

Barriers to Licensure: An Innovative Program to Address Social Injustice in Social Work Professional Development Pathways

Caroline Campbell
Jennifer Cullen
Rebecca Vlam
Matthew A. Myrick

Abstract: *This article describes the current barriers that exist for Master of Social Work (MSW) graduates when obtaining the advanced clinical social work licensure. Disparities that exist in pass rates based on demographic factors, the lack of social work roles that provide clinical supervision, and the economic costs to obtaining outside supervision deeply impact social workers, the profession, and ultimately, client care. These barriers to both professional licensure and advanced clinical licensure comprise a workforce-centered social justice issue that has broad implications for practitioners, organizations, and vulnerable communities. In this article, we describe a pilot project called the Clinical Supervision Program at a school of social work in Pennsylvania, launched to address social justice needs through an innovative and guided pathway that will result in clinical social worker licensure. The pilot project is a collaboration of faculty and clinical practitioners that provides supervision, mentorship, sustainability, and support to practitioners with the aim of enhancing equity within the social work profession. In doing so, this project strives to address both the economic and societal costs of gatekeeping the social work profession via licensure through the strategy of supported and relational mentorship as a core part of the licensing and credentialing process.*

Keywords: *Social work licensure, supervision program, barriers to supervision*

The hallmark of the social work profession is empowerment and voicing the challenges of vulnerable and marginalized groups. Beginning in 1960, the National Association of Social Workers (NASW) created the first version of a professional code of ethics that has become the standard for guiding values and behaviors of the profession. One of the most significant guiding principles is “social workers challenge social injustice” (NASW, 2021, Section 3.02). The purpose of this article is to call attention to social injustices within our profession: barriers to professional licensure and workforce development.

The clinical license represents multiple prospects for an emerging social worker such as (1) greater economic advantages through job opportunities, particularly lucrative ones that involve more leadership roles within organizations that have competitive benefits; (2) the capacity to contract with insurance companies for reimbursement; and (3) the ability to provide supervision to other staff members. Outside of organizations, clinically licensed professionals can also obtain higher pay, increased autonomy, and the capacity to pursue reimbursement from insurance as a private practitioner and pursue entrepreneurship. Because of these benefits, many recent graduates intend to gain their clinical license. This was confirmed in the results of a three-year survey conducted by NASW, where

Caroline Campbell, LSW, PhD, Assistant Professor, Jennifer Cullen, LSW, PhD, Associate Professor, Rebecca Vlam, LCSW, Clinical Assistant Professor, and Matthew A. Myrick, LSW, PhD, Assistant Professor, Center for Social Work Education, Widener University, Chester, PA.

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approximately 80% of new Master of Social Work (MSW) graduates stated that they planned to seek their clinical license within the next five years (Salsberg et al., 2020).

Despite the clear benefits to pursuing clinical licensure, there are systemic barriers that exist to obtaining clinical licensure that impact all MSW graduates and yet have had a disproportionate impact on those developing social workers with both diverse and marginalized identities, and who already face barriers that impact people of color, socioeconomic status, age and learning differences. We propose that these significant barriers include but are not limited to disparities in licensure exam pass rates, availability of social work roles that provide supervision, and the economic costs of clinical supervision.

Disparities in Exam Pass Rates

One of the first barriers that MSW graduates encounter in the pathway toward obtaining their clinical social work licensure is the licensure exam. Considering regulatory practices within a profession, there are typically varying degrees of certification, from least to most restrictive. According to the Council on Licensure, Enforcement, and Regulation these categories are registration, title protection, certification, and licensure, with licensure being the “the most restrictive type of state occupational regulation” (Zajicek-Farber, 2024, p. 373). In the United States, each state has developed regulatory boards that monitor the processes for certification and licensure in the various professions operating in that state. Each regulatory board determines its own requirements for each level of licensure. Additionally, while there is no standardization in the requirements, the one common requirement is passing the Association of Social Work Boards (ASWB) exam as the first step in the process of obtaining a social work license. The Licensed Social Worker exam (LSW), which can be taken near or upon graduation from an accredited social work program, has been recently highlighted as having significant limitations and possible glaring inequities in the exam process.

The purpose of the standardization of the profession through examination as the first level of licensure is to ensure the competency of licensed social workers to protect clients. This exam is administrated and overseen by the ASWB in the United States, its territories, and some parts of Canada (ASWB, 2022). However, a recent release of the report *2022 ASWB Exam Pass Rate Analysis* highlighted troubling gaps in passing rates concentrated among those with diverse and marginalized racial identities, and particularly for Black social workers, and social workers who were older or non-native English speakers (ASWB, 2022). These disparities were seen as indicative of potential bias inherent in the exams and found at both the LSW level and the clinical exam levels (LCSW-licensed clinical social worker).

Specifically, according to Joseph (2024), the ASWB released information reporting that of the over 50,000 candidates taking the licensure exam, “candidates from disadvantaged backgrounds—particularly those who identify as African American, are older, and for whom English is not their first language—have more difficulty passing the clinical exam” (p. 395). The NASW released a statement calling attention to “racial disparities” and lobbied the ASWB to release data about who passes the test and who does not. ASWB released this data, revealing inequities among first-time test-takers of the

clinical exam with 83.9% of White test-takers passing, compared to 45% of Black test-takers (Mina, 2022). This disparity was not limited to Black, older, and non-native English speakers as evidenced by the variation in pass rates based on demographic groups,

Clinical exam data from 2018 to 2021 showed that African American examinees had a first-time pass rate of approximately 40% compared with White and multiracial (approximately 80%), Asian American (approximately 70%), and Native American and Hispanic (approximately 60%) examinees. (Joseph, 2024, p. 396)

These racial disparities in pass rates are alarming and highlight how social and economic injustices may be embedded within the foundations of advancement of the profession and current workforce dynamics.

The NASW (2021) Code of Ethics identifies that a primary focus for social workers is that of social change, particularly for vulnerable groups that experience various oppressions. This requires that social workers have both a strong awareness and consideration of how sociocultural factors impact the experiences of individuals, especially concerning race and class discrimination and barriers. The racial disparities identified in the pass rates of the ASWB exam create barriers for Black, Indigenous, and People of Color (BIPOC) from proceeding to the next level of social work practice by prohibiting them from obtaining licensure which is required in most states to practice as a professional social worker. Thus, the very process developed to ensure the competency of social workers is marred by racial disparities in access to this licensure process by virtue of the testing process.

Castex et al. (2018) address the microaggressions that exist in the ABSW exam itself as well as the perpetuation of White privilege within the profession because of using the exam as a gatekeeping mechanism in the workforce. A study in 2023 was conducted to assess the reliability of social work licensure exam questions. The study sought to determine a connection between the social work competencies as defined by the Council of Social Work Education (CSWE) and social work educators' ability to assess exam questions for knowledge, skills, and abilities. The study found "weak reliability," and they further shared that "without greater reliability between the CSWE and ASWB assessment approaches, the path to licensure will remain difficult and obscure for many social work graduates" (Apgar & Luquet, 2023, p. 74).

Thus, due to the reported disparities aligned with demographic factors and potential inherent test unreliability and bias, many in the social work profession have called for reform, and the abolition of the exam as a strategy of professionalism and pathway to workforce development. As one can see, there are problems within the social work profession that must be addressed from the stance of social and economic justice, which has driven our call to action. The literature on exam disparities represents foundational barriers and disparities in becoming a licensed clinical social worker. Even if individuals can overcome barriers inherent in the exam, there remains another layer of deterrents to the process of licensure: supervision.

Barriers to Supervision

Available and Adequate Supervision

If a master level social work graduate moves past the initial hurdle of the LSW exam to successfully pass, they may face other systemic barriers that are specific to the supervision process. As previously explained, most states have varying levels of licensure, one of which is the Licensed Clinical Social Worker (LCSW). This level of credentialing is often the “highest” level, which garners more job opportunities, higher paying jobs, and the possibility of job autonomy. Each state determines through their social work board the number of supervised clinical hours a social worker must attain (for example, Pennsylvania requires 3000 clinical hours of experience and 150 clinical supervision hours post-graduate), before being granted permission to sit for the ASWB clinical license exam. There is inconsistency across states as to how many hours of supervised clinical experience is required to begin the process of seeking advanced licensure within the social work profession.

The process of securing supervision to attain the next level of licensure presents added barriers that include the availability of a clinically focused social work position, and employer provided supervision by a qualified licensed clinical social worker. This supervisor must meet strict criteria and follow guidelines set forth by the licensing bodies, which vary from state to state, and must certify the needed hours toward the clinical license.

Clinical supervision provides a vital role in the social work profession aside from the previously discussed requirement for continued licensure. Supervision serves a role in the profession by creating a space to enact our Code of Ethics and explore social injustices within our communities and profession. Supervision can be a place to explore social justice issues such as oppression, diversity, and the impact of policies and practices that perpetuate social inequities (Chang et al., 2009; Hair, 2015; Hair & O’Donoghue, 2009). A survey of 636 social workers in Canada indicated that 70% agreed that the “purpose of supervision is to help social workers promote social justice” while 13.5% disagreed and another 13.1% stated they were not sure (Hair, 2015, p. 359).

Broadly, these reviews suggest that clinical supervision enhances clinicians' treatment knowledge, adherence, competence, self-confidence, ethics, and the clinician-client relationship (e.g., the therapeutic alliance and satisfaction). Further, clinical supervision has been associated with a reduction in clinicians' emotional exhaustion and intention to quit their jobs (Knudsen et al., 2008). Thus, supervision is vital given the complex needs that are present within highly vulnerable and marginalized groups that new MSWs are often working within, especially if this emerging MSW is part of a diverse and marginalized group. In a 2019 NASW Workforce report, it was identified that “new MSWs who were Black/African American were more likely to be serving high-need populations than new MSWs who were White” (Salsberg et al., 2020, p. 16).

Recent statistics on the newly emerging MSW workforce identify the following scopes of practice:

Two-thirds (68.5%) of new MSWs in direct social work positions indicated that more than half of their clients were people below federal poverty level. Similar proportions of respondents said many of their clients were Medicaid eligible and people with mental health disorders (66.9% and 65.8% of respondents, respectively). One-third said a majority of their clients were people with substance abuse disorders and with people involved with the child welfare system (35.1% and 34.4%, respectively), and almost a quarter indicated a majority of their clients were seriously ill and people in need of assistance with activities of daily living. (24.1% and 23.2%, respectively; Salsberg et al., 2020, p. 15)

Anti-racism, Diversity, Equity, Inclusion, and Supervision

Given the likelihood of MSWs working with diverse population and the need for adequate supervision, it is important for social work education programs, and supervision to be representative of the wide diversity of social workers, as well as that of clients. Access to social workers who have achieved clinical licensure is limited by the disparities inherent in the pass rates of the LSW and LCSW exam, yet our call for “Cultural Awareness and Social Diversity” demands this (NASW, 2021). It can be challenging to identify a readily available list of licensed, Black, Indigenous, and People of Color-identifying (BIPOC) clinical supervisors for emerging MSWs to consider.

According to the Bureau of Labor Statistics (2024), there were over 750,000 social work jobs in the United States in 2023. Yet only 200,000 are clinically trained social workers (NASW, 2021). Zippia (2024), a career building platform founded in 2015, designed as a compilation of job postings and government data of the over 187,000 licensed social workers indicates that:

83.9% of all licensed social workers are women, while 16.1% are men. The average licensed social worker age is 44 years old. The most common ethnicity of licensed social workers is White (58.5%), followed by Black or African American (19.9%), Hispanic or Latino (12.3%) and Unknown (5.4%) and 13% of all licensed social workers are LGBTQ. (para. 1)

As one can see from the data, there is a lack of qualified supervisors to provide clinical supervision to the growing number of social workers in the U.S. (a 7% increase by 2033 according to the Bureau of Labor Statistics) in a way that is representative of the diversity of the larger social work profession.

The Cost of Supervision

A third barrier to the licensure process in addition to the difficulty in passing the licensure exam and finding adequate, diverse supervisors is the cost of supervision. The low pay scale for roles, and the high amount of educational debt with which many social workers are emerging from their MSW programs, create challenges for social workers to

access supervision. While our profession outlines clear guidelines for values and principles and each state outlines the requirements for licensure down to the number of supervised hours, there are no standard guidelines for an equitable rate per hour charged to social workers to obtain supervision. There is a gap in the literature that addresses the economic injustice that is created by the cost of securing clinical supervision to support the hours required to advance to the next level of licensure despite this being an ongoing discussion among practitioners. Additionally, as of this publication, the writers were unable to find any research addressing this cost disparity or the economic disadvantage it poses for individual social workers from diverse and marginalized populations other than anecdotal experiences and conversations with supervisees.

To move toward the clinical licensure process, supervision may be in the form of individual supervision or a combination of individual supervision and group supervision, however, all group supervision must be in conjunction with individual supervision. At least 50% of all hours must be provided by a licensed clinical social worker (the LCSW), and the remaining hours may be provided by another licensed professional. Utilizing other disciplines for supervision allows for more options for clinical supervision to be provided as part of the social worker's role and in their workplace.

These hours are typically obtained through full-time clinical work at a social work organization, and yet there is a scarcity of LCSW social workers, or those with training in supervision, within many social service organizations. Particularly in areas of nonprofit, or community-based organizations, there is a lack of LCSWs, since it is not required for employment. Instead, LCSWs will be concentrated in organizations that both require and hire and compensate for this advanced clinical licensure accordingly. Since it may be a requirement of hiring, it can be challenging for a new MSW or LSW to have an opportunity in this arena. Access to an LCSW trained supervisor may be non-existent unless the organization itself decides to intentionally invest in contracting an outside individual and group supervisor. Thus, the social worker is left to identify an external supervisor to contract with at rates that are highly variable. According to our own experiences and research through publicly available information via a Google search, these rates may range from a minimum of \$25 an hour and up to a standard private practice rate (\$160) per hour depending on the clinical supervisor.

As described previously, this barrier may be especially concentrated in social workers who may be underemployed or have obtained a less competitive role. If a new MSW graduate has had difficulty in passing the first LSW level, there may be even less options for employment, and these roles may be even more concentrated among low paying, and highly vulnerable and marginalized communities. Therefore, securing an external supervisor is often not feasible given the low pay scale salary for roles upon MSW graduation. While the median annual wage for graduate level social workers has been reported by the Bureau of Labor Statistics (2024) to be \$58,380, the range is between \$40,000 and \$60,000. The highest reported earnings by type of employer were in hospital inpatient facilities (Bureau of Labor Statistics, 2024). Higher earnings were also reported by those in school systems, medical institutions, and government agencies. Incidentally, these sectors typically require the advanced clinical licensure level, an LCSW, due to the requirements set by insurance companies for reimbursable clinical activities. Emerging

graduate social workers with limited previous experience beyond their required 900 total field placement hours established by CSWE and their university will likely only qualify for lower paying positions.

In addition to salary, student loan debt should be considered as a potential major factor in a new graduate's finances. Given the high educational debt held by social workers with both graduate and undergraduate loan debt of approximate \$60,000 on average (Wylie, n.d.), it can be economically impossible to afford clinical supervision. This recent figure is a stark contrast with a previous study done on educational debt, where just 12 years earlier, MSW participants reported borrowing \$30,000 in loans for their MSW (Yoon, 2012). Loan repayment commitment impacts the social worker's ability to afford weekly clinical supervision. Hughes and colleagues (2018) noted the average debt for social workers with their master's degree was \$38,159 to be paid in 9.76 years. According to findings from a three-year survey of new social workers, *The Social Work Profession: Findings from Three Years of Surveys of New Social Workers* (Salsberg et al., 2020), social workers who responded to the survey reported a high debt amount from their degree, often compounded by previous debt from the bachelor's degree. This higher debt was concentrated among women and African American social workers, as well as those in the 31-35-year-old range (Koeske & Krowinski, 2004; Salsberg et al., 2020). This may be especially true for new social workers who are the first generation to graduate from a college program, as the study in 2019 revealed that almost half of 2019 MSW graduates in the study were first-generation college students (the first ones in their families to graduate college); this was higher for Hispanic/Latinos (73%) and Black/African American individuals (57%; Salsberg et al., 2020).

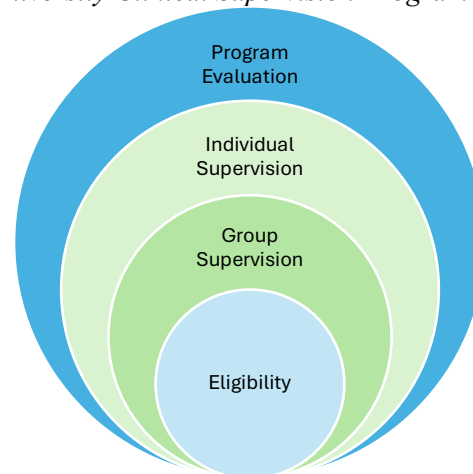
Model Clinical Supervision Program

The barriers addressed above--disparities in licensure exam pass rates, availability of social work jobs that provide clinical supervision, and the economic costs of securing private supervision--create significant disadvantages to marginalized groups of social workers and pose a serious injustice within the profession. To attempt to address those barriers, a university in southeast Pennsylvania has created a model clinical supervision program for recent social work graduates seeking advancement in our profession (See Figure 1). The model includes eligibility, group and individual supervision, and program evaluation.

The program will be staffed by LCSWs in good standing, representing multiple cultures, ethnicities, identities, and backgrounds. The pilot program will have two cohorts, beginning with 12 advanced-standing, on-ground, full-time students, entering in Fall of 2025. Upon graduation, these post-graduates, having maintained their status of students-in good standing, and meeting all requirements, including full-time work and passing the LSW exam, will receive pro bono, clinical supervision for 2 years, accruing the required number of hours as defined by the PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors. At that time, the second cohort of 12 full-time, on-ground students will be graduating, and will receive the same supervision with the same requirements.

The clinical supervision pilot program is led by two experienced LCSWs, who will each have 6 students and will provide both individual and group supervision for licensure. Because this is a pilot program with 2 cohorts, master's students must meet certain criteria until graduation and after graduation to take part in the program.

Figure 1. *Model of Southeast Pennsylvania University Clinical Supervision Program*



Eligibility

Eligibility requirements include remaining a student in “good standing” which entails completing the program with no academic issues. Participants must obtain their LSW through successfully passing the ASWB exam and have a clinical position in the field of social work. They must complete the required clinical supervision hours in the designated time. Lastly, they must agree to return to the clinical supervision program post-licensure, to contribute a reciprocal exchange of clinical supervision for a specific number of hours to new graduates as part of their pro bono commitment.

All participants accepted in the clinical supervision program pilot will be students from the full-time, on-campus program, residing with intent to practice in the state of Pennsylvania (home site of the university), remain a community member in good standing through completion of their MSW program on time, and have a full-time social work position within 6 months of graduation. Participants who can adhere to these requirements will participate in the supervision program, including both individual and group supervision as defined below.

Group Supervision

Group supervision will be comprised of six individuals. Participants will meet and work with all group members during the sessions. Group supervision is intended to provide a collective learning environment, rich with different experiences guided by different clinicians with diverse backgrounds and qualifications. As outlined earlier, social workers

have seen a recent change in our Code of Ethics which places group supervision as a possible conduit for learning a deeper level of cultural humility, awareness, and self-awareness. A study in Hong Kong examining 91 master's-level counselors from 18 supervision groups found an increased level of "group cultural humility" associated with a deepened awareness of other cultures and more self-awareness of their own backgrounds (Chong et al., 2024). Therefore, group supervision will include guest supervisors and whole group clinical trainings that focus on trauma-informed work and self-awareness. Within this framework, the program will add the "Standards and Indicators for Cultural Competence in Social Work Practice," which includes working with concepts of ethics, values, self-awareness, cross-cultural knowledge and skills, language communication, and leadership to advance cultural competence and advocacy (NASW, 2021).

This program intends to invite different guest supervisors who introduce diverse practices and ways in which to practice, giving supervisees the opportunity to expand their connections within the field. These experiences not only expand knowledge and skills, but open communication and engage relationships, which may help with a path forward to connecting systems that are traditionally silo-ed and have little to no communication. It is also the intent of this program to ensure that supervisees feel represented within the people from whom they learn. Supervisees should get to hear about diverse perspectives and practices and should learn from people with whom they relate. Bringing in additional guest supervisors to support both the individual and the group supervision process brings a real-world practice orientation and variety of experiences interfacing with the licensure process. It is the hope and long-term plan to utilize the continuity of the group supervision to create a space for those preparing for their clinical exam to study and support each other in the preparation process. Also, it is hoped that the diversity of supervisors recruited for this program and the environment of support created by the group process will enhance exam preparation. While individual test-taking skills or the exam questions themselves cannot be accounted for or changed, the hope is to influence their experience of preparing for the exam through supported collaboration and mentorship.

Individual Supervision

While group supervision opens the possibility to a wider continuum of clinical experiences and sectors of practice with different providers, individual supervision offers a designated consistent mentor/supervisor with their own clinical practice "style." The individual supervisors will be central to the pilot program. All supervisees and supervisors will be required to complete a "basic supervision" course by the end of the first month of the program. This supervision development course for social workers in clinical supervision equips social workers with the foundational supervision skills required by all social workers to understand their own work and to effectively mentor and guide less experienced clinicians. The course focuses on the very core components of supervision models and practices, enhancing supervisory techniques, addressing ethical and legal considerations, and fostering a supportive environment for professional growth and development.

The pilot program will contain traditional supervision education including regulations, theory, practice areas, legal concepts, evaluation, ethics, documentation, and clinical decision making. It will also provide clinical supervision from a trauma-informed and psychodynamic perspective, keeping transference and countertransference in the supervision conversation. In recognition of the concept of parallel process, it is recommended that the clinical supervisors have their own personal support as they go through this process.

Pro Bono Service

All participants who have benefited from the clinical supervision pilot will be required to engage in a reciprocal exchange to provide pro bono clinical supervision. The *NASW Code of Ethics* (NASW, 2021) outlines as an ethical principle that social workers should provide time and service in a volunteer capacity, “with no expectation of significant financial return (pro bono service)” (NASW, 2021, Section 3.01). While this is a principle of service, how this is enacted in social work practice may look different depending upon the context and skill. However, these interpretations in contributing to the provision of supervision can have a direct impact upon recent graduates who are seeking a social worker who can provide the clinical guidance that will support their work. This will present an opportunity for the licensed clinical social work supervisors in our clinical supervision pilot. While providing clinical supervision to new and emerging MSWs, licensed clinical social work supervisors will have access to continuing education opportunities and ongoing mentorship with other clinical supervisors. At the same time, this reciprocal exchange may create a sustainable pathway of supervision and mentorship that could be adopted by other organizations and educational institutions. This process reflects the values and quality of social work supervision.

Program Evaluation

The clinical supervision pilot program will be evaluated through a comprehensive short- and long-term assessment of the pilot program's impact and its implications on social workers' abilities to achieve clinical licensure, their professional growth, and the broader profession. This evaluation will provide critical insights into the effectiveness of the clinical supervision pilot program in considering disparities in licensure pass rates, reducing economic barriers, and enhancing workforce development in social work. By identifying the successes and areas for improvement in the pilot program, this evaluation will contribute to broader efforts to promote equity and social justice in the profession, benefiting both social workers and the vulnerable communities they serve. Demographic data on participants will be collected and compared to national pass rates on the LSW and LCSW exams among program participants versus non-participants. Program participation rates and the number of participants who successfully complete the program, attain clinical licensure, increase salary rates, move into supervisory roles, and overall career progression will be tracked throughout. Additionally, a supervision cost analysis will be done on the availability of supervised roles locally, versus the costs associated with external clinical

supervision (e.g., fees, travel costs, and time) to analyze the financial barriers faced by participants (student debt, salary, and positions held).

In addition, in-depth interviews will be completed with program participants, social work practitioners, and supervisors to gather insights on the perceived barriers to licensure, the quality of supervision, and the impact of the program on professional growth. Finally, focus groups will be conducted to explore participants' experiences with the licensure process and the support they received through the pilot program.

Implications for Future Research, Education, Advocacy, and Practice

It is the hope that the supervision clinic will provide a resonant call to our profession, to help widen the path to accessible, quality, and affordable supervision, provided by social workers who represent the many communities which are served. Clinical licensure in social work is still a new phenomenon over the last two decades and as such, has been the subject of limited focus in literature. At the time of writing, this gap in information regarding the economic costs of supervision and the disparities inherent in the process for those who are seeking clinical licensure was apparent. More research on the experiences of practitioners who have gone through the licensure process, and the challenges and barriers they have faced along the way is needed to inform the profession. Continued research should focus on the importance of clinical supervision and its impact on both practitioner competence and client outcomes. Finally, research should examine the value of a mentorship pathway from MSW degree completion to clinical licensure, and how this may impact both the process as well as experience of professional development in terms of both wellbeing and longevity in the field.

Early in the MSW program, educational programs can support the development of peer-based mentorship and the utilization of supportive groups that can be a resource during the transition from degree to career and licensure. Such programs and initiatives can be part of the implicit curriculum of a college or university program. Similarly, creating opportunities for licensed clinical social workers to speak about their pathway toward both licensure and career options available could be helpful to students. Educational institutions can work to support students in their guidance around career options, with preference on obtaining job opportunities that invest in clinical supervision for their employees regardless of the goal of clinical licensure. We believe that every social worker should have sound clinical supervision to engage their multifaceted knowledge and skill base, whether they are in roles that require clinical work, or they have leadership roles that will influence the services that are provided. Universities can influence organizations to increasingly offer clinical supervision as part of standard practice and encourage current organizations to fund external supervision if this is not part of the organization and require that all clinical supervisors take a basic supervision course. The social work program at the university referred to in this article hopes to partner with NASW-PA and local workforce groups to obtain funding and open discussions with other universities and internship sites, helping to create a stronger behavioral health workforce. Through efforts such as those described in the pilot program, departments of social work education can begin to correct some of the social and economic injustices perpetuated within our profession.

An area of educational advocacy would be working with the accrediting bodies of MSW programs, CSWE, and the ASWB to ensure there are implicit connections and alignment with curricular content and practice standards. This is a call for social work guiding bodies to address the inconsistencies of the social work code of ethics with reference to the needs of social workers from diverse and marginalized populations. With the emergence of the Social Work Interstate Licensing Compact Legislation (General Assembly of the Commonwealth of Pennsylvania, House Bill 1841, 2023), where currently several states have agreements in place, there is a need for updated and perhaps universalized expectations of required hours, supervision standards, and processes across states. These policies should address the quality of supervision, as well as accessibility and provision within social work organizations, to reduce barriers of cost for entry into the profession. Advocacy efforts should aim to ensure that all social workers, especially those from diverse and marginalized communities, have access to quality supervision and mentorship. Social work organizations and professional bodies can push for policy changes that support fair compensation for supervisors, ensure mentorship programs for early-career social workers, and reduce the administrative burden on clinical supervisors.

Trauma-informed and culturally responsive supervision have emerged as best practices (Archibald & Johnson, 2021). Clinical supervisors today must be well-versed in addressing socioeconomic inequities that affect both social workers and clients. This approach ensures that supervision addresses power dynamics, implicit biases, and systemic inequalities, promoting equity in practice. Through this, we hope that social workers will have a deeper understanding of their biases and that meaningful and brave conversations in these spaces will allow for a parallel process, helping to shift views in workspaces and create spaces for clients to be their authentic selves, unapologetically. Peer mentorship structures can be considered in practice, where social workers at similar career levels can mentor each other horizontally, as a supplement to clinical supervision. This model encourages collaborative learning, reduces power imbalances, and promotes mutual support. Peer supervision is particularly beneficial for fostering reflective practice and maintaining ethical standards among early-career social workers. Ultimately, it is our hope that this project will shed light on the glaring inequity within the world of clinical supervision and serve to create guidelines for similar programs in other universities and institutions to put time and energy and effort into the people who engage in challenging work with fragile communities.

Conclusion

The model of clinical supervision presented in this article seeks to address the barriers in the social work licensure process through clinical supervision, by addressing a plan to support access to clinical supervision with equity and inclusion, to grow a deeper understanding of pass rate disparities and barriers to finding clinical supervisors, and to create a cost-effective program for obtaining the required clinical supervision hours. This model is aligned with the need for clinical social workers to routinely challenge injustice within our profession, including workforce development and educational pathways along with policies that may impact client care through its limitations on social workers.

Clinical social workers are called on to address the ways in which structural inequalities affect the clients' everyday lives, mitigate further harm, and promote social justice within the clinical space. A growing body of literature emphasizes social justice in the delivery of clinical services (Asakura et al., 2019; Baines, 2006, 2011; Chen et al., 2025; Fook, 2012; Larson, 2008), yet there is a paucity of literature on how to address social justice in clinical supervision (Asakura & Maurer, 2018, p. 289).

The proposed clinical supervision model addresses the three barriers to licensure by addressing and gathering data for exam-based disparities, looking at the cost of clinical supervision and access to a qualified and affordable clinical supervisor. Programs such as the one presented in this article demonstrate an effort to correct the social injustice and hypocrisy rampant in our profession which continues to marginalize social workers from diverse populations by prohibiting access to career advancement. Universities can find ways to support students without grants to create similar programs using pro bono services. This is a call for social work guiding bodies to address the inconsistencies of the *NASW Code of Ethics* with reference to the needs of social workers from diverse and marginalized populations. The social work education program identified in this article hopes to partner with NASW-PA and local workforce groups to obtain funding to develop similar programs to help to create a stronger behavioral health workforce. Through efforts such as those described in the pilot program, departments of social work education can begin to correct some of the social and economic injustices perpetuated within our profession.

References

- Apgar, D., & Luquet, W. (2023). [Linking social work licensing exam content to educational competencies: Poor reliability challenges the path to licensure](#). *Research on Social Work Practice*, 33(1), 66-75.
- Archibald, P., & Johnson, N. (2021). [Culturally relevant, trauma-responsive, and healing-centered social work supervision](#). In R. Wells-Wilbon & A. Estreet (Eds.), *Trauma and mental health social work with urban populations: African-centered clinical interventions* (1st ed., pp. 178-190). Routledge.
- Asakura, K., & Maurer, K. (2018). [Attending social justice in clinical social work: Supervision as a pedagogical space](#). *Clinical Social Work Journal*, 46, 289-297.
- Asakura, K., Strumm, B., Todd, S., & Varghese, R. (2019). [What does social justice look like when sitting with clients? A qualitative study of teaching clinical social work from a social justice perspective](#). *Journal of Social Work Education*, 56(3), 442-455.
- Association of Social Work Boards [ASWB]. (2022). [2022 ASWB exam pass rate analysis: Final report](#). Author.
- Baines, D. (2006). [‘If you could change one thing’: Social service workers and restructuring](#). *Australian Social Work*, 59(1), 20-34.
- Baines, D. (Ed.). (2011). *Doing anti-oppressive practice: Social justice social work* (2nd ed.). Fernwood.

- Bureau of Labor Statistics. (2024). *Occupational outlook handbook: Social workers*. U.S. Department of Labor.
- Castex, G., Senreich, E., Phillips, N. K., Miller, C. M., & Mazza, C. (2018). [Microaggressions and racial privilege within the social work profession: The social work licensing examinations](#). *Journal of Ethnic & Cultural Diversity in Social Work*, 28(2), 211-228.
- Chang, C. Y., Hays, D. G., & Milliken, T. (2009). [Addressing social justice issues in supervision: A call for client and professional advocacy](#). *The Clinical Supervisor*, 28, 20-35.
- Chen, X., Huang, Y. J., Leung, C. A., & Cheung, M. (2025). [Social justice integration in clinical social work: Teaching with current events from the media](#). *Journal of Social Work Education*, 61(1), 30-45.
- Chong, E., Chen, H., Chui, H. & Luk, S. (2024). [Perceived cultural humility in supervision group and trainees' cultural responsiveness self-efficacy](#). *Psychotherapy*, 62(1), 44-54.
- Fook, J. (2012). *Social work: Critical theory and practice*. Sage.
- General Assembly of the Commonwealth of Pennsylvania. (2023). [House Bill \(No. 1841\): Social Work Licensure Compact Model Legislation](#).
- Hair, H. J. (2015). [Supervision conversations about social justice and social work practice](#). *Journal of Social Work*, 15(4), 349-370.
- Hair, H. J., & O'Donoghue, K. (2009). [Culturally relevant, socially just social work supervision: Becoming visible through a social constructionist lens](#). *Journal of Ethnic & Cultural Diversity in Social Work*, 18, 70-88.
- Hughes, J. C., Kim, H., & Twill, S. E. (2018). [Social work educational debt and salary survey: A snapshot from Ohio](#). *Social Work*, 63(2), 105-114.
- Joseph, R. (2024). [Ethical challenges in social work licensing examinations: A call for integrity and strategies for success](#). *Social Work*, 69(4), 395-402.
- Koeske, G. F., & Krowinski, W. J. (2004). [Gender-based salary inequity in social work: Mediators of gender's effect on salary](#). *Social Work*, 49(2), 309-317.
- Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2008). [Clinical supervision, emotional exhaustion, and turnover intention: A study of substance abuse treatment counselors in the Clinical Trials Network of the National Institute on Drug Abuse](#). *Journal of Substance Abuse Treatment*, 35(4), 387-395.
- Larson, G. (2008). [Anti-oppressive practice in mental health](#). *Journal of Progressive Human Services*, 19(1), 39-54.
- Mina, F. (2022, September 20). [Social worker exam results reveal racial disparities](#). *The Imprint*.

- National Association of Social Workers [NASW]. (2021). *National Association of Social Workers code of ethics*. Author.
- Salsberg, E. Quigley, L., Richwine, C., Sliwa, S., Acquaviva, K., & Wyche, K. (2020). *The social work profession: Findings from three years of surveys of new social workers*. George Washington University.
- Wylie, P. (n.d.). *Helping social workers manage student loan debt*. *Social Work Today*.
- Yoon, I. (2012). *Debt burdens among MSW graduates: A national cross-sectional study*. *Journal of Social Work Education*, 48(1), 105-125.
- Zajicek-Farber, M. L. (2024). *Social work licensing: Then and now*. *Clinical Social Work Journal*, 52, 368-381.
- Zippia. (2024 August 31). *Licensed social worker demographics and statistics in the US*. Author.

Author note: Address correspondence to Jennifer Cullen, Center for Social Work Education, Associate Professor Widener University, One University Place, Chester, PA 19013. Email: jacullen@widener.edu

ORCID:

Caroline Campbell	 https://orcid.org/0009-0002-8241-5746
Jennifer Cullen	 https://orcid.org/0000-0001-7692-753X
Rebecca Vlam	 https://orcid.org/0009-0004-0197-2001
Matthew A. Myrick	 https://orcid.org/0000-0002-9276-3341