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The Shortage of Licensed Social Workers in Central Florida

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Helen M. Burrows

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2019

Abstract

The Shortage of Licensed Social Workers in Central Florida

by

Helen M. Burrows

MSW, State University of New York University at Buffalo, 2002

BA, St. Bonaventure University, 1997

AAS, Jamestown Community College, 1995

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

February 2019

Abstract

For several decades, a national shortage of licensed clinical social workers has been growing in the United States. Licensed social workers provide counsel and advocacy for those affected by mental illness, addiction, abuse, and discrimination, among other economic difficulties, and are the largest group of providers of mental and behavioral health services. The research questions for this project addressed what challenges unlicensed social workers in central Florida identify as barriers to pursuing clinical licensure. This study also explored strategies that unlicensed social workers in central Florida reported to address these barriers and encourage the pursuit of clinical licensure. The purpose of this research was to identify both the barriers that social worker's report in seeking their licensure and effective strategies to address the barriers. The theoretical framework to inform the project was systems theory. An action research design was used including a focus group of 5 unlicensed social workers, selected through purposive sampling. Thematic analysis was used to analyze the data. Study outcomes showed that social workers in central Florida chose not to pursue licensure because of the cost and time associated with the process. Changes recommended as part of this research may bring about social change through an increase in the number of licensed social workers to assist Floridians who seek such services.

The Shortage of Licensed Social Workers in Central Florida

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Dedication

This work is dedicated to all individuals who live with the difficulties of an untreated mental illness, due to a lack of resources and service providers; licensed clinical social workers, who are the primary providers of such treatment. It is my hope that this research and its dissemination will prompt change that supports the principle of social justice in order to help these individuals live their best lives with dignity and purpose.

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Section 1: Foundation of the Study and Literature Review

According to the National Association of Social Workers (NASW), the largest organization of social workers that strives to enrich the professional growth and development of its members, social workers provide counsel and advocacy to some of the most vulnerable populations in the world (NASW, n.d.). They help the unemployed, disabled, mentally ill, homeless and abused, as well as, those who struggle with poverty, addiction, and discrimination among other challenges (NASW, n.d.).

In Section 1, I expose the history and current state of the growing shortage of licensed social workers and why a deficiency in the number of licensed social workers is a problem. I used an action research design to assess the origins of the problem and to discover strategies that could be used to address the shortage of licensed social workers in central Florida.

Problem Statement

For several decades there has been a growing national shortage of licensed social workers in the United States (Busby-Whitehead, 2016; Lin, Lin & Zhang, 2015; Social Work Policy Institute, 2013; Watson, Milam, Cooper & Hansen, 2013. Lin et al. (2015) use the economic theory of supply and demand to explain how the growing supply of social workers will be unable to meet the growing need. Other authors report on the efforts that have been made to address the problem such as creating new models of care, educational loan forgiveness, and staff recruitment and retention (Cornes, Manthorpe, Moriarty, Blendi-Mahota & Hussein, 2013; Cottingham , Adler, Austrom, Johnson,

Boustani, & Litzelman, 2014; Cross, Day, Gogliotti, & Pung, 2013; Furguson, 2015; Warsaw & Bragg, 2014).

The consequences of having a shortage of licensed social workers to provide mental health and substance abuse treatment services are illustrated by human disease, suffering, death, and by financial burdens (Agency for Healthcare Research and Quality [AHRQ], 2014; Substance Abuse and Mental Health Services Administration [SAMSHA], 2014). According to the AHRQ (2014), individuals diagnosed with mental illness die 25 years earlier, on average, than the general population. In addition, intimate partner violence is reported by nearly half of pregnant Latino women, and 1,500 children (including 500 younger than 5 years) die each year from abuse and neglect (AHRQ, 2014). In terms of finances, one of the top five most costly health ailments diagnosed in children in 2006 was a mental disorder, and by the year 2020, 70% of substance abuse disorder spending is projected to be covered by public payers (SAMSHA, 2014).

With Florida's current population reaching 21,312,211, and 10,434 licensed social workers, one licensed social worker per 2,042 people in Florida is a grave situation (Florida Health Department of Health. 2017; World Population Review, 2017). Florida has the largest percentage of senior citizens (≤65 years) (U.S. Census Bureau, 2016). With the Baby Boom generation continuing to grow, and as the aging population continues to grow, the shortage is compounded by the geriatric health needs of the elderly (Busby-Whitehead, 2016; Ferguson, 2015; Lin et al., 2015; U.S. Census Bureau, 2016; Warsaw & Bragg, 2014). Although skilled nursing facilities (SNFs) and assistive living

facilities (ALFs) vary among the country in admissions for people with a mental illness, these facilities in Florida increased admissions by 17.5% in only 5 years, between 2007 and 2012 (AHRQ, 2014; U.S. Census Bureau, 2016). Disparities exist in access to providers and the inequality of care provided by untrained informal caregivers (Hames, Stoler, Emrich, Sweta & Pandya, 2016).

As the years pass, the margin between the number of licensed social workers and individuals who seek the services of a licensed social worker magnifies (Berzoff & Drisko, 2015; Ferguson, 2015; Florida Health Department of Health, 2017; Gardner, Gervino, Lin et al., 2015; U.S. Census Bureau, 2016; Warner Walls, Chachkes & Doherty, 2015). In a quantitative study using the economic theory of supply and demand, Lin et al. (2015) projected a national shortage of social workers, specifically in the Southern and Western regions of the United States, where the supply of licensed social workers will be unable to meet the growing demand. The literature describes the general effect of social workers, as well as, how a shortage of clinical social workers impacts specific populations in central Florida.

Purpose Statement and Research Question

My purpose in this study was to understand social workers' decisions not to pursue licensure in central Florida. My intent was to uncover the reasons or barriers that social works experience, in obtaining licensure. The research questions were: "What do unlicensed social workers in central Florida identify as barriers to pursuing clinical licensure?" and "What strategies do unlicensed social workers in central Florida identify to address these barriers and encourage the pursuit of clinical licensure?"

As defined by Baker (2014), a licensed social worker is a professional social worker who has been legally accredited by a state government to engage in clinical social work in that state. Clinical social work is a specialty practice of social work that concentrates on the assessment, diagnoses, and treatment of mental illness and emotional and behavioral disturbances (NASW, 2018). *Managed care* is defined as the participation of third parties in the delivery of health care services and procedures for monitoring the delivery of health care and health care benefit to control overuse of services and the overcharging of professionals (Baker, 2014).

Through this study, I have improved my clinical practice and professional development by sharing and implementing the information generated, in my work with colleagues and unlicensed social workers. Through the reciprocity and learning from others that occurs in action research, I am better able to educate, assist, and prepare social workers for acquiring licensure, given the information learned and outcomes generated by the study. By presenting and preparing unlicensed social workers with the information I collect from the research, I may influence current unlicensed social workers. I will also be able to share the newly acquired information with social workers in training and recent graduates entering the field, thereby potentially influencing the number of social workers who ultimately pursue licensure in Florida (Hoge, Migdole, Camnata, & Powell, 2014).

Nature of the Project

The essence of this study involved an action research design. Action research uses a combination of research, education, and action via exploration, collaboration, and inquires, for the purpose of generating new knowledge (McNiff, 2016). Participants were

unlicensed, English speaking, practicing social workers and members of central Florida's NASW who had received an invitation via email to participate. The research aligns with my purpose in the study and research questions by collaborating with and engaging those stakeholders most affected by the research. A commitment to social work is illustrated in the applications of engagement, collaboration, and ethics in the research, which serves to prompt change for the greater good of society (NASW, 2010). My role was to act on what I learn from this study; it was not simply about learning and sharing new knowledge, but also advancing human self-determination and creating additional knowledge. My study is reflective of action research by the collaboration and learning that transpires between all participants throughout the process (McNiff, 2016). The research methodology was qualitative, using a focus group to collect data from unlicensed social workers with the theme of identifying barriers to obtaining licensure and possible strategies to overcome the barriers they report, as I sought to learn why they do not pursue licensure, and any actions that may prompt them to seek licensure. The focus group was facilitated at the Homosassa Springs Florida public library. The information I learned from this research is the new knowledge generated by the study.

The Significance of the Study

The information generated from this study may benefit further stakeholders including Floridians who seek the assistance of licensed clinical social workers for mental/behavioral health services, and the Florida State Licensing Board. Given that managed health care, and Medicare, which is largely used in the state of Florida for geriatric care, mandate a social worker be licensed, the study has implications for these

insurance holders and providers, and is, therefore, significant to practice (Centers for Medicare & Medicaid Services, 2008). Also, studies show that social work practitioners, who are licensed, exercise a higher level of expertise and skill, which can increase the quality of care provided to Floridians (Berzoff & Drisko, 2015; Donaldson, Fogel, Hill, & Erickson, 2016).

This study could be of significance to the state of Florida as it may direct those social workers seeking licensure; to the actions they take to obtain licensure, which will sequentially influence the State Licensing Board as to the provisions for social work licensure. The primary purpose and the findings of this study may be helpful in encouraging unlicensed social workers to obtain licensure and ultimately lead to an increase in the number of licensed clinical social workers providing mental/behavioral health services available to Floridians, which emphasizes the component of social change.

Theoretical Framework

In connecting theory to the action research of the shortage of Florida licensed clinical social workers and understanding the shortage of these health care providers, systems theory provides the most rational explanation as it examines the interactions of parts in a system. System theory supports phenomena of circular casualty whereby all the elements of a system simultaneously are influenced by and influence each other; they are interdependent (von Bertalanffy, 1972).

Developed in the early 19th century by Ludwig von Bertalanffy, systems theory considers how the interactions between systems makeup, or create the outcome and that

the outcome is more meaningful or significant than the individual parts (von Bertalanffy, 1972). To understand an organized whole, in this case, the clinical practice of licensure, it is important to know the parts and the relations between them (von Bertalanffy, 1972). It is, therefore, significant to consider the effect of the interaction between nonlicensed social workers, and the Florida Licensing Board, as each, influences the other, and ultimately, the outcome they create as a whole—the process of licensure.

Not only are the social workers who are working toward licensure affected by the interrelationship or reciprocity that illuminates systems theory, but so too are licensed social workers, clients, and the licensing boards that mandate licensure requirements for each state. According to Walsh (2013), systems theory entails a "feedback" principle whereby each system provides feedback to the other which affects the actions of each. This feedback principle concept serves to explain behaviors. Unlicensed social workers follow the state's procedures to become licensed, which impacts how the state determines the procedures for licensure. Although some client's see unlicensed social workers for mental and behavioral health care, clients with managed care are commonly required to see a licensed social worker; thus, social worker's use this feedback to seek licensure.

Applying this theory to the problem statement reflects the continued and rising problems that exists, due to the limited number of clinical social workers available to provide services to those in need. Applying the feedback principle (Walsh, 2013) to the research questions reflect the illustration of systems theory. Asking questions that seek to identify barriers and strategies is the feedback to be given to the state of Florida, and if

used, will alter the behaviors of unlicensed social workers, thereby potentially increasing the number of licensed clinical social workers. Applying systems theory to the purpose of this study demonstrates the interdependence that occurs between unlicensed social workers and the state of Florida. Although the state sets the standards for licensure, based on the actions of unlicensed social workers, the unlicensed social workers follow the criteria to become licensed, as established by the state of Florida.

My purpose in this study was to understand social workers' decisions not to pursue licensure in central Florida. The intent was to uncover the reasons or barriers that unlicensed social workers experience in obtaining licensure and the strategies they identify, to address these barriers.

Values and Ethics

The primary mission of the social work profession is to work toward human well-being and to ensure the basic needs of all people (Gonzalez & Gelman, 2015; NASW, 2017). Working to address barriers that prevent people from services (a shortage of services) ensures the basic needs of individuals. Thus, the code of ethics speaks directly to this study. Specific values from the code that are conducive to the study include social justice and the dignity of each person (NASW, 2017). Although the value of social justice seeks to ensure all persons have access to services, resources, and an equal opportunity, the value of dignity and worth of a person reflects the goal of the profession to help others increase their ability to address their own needs. Consequently, having a limited number of social workers leaves fewer services, resources, and opportunities available, as well as, limited ability for individuals to receive help in addressing their needs. With the

project's goal of gaining an understanding of the barriers that lead to a limited number of social workers, it supports the values and principles of the NASW code of ethics.

Review of the Professional and Academic Literature

According to the NASW (2017), clinical social work is a specialty practice requiring a license to practice and focuses on the assessment, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral disturbances. Social workers who provide these services are required to become licensed in their respective state (NASW, 2017).

I used databases for research, including SocINDEX, PsychARTICLES, SAGEjournals, and PsychINFO through Google Scholar via Walden University. Subject headings accessed were: *business and management, counseling, nursing, human services, health services, policy, administration and security, psychology*, and *social work.* The literature that I reviewed and retrieved was published between 2013 and 2018. Key terms, combined and referenced separately, included *licensed clinical social worker*- *LCSW licensure and shortage/s*, *mental-behavioral health care shortage*, *clinical social work licensure*, *health care provider shortage-disparities*, *mental health workforce*, health care *workforce shortage/s geriatric health care provider access*-shortage, *mental-behavioral health access, policy of social work licensure*, and similar terms. Professional organizations and primary web-based sites searched were: NASW, Association of Social Work Boards [ASWB], Bureau of Labor Statistics, and the U.S. Census Bureau.

Much of the literature summarized the past and current state of the problem of mental and behavioral health care provider shortages across the United States, and

although most of it focused on licensed social workers, some of it referenced other licensed mental health care providers. The bulk of the literature carried themes of the role of a licensed clinical social worker, the efficacy of licensed clinical social work, and the need for and consequences of a shortage in the number of these practitioners. Some of the literature reported on studies and referenced licensed social work services to specific populations such as veterans, children, and older adults. Causes of a shortage are revealed, and a few articles reported on strategies that have been developed or used to counter, what some literature referenced as a national health care crisis.

Social Work Licensure and its History

As reported by Berzoff and Drisko (2015), licensed clinical social work is built on the six core values of the profession and a knowledge base that includes ethics and values, biopsychosocial development, psychopathology, interpersonal relationships, environmental determinants, clinical methods, prevention and resilience, cultural and racial awareness, attention to socially structured oppression, and strengths and practice research. Treatment approaches are used through individual, family, and group modalities via data-driven research and evidenced-based practices, to provide psychological interventions that support social change from the principles of human rights and social justice (Davidson, Brophy, & Campbell, 2017; NASW, 2017; Reisch & Jani, 2012). Clinical social work services are provided in hospitals, schools, jails, community mental health and substance abuse treatment centers, primary care settings, and private practice.

The earliest efforts to license social work began in the 1960s and were prompted by the NASW (Donaldson, Fogel, Hill, Erickson & Ferguson, 2016). Initial licensing

efforts not only served as means of recognizing a specialty practice of social work but were primarily developed to protect the public from incompetent service (Donaldson et al., 2016; Social Work Policy Institute, 2013). Although initial licensing was tied only to the educational level and postgraduate hours of practice, subsequent licensing began to recognize different types of licenses that included specialty practices and varied by state (Donaldson et al., 2016). The ASWB; the organization that regulates the practice of social work, develops and maintains four levels of licensing exams: bachelors, masters, advanced generalist, and clinical (ASWB, 2017). By 1994, all 50 states had licensed or certified social workers for clinical practice (Baker, 1996). Currently, every U.S. state, the District of Columbia, the U.S. Virgin Islands, and the Canadian provinces of Alberta and British Columbia require social work licensure to practice (ASWB, 2017; Donaldson et, al., 2016). The level of licensure varies and is determined by each state. For instance, while some states license a bachelor of social work, other states do not.

A Comparative Analysis of National to State Numbers

A report published by the American Hospital Association in 2016 summarized the state of the behavioral health care workforce and pointed out that despite the passage of the Mental Health Parity and Addiction Equity Act of 2008 and the Patient Protection and Affordable Care Act of 2010, the increase in the delivery of behavioral health care services remains limited with more than 50% of those patients receiving treatment from their primary care provider (American Hospital Association, 2016). Although the Bureau of Labor Statistics predicts the employment of mental health and substance abuse social workers to grow 19%by 2026, the pattern of shortage is predicted to continue because the

growing supply will be unable to meet the growing need (Ferguson, 2015; Lin et al., 2015; U.S. Department of Labor, 2017). A more recent estimate reveals that by 2030, the number of states with a severe shortage ratio will climb from 11 (identified in 2012) to 30, with a total shortfall of 54 social workers per 100,000 people (American Hospital Association, 2016; Lin et al., 2015).

A review of the four states examined for this action research, California, Texas, Florida, and New York (in order of most populated), revealed patterns of commonalities and differences in licensing. Each state licensing board requires a college degree from an accredited program of study which includes a field placement with face-to-face clinical hours, a determined number of postgraduate hours of work that vary by state, supervised practice hours that vary by state, and a passing score on a licensing exam (ASWB, 2017). Each state allows a nonlicensed social worker, who may or may not be working toward licensure, to practice clinically under a licensed social worker but few states require specialized training and continuing hours to be qualified to provide the supervision hours needed for licensure (Board of Behavioral Sciences State of California, 2018; Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, 2018; New York State Education Department, 2017; Texas Department of State Health Services, 2011). Texas is the only state of the four that offers a bachelor's level license (Schachter, 2016; Texas Department of State Health Services, 2011). In 2015, New York became the last state to mandate continuing education hours for license renewal (New York State Education Department, 2017; Schachter, 2016). Some states, such as Florida, require certificate hours in specific topics; for example, domestic

violence, child abuse, laws and rules, medical errors, HIV-AIDS, and ethics, and coursework in specific subject matter such as psychopathology, whereas other states do not (Board of Behavioral Sciences State of California, 2018; Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, 2018; New York State Education Department, 2017; Texas Department of State Health Services, 2011). Fees for the exams range from $230 to $260, and there is no reciprocity for social work licensure in any of the U.S. states (ASWB, 2017).

In the state of Florida, the number of licensed social workers is insufficient to meet the demand that currently exists and has reached a critical point (Florida Health Department of Health, 2017; U.S. Census Bureau, 2011). In Florida, it is Florida's Department of Health: The Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, that licensed social workers and sets the educational requirements for this health care profession. In Florida, one form of licensure for social work currently exists, the Licensed Clinical Social Worker (NASW, 2017). By comparison, of the four states reviewed for this study, Florida is close in range regarding the ratio of licensed social workers to residents; however, what is not recognized is Florida's greater need for licensed social workers. This need is due to an increased lifespan and Florida having the highest number of senior citizens ($\leq$65 years), in the country (U.S. Census Bureau, 2016).

A shortage of licensed social workers on a state level of the four states reviewed, as shown in Table 1, was estimated by use of publicly available data and a per-population

shortage ratio as reported by World Population Review (2018) and the U.S. Bureau of Labor Statistics (BLS), (2016).

Table 1

Division of State Populations to LCSWs

State	California	Texas	Florida	New York
Population	39,776,830	28,704,330	21,312,211	19,862,512
LCSWs	12,850	3,310	10,434	11,090
Division	1 / 3,095	1 / 8,672	1 / 2,042	1 / 1,791

The Power of Licensed Clinical Social Work

Licensed social workers provide counsel and advocacy for those affected by mental illness, addiction, unemployment, poverty, abuse, discrimination, illness, and disability, among other economic difficulties (Lin et al., 2015; NASW, 2017). According to a report by Heisler and Bagalman (2015), licensed clinical social workers provide 48% more mental health and substance abuse treatment than any other provider, including psychiatrists, psychologists, and marriage and family therapists. Licensed social workers alone provide more mental health services than all other mental health providers combined (Heisler & Bagalman, 2015; Lin et al., 2015; Watson, Milam, Cooper, & Hansen, 2013). As reported by the Social Work Policy Institute (2013), social workers provide 75% of psychotherapy services in this country and are employed most often by the Department of Veterans Affairs.

The efficacy of licensed clinical social workers is cited through quantitative and qualitative studies, along with the efforts made to address this mounting dilemma. Although DePanfilis and Herman (2015) examined 12 studies to reveal efficacious

outcomes of social work interventions, Rizzo and Rowe (2014) summarized 42 studies to reveal the high-quality interventions provided by social workers. Social workers possess knowledge of human behavior, theory and interventions to help individuals manage and cope with various problems (Gerlert, Collins, Golden, & Horn, 2015). They are known to provide leadership in organizations given their acquired skill set and their value system (Gehlert et al., 2015). Licensed clinical social workers are set apart from other providers by their sensitivity to gender, ethnicity, and cultural issues, and are currently the largest providers of mental health services in the United States (Berzoff & Drisko, 2015; Lin et al., 2015; Social Work Policy Institute, 2013).

Reasons for the Shortage of Licensed Social Workers

The literature references a few explanations for the shortage of licensed clinical social workers, with the primary themes being low pay and insurance reimbursement rates (AHA, 2016; Brauner, 2015; Lin et al., 2015; Morelock, 2016; NASW, 2017; Substance Abuse and Mental Health Services Administration 2013; Social Work Policy Institute, 2013; U.S. Department of Labor Statistics 2017; Watson et al., 2018), and the effect of policy (AHA, 2016; Berzoff & Drisko, 2015; Brauner, 2015; Florida's Center for Fiscal and Economic Policy, 2015; Gonzalez, 2015; Hair, 2013; Heisler & Bagalman, 2015; Hoge et al., 2014; Lin et al., 2015; Orfield, Hula, Barna & Hoag, 2015; Reisch & Jani, 2012). Lesser documented reasons take into account an aging population that includes the Baby Boom generation with a large amount of retiring social workers, as well as, the practice of nonlicensed clinical social work (Ferguson, 2015, Lin et al., 2015; Social Work Policy Institute, 2013; U.S. Census Bureau, 2017; WHO, 2017).

Low Wages

According to the U.S. Department of Labor, Bureau of Labor Statistics (2017), of the four behavioral health care providers listed, Mental Health and Substance Abuse Social Workers earned the lowest wage in 2016 with a median annual income of 46,890.00. Licensed social workers are currently paid at 70% compared with physicians and licensed psychologist (Watson et al., 2013). SAMHSA (2013) commented on the unacceptable fact that addiction counselors (which include licensed clinical social workers), currently qualify for food stamps. Adding to the disparity is the fact that licensed social workers, working as private practitioners, who apply and are accepted onto insurance panels are tied to the reimbursement rates of those insurers, which can change without much warning (Brauner, 2015; Morelock, 2016). More concerning, reimbursement rates have remained the same for more than 30 years (Social Work Policy Institute, 2013). In like manner, the American Hospital Association's report in 2016, on the current behavioral health care workforce, cited the lack of reimbursement as the greatest barrier to mental health and substance use care (AHA, 2016). Whether in private practice or employed by an agency, licensed social workers are the largest providers of mental health and substance abuse treatment services, however receive the lowest rate of pay and insurance reimbursement (AHA, 2016; Brauner, 2015; Lin et al., 2015; Milam at al., 2018; NASW, 2017; Social Work Policy Institute, 2013).

Watson et al. (2013) reported on a study of licensed social workers in Texas to assess for their willingness to participate in the Medicaid program due to low rates of reimbursement. The study used a quantitative design and identified potential participants

through the Texas NASW inviting each, via email, to complete an online survey at SurveyMonkey.com (Watson et al., 2013). Using this survey methodology, it was revealed that one-third of the total 215 licensed social workers who responded were considering leaving the field due to low rates of reimbursement and that the providers who were accepting Medicaid kept those claims at less than10% of their practice (Watson et al., 2013). Licensed social workers in private practice, therefore, must work harder and longer, to keep up with the expense of operating a business.

The cost alone for licensure is enough to deter some from initial efforts to acquire licensure. In an exploratory study by Miller, Deck, Grise-Owens & Borders (2015), MSW graduate students perceptions about social work licensure were assessed. Using a cross-sectional survey research design, after recruiting participants via email, results revealed the most commonly reported barrier to obtaining licensure was financial; including the costs of preparation, the exam and maintaining the licensure (Miller, Deck, Grise-Owens, & Borders, 2015). Due to the frustration from currently licensed social workers with both inadequate reimbursement rates and the bureaucracy of managed care, many licensed social workers are choosing to accept “cash only” payments (Social Work Policy Institute, 2013). Licensed social workers are no longer willing to accept fees that are not commensurate with their level of knowledge and training (Berzoff &Drisko, 2015). Remarkably, it is worthy to recognize that salary and reimbursement are tied into policy, which is another cause for the shortage of licensed social workers, according to the literature.

Policy

According to the American Hospital Association (2016), behavioral health services have a low priority in the U.S., and not only are salaries low in the behavioral health professions but well below those in comparable health care positions. As cited by the Social Work Policy Institute (2013), licensed social workers are paid less than the comparably educated clinical psychologist, and the social work PhD and DSW are paid at the Master's level. As earlier explained, low financial compensation was a large reason cited for causes of the shortage in the number of licensed social workers (Brauner, 2015; Lin et al., 2015; Milam at al., 2018; NASW, 2017). Employed by an agency, or working independently, it is managed care that regulates the providers, and length and modality of treatment which tends to seek more behavioral based or problem focused, short-term treatment rather than psychodynamic practices that can be more timely, hence the effect of policy (Berzoff & Drisko, 2015; Brauner, 2015; Morelock, 2016; Orfield, Hula, Barna & Hoag, 2015; Social Work Policy Institute, 2013). As pointed out by Brauner (2015), “Legislative changes introduce uncertainty and can affect the private practitioner unexpectedly and in unforeseen ways” (p. 297). Remarkably, given that the amount of reimbursement is determined politically or via policy, one may contend that policy is, in fact, the largest reason cited for the shortage of licensed social workers.

Further exemplifying the low priority of behavioral health care is the lack of follow through on legislative efforts. As reported by Reisch and Jani (2012), policy influences the structure of programs within organizations or agencies that provide behavioral health care at a community level. Political influences occur through “formal

and informal decision-making processes within agencies, the criteria that funders use to determine the allocation of resources and the interpersonal dynamics of worker-collegial relationships" (Reisch & Jani, 2012, p. 1137). As far back as 2003, the President's New Freedom Commission Report on Mental Health stressed the need for excellent mental health services including empirically supported treatments and the expansion of the workforces (Hoge et al., 2014). After more than a decade, these efforts still had not come to fruition, and one of the causes cited was financial restraints (Hoge et al., 2014).

Likewise, funding has been provided for brief time periods only and eventually canceled (AHA, 2016). For example, with the implementation of the Patient Protection and Affordable Care Act, there was a focus on the underutilization of mental health services (Lin et al., 2016). Further asserted by Lin et al. (2015), although the Affordable Care Act (ACA) required small health plans and Medicaid to provide essential benefits including mental health, which would have created more opportunities for licensed social workers, there was a subsequent reduction in funding to see this through.

Specific to Florida, the Center for Fiscal and Economic Policy (FCFEP) reported in 2015 that Florida continues to rank below most states in many measures of well-being for its residents including state government expenditures for services which include medical and mental health care. Although funds continue to grow, investments into meeting the needs of residents have been reduced, in support of $1.5 billion in tax reduction, just in the past three years (FCFEP, 2015).

Policy influences the structure of programs at the organizational and community level (Heisler & Bagalman, 2015; Reisch & Jani, 2012). While the federal government

has an interest in the mental health workforce, most of those regulations occur at a state level; from licensing requirements to the state laws that establish the scope of practice (Heisler & Bagalman, 2015). On a smaller scale, it is the individuals in positions of policy and administration that determine the allocation of resources in social service organizations; from the credentials of those hired (MSW vs. LCSW) to worker's time, skills and resources (Reisch & Jani, 2012). From a practice perspective, a reduction in funding has led to organizational downsizing where clinical social workers are more recently being supervised by administrative staff who often have no clinical background or supervisory training (Hair, 2013; Hoge et al., 2014).

Finally, the impact of policy is evident from an academic and a practice perspective (Berzoff & Drisko, 2015; Hair, 2013). Schools are moving away from teaching relationally based theories that help students understand how clients are compelled by the unconscious; specifically, how early life relationships and experiences influence and shape human behavior (Berzoff & Drisko, 2015; Brauner, 2015). Schools are not only graduating social work scholars with limited practice knowledge but employing adjunct faculty who have limited influence over curriculum, are paid poorly, and receive little to no benefits (Berzoff & Drisko, 2015; Brauner, 2015).

An Aging Population

A lesser cited cause of a shortage of licensed social workers is one of the most significant reasons to address the shortage of these health care providers; the aging U.S. population. Social work is one of the professions expected to produce more retirees from the Baby Boom generation, than other professions (Ferguson, 2015). Not only with the

loss of social workers due to the Baby Boom generation retiring but also, given the increased lifespan, people are living longer. The U.S. population is growing at a rate unseen before in U.S. history (American Hospital Association, 2016). Combining the current births, deaths and migration rates in the United States, the population has grown by nearly 80 million individuals between January 1, 2017, and January 1, 2018 (Census Bureau, 2017). With Florida having the highest number of older adults (≤65 years) this adds to the effect of the shortage problem experienced in Florida (U.S. Census Bureau, 2016). Analysts predict that by 2060, the older adult population (≤65) will comprise nearly one in four United States residents, where 19.7 million people will be age 85 or older; at that time, there will be 98.2 million people ages 65 and older (U.S. Census Bureau, 2016). With a longer lifespan, there is a higher demand for care; specialized care (Ferguson, 2015; Lin et al., 2015; Warshaw & Bragg, 2014; WHO, 2017).

According to the World Health Organization (2017) people age 60 and older have physical and mental health challenges that need to be recognized. Depression connected to heart disease, isolation, Alzheimer's Disease or dementia (deterioration in memory, thinking, and behavior) chronic pain, loneliness, and reduced mobility and frailty often require long-term care (Warshaw & Braggs, 2014; WHO, 2017).

Nonlicensed Practice Opportunities

Lastly, though not directly noted in the literature, evidence shows that social workers practice without a license. What the Social Work Policy Institute terms as "Swiss cheese regulations" are loopholes in various State's protocols that allow social workers to practice without a license (Social Work Policy Institute, 2013). These loopholes speak to

the practice of unlicensed social workers working under licensed social workers, in some states. Given that systems theory is utilized to explain the impact between nonlicensed social workers (seeking licensure) and the state of Florida, it is important to recognize the state's guidelines that permit unlicensed social workers to practice without a license. Systems theory explains the interdependence between social workers seeking licensure and the Florida Licensing Board, and the combined outcome they create since unlicensed social workers can practice as licensed social worker's, it causes an effect on the outcome, the licensure process. Simply put, with unlicensed social workers being granted permission to practice without a license, they deny the necessity, and choose not to obtain licensure, thereby adding to the shortage in the number of licensed social workers (Social Work Policy Institute, 2013).

Affect of the Shortage

With a shortage of licensed clinical social workers, individuals with mental/ behavioral health needs go untreated leaving a trail of human suffering (AHA, 2016). To illustrate the number of individuals affected, the American Hospital Association (2015) revealed that in 2014 there were 9.8 million U.S. adults and 22.5 million U.S. children needing but not receiving treatment for alcohol or illicit substance use, and 11.8 million needing and not receiving mental health treatment; all related to the shortage of health care providers. The consequences to these individuals are substantial.

Individuals who live with an untreated mental / behavioral health disorder suffer from: unemployment, poverty, family dysfunction, emotional suffering, abuse, crime, premature mortality, lower levels of education, isolation, gender discrimination, social

exclusion, homelessness, suicide, homicide, and other chronic diseases such as diabetes and heart disease (Deleon, Convoy, & Rychnovsky, 2013; National Institute on Drug Abuse, 2017; Rishel & Hartnett, 2015; U.S. Department of Veterans Affairs, 2017; WHO, 2017). More specific, the Veterans Administration which employs more licensed social workers than any other organization in the United States (Social Work Policy Institute, 2013), reports that Veterans have a 22 percent higher risk of death by suicide and that "on average" 20 veterans died each day in 2014 from suicide (U.S. Department of Veterans Affairs, 2017). With 90 people dying daily from the current opioid overdose crises and school shootings across the county continuing, the effect of the shortage of these providers will continue to be witnessed throughout the nation (National Institute on Drug Abuse, 2017).

In the southernmost state of Florida, which has the highest percentage of older adults in the country (≤65 years), the number of licensed social workers is insufficient to meet the demand that currently exists and has reached a critical point (Florida Health Department of Health, 2017; U.S. Census Bureau, 2018). The Florida Health Department of Health (2017) reflects a current figure of 10,434 licensed social workers in Florida that provide mental health and substance abuse treatment services, where the population exceeds 20 million and is listed as number one in a list of the top five states with the most severe shortage and highest need for social workers, as well as, the fourth fastest growing state in population (Lin et al., 2015; U.S. Census Bureau, 2017). Florida has the most severe shortage and the worst shortage ratio, of any other U.S. State (Lin et al., 2015). While Lin et al. (2015), and Cornes, Manthorpe, Moriaty, Blendi-Mahota and Hussein

(2013) reference the effect in working with general populations seeking the assistance of a social worker, other literature remarks on how specific cultures, older adults and those with mental illness do not receive client centered care because they lack licensed social workers who are specifically trained to work with diverse populations, psychopathology and different cultures (Cottingham et al, 2014; Cross, Day, Gogliotti & Pung, 2013; Ferguson, 2015; Warshaw & Bragg, 2014).

Further related to Florida, the literature reveals the challenges that exist for this rapidly increasing, aging population associated with maintaining a safe and independent lifestyle in the community, and in meeting health care needs by medical providers and social work (Rawsthorne, Ellis & de Pree, 2017). Disparities exist in both access to providers and the inequality of care provided by untrained informal caregivers (Hames et al., 2016). The literature also references the need for trained social workers in palliative and geriatric care, given the increasing lifespan and end of life matters (Berzoff & Drisko, 2015; Busby-Whitehead, Flaherty & Potter, 2016; Cottingham et al., 2014; Ferguson, 2015; Gardner, Gervino, Warner Walls, Chachkes & Doherty, 2015; Lin et al., 2015; Warsaw & Bragg, 2014).

Solutions

Efforts to address the problem of a shortage of licensed social workers have existed as long as the problem itself. The bulk of the recommendations to address this dilemma focus on staff recruitment and retention (Berzoff & Drisko, 2015; Brauner, 2015; Cross et al, 2013; Ferguson, 2015; Social Work Policy Institute, 2013; Watson et al., 2013). Additional recommendations of a financial theme are related to pay increases

with insurance reimbursement and loan forgiveness are further referenced (Berzoff & Drisko, 2015; Health Resources and Services Administration, n.d.; Watson et al., 2013). Most of the solutions are referenced as recommendations in the literature and a few describe previous recommendations that were never implemented.

Recruitment and retention have primarily focused on increasing student enrollment (Cross et al., 2013; Lin et al., 2016; Social Work Policy Institute, 2013; Watson et al., 2013). According to Lin et al., (2016), many states have developed social work workforce initiatives to increase student enrollment numbers. Also, the Council on Social Work Education [CSWE] in recent years has begun emphasizing geriatric social work in education to meet the needs of the aging (Lin et al., 2016). Further still, educational efforts that focus on the recruitment of geriatric social workers have identified predictors of interest in the field to begin developing specific recruitment and educational strategies to generate more interest and increase enrollment numbers (Furguson, 2015).

Cross et al. (2013) reported on a study regarding the recruitment of American Indian and Alaskan Natives into social work programs. Gathering 47 MSW students from across ten states, who identified as being from one of 29 tribal nations, this research used a mixed-model survey design to examine student's perceptions regarding barriers to student enrollment (Cross et al., 2013). The findings revealed the primary barrier reported as a lack of American Indian and Alaskan Native professors, and as such, a recommendation was made to recruit staff from these cultures (Cross et al., 2013). This research on student enrollment and culture lends itself to further study. Additional

recruitment efforts have considered the enlistment of other health providers, to do the work of licensed social workers (Social Work Policy Institute, 2013).

Finally, from an academic perspective, it is recommended that the CSWE review the value of private practice for licensed clinical social workers and implement this content into the social work curriculum (Berzoff & Drisko, 2015; Brauner, 2015). In addition to having PhD faculty who come from a research-based, grant, and publication-intensive models, hiring DSW faculty, or full-time LCSWs (rather than adjunct) who are private practitioners to teach clinical skills would help bridge the gap between social work education and the clinical practice of licensed social workers (Brauner, 2015; Social Work Policy Institute, 2013).

Reported by Watson et al. (2013), raising insurance reimbursement would help to keep licensed social workers in the field and deter them from avoiding managed care insurance and moving to self-pay fees only. Currently, Medicare reimburses licensed social workers at 75% of the rate reimbursed to psychiatrists and psychologists, though recognized by federal law as one of the five core mental health professions (Heisler & Bagalman, 2015; NASW, 2018). As noted by Watson et al. (2013), insurance reimbursements rates are higher for those affiliations that put “political power” behind their efforts. To that end, NASW has been lobbying the federal government, for some years, regarding equal reimbursement for licensed social workers (NASW, 2018).

Lastly, it is recommended that the federal government continues to support the largest loan forgiveness and scholarship program in the U.S., through the Health Resources and Services Administration, National Health Services Corporation (NHSC,

n.d.). Social workers who contract to work in a community mental health clinic, in areas identified with a high rate of poverty, are given $50,000.00 for their first year of work, and $7,000.00 for every subsequent year, which is paid directly toward the employees student loan debt (NHSC, n.d.).

Summary

Licensed social workers are the primary providers of mental and behavioral health treatment services in the U.S. They hold a unique skill set that affords them the knowledge and ability to use eclectic approaches holistically to assist the very young to the very old. My purpose in this research was to understand why social workers do not pursue licensure, causing a gap between the need and availability of licensed social workers in central Florida. Through the use of an action research design, barriers to obtaining licensure, as well as, strategies to overcome such barriers were identified, and validated much of the information within the literature review regarding the causes for a shortage in these health care providers. Given that Florida is the third most populated state, has the highest percentage of individuals over age 65, and that managed health care such as Medicare, mandates licensing for clinical social work services, and is the primary insurance payer, the study has implications for nonlicensed social workers and those insurance holders (U.S. Census Bureau, n.d.; U.S. Census Bureau, 2018). Section two provides information about the project specific to the research design, methodology, data collection, and ethics.

Section 2: Research Design and Data Collection

For several decades, a national shortage of licensed clinical social workers has been growing (Busby-Whitehead, 2016; Lin et al., 2015; Social Work Policy Institute, 2013; Watson, Milam, Cooper & Hansen, 2013). With Florida's current population reaching 21,312,211, and 10,434 licensed social workers, one licensed social worker per 2,042 people in Florida is a grave situation (Florida Health Department of Health. 2017; World Population Review, 2017). Florida is first on a list of the top five states with the most severe shortage and highest need for social workers, as well as the fourth fastest growing state in population (Lin et al., 2015; U.S. Census Bureau, 2017). As the years pass, the margin between the number of licensed social workers and individuals who seek the services of a licensed social worker magnifies (Berzoff & Drisko, 2015; Ferguson, 2015; Florida Health Department of Health, 2017; Gardner &Gervino, 2015; Lin et al., 2015; U.S. Census Bureau, 2016; Warner, Walls, Chachkes & Doherty, 2015).

My purpose in this study was to understand social workers' decisions not to pursue licensure in central Florida. My intent was to uncover the reasons or barriers that social workers experience, in obtaining licensure, as well as, plausible strategies to address the identified barriers. The research questions for the study were: "What do unlicensed social workers in central Florida identify as barriers to pursuing clinical licensure?" and "What strategies do unlicensed social workers in central Florida identify to address these barriers and encourage the pursuit of clinical licensure?"

The significant elements of section two include design, methodology, participants, analysis, and ethics. The research design was action research through the use of a focus group of five participants. Methodology occurred by using 10 open-ended questions, and data analysis entailed reviewing, organizing, and coding while using Microsoft Excel, with consideration to data credibility, validity, construct and trustworthiness. The research findings exposed new information regarding the gap between the need for, and lack of licensed social workers in central Florida. Ethics were evident through the use of consent forms, a double lock on all research data, confidentiality of participants, and the researcher's history of training in social work ethics.

Research Design

The social work practice problem for this study was the shortage of licensed social workers in central Florida. The questions for the study were: "What do unlicensed social workers in central Florida identify as barriers to pursuing clinical licensure?" and "What strategies do unlicensed social workers in central Florida identify to address these barriers?" An action research design was utilized with five unlicensed social workers who were invited by email to attend the focus group discussion.

Action research can be explained as a process of research, education, and action, all in one. A form of research, it uses exploration, inquires, and participants, to generate new knowledge (Stringer, 2007). It is a collaborate process between researchers and participants to gain clarity into problems and to develop interventions to assist those most affected by the problem (Stringer, 2007). Due to the use of collaboration, equality, and

the investment in finding solutions, my research will benefit immensely from using a focus group. Focus groups are used to gather opinions; to understand how people think or feel about a certain phenomenon, (Krueger & Casey, 2015). I invited unlicensed social workers because they are most affected by the licensing process and will therefore have the best insight about the barriers and plausible solutions. To achieve the most efficacious outcomes in action research, the principles of relationships, inclusion, communication, and participation, need be present (Stringer, 2007).

Relationships in action research focus on harmony, equality, and collaboration, while inclusion refers to individuals and groups for cooperation and benefit (Stringer, 2007). Communication can be connected to the relationship aspect, as respectful and open communication that is collaborative, prompts attentiveness, assertiveness, empathy, and can be empowering to the participants as it offers individualized recognition of perspectives or problems, rather than forcing them to fit into others (Stringer, 2007). Using a collaborative approach that fosters respect, equality and open communication prompts feedback of substance. The research aligns with the purpose of the study as I engaged and collaborated with unlicensed social workers to better understand their thoughts and feelings about barriers to obtain the clinical licensure and possible strategies to overcome these barriers.

Methodology

The overall method of collecting data in this study was the use of a focus group. Defined as a group interview (Stringer, 2007), a focus group permitted me to collect individualized data and to seek clarity when necessary. Focus groups are used with a

discussion of focus using participants, who have similar characteristics for the purpose of the study, to better understand a topic (Krueger & Casey, 2015). Because I was looking for a variety of thoughts and ideas about a particular issue, using the focus group provided me with this information (Krueger & Casey, 2015). Ideally having five to 10 participants, the researcher uses open-ended questions that are initially general and become more specific as the discussion moves along, honing in on the issue (Krueger & Casey. 2015). I used the practices of finding like minds, balancing, and encouraging, which supported the necessity to collect quality data (Kaner, 2014). I intended to understand or uncover the reasons social workers in central Florida do not pursue licensure and to identify strategies to address the causes or barriers they reported.

The nature of this study entailed the use of research, education, collaboration, and inquiry, for the purpose of generating new knowledge, as is seen in action research (McNiff, 2016). I was seeking the opinions of the primary stakeholders; unlicensed social workers. Stakeholders are those individuals who have a stake in the problem or interest in the proposed outcome (Baker, 2014; Stringer, 2007). Stakeholders in this research include unlicensed and licensed social workers, the Florida licensing board that governs the licensing process in Florida, organizations that employ social workers, and potential clients of social workers. When working with human subjects, constructs or latent variables are personal attributes that can comprise data collection. As reported by Krueger and Casey (2015), focus group participants may intellectualize responses, influence others responses, or sometimes makeup answers, to avoid admitting a lack of experience. As with one benefit of using the focus group methodology, I had the

opportunity to offset these issues, however, still recorded them in my notes and added them to the outcome data.

Participants

The sampling strategy I used was a purposeful or convenient sample due to its limited expense, and it being quicker and more easily accessible (Stringer, 2007). Commonly used in action research, purposeful sampling implies that participants are chosen based on a particular set of characteristics and how that commonality is influenced by or has an effect on the issue (Stringer, 2007). The commonality of these participants was their status of being unlicensed as a social worker. Following an inquiry, I was granted permission to send an email to the NASW Florida Chapter with a proposal seeking volunteers to participate in the research. The NASW Florida Chapter forwarded my email to all members residing in central Florida. The email included an invitation flyer to introduce myself, my intentions, and to explain the study and its intended purpose. I intended to acquire 10 participants with the notion I may lose a couple of potential candidates, thereby allowing me a total of eight members in the group. I acquired seven participants; however, having lost two, I had a total of five for the group. While having a focus group of eight participants affords everyone time to share, support quality feedback, and room for diverse perceptions, (Kruger & Casey, 2015), the data I collected supported diversity and quality. Participant variables for inclusion were (a) unlicensed social worker; (b) English speaking, and (c) providing clinical social work services. These variables are chosen because unlicensed social workers have a stake in the issue and can provide firsthand knowledge about the barriers in obtaining licensure,

as well as suggestions on how to resolve these barriers. Because I do not speak Spanish, nor had interpreter services, I needed English speaking candidates in order to understand and analyze the data. The variable of providing clinical services was sought out because the essence of Florida licensure is about becoming qualified or credentialed to provide clinical services (Florida Health Department of Health, 2015).

Refreshments were served during the focus group, and each member was given two adult passes to the Homosassa Springs Wildlife State Park following the discussion, as a small token of appreciation for their participation. The location of the group was at the Homosassa Springs Florida public library. This environment was conducive to the purpose of the meeting and supported confidentiality, comfort and honesty (Krueger & Casey, 2015).

Instrumentation

I collected data through the responses of the participants to questions from an interview protocol designed specifically for this project based on the literature review, theory selected for the study, and research questions. The discussion questions (Appendix A) were utilized to initiate and guide the discussion. I also used audio recording and took detailed notes, related to the feedback provided. Data were not anonymous because I knew who provided what responses, however, it was confidential because it was not made available to anyone outside of the research project. Data was kept confidential under a double lock in my home office where it will remain, per Walden University protocol, for five years. After thanking participants, introducing myself and explaining the study, some ground rules were set. Ground rules included reviewing confidentiality,

encouraging participants to share views that may be different, and asking them to be mindful of their talk time, to allow everyone a chance to speak (Krueger & Casey, 2015). I prompted the discussion to get members talking by asking each participant to provide their first name and a brief synopsis of their current clinical role. The discussion contained 10 questions from opening, introductory, transitional, and key, to closing questions (Krueger & Casey, 2015). The group ended after 75 minutes as it was a combination of three participants present and two via telephone and focus groups via telephone are recommended to be 60 minutes in length (Krueger & Casey, 2015).

Data Analysis and Techniques

Data analysis uses a systematic protocol to avoid making mistakes; it is documented, understood, and clearly articulated (Krueger & Casey, 2015). I initially transcribed data and sent the transcript to participants for confirmation of their responses. Participant checking and confirmation allowed for rigor of the data, regarding credibility (Stringer, 2007). Data were then coded using descriptive and in vivo coding methods, and subsequently categorized into themes where words were given units of meaning to capture attributes of the data (Saldana, 2016; Stringer, 2007). To best represent the meaning and perspectives of the participants, and being mindful to avoid interjecting personal perceptions, which is another practice that honors the validity of the data, I applied the verbatim principle, which makes use of the participants own words (Stringer, 2007). I further used in vivo coding where I quoted terms or phases from the participants, to ensure data validity (Saldana, 2016). Further validity and trustworthiness were evident with the use of empathy, respect, sensitivity, and active listening, and by seeking clarity

on responses that had an element of ambiguity (Krueger & Casey, 2015). To ensure the data were processed correctly I used a Microsoft Excel worksheet where cells and colors allowed a visual analysis of thematic areas (Bree & Gallagher, 2016).

Ethics

The IRB approval number for this research is 08-30-18-0569209. According to the NASW Code of Ethics (2017), social workers engaged in research should obtain voluntary and written informed consent from participants. Informed consent includes information about the nature of the research including the extent and duration of participation, as well as the reporting of any risks and benefits (NASW, 2017). A consent form was emailed to participants who responded to the invitation. Indicative of informed consent, participants were educated on their right to refuse or withdraw during the study, at any time, without consequence (NASW, 2017). The confidentiality of participants and data collection will remain confidential via the use of double locks in my home office, where only those involved in the research will have access, and I will be using the information for research purposes only. Under the Florida Administrative Code, Rule 64B4-9.001, in the event of my death before the duration of the five years this data need be kept, it will be maintained by a colleague until the fifth anniversary of its completion, at which time it will be shredded (Saxey, 2013).

As a social work practitioner, I have always been mindful of practicing ethics in my career and at one time, was asked to give a presentation about using ethics in practice. Practicing with ethics has often been referenced in my employment evaluations. I used ethics in this research as well. In clinical social work, the social worker does not ask

questions, unrelated to the presenting issue or treatment, simply out of curiosity, and to avoid prompting specific thoughts or feelings in a client. In like manner, outside of the heterogeneity that offers diverse views within the focus group discussion, I was mindful, as suggested by Krueger and Casey (2015), to avoid asking questions that could have illuminated differences. to avoid views and feelings of power or status among the group. Also, as referenced by Krueger and Casey (2015), I handed out the consent form for signature to participants as they arrived for the group discussion, to support a permissive and non-threatening environment, as processing the form at the beginning of group can take on a legalistic tone. Finally, I have taken the ethics training several times related to holding and renewing my licensure in multiple states.

Summary

I collected data for this research through the use of a focus group of five unlicensed social workers. I recruited participants through the process of obtaining contact information from Florida's NASW in Tallahassee Florida. An email invitation was sent, and those who volunteered to participate, and met participant criteria, were emailed the consent form explaining the study in detail, to ensure a full understanding of their participation, prior to their traveling and partaking in the group. Data analysis entailed reviewing, coding and organizing, while using Microsoft Excel, with consideration to data credibility, validity, construct, and trustworthiness. I presented the outcome data in narrative form. Ethics were evident by the use of informed consent, confidentiality and the inaccessibility of research data to anyone other than those involved in the research.

Section three provides information about the findings of the study, specific to qualitative data analysis, and the procedures, limitations and findings as related to the research questions.

Section 3: Presentation of the Findings

My purpose in this research was to understand why social workers in central Florida do not pursue licensure, causing a gap between the need and availability of these mental and behavioral health care providers. The research questions for the study were: “What do unlicensed social workers in central Florida identify as barriers to pursuing clinical licensure?” and “What strategies do unlicensed social workers in central Florida identify to address these barriers?” I collected data through the responses of a five participant focus group of unlicensed social workers who provided qualitative feedback, using 10 open-ended questions from an interview protocol specifically designed for this research. I also used an audio recorder and took notes simultaneously. The following information is a narrative of the data analysis techniques, findings and summary regarding the collection of data.

Data Analysis Techniques

Following IRB approval for the research study, was a 6-week period of recruitment resulting in five participants. During this 6-week period, a couple members left to assist with Hurricane Michael clean up, and a couple new members came aboard. The invitation was sent out to more than 1,200 NASW members located in central Florida by Florida NASW. Few individuals who were eligible to participate responded. Several inquiries came in to ask who they could talk to, regarding the problems they were having in their licensure process, however they could not participate in the focus group.

Participants and their demographics of the study are illustrated in Table 2.

Table 2

Study Participant Demographics

Pseudonyms	Gender	Years of experience	Employment
Bella	Female	3	Full time
Liz	Female	21	Full time
Kelly	Female	3	Part time
Ricardo	Male	15	Full time
Tahesha	Female	25	Part time

The focus group was 65 minutes in length, and a few members stayed a while after the discussion to talk further about their views on the topic of social work licensure. I used one focus group for data collection. Later that evening, I listened to the audio tape and reviewed my notes for the first time, reflecting on pre codes I had considered and highlighting points or terms that validated pre codes or that I had not expected to hear. These actions served as a form of triangulation, and I spent the following week reviewing, coding, analyzing, and writing the report about the study.

Research Steps and Procedures

Steps and procedures in the analysis of data included transcription, coding, categorizing, identifying themes, and ultimately, reaching conclusions to the research questions. I transcribed the recording, having to retract and relisten to the tape for several hours, in order to get it all transcribed and assure the audio contents. I sent the transcription to each participant via email, for member checking to confirm the accuracy of their disclosure. I subsequently began categorizing the data using descriptive coding where words were given units of meaning to capture attributes of the data (Saldana, 2016; Stringer, 2007). To stay true to the data, honor the participants' voices, ensure validity,

and remain objective in this qualitative research, I next used in vivo coding where I quoted participants words or phrases (Miles, Huberman & Saldana, 2014; Saldana, 2016). I used a Microsoft Excel worksheet where cells and colors allowed a visual analysis of thematic areas (Bree & Gallagher, 2016). I had a column of participant feedback and aligned these with the descriptive and in vivo codes, moving into categories and themes, ultimately obtaining answers for the research questions.

Validation

External validity is about ensuring the research measured what it was intended to measure (Miles, Huberman, & Saldana, 2014; Stringer, 2007). Though contested by some qualitative researchers, McNiff (2016) reports on the researchers' need to produce an authenticated evidence base to avoid the research's findings from being construed as his or her own opinion. Evidence in this research is witnessed via reliability estimates, member checking or participant debriefing, and triangulation.

My initial efforts to ensure reliability for this research occurred through my choice of method and data collection, as are conducive to qualitative research. The questions I developed were reviewed and approved by a scholar researcher, and the last question served, in part, to reaffirm information collected. Furthermore, I had a heightened sense of being and remaining empathetic and objective during the focus group and during my conversations before and after the group. I attained clarity where there was ambiguity in participant responses, and I sought clarification and further explanation to ensure an accurate understanding of member's feedback. During the third question, which inquired on the understanding of social work licensure, I found myself seeking

clarity when one member starting comparing and contrasting her experience of seeking licensure in two states; her native state and Florida. Tahesha commented, “I guess I am not as familiar with the Florida process as I am with the process for getting a license in Michigan.” It was imperative to my understanding and the outcome of the study, that I was clear the feedback she gave was about Florida social work licensure, and not Michigan social work licensure.

Although there were a couple members who commented on the limited value of obtaining the social work license, they agreed with other’s comments on the value, thereby producing a general consensus about the value. Two members, both Rick and Tahesha shared that due to their forthcoming retirement, in less than five years, they would not pursue the license, though agreed with comments from others, about its value. Comments on the question of What value do see in the license included, Bella’s feedback of, “The license can make you more marketable, you can move up into a supervisory role and earn more money” while Kelly commented how a social worker can “Work independently because you can bill insurance and do advanced work” and finally Liz stating, “Like write up a Baker Act” (referral for an involuntary examination when a person is a risk to themselves or others). Often, I would hear a person validate another’s responses such as Rick saying, “I agree you can make more money” or Bella’s response of, “That is true because you have more options finding work if you have the license” (marketability). The two members close to retirement, Tahesha and Rick, agreed with comments however maintained their views. Rick commented “There is value in the license it just depends on your role and what you want to do, but for me it is not cost

effective because I would pay a lot to get it and keep it, but would not use it for very long." Bella's feedback, that was validated by others was, "It's an investment, that might take you two or three years to earn, and thousands of dollars, but in the course of your career, it will pay for itself." Still, another area where participates found common ground was in the question asking them about the state's action in their getting licensed. Whereas Kelly commented, "It's an expense, the cost is a barrier for me," and "because I only work part time, five years is not enough time for me to fit in the hours I need," Liz followed up with "You have to do and pay what they say, they call the shots, we have to follow their protocol," and Bella replied, "It is discouraging, I feel discouraged." Another person referenced the "bureaucracy from the state procedures" and added, "Do you know how many people fail that exam!" The current pass rate for the clinical exam, the exam needed for Florida social work licensure is 78.4% (ASWB, 2018).

Another pattern of similar responses was with question six regarding thoughts on the cost of licensure. Members made comments and others validated those responses, in addition to their own response. While Kelly stated, "It's an expense and for me, right now, it prohibits me from getting the license," Bella replied, "I can't afford it" while Rick commented "It's expensive but for me, I'm too old, I wouldn't get my money back." And, "It's not cost effective for me because of the role I'm in."

Last, validity through reliability occurred via my perpetual review of the data. For 5 consecutive days following the study, I read and reread the notes I took during the focus group, and I listened several dozen times to the audio recording where I ultimately found patterns of words and phrases. Regarding member checking, I sought clarification

during the focus group and I sent out the entire transcript to every participant member to confirm that my transcript accurately reflected their responses.

Triangulation was the last element of validity witnessed in this research. I used note taking and an audio recorder for the collection of data, regarding participant feedback. I spent five consecutive days with data analysis, comparing and contrasting the two, looking at patterns, codes and themes. In review of the ground rules, I encouraged members to share any view or experience they had; that there were no right or wrong responses to the questions.

Limitations and Problems

The largest problem I experienced with this study was the attainability of participants for the focus group. While the invitation was sent to over 1,200 NASW individuals in central Florida, it was a challenge getting enough participants to volunteer and met criteria to participate. The criteria were (a) unlicensed (b) English speaking, and (c) performing clinical work. Several NASW members contacted me, however they did not meet criteria, largely because they were unemployed, thereby failing to meet full criteria. According to their statements, they were unemployed as a result of not having the licensure. Whereas most participants were aware they could work legally without the license, they noted they were declined employment, due to their status of being unlicensed.

Another limitation of this study was its size. Although diversity and quality were present in the feedback, the number of participants seemed to limit the research. This may be secondary to the fact that, while ten questions are standard protocol for a focus group,

the initial two questions did not generate actual data for the research. The first question covered the introduction, study intent and ground rules for the group. The second question was technically a prompt to get members speaking by introducing themselves and sharing their current clinical role, thus, these initial questions were not actual questions, rather inquires, and consequently, did not add to actual data for the research. Furthermore, two of the questions overlapped in producing similar responses. Asking what the value is in social work licensure, and asking why one would seek licensure since they can secure employment without it, had slight variation in responses, but overall produced the same feedback. When asking about the value, as earlier noted, including Rick's feedback of, "You make you more money," and Bella adding the ability or advancement of "A supervisory role, earn more money," and Kelly's comment of how one can, "Work independently and have more options." In asking why one would secure license if they could find clinical employment without the license, the comments were similar, Tahesha commented "You can work in a prison" (roles), "You would be more marketable," while Liz replied, "You have more responsibility, have more job opportunities, make more money, be a supervisor."

Further still, the two participants who commented on the lack or, or limited value of the license, connected their statements to their age and that being close to retirement limited the value of having a license. This piece reflects that their view on the value was about their forthcoming plans to leave the workforce, and not the license itself. Whereas Tahesha commented, "I am 63 and not to go through all that again," Rick explained "I could retire sooner than finishing the supervision requirement alone." Without these two

participants trussing their view of the license to their advanced age, or impending retirement, a limited or lack of value in the license would not have been recognized. Had the study been larger, likely including a higher number of social workers not approaching retirement, this would not have been a notion, large enough to be recognized. Finally, although member checking was used as means of validating the research, two of the five participants did not reply to my email request to review and confirm their feedback. I requested a response within five days, so as to complete the study promptly, however, I still had not heard back from two participants after three weeks. The last limitation was the use of just one method for data collection. Using interviews or ethnography, given my recent experience of obtaining Florida social work licensure, could have added and abundance to the research. These limitations can challenge the creditability and trustworthiness of the research, regardless of the attempts I made to counter the influences.

Findings

My research sample was made up of one male and four females, ages 28 to 67 of mixed races and ethnic backgrounds; all Masters level social workers, each doing counseling, or clinical work. Three participants were present in the room and two participated via conference call. One participant was a volunteer worker, as she denied the ability to obtain paid employment, due to her status of being unlicensed. Three participants worked in corrections or forensic social work and two in medical or hospice social work, and three participants were working full time, while two worked part time.

Themes identified, based on the data were "process" and "advocacy." With the first research question inquiring on the barriers to social work licensure, the theme was ultimately the "process" of obtaining the license; specifically the cost and time, which included the supervision requirement and ongoing continuing education credits [CEUs] requirements. With the second question of identifying solutions, the theme was "advocacy." Advocacy through individual efforts and advocacy by reaching out to stakeholders and organizations who have the ability to influence policy, such as local legislatures, the NASW and the ASWB. Ethics were evident by the use of informed consent, confidentiality and the inaccessibility of research data to anyone other than individuals involved in the research.

Theme 1: Process

The first question for this action research project was "What do unlicensed social workers in central Florida identify as barriers to pursuing clinical licensure?" The theme of this question was ultimately the process of obtaining the license; precisely the financial investment and time requirement that includes supervision and ongoing mandated education or training; CEUs. A few comments referenced the difficulty of the clinical exam requirement and frustration was verbalized regarding the lack of reciprocity for licensure, given licensure status with other states.

Cost

The largest barrier, and described by all participants was the cost or expense of obtaining and maintaining the social work license. While Bella commented on the cost of

“thousands of dollars” and further stated, “My husband would say you just paid $250.00, now you have to pay $275.00 and then $260.00, so it is a lot.” Rick initially responded with, “I would pay a lot to get it and keep it, but would not make any more money in the job that I do,” while Liz replied, “To pay the money for the supervision, and then pay the money to take the exam and to pay the money to keep the license up to date with the CEUs would be too much money.” Kelly added, “It’s an expense for me and that expense is a prohibiting factor in the license right now.” Tahesha spoke about the states impact on cost by asserting, “The state sets the regulations of cost and it’s a lot of expense just to get to the point of licensure,” while rick replied, “The state has requirements about what you must do to get the license and keep it, it is an expense and I would not get my monies worth. I am too old; I am 67 and wouldn’t pay all that money to use it a year or so!”

Supervision

The requirement of supervision in the licensure process produced comments reflecting frustration. Bella stated, “Why do we need one hundred hours of supervision by a qualified supervisor, who is also an LCSW; this is excessive!” Liz replied, “Yeah, and you have to work in that role and keep a record of all your hours of supervision, which is a hassle, and submit the supervision with the application.” Tahesha, who earlier referenced her lack of seeking licensure as largely related to her impending retirement commented, “I am 63 years old, and am not going to do the supervision I already completed in 1993,” while Rick stated, “ I could retire sooner than finishing the supervision requirement alone.”

Time

The element of time, in the process of securing the license, was described as a barrier. Time, in terms of the length of time one spends in completing the requirements, and time, as in not having enough to complete the requirements for licensure. Whereas Tahesha commented she did not want to "invest that much time" in supervision she had already completed for another license, Rick, as earlier noted, responded with "I could retire sooner than finishing the supervision requirement alone." Bella commented, "It's been three years since I graduated and it's taken me all this time just to get to the point of taking the exam; I just feel a lot of discouragement." Kelly's comment on the element of time spoke more about her work as a part time employee and not having enough time to obtain the clinical face to face work and supervision requirement. She commented, "You have to invest a lot of time, like1,500 hours of face to face clinical counseling, 100 hours of supervision by a qualified supervisor, and continued time in the CEUs, you have to do to keep the license." She further reported, "Time is a barrier for me, it limits me from even starting the process. If someone is working part time and you only have five years after you register as an intern, I am worried about finishing in time."

Theme 2: Advocacy

The second research question for this project was, "What strategies do unlicensed social workers in central Florida identify to address these barriers and encourage the pursuit of clinical licensure?" The theme or results of this question was Advocacy; Advocacy by reaching out to stakeholders and organizations who have the ability to influence policy, such as the NASW and the ASWB. Further advocacy was referenced at

a micro level when a few participants commented on things they, or individual social workers, could do.

Initial comments included feedback about encouraging NASW and ASWB to focus political efforts and use their political influences to prompt changes in state laws addressing the barriers identified. Bella responded, “We could use the power in the NASW legislative committee; they go to Washington, they have rallies and lobby for laws and changes.” Liz replied by stating, “We can talk to our local legislatures and use NASW and the ASWB to talk to the political folks.”

Other comments referenced micro efforts of advocacy with members or individual social workers advocating for policy change that would address the identified barriers. Liz’s earlier comment reflected individual efforts when she stated, “We can talk to our local legislatures and use NASW and the ASWB to talk to the political folks.” Kelly responded by saying, “Yeah, we can talk to legislators about trying to change the laws.” Tahesha added her thoughts on both the cost of licensure and individual advocacy to prompt policy changes to address the barriers by sharing, “We need to make the state aware of the expense of licensure and that is maybe why we have a shortage of licensed social workers.” Bella responded with, “I should write a letter to the state licensing board. Whereas Liz added, “Social workers are agents of change, we are notorious for advocacy work, we just need to advocate for ourselves now.” A final comment about individual advocacy efforts was when Liz commented, “We could talk to our own employers about their willingness to give the clinical supervision we need,” and Kelly replied, “Or to pay for our exam.” True to the voice of social work, Tahesha replied to this comment with

"By us advocating for change, we might get more licensed social workers, and help more people."

Unexpected Data

Not a finding, but an unexpected code produced by this research, and one that leaves a feeling of ambiguity about it, was the feedback regarding a lack of value in the social work license; the in vivo phrase "not cost effective" as referenced by Rick and validated by Tahesha. Whereas the primary coded terms or phrases regarding the question of why one would pursue a social work license if it is not necessary to gain employment included, job opportunities, a greater income, helping more people, and supervisory roles, Rick added that while there was value in the license, it did not apply to him, simple because of his impending retirement, related to his age. Furthermore, Tahesha added, that while she saw value in the licensure "…because you can work in a prison or jail" she would not pursue licensure, as she pointed out, "I am 63 and not willing to go through all that again." It begs the question, if the process was not so long nor laborious, would older social workers be more willing to obtain the licensure, thereby increasing the number of licensed social workers to provide mental and behavioral health services to Floridians?

A couple of phenomena come to mind when I further reflect on the unintended findings. Both Krueger and Casey (2015), and Saldana (2016) point out that while one person's response is intended to prompt another's opinion or view, participants will also repeat another's view or response, for various reasons. Although I understood my role was not to judge, to accept all feedback both positive and negative, and to avoid

expressing a response verbally or through body language, this was still something I did not expect. The second phenomenon, as earlier noted, was that both participants who made these comments were in their sixties, connecting the lack of value of the licensure to their limited years of future employment.

Summary

A summary of the findings of this research reveal that social workers in central Florida chose not to pursue licensure due to the process of obtaining the licensure. The process of obtaining licensure, specifically related to the cost and time associated with such. This piece extends into the supervision and ongoing CEU requirements. The solution identified to address this barrier was advocacy. Advocacy efforts included reaching out to organizations with political influences such as the NASW and the ASWB, and advocacy with individual social workers speaking to legislatures in their respective counties. Section four explains how the research and its findings are applicable to professional practice with implications for social change, as well as, the inclusion of ethics and recommendations in the findings.

Section 4: Application to Professional Practice and Implications for Social Change

My purpose in this study was to identify barriers and solutions to address the shortage of licensed clinical social workers in central Florida. I used a qualitative research method of a five-member focus group to collect data. My intent was to understand the reasons why social workers in central Florida do not pursue licensure and solutions they believed would be helpful in addressing the barriers, thereby generating new knowledge regarding the gap between the need, and availability of these mental and behavioral health care providers.

Key findings reveal that social workers in central Florida do not pursue licensure due to the overall process of obtaining the licensure, specifically the time and costs, which includes the requirement of supervision, and continued education credits. The solution identified was to access policy changes via macro and micro advocacy efforts through NASW, ASWB and local legislatures as each of these stakeholders have political influences. Suggestions primarily addressed the cost and included putting a cap on the amount that can be charged for supervision, offering the initial exam free and charging the fee of $260.00 in the event of a retest and finally, extending the registration period of a registered intern because five years does not fit into part time clinical work.

The findings inform social work practice as they extend knowledge regarding the lack of social work practitioners specific to central Florida. Enlarging the knowledge base has greater power with legislative efforts that seek change. This research extends my own knowledge base and social work practice by sharing the information with social workers I

work with, or meet with for supervision. I currently provide supervision at a reduced rate and now I'm contemplating doing pro bono supervision for one or two people per year. The recommended solutions call for social workers to reach out to those who have power to influence policy changes that address the shortage, ultimately resulting in social changes that could address the shortage of licensed social workers in central Florida.

Application for Professional Ethics in Social Work Practice

The primary mission of the social work profession is to work toward human well-being and to ensure the basic needs of all people (NASW, 2017). Two specific values from the social work profession related to this research include social justice and the dignity of each person. Working to understand why there is a shortage of providers and advocating for policy changes and modifications that could be helpful to address this shortage, can prompt the social change needed to increase the number of social workers, to ensure all people have access to services, resources, and an equal opportunity to address their own needs.

All social workers are expected to practice with ethics. The NASW does not differentiate between licensed and unlicensed social work practice regarding ethical responsibilities. However, in an attempt to produce the most ethically sound clinician, the NASW exam tests ethical scenarios, thereby producing more ethically practicing social workers. In addition, the supervision requirement serves to ensure ethics are followed. Having discussions in clinical supervision about the importance of meeting a client where they are, using a client centered approach, and honoring boundaries, all illustrate the use of ethics. Finally, from an administrative lens, licensed social workers in Florida must

renew their licensed every two years (Florida Health, 2018). Whereas some of the required CEUs are needed every third biennium to renew the license, the three CEUs in ethics are required with every license renewal (Florida Health, 2018). Consequently, having more licensed social workers ensures the perpetual analysis of ethics, for its intended use in practice.

Recommendations for Social Work Practice

Having concluded this research, I have gained some insights about strategies to move toward solutions. A few action steps come to mind in the area of social work licensure regarding practice and policy.

Micro Recommendations

On a micro level, licensed social work practitioners who are also qualified supervisors can begin talking to colleagues and staff where they work, or at meetings they attend about the importance and value of obtaining the licensure. They can provide CEU lectures free or at a reduced rate as an endorsement of the importance of licensure. Licensed social workers who obtain the certification to be a qualified supervisor can also reduce fees or offer to do pro bono supervision work. The intrinsic reward is enough for some individuals and others may be willing to donate time, knowledge and skills by qualifying for a tax break, a waiver or a reduction with their next licensure renewal fee. This can be facilitated through Florida's licensing board, who could maintain a list of provider names on their website, under the supervision requirements for licensure.

Mezzo Recommendations

At a mezzo level, facilities or organizations like jails, schools, and hospitals, which largely employ unlicensed social workers, could be given a tax break to provide supervision or CEUs to assist their employees in meeting these requirements. Having an employee fill out a form recognizing the engagement or receipt of supervision or CEUs through the facility could be added to the facilities annual tax application for credit. As reported in the literature review, the National Health Services Corporation currently provides loan repayment to health care providers who agree to work in areas identified as having a high ratio of poverty (NHSC, n.d.). This concept could be extended and used with organizations in Florida having a high to need to address the most pressing problems such as the opioid epidemic, domestic violence, child abuse, the high rates of suicide in military personnel, or services to the geriatric population that requires specialized care. In lieu of their work in these organizations, for a predetermined amount of time, they would receive, without cost, all the requirements leading up to the exam, including one free exam. Practice exams, coaching for the exam and free lectures and literature about the population or problems they are working with, could be added as extra incentive.

Macro Recommendations

Last, at a macro level, ASWB could develop and use an application that works on a sliding scale fee, for reduced costs of exams, or as one participant explained, waive the cost of the first exam and charge only for subsequent exams, in the event of a retest. As reported by the Executive Director of Florida's NASW, retesting is a common occurrence and the Florida Chapter of NASW is attempting to understand this phenomenon and how

it can be addressed (J. Akin, personal communication, June 7, 2017).

Transferring the findings of this study individually, I will continue to provide clinical supervision at a reduced rate, talk to colleagues about the importance and value of licensure status, and involve myself in any political efforts with NASW to prompt the social change that will lead to an increase in the number of licensed social workers in central Florida. I will be sending the outcome of this research to the executive director of the Florida Chapter of NASW, as well as to the NASW legislative chair for the Florida Chapter. I will encourage them to not only read the research and its findings, but to post it on the Florida NASW.

Usefulness of the Study

At the largest level, this study has broader implications for social change. This research could serve to influence legislation regarding policy change consideration to the licensing process for social workers in Florida. Recognizing there is a shortage of licensed providers and understanding the reasons for that shortage, or the barriers those lead to the causes of the shortage in the number of social workers. Prompting social change could increase the number of licensed social workers and ultimately increase the amount of mental and behavioral health services to Floridians.

The generalizability and trustworthiness of this research however, have the propensity to impact its usefulness. Having just five participants, with two members being near retirement and therefore finding little to no value in getting licensed due to their age informs the study more so on participant characteristics. While the transferability of qualitative research implies I can project the findings from this study

onto the larger population of the participant cohort, I find it difficult to believe this could be true, not from an absolute, but even a statistical perspective. Miles, Huberman and Saldana (2014) point out how some methodologists argue that the transfer of study findings and its context is the responsibility of the reader, not the researcher, however, that the interpretation of the findings is related to the researcher's ability to persuade the reader.

Recommendations for Further Research

Given the study, methodology, and data collection, a recommendation for further research on this area of social work practice include the use of additional focus groups. Staying within the limitations of this study, a researcher may be able to secure more participants by allowing participation via skype or an internet group/s. Another recommendation is to include licensed social workers which would address the limitation or challenge of securing enough participants for the study. Licensed social workers are additional stakeholders who have firsthand knowledge of the licensing process by virtue of their experience; perhaps it could focus on social workers who obtained licensure within the past five years. Still, another consideration is to restrict the study to those social workers seeking Florida licensure that are not transferring from another state. Obtaining the Florida social work licensing is a different process for applicants who completed their MSW in Florida, compared to licensed social workers who relocated to Florida, attempting to seek Florida licensure secondary to their native state license. Although there is no reciprocity for social work licensure in any of the United States, some of the steps to obtaining the licensure, such as the education, exam, and supervision

requirements, can be transferred from one state to another (ASWB, 2018; Florida Health Department of Health, 2018; New York State Education Department Office of the Professions, 2017).

This research can be disseminated in various ways. Social media is largely used in today's world. The research and its findings could be posted on a person's social webpage such as Facebook or LinkedIn, or an organization's website, such as the ASWB's website, or the Florida Chapter of NASW and the units centrally located to Florida. The findings could be sent via email or through a flyer to organizations that report on, or serve to influence policy development and change. It could be advertised at schools, universities, or organizations where social work students and employees are associated. The outcome of this study could be disseminated through written letters or emails to law makers, university administrators, the NASW, ASWB, and or individual NASW members. Finally, students, practicing social workers or researchers could share the research at the national social work annual conference via poster board presentations and flyers.

Implications for Social Change

The potential affect for social change can be seen at micro, mezzo, and macro levels. At a micro level, there would be more licensed social work practitioners. More practitioners would mean less Floridians going without mental and behavioral health treatment service; a mezzo to macro change. The effects for social change can be reference to the literature review regarding the consequences of untreated mental illness. For individuals who live with an untreated mental health disorder, increasing the amount

of these practitioners could reduce the consequences of premature mortality, mental and emotional suffering, gender discrimination, homelessness, poverty, substance abuse, suicide and, chronic diseases such as diabetes and heart disease, as well as the effects of homicide and other crimes in society (AHA, 2016; Deleon, Convoy, & Rychnovsky, 2013; National Institute on Drug Abuse, 2017; Rishel & Hartnett, 2015; U.S. Department of Veterans Affairs, 2017; WHO, 2017). Simply put, there would be less crime, suffering, abuse, and death. From a mezzo level, it could change the treatment services offered or provided in terms of quantity and quality. Social workers who agree to work for organizations in dire need of this particular skill set, in exchange for a reduced cost toward their exam, continuing education hours, and license, is a win-win. At a macro level, policy changes would be seen that support social change whereby social workers could more eagerly obtain clinical licensure and Floridians would receive the treatment services they are currently unable to obtain.

Summary

Social work licensure in the state of Florida is optional when practicing clinically. Seen as a must for many clinical social workers, the social work licensing process can be a discouraging experience for others. Although it is costly, time consuming, and a lengthy laborious process, it comes with great merit and responsibility. For those of us who feel a calling to practice clinical social work in the highest ethical regard, having the license serves to perfect our knowledge, skills and abilities, thus producing the most efficacious outcomes and making the greatest positive impact in the lives of those we assist.

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Appendix: Discussion Questions

1. Welcome, study intent and confidentiality
2. Please share your name and current clinical role
3. What is your understanding of social work licensure?
4. What value do you see in getting licensed?
5. How does the state licensing board effect your actions in getting licensed?
6. What are your thoughts about the cost of securing licensure?
7. Because social workers can practice clinically without a license, why would a social worker seek licensure?
8. What barriers might social workers face related to getting a license?
9. What suggestions would you have to address these barriers?
10. Who or what resources are available to help these barriers?
11. What additional information was left out that would support efforts to increase social work licensure?