of the organization in 1979. ASWB does not collect and thus does not release exam outcomes based on demographics." Yet, magically two years later, under immense pressure, they released ten year's worth of such data.

- Illinois removed their master's level social work exam. **They subsequently had an influx of over 2,000 social workers with no ill effects.** It is going so well that they have put forth a bill for a permanent, non-exam path to clinical licensure. Bills reducing the influence of ASWB exams have been recently introduced or passed in multiple other states as well: Utah, New York, Rhode Island, Connecticut, and Massachusetts. Additionally, there are several states that have not required exams at the LBSW or LMSW level, well before 2022, and there is no evidence that this is detrimental to the public. **Maryland would have an additional 1,227 social workers *right now* if all demographics passed at the same rate as white people.**

- The Maryland BSWE presented as concerned and eager to form a workgroup regardless of the outcome of this legislation. As members of the ASWB, BSWE has very clearly demonstrated its pro-ASWB bias and are not trustworthy representatives of Marylanders or Maryland social workers. They parrot ASWB's talking points, and they only have shown interest in this issue due to public pressure. ASWB data came out in August 2022, but they only responded in January, 2023, 5 months later. *We need Maryland legislative bodies in charge of a workgroup, not the BSWE.*

- Maryland issues temporary licenses to teachers with no ill effects to the state or profession.

SWEAR supports SB871 and SB145 with or without these amendments. We do prefer that the amendments be added, however.

1. **SB145, "may" to "shall":** The BSWE testified in opposition to SB872 (now SB145) and has not shown that exam bias is a concern to them. We believe if they are given the option ("may") to issue temporary licenses, they will not do it. We would like this language to compel them to issue temporary licenses ("shall").
2. **SB145, add LCSW-C:** These exams are harmful at all levels. Therefore, there is no reason that someone who otherwise meets LCSW-C requirements should not be able to receive temporary licensure to practice independently.
3. **SB871, Moratorium Reinstatement:** The Senate Finance Committee removed the one-year moratorium on the exam requirement for all licensure levels. We would like the moratorium reinstated. We know these exams are harmful, the moratorium will allow the harm to fully pause for all license levels.
4. **SB871, Workgroup Amendment:** The Deaf and hard of hearing community has requested language that specifically requires their representative to be Deaf or hard of hearing. A representative from Gallaudet does not ensure that the representative is Deaf or understands the exam issue from a Deaf perspective. They would also like the representative to be chosen by someone in Maryland. The requested language is as follows: *A social worker designated by the Maryland Association of the Deaf who is familiar with the licensing process for deaf and hard of hearing social workers.*
5. **SB871, Workgroup Amendment:** The ASWB has not shown that they are operating in good faith in this process. They continuously blame "upstream factors" and take zero accountability that their exam could have even the smallest amount of bias. While their perspective on infrastructure could be useful to the workgroup, we do not believe ASWB deserves two workgroup members. We believe that one member would allow them representation without giving them an outsized voice.

Frequently Asked Questions:

What is SWEAR?
Social Workers for Equity and Anti-Racism is a grassroots group that grew out of the StopASWB movement in August, 2022. We are dedicated to confronting and eliminating discrimination in our profession. We believe that the ASWB licensing exams should be eliminated, as they keep talented social workers out of the profession without keeping out harmful ones.

Who supports these bills?
These bills have a broad base of support from a variety of social workers. We are social workers who have and have not passed the exams on the first try, BIPOC and white social workers, Deaf and hearing social workers, therapists, professors, supervisors, students, and non-profit executives.

There are also multiple important organizations operating in the State of Maryland who have expressed support for these bills: Morgan State University, The Arc, Maryland Association of Resources for Families and Youth (MARFY), Kennedy Krieger Institute, Catholic Charities - Baltimore, Pathways to Housing DC, Maryland Association of the Deaf, Hearts and Homes for Youth, Healthcare for the Homeless, Project Plase, Board of Child Care, Arrow Child and Family Ministries, and Pressley Ridge.

Why do the well-known Maryland social work organizations oppose the bills?
It is hard to say, but we have observed that their opinions are generally not based on the reality of the legislation nor the reality that the exams have never been correlated with safe and competent social work practice.

- If you ask the *members* of the National Association of Social Workers - Maryland (NASW-MD), few oppose the bills, but for some reason the organization has taken a stance in opposition. Additionally, by opposing these bills, NASW-MD is going against the National NASW, which is officially against ASWB exams.
- In their testimony, the Greater Washington Society for Clinical Social Work (GWSCSW) claimed to speak for the interest of the 9,300 clinical social workers in the State of Maryland, but the reality is that they have fewer than 750 members, not all of whom are licensed in Maryland. Many GWSCSW members in support of these bills feel silenced by long-term and influential board members. Additionally, they provided incorrect testimony that these bills will affect Maryland's ability to enter the Compact, which is *false*. They have subsequently emailed corrections to Senate Finance Committee members and Senator Washington.
- The Board of Social Work Examiners is biased, as they are members of ASWB. They have not demonstrated that the bias in these exams is a concern to them; they only responded to concerns in January 2023, five months after the data was released.

Do you support ending social work licensing? Won't getting rid of the exam mean that anybody can become a social worker?
No, we do not support ending licensing, and not just anyone will be able to become a social worker. *Licensure is not the same as passing an exam,* especially an exam that has never been proven to be correlated with safe and competent social work practice nor to protect the public. For social work, licensure requirements include graduating from an accredited school, having hundreds of hours of internship experience, and passing a criminal background check. For the independent licensure levels, this also includes 3,000 hours of supervised practice and at least 100 hours of clinical supervision, often paid for out of pocket at $100-200 per hour.

These exams protect the public, won't we put the public at greater risk?
This is false. This exam has never been shown to be predictive of safety or effectiveness in clinical practice. In fact, this exam *actively harms the public* by creating a workforce shortage and by not allowing clients to receive culturally competent care.

Does this mean we should do away with all licensing exams, like the bar and nursing exams?
Not necessarily, but we should confront the legacy of racial bias in standardized testing - the inventor of the SAT was a eugenicist, after all. Without recognition and reform, these issues will persist to the detriment of marginalized communities. In social work, specifically, we should not have to take an exam three times to prove competence. In fact, if our only concern was parity with other similar professions (such as Counseling, Psychology, or Marriage and Family Therapy), we would immediately and permanently eliminate the LBSW and LMSW exams.

What is the data for other professional exams? Do they show similar racial and age-related discrepancies?

Here are a few examples:

Bar exam – national first-time pass rate for white J.D. graduates who took the bar exam in 2021 was 85% compared to a 61% first-time pass rate among Black law graduates. Hispanic law grads posted a first-time pass rate of 72%; Asian law grads had a 79% pass rate; and 70% of Native Americans passed on the first try last year. The first-time pass rate for all bar exam takers was 80% (American Bar Association). Lower bar exam pass rates have long been a barrier to minority lawyers joining the legal profession. (Reuters)

American Board of Surgery (ABS) certification – trainees of Hispanic ethnicity, compared with non-Hispanic trainees, were only about 40% as likely to pass, on the first try, the final examination for American Board of Surgery (ABS) certification, despite having passed an initial qualifying exam to demonstrate sufficient applied knowledge (Cornell)

Examination for Professional Practice in Psychology (EPPP) – white psychologists were significantly more likely to pass the EPPP on the first administration than psychologists of color (92% compared to 83%). For specific racial groups, percentages were as low as 67% (APA)

Won't removing exams delegitimize social work?
No. We bring *greater* legitimacy to the social work profession by eliminating a discriminatory barrier that has never been proven to be correlated with safe and effective social work practice and does not protect the public. If we believe these licensing exams, then young, white, native English-speaking, hearing social workers are more competent social workers than other groups. We know this is not true. If keeping thousands of qualified social workers out of the profession legitimizes the profession, then our definition of legitimacy needs to change.

Won't this create a two-tiered system - social workers with temporary vs permanent licensure?
Two tiers *already exist* - people who pass the exam and people who cannot. This bill (temporarily) equalizes them so all qualified social workers can practice!

March 24, 2023

To: Maryland House of Delegates

**Re: Petition to Increase Social Work Workforce
And Address Discriminatory
Social Work Licensure Examinations, Supporting SB0871 & SB0145**

Dear Delegate,

We, the signers of this letter are writing to you in support of the following bills:

**SB0871-Social Workers - Licensure Examinations - Moratorium and Workgroup
SB0145-State Board of Social Work Examiners - Temporary License to Practice Social Work**

These bills respond to our grave concerns over the recent release of the Association of Social Work Board's (ASWB) test pass rates, which show alarming and unjust racial and other disparities. Based on the harm these exams have caused and are causing to social workers and our communities, **the signers of this letter advocate for this legislation, which immediately removes the barrier of the ASWB test at the Bachelors (LBSW), Masters (LMSW), Advanced Generalist (LCSW), and Clinical (LCSW-C) levels and allows Maryland a path towards finding a fair way to determine licensure for social workers.**

This legislation not only moves us towards equity, it also immediately adds large numbers of qualified, licensed social workers to the Maryland workforce and helps address the severe shortage of mental health workers in Maryland.

Note: For SB0871, we support a moratorium on the use of exams for licensure, which was in the original bill. We ask that the Committee amend the bill to reinstate the moratorium language. For SB0145, We ask that the Committee amend the bill to replace the word "may" with "shall", removing discretion from the Maryland Board of Social Work Examiners, who have shown no interest in addressing this serious issue. We also ask that Independent Clinical License be included in the bill for temporary licensure.

Here is why this issue is of urgent importance:

Disturbing Racial and Other Disparities

The newly released ASWB test data shows substantial differences in the pass rates between white test takers and BIPOC test takers, particularly Black test takers. (https://www.aswb.org/exam/contributing-to-the-conversation/) Eliminating these tests will instantly bring more equity to our field, which will benefit both social work graduates and social work clients. The recent statistics published by the Association of Social Work Boards (ASWB) reveal:

-Nationally, from 2018 to 2021, the Bachelors level exam had a first-time pass rate of **76.3% white, 75.1% Multiracial, 65% Native American/Indigenous, 59.3% Asian, 53% Hispanic/Latino, and 34.3% Black.**

In Maryland, the rates were **70.5% white, 60.7% Hispanic/Latino, and 29% Black** (not enough test takers to publish for other racial demographic groups)

-Nationally, from 2018 to 2021, the Masters level exam had a first-time pass rate of **86% white, 80.2% Multiracial, 70.5% Asian, 64.8% Native American/Indigenous, 64% Hispanic/Latino, and 44.65% Black**.

In Maryland, the rates were **90% white, 85.4% Asian, 83.2% Multiracial, 75% Hispanic/Latino, and 51.4% Black** (not enough test takers to publish for other racial demographic groups)

-Nationally, from 2018 to 2021, the Clinical level exam had a first-time pass rate of **83.5% white, 79.2% Multiracial, 70% Asian, 64.3% Hispanic/Latino, 63% Native American/Indigenous, and 43.5% Black**.

In Maryland, the rates were **88.4% white, 86.5% Multiracial, 81.1% Asian, 65.9% Hispanic/Latino, and 53.4% Black** (not enough test takers to publish for other racial demographic groups)

(Note: ASWB did not release outcome data for the Advanced Generalist exam)

There is an age component to these exams as well. Pass rates consistently go down as test taker age goes up. Older and second career social workers bring important perspectives to the profession, and the ASWB tests keep these social workers out of the field.

Additionally, at all three test levels, there are significant disparities between test takers whose first language is English and those whose first language is something other than English. ASWB has made no efforts to accommodate the needs of non-native English speakers.

Unfortunately, ASWB either did not collect or has not released data on other profoundly impacted populations, such as deaf and hard of hearing candidates. While not included in the ASWB data, deaf and hard of hearing social workers have voiced their struggles with this exam for several decades. The **linguistic structure of the test items (problematic because this population has a different experience acquiring and accessing English) and** cultural bias of the exam has profoundly impacted many deaf and hard of hearing social workers' access to licensure, **employment,** ability to serve their population, and advancement in their profession, despite attempts to work with ASWB to **collaborate on research, collect data, address undue barriers in test construction, or collaborate with deaf experts to enhance the appropriateness of** accommodations (e.g. engage a pool of interpreters appropriate skills and experience) and address cultural anomalies in test items.

The results of these exams do not represent the actual number of capable and qualified social workers in Maryland! The outcome data suggests disturbing levels of racial bias, leading to unnecessary gatekeeping and the upholding of racism and inequality. We can do better.

ASWB Deception, Deflection, and Denial

The ASWB exams are profoundly flawed. We are deeply concerned about the obvious racism in the ASWB tests. We are equally disturbed by the lengths to which ASWB has gone to avoid

accountability and protect their profits. ASWB had a rich opportunity to reflect on their own data and how they might work to make their tests more equitable. The largest takeaways from their data discussion were, however:

-Other standardized tests (such as the bar exam or Praxis®) also have lower pass rates from BIPOC communities, so this is a systems issue, not an issue with ASWB tests.

-"Stereotype threat" causes BIPOC individuals to get overly anxious and fail the exam because they are worried about fulfilling negative stereotypes about their racial or cultural group.

-Older students have extra challenges in their lives, such as family responsibilities, that interfere with their ability to study for and pass the exam.

All of these discussion points serve to place the onus for racial and age disparities on larger, undefined systemic issues or on the test-taking populations, ignoring long-standing concerns about the exams that have been raised for decades.

Concerns about the use of standardized exams for social work licensure have been voiced for decades, most notably by the National Association of Black Social Workers. They rightly pointed out that the licensure process, in particular the exams, would continue to marginalize Black social workers. Due to concerns about test validity and discrimination, social work organizations and concerned social workers have pressured ASWB to be more transparent with their test design processes and outcome data. These concerns were systematically ignored and data was withheld. In fact, just a few years ago ASWB's then CEO denied that they had demographic data that could be disaggregated. Yet, magically, they just released, under tremendous pressure, ten years' worth of disaggregated data.

ASWB has proven themselves to be a dishonest broker and unfit to be part of the social work profession. They have amassed over $30 million in assets while systematically ignoring and lying about legitimate concerns, knowing that they were contributing to inequity and racial hierarchy.

Protecting the Public?

ASWB and the Maryland Board of Social Work Examiners assert that the ASWB exams are in place to protect the public. However, the actual evidence suggests that it does just the opposite. In a time of unprecedented mental health needs in Maryland and across the country, and of major mental healthcare workforce shortages, especially in low-income and communities of color, the recent data prove that current licensure requirements are keeping many qualified and competent BIPOC social workers from doing important work and advancing in their field. It also limits diverse representation in the field of social work, particularly in communities that would benefit greatly from social workers with similar experiences and backgrounds.

These barriers are being put in place despite **no evidence** that the ASWB exams have any relationship to high quality and ethical practice, meaning that the exams are sustaining racial and other inequalities for no apparent purpose. Various issues about test validity have been raised for years, with no response from ASWB. In fact, when you ask actual social workers, many of them see the exams as a necessary nuisance with little or no relevance to the nuances

of day-to-day practice. Further, research has shown that social work educators see a large disconnect between what they see as important for future social workers to learn and what is in the exam (Apgar, 2021, Grise-Owens et al., 2016). Other research shows that the items on the ASWB exams are not strongly linked to CSWE EPAS competencies, which are the central focus of social work education curriculum (Apgar & Luquet, 2022). Additional research has raised concerns about the racist and ageist gatekeeping functions of the exams (Senreich & Dale, 2021) and specific racial microaggressions contained in numerous practice exam items (Castex et al., 2019).

A serious and thorough examination of the evidence shows that the only thing being protected by these exams is ASWB's escalating profits.

It is worth noting that there are other safeguards in place to make sure that licensed social workers are practicing in effective and ethical ways. All social workers have to graduate from an accredited social work program, which include rigorous coursework connected to CSWE standards and hundreds of hours of supervised practice in the field. Additionally, supervision requirements remain in place and a board approved supervisor is charged with ensuring their supervisors are performing competently and ethically. Certainly, with the high standards already established for licensed social work practice in Maryland, there is no need for exams that are blatantly discriminatory and lack any predictive validity. They neither protect the public or serve our profession.

Time for Change

We believe that the best way to overcome this systemic, racist barrier is to eliminate it as quickly as possible. **This is why Maryland must remove the requirement for the ASWB test at all levels. We also advocate for a legislative task-force to explore alternatives to ASWB clinical and advanced generalist exams that will not uphold racism. It is imperative that we divest from racist systems that uphold white supremacy.** BIPOC graduates take the test more frequently and have lower pass rates than their white counterparts. (The ASWB obfuscates this data by focusing on "eventual" pass rates rather than first-time pass rates.) This traps BIPOC individuals in lower-paying jobs or forces BIPOC individuals out of the profession entirely due to Maryland's stringent rules surrounding unlicensed social work.

Given pass rate disparity, the questions about the exam's validity, and the expense of the exam coupled with wealth inequality between BIPOC and white families, as long as these tests are a licensure requirement, the Maryland Board of Social Work Examiners is directly perpetuating the oppressive, racist, classist systems it purports to eliminate. Our own NASW Code of Ethics states, *"Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice."* How can we do this for our clients if we do not look in the mirror at ourselves? How can we ethically ask anyone, but especially BIPOC individuals, to continue to pay substantial sums of money into systems of racial oppression?

Eliminating these exams will elevate the quality and quantity of practitioners available to clients in Maryland. Both Bachelors and Masters level social workers receive consistent, regular supervision from more experienced social workers. Individuals with BSW or MSW degrees would still need to undergo all other current requirements for licensure such as a criminal

background check and graduation from a CSWE accredited program; only the ASWB test must be eliminated. At the independent licensure level, social workers are still required to gain at least two years of closely supervised experience and training. Additionally, there are other, more fair ways that social workers can demonstrate their readiness for independent practice. The advanced generalist and clinical exams **are not proven measures of social work competence. They are simply barriers for many capable social workers.**

Eliminating exams has precedent. There are other states in our country that do not require the Bachelors level exam, the Masters level exam, or both. Illinois recently removed its requirement for the ASWB test for the Masters and Bachelors level, which so far has resulted in almost 3,000 newly licensed social workers in the first six months of 2022, compared to 421 social workers licensed in that same time period in 2021.

In light of the recent data release, there is a nationwide movement to limit or eliminate the importance of the ASWB test. A Change.org petition to eliminate *all* ASWB exams has over 10,500 signatures at the time of this writing and continues to grow. (https://www.change.org/p/aswb-end-discriminatory-social-work-licensing-exams).

We are proud to serve Maryland and would like our state to be an example for the rest of the nation. We hope that you will take this opportunity to serve not only our state, but our entire country. Everyone benefits when there is a larger, more diverse pool of competent social workers available to practice.

Once again, please vote in favor of SB0871 and SB0145.

Sincerely,

1 = Affirmed the statement, "I am a BIPOC social worker or social work graduate, and my challenges in passing the ASWB test have delayed my ability to start or advance my career."
2 = Affirmed the statement, "I have witnessed BIPOC social workers delay employment or promotions due to the ASWB test."
3 = Affirmed the statement, "I am a social work supervisor, and my organization has lost out on hiring or retaining BIPOC social workers due to the ASWB test."
4 = Affirmed the statement, "I am a MD resident."
5 = Affirmed the statement, "I am an employee/intern at a social services agency in MD or a place that benefits from social workers (such as a school or hospital)."
6 = Affirmed the statement, "I am a social work instructor at an institution with a high number of MD license applicants.

Ivan Aryee, LMSW, Therapist[1,4,5]
Kia Baker, MSW, LMSW, School Social Worker[1,4,5]
LaKisha Barksdale, MSW, LMSW, Social Worker[1,4,5]
Jerica Blue, MSW, Life Skills Instructor[2,4]
Shelby Cook, LMSW, Social Worker[1,4,5]
Milton Gbonda, MSW[1,2,4]
Ross Gordon, MSW[1,2,4]
Melanie Harris, MSW, LCSW-C, Clinical Social Worker[1,4,5]
Tracy Harris, LMSW, Social worker/psychotherapist[1,4]
Rhonda Stewart Jones, MSW, LCSW, LCSW-C, LICSW[1,5]
LaNia Latimer, MSW[1,4]

Bonita McMorris, MSW, OMHC Director[1,4]
Winterford Mensah, LMSW, Social Worker[1,4]
Rafael Mercado, LMSW, School Social Worker[1,4]
Tammy Montague, LCSW-C, Therapist[1,4]
Dennis Novak Cruz, MSW (Working on taking Exam ASAP, depends on financial hardship)[1,4]
Linda Owens, LMSW[1,4,5]
Angela Patterson, BSW, Early Childhood Mental Health Consultant[1,4,5]
Philip Pratt, BSW, MSW[1,4]
Giselle R., MSW, School Counselor[1,4]
Mia Rhodes, BSW, MSW Student[1,4]
Philicia Ross, MSW, LMSW, Social Worker and Therapist[1,4,5]
Dachelle Ruffin, MSW[1,4]
Ashley Ruocco, LMSW[,4,5]
Chaundra Scott, LMSW[1,2,4,5]
Emilio Stewart Jr, LMSW, Social Worker[1,4]
Jacquelyn Sylvain, LMSW, School Social Worker[1,4,5]
Emanuel Wilkerson, BSW, MSW[1,4]

Steve Acerno, LCSW-C, Social Work Supervisor[4,5]
Dasia Adams, MSW, LMSW, Case Manager[2,4]
Andrea L. Agalloco, MSW, LCSW-C[4]
Madison Allbright, MSW, LCSW-C[2,4,5]
Kurline Altes, BS, PSH Case Manager[2]
Becky Anthony, BSW, MSW, PhD[2,4]
Rebecca Armendariz, MSW, LCSW-C, Psychotherapist[2,4]
David O. Avruch, LCSW-C[4,6]
Natalie Banwarth, LCSW-C[2,4]
Rosie Behr, LCSW-C
Chloe Bernardi, LCSW-C, CEO[3,4]
Karen Beriss, MSW Student[4,5]
Julyette Berry, MSW, LMSW, Clinical Social Worker[4]
Roberta Berry, MSW, LMSW, Child Welfare Consultant[2,4]
Jamar Biscoe, Starbucks Homeless Specialist[2,4]
Kara Bolling, MSW, LCSW-C, Mental Health Therapist[2,4,5]
Shanna Borell, LCSW, Behavioral Health Care Manager[4,5]
Brooke Bralove, MSW, LCSW-C[4]
Sara Brown, LCSW-C, Social Worker[2,4,5]
Elizabeth Bryan, LMSW, Therapist[2,5]
Danelle Buchman, MSW Student[4]
Christina Burke, LMSW, Mental Health Teletherapist[5]
Katia Callan, MSW, LCSW-C, Owner & Clinical Director[2,4,5]
Jesse Callan, LCSW-C, Director of Professional Development[2,4,5]
Kostas Canelos, MSW Student[2,4]
Andrea Carroll, LCPC, Director of Behavioral Health Services[2,4,5]

Darriel Cerrato, BSW, MSW Student[5]
Sam Chan, LCSW-C[4]
Marie Charles, BSW[2,4,5]
Elizabeth Chaudry[2,4,5]
Najae Collier, LCSW-C[2,4,5]
Megan Connaughton, LMSW[4]
Elease Cook, MSW, LMSW, Clinical Social Worker[2]
Caitlin Cordial, MA, Licensed Graduate Professional Counselor[2,4]
cathi coulson, LSCW-C[2,4]
Lynda Davis, LCSW-C[4]
Amor Del Rosario, Rev., Director of Spiritual Life[2,4]
Margaux Delotte-Bennett, MSW, LICSW, Director of Field Education[2,6]
Jennifer N Denton[2,4]
Lovannia Dofat-Avent, LCSW-C[2,3,4]
Makayla Domathoti, MSW Student, UMB[1,4,5]
Rachel Doyle, MSW, LICSW (DC license, MD resident), Clinical Supervisor[2,4]
Will Doyle, LICSW (Licensed in DC), Director of Housing Operations[2,4]
Jennifer Dubon[4,5]
Joseph W. Dwyer, LMSW, Foster Care Worker[4,5]
Janice Eisenberg, MSW Student[4]
Barry Elliott, MSW, LMSW[2,4]
Genae Elsey, MSW, LCSW-C[2,4]
Caitlin Faillace, LMSW, Medical Social Worker[2,4,5]
Faith Ferber, LMSW[2]
Joan Franklin, LMSW[4]
Denise Gault, LBSW, Case Manager[2,4]
Elizabeth Gentilcore, LCSW-C, Therapist[2,4]
Kate P. Gilles, MSW, LMSW, MPH
Jillian Ginsberg, MSW Student[4,5]
Kaitlyn Golden, LMSW, School Social Worker[2]
Moesha Graham, BSW, MSW Student, Behavior Technician[4]
Katherine Green, MSW, LCSW-C[2,4]
Daniel Green[4]
Linda D. Green, MD, Physician[4]
Jude Simon Guyton[4]
Courtney Hall, MSW, LGSW (DC), CEO[2,3,4,5]
Denise F. Hansen, LCSW-C[4]
Kathryn Hanson, MSW Student[2,4,5]
Hilary R. Hellerbach, LCSW-C, School Social Worker[4,5]
Bethany Henderson, LCSW-C[2,4]
Olivia Herrfurth, MPA[2,4]
Karen M. Hillman, LCSW-C, Behavioral Health Consultant[4,5]
Tiffany Hudak, MSW, LMSW, Mental Health Therapist[2,4]
Sequoia Hutt, LGPC, Outpatient mental health clinician[2,4]

Sharron Jackson, MSW[4]
Melia Jannotta, MSW, LMSW, Psyhcotherapist[4,5]
Sarah Jones, LCSW, LCSW-C, Social Worker and Psychotherapist
Jenna Johnson, LMSW, Program and Academic Director, Social Work Europe[3,6]
Norma Kafka, MALS, Quality Assurance Manager[5]
Alaina Kahn, LMSW, Therapist[4]
Lisa Kays, MSW, LCSW-C, Owner, Lisa Kays PLLC[2,4]
Phil Kendall, MSW, LMSW[2,4]
Adrienne Kilby, LCSW-C, Clinical Social Worker[2,4]
Anne Kolar, LCSW-C, Behavioral Health Therapist[2,4]
Leiora Kortvely, LCSW-C[4,5]
Yvonne Laster, MSW, LCSW-C, Social Worker[2,4]
Elissa Levine, MSW, LCSW-C, Clinical Social Worker[4]
Morgan Levine, LCSW, LCSW-C[2,4]
Michael D Lewandowski, LMSW, Program Director[4,5]
Dana Lewis, MSW, LCSW-C, Psychotherapist[2,4]
Carmella Long, LCSW-C, Therapy Practice Owner[2,4,5]
Elizabeth Lorenz[2,4]
DeniseLara Mangalino, MSW Student, Clinical Assistant[2,4,5]
Monique Mackell, BSW, MSW, LMSW[2,4]
Michael Massey, MSW, PhD, Social Work Professor[2,4,6]
Erin Maxwell, LCSW-C, Patient Navigator[2,4]
Nkwa McCarthy, LMSW, Program Therapist[2,4]
Bethan McGarry, LCSW-C, Social Worker[4]
Ellie Miller, MSW, LCSW-C, Clinical Social Worker[4]
Nicole Miller, MSW, LMSW, School Social Worker[2,5]
Simone Mishler, MSW Student[2,4]
Stephanie Mobley, LMSW[2,4,5]
Ivania Morales, LMSW, Family Therapist[2,4]
Judith L. Mounty, Ed.D., MSW, LCSW-C, Therapist in Private Practice[2,4,6]
Marianna Mujica, MSW, LMSW, Holistic Psychotherapist[4]
Sherri Nass-Teret, LCSW-C, Social Work Psychotherapist[2,4,5]
Grace Ann Nebres-Zuckerman, LCSW-C, Baltimore Child and Family Counseling, LLC[4]
Anna Nycum, LMSW[2,5]
Megan O'Shea, LCPC, Licensed Clinical Professional Counselor[4]
Beth Parker, LCSW-C, Psychotherapist[4]
Abbie Peck, BSW, MSW, LMSW[2,4,5]
Rachel Phillips-Anderson, LCSW-C, Clinical Social Worker[2,4]
Laura Place, MSW, LCSW-C, Owner and Clinician of Place for Psychotherapy, LLC[5,6]
Jennifer Manning Plassnig, MSW, LCSW-C, Clinical Social Worker[4]
Kristen McDermott, LCSW-C, Therapist[3,4]
Allison Mitchell, MSW Student[5]
Karyn Pomerantz, MPH[4]
Lauren Powell, LMSW, Program therapist[2,4]

Alana Prato-Shein, LCSW-C, Psychotherapist[2,4]
Reuben Steele, LCSW-C, Psychotherpist[4]
Janis G. Pressley, MSW, LCSW-C, LICSW[2,4,6]
Jessica Reedy, LCSW-C, School Social Worker[4,5]
Carmen Rivera, MSW, LCSW-C[2,4]
Randi Robbins, LCSW-C[5]
Jesse Robertson, MSW, LCSW-C, Advanced Program Therapist[2,4,5]
Megan Robison, LCSW-C[2,4,5]
Victoria Rodriguez, LMSW, LCSW, LCSW (New York), (LMSW Maryland)[2,4,5]
H. Rolon, LCSW-C, Program Supervisor[2,4,5]
Sarah Ross, MSW[4,5]
Jessica Ruddle, MSW, LCSW-C[2,5]
Gabriela Santana[4,5]
Melissa Scopilliti, PhD[2,4]
Jade Shapiro, MSW, LCSW-C, Therapist[2,4]
Madeline Sharp, LCSW-C[4]
Michelle Simonds, LCPC, LCADC, Clinical Supervisor[2,4,5]
Jasmine Simmons[2,4]
Mary C. Slicher, LCSW-C, Project PLASE, Inc. Executive Director[3,4]
Maria F. Smith, MSW, LCSW-C, Founder and Therapist of Inclusive Therapy[2,4,5]
Nicole Smith, Executive Director, Board of Child Care[2,3,4]
Rachel Rene Smith, LCSW-C[2,4]
Brittany Sothern, LCPC, Therapist[2,4,5]
L A Spagnola, President and CEO, Board of Child Care[2,3,4]
Jessica Strauss, MSW, LCSW-C, Mental Health Therapist[2,4]
Aleysia Sylvain[2,4,5]
Katherine S. Symons O'Bannon, LCSW-C[2,4]
Cheryl D Taylor, LCSW-C, Owner, Therapist[2,4]
Keeley Thomas, LCSW-C[2,4,5]
Gretchen M. Tome, LCSW-C, School Social Worker[2,4,5]
Michelle Tranchitella, MSW, LCSW-C, Social Worker[4,5]
Ethan Ulanow, LCSW-C[2,4]
Laura Usher, Mental Health Advocate[4]
Neysi Velasquez, MSW[4,5]
Sara Voigt, Caseworker[4,5]
Fernando A. Wagner, ScD, MPH[2,4,6]
Kimberly Lowery Walker, LCSW-C, Oncology Clinical Therapist[4]
Shalisa Walker, MSW, LMSW[2,4]
britt walsh, MSW, LCSW-C, LICSW, LCSW (Virginia), Director of Gender Affirming Care[2,4]
Rebecca Watkins[4,5]
Leah Weber, LMSW[2,4,5]
Cole Welsh, BA, Development Associate[4,5]
Gwyneth Williams, LCSW-C, Private Practice Psychotherapist[2]
Litsa Williams. LCSW-C[2,4,5]

Ashley Wilson, LMSW, Therapist
Sean Wise, Social Work Student[4,5]
Kimberly Yamas, MSW, LCSW-C[4]
Lisa Zimmerman, LCSW-C, Psychotherapist[4]
Brooks Zitzmann, MSW, PhD, LCSW, Assistant Professor[6]
Grace Ann Zuckerman, MSW, LCSW-C, Clinical Social Worker[4]