

Final Report on Alternative Paths to Licensure For the Minnesota Board of Social Work

September 23, 2008

Prepared for the
Minnesota Board of Social Work

by

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Executive Summary

Charge. In June 2008, the Minnesota Board of Social Work requested proposals to provide research data directed by a legislative mandate, as described below. The Request for Proposal (RFP) was specific to the second charge of the mandate only, as described in italics.

Minnesota Session Laws 2007 - Chapter 123, Section 133, Board of Social Work Study. “The Board of Social Work shall study and make recommendations to the legislature by December 15, 2008, on how to increase the numbers of licensed social workers serving underserved communities and culturally and ethnically diverse communities. *The study shall also explore alternative paths to licensure that does not include a standardized examination*”.

Methodology. The consultants also conducted a review of the landscape, which entailed a literature review and interviews with professionals in programs or organizations of interest. In addition, two surveys were developed. In order to gain a better understanding of how various agencies managed social work licensing and what potential licensing alternatives were being implemented in other areas, an electronic survey of Association of Social Work Board (ASWB) members was conducted.

The second survey gathered qualitative data regarding social work competencies. This survey, regarding social worker competencies, asked potential respondents including stakeholder groups, social work educators, licensees and representatives of professional associations, to think of three social workers who, in their opinion, have the requisite social work knowledge, skills and values to be an effective social worker. Respondents were then asked to list the three key competencies for each social worker.

Results. Minnesota is not alone. The survey of ASWB members showed that 9 of 14 respondents who discussed the issue in their surveys believe problems also exist in their jurisdictions. These include obstacles to licensing for candidates, and concerns that the number of licensed social workers in respective jurisdictions does not adequately represent their client communities. If the problem is correctly defined, then two paths to a solution can be considered. One is to give candidates more support in using traditional licensing procedures. The other is to develop alternative procedures.

Alberta may have the most aggressive program for supporting candidates in earning their licenses through traditional paths. The province has allocated \$1.4 million to establish additional support systems in the medical profession for immigrants or others with qualifying degrees who lack the requisite test-taking skills in English.

Alternative methods are in place in British Columbia and Texas. British Columbia allows some groups to exempt social workers from registering with the province. Texas has an alternative path to licensure for people who come very close to passing the ASWB exam, but who are unable to achieve a passing score.

Consultant Recommendations. Based upon the research, the consultants recommend the following:

1. Three alternatives were discovered in the course of this study that deserve further, direct examination by social work professionals on behalf of the Minnesota Board of Social Work. Those three alternatives are:
 - a. Texas, which has an alternative path to licensure for people who are unable to achieve a passing score on the ASWB exam;
 - b. British Columbia, which allows some groups to exempt social workers from registering with the province, which may not be optimal for public protection; and
 - c. Alberta, which has allocated resources to a new program that assists foreign-born healthcare workers into their healthcare provider network.
2. The ASWB was contacted, but the consultants were told no psychometric characteristics of items in the ASWB exam could be released. The state of California, in their review of the ASWB clinical exam, noted difficulty in obtaining this type of data, but was – in the end – able to do so. In our interviews and in the surveys, the ASWB licensing exam was never attacked, but it generated curiosity. The Minnesota Board of Social Work should acquire and analyze the psychometric item characteristics of the examination that is used for licensing. This review could help define the problem.
3. We have noted that the problem of underrepresentation of various parts of the population is a perceived, but undocumented, problem. It is, however, widely perceived having spawned not only two studies in the state of Minnesota, but also being suspected by 9 of 14 agencies responding to the survey on the ASWB listserv. We recommend that the Minnesota Board of Social Work select up to five Minnesota counties and ask them to specifically describe the effects of underrepresentation in their respective counties. Further documentation and definition of the problem itself will help to illuminate and refocus the solutions more assuredly or quickly.
4. In implementing these recommendations, the Minnesota Board of Social Work should decide whether or not the resources required to effectively implement alternative methods would align properly with the scope of the problem.

Final Report on Alternative Paths to Licensure For the Minnesota Board of Social Work

Introduction

Project Overview. In June 2008, the Minnesota Board of Social Work requested proposals to provide research data directed by a legislative mandate, as described below. The Request for Proposal (RFP) was specific to the second charge of the mandate only, as described in italics.

Minnesota Session Laws 2007 - Chapter 123, Section 133, Board of Social Work Study. “The Board of Social Work shall study and make recommendations to the legislature by December 15, 2008, on how to increase the numbers of licensed social workers serving underserved communities and culturally and ethnically diverse communities. *The study shall also explore alternative paths to licensure that does not include a standardized examination*”.

Board of Social Work Committee Activity to Comply With the Mandate. The Board convened the Licensing Study Committee in September 2007, to consider the legislative mandate. The committee was comprised of Board members, Board staff, representatives of the Board’s Advisory Committee, representatives from the community and social work educators. Extensive research and study was being conducted to comply with the first part of the legislative mandate, which was: “The Board of Social Work shall study and make recommendations to the legislature by December 15, 2008, on how to increase the numbers of licensed social workers serving underserved communities and culturally and ethnically diverse communities.” Research for this portion of the mandate was already being conducted and was outside the scope of the RFP. Due to limited Board staff and committee resources, the committee decided to enter into a contract with a researcher in order to obtain data to provide the most effective recommendations to the Legislature by the December 15, 2008 deadline.

Goals of the Project. The stated goals of the project included, but were not limited to:

- Conduct the necessary research to obtain appropriate, pertinent and vital data which addresses the mandate.
- Present the data to the Committee in writing, in a timely manner, to meet the Committee’s deadlines.
- Data was to be considered by the Committee and the Board, and used to enable appropriate representatives to present informed recommendations in the required Legislative report, by the mandated deadline of December 15, 2008.

Methodology

In researching the topic, two surveys were developed. In order to gain a better understanding of how various agencies managed social work licensing and what potential licensing modification/alternatives were being implemented in other areas, an electronic survey of ASWB members was launched in July 2008, via the ASWB listserv. (For a copy of this survey see Appendix A.) Potential respondents were given slightly over two weeks to complete the survey. Questions for this survey were initially developed by the consultants, who then worked with representatives from the Minnesota Board of Social Work to refine content and wording.

The second survey was called the “competency survey” and asked the following question of potential respondents, including stakeholder groups, social work educators, licensees and representatives of professional associations:

“Please think of three social workers who, in your opinion, have the requisite social work knowledge, skills and values to be an effective social worker. List the three key competencies for each social worker in each column in the matrix below. Please do not include any identifying information specific to the individuals. Your responses are most useful if they are as specific as possible. The boxes will accept more characters than appear.”

Two hundred forty-two (242) persons responded to this survey, resulting in 1,967 competencies. (See Appendix B.) The information from this competency survey was analyzed, along with the following three publications/documents:

- (a) College of St. Catherine and University of St. Thomas evaluation of MSW student foundation and clinical practicums;
- (b) “*Professional Development and Practice Competencies in Clinical Social Work*,” by the American Board of Examiners in Clinical Social Work; and
- (c) the Council on Social Work Education, “*Educational Policy and Accreditation Standards*.”

The analysis of these four sources resulted in the creation of a core competency outline. (See Appendix C.)

In addition, phone interviews were conducted with:

- Kathleen Hoffman, Deputy Executive Director of the Association of Social Work Boards (ASWB);
- Paul Riches, Executive Office for the California Board of Behavioral Sciences;
- Charles Horton, Executive Director, Texas State Board of Social Work Examiners;
- Ada Woo, Psychometrician, National Council of State Boards of Nursing (NCSBN); and
- Susan Irwin, Registrar, Board of Registration for Social Workers of British Columbia.

Results

Association of Social Work Boards (ASWB) Exam Data

One stated goal of the research was to inventory what ASWB data could be made available to the State of Minnesota Board of Social Work. The contractors conducted a phone interview with Kathleen Hoffman, Deputy Executive Director of the ASWB, in order to determine what could be made available.

Ms. Hoffman reported that the ASWB did not have pass/fail rates by demographics available. The information that could be released would detail the number of provisions made for persons whose first language is not English (ESL). Ms. Hoffman reported that not all states track the *type* of provision made, but where information was available it could also be released.

In addition, Ms. Hoffman reported that the ASWB has currently convened an ESL Task Force, which is currently conducting a two-part survey involving ESL accommodations and ESL candidates. The first survey is of candidates who had requested ESL accommodations. Questions on the survey included detailed demographic questions, and items like: “Were the ESL provisions granted for the exam helpful?” “Did you feel the items were biased? Did you have enough time?” The second part of this survey is of the states who allow for ESL accommodations; survey questions ask them to report what *types* of accommodations were made. Ms. Hoffman said that, while some aspects of the survey data may be confidential, “generalities” of the survey would be made available upon completion.

ASWB Jurisdiction Survey Data

Seventeen respondents, representing 17 states/provinces, completed the survey about licensing alternatives. All respondents regulate social workers at the Bachelors and at the Masters level. Most respondents also required criminal background or character checks and – at the Masters level – three or four thousand hours of supervised experience. All used the ASWB exam as their licensing exam. One said that in their jurisdiction, the California exam could be used as an alternative.

The survey was very open-ended and an unusually high proportion of respondents occasionally skipped items. The number of respondents who completed items of interest is appropriately noted in the description of survey results, below.

Concerns with the exam. One survey item asked respondents if they had any concerns about the exam they used. Fourteen respondents answered this item. Of the 14 responding agencies, ten said they had no concerns about use of the exam. (One of those ten said that their confidence was in their licensing *system*, which included experience and attainment of the appropriate degree and that – within that system – the exam posed no issues.) Two said they were not sure the Masters-level exam was appropriate for a license at that level unless the candidates also had sufficient experience. One of those questioned whether two-years of experience was sufficient. Two other respondents said they were concerned that the exam was too difficult; one wondered whether the exam was too difficult for minorities and the other wondered whether the revised exam had been made to be more difficult than its predecessor.

Ten respondents said they were aware of professionally trained social workers who, for a variety of reasons, [could] not qualify for a license. This was attributed to the exam being too difficult or to candidates not having sufficient academic work.

Obstacles. Respondents were asked to note the obstacles to attaining licenses in their jurisdictions. For each problem the respondent identified, he or she was also asked whether or not this was an obstacle for which they had found a solution. (Numbers in parentheses, below, indicate number of responses with that answer.)

Problems that can be solved

- Administrative (4)
 - Mail slow, wrong payment
 - Verifying CSWE
 - Deceased supervisor (mentioned twice)
- Academic – having insufficient coursework (including possibly not finishing degree) (4)
- Failure to stay up-to-date on refresher training (2)
- Testing (3)
 - Failing
 - Taking the wrong exam

Suggested solutions included the obvious such as studying harder for the exam or going back to school. Regarding solving the problem of having a deceased supervisor, which was cited twice, both agencies said this was solved by going back to the academic institutions for appropriate documentation on the death of the supervisor.

Problems with partial solutions

- Experience (5)
 - Finding appropriate supervision to complete supervised field work (2)
 - Lack of clinical hours required for clinical license
 - Applying with unacceptable experience (2)
- Academic – timeframe in which degree was obtained for CSWE recognition
- Administrative – timely completion of background checks

Solutions described for these obstacles usually included case-by-case review which respondents said was sometimes reliable and sometimes not and always time-consuming.

Problems without solutions

- Applying for licensure with a license already attained in a state that is not “recognized” by the local agency (2)
- Perception of ESL bias in ASWB exam

Concerns about the Representativeness of the Pool of Social Workers in their Jurisdiction.

Sixteen respondents answered a question about whether or not they were concerned that the pool of social workers in their jurisdiction did not demographically represent their pool of clients. Seven said they were not; nine said they were.

Those who were concerned voiced three kinds of concerns. The first was just a general concern that there are not enough social workers to fill all positions. This was mentioned by two respondents. Another five respondents specified the demographics that were underserved in their areas – aboriginal (2), rural families (2) and Somali (1). Finally, two respondents said they had heard “anecdotes” or that a problem was “perceived” but had never actually been documented.

Use or Consideration of Alternatives. Of the seventeen jurisdictions responding to the survey, three* were considering using or currently using alternatives. Quebec notes that legislation to consider alternatives in their province had been recently tabled; British Columbia noted that “there are groups that are exempt from the requirement to be registered.” Follow-up identified those groups as government institutions, such as schools, hospitals, aboriginal tribes, among others. These institutions can declare whether or not they want their social workers exempt and some choose to require social workers to be registered.

Texas noted they had used portfolio assessment for approximately ten years as an alternative path to licensing. The Texas portfolio assessment is described in the “**Review of the Landscape**” section of this report.

Some respondents suggested solutions that do not involve alternative licensing procedures. These solutions included documenting whether or not there is a problem, reviewing academic programs or

* Two jurisdictions actually noted alternatives in their surveys. A third was followed-up with after results were analyzed and said that he had marked his survey wrong – that alternative licensing was used in his state although he had said ‘no’ in the survey.

licensing requirements and working to increase the pool of social work supervisors so that there would be more supervised social workers available to apply for advanced licenses.

Review of the Landscape: Alternative Paths to Licensure

The review of literature for this study was originally conceived as a review of peer-reviewed, rigorously-conducted research on the methods and effects of alternative licensing methods in a variety of professions including nursing, education and others. The contractors were warned that very little literature meeting those standards might be available and that turned out to be the case. However, combining the research that *is* available with information about practices that are being utilized, but are too narrow in their impact to justify being researched, and other descriptive information about alternatives to traditional licensing, turned out to be useful. In addition, some of this review comes not from literature, but from conversations with professionals in social work, nursing or education.

Summary of literature and relevant interviews with professionals (numbers in parentheses correspond to the “Annotated Bibliography of Literature”, found in the Appendix):

- Licensing does make a difference – more perhaps for groups/institutions than for individuals, but it does make a difference. If an institution is licensed, the public can usually be guaranteed that it has more access to ancillary services and has a longer-term record. Both of these characteristics of institutions are correlated with long-term successful outcomes. Regarding individuals, licensing tends to show knowledge and academic background. Licensed individuals are also more likely to be involved in ongoing professional development. No research could be found asking whether academic background and ongoing professional development were correlated with successful case outcomes. (1) (3)

Another area in which licensing has been demonstrated to show differences is in cultural sensitivity. Licensing examinations with appropriate multicultural measures do effectively predict who will show more cultural sensitivity in the workplace. (3) (5)

- As noted above, no studies could be found that have looked at whether licensing correlates with effecting outcomes per se. Some studies have shown, however, that licensed professionals may develop longer-lasting relationships with their clients. (5)
- One of Minnesota’s goals is to license more culturally competent or culturally appropriate social workers and representatives from communities of color. There is evidence that cultural effectiveness can in fact be measured with a paper-and-pencil test. Surprisingly, knowledge of a culture’s history was found to be a more effective predictor of cultural sensitivity than knowledge of the culture’s habits or current characteristics. (5)
- Another path to solving the current perceived problem might be not to create new paths to a license, but to give more support to non-majority members, immigrants or others who may need it before sitting for the exam. Faced with a growing shortage of medical professionals, the Alberta government is spending \$1.4 million to get more foreign-trained workers into their healthcare system. Alberta has established centers for foreign-trained physicians, nurses

Exams with Alternative Formats: NCLEX

NCLEX is the licensing examination administered by the National Council of State Boards of Nursing (NCSBN). In April of 2003, NCSBN added new, alternative items to their computer administered test. These alternative items are “examination items, or questions that use a format other than standard, four-option, multiple-choice items to assess candidate ability.”³ Alternative item formats may include:

- multiple-response items;
- fill-in-the-blank items,;
- hot spot items (which ask a candidate to “identify an area on a picture or graphic”³, such as an x-ray);
- chart/exhibit format (where candidates are “presented with a problem and need to read the information in the chart/exhibit to answer the problem”³);
- and drag-and-drop items, which require a candidate to “rank order or move options to provide the correct answer.”³

According to Dr. Ada Woo, the NCSBN psychometrician, these items **may** measure at a “higher cognitive level” than traditional prose items. Dr. Woo said alternative items increase the “ecological validity” of the exam.

All items on the NCLEX are evaluated for their psychometric properties, including cultural bias, each time a pool of new questions is added. Practice analyses are conducted on a 3-year cycle.²

Provisional Licenses: State of Minnesota, Department of Education

Education is another field with experience in provisional licensing. Provisional licenses are granted by the State subject to requests from certified districts for specific open positions. Before requesting to employ a teacher with a provisional license, a district must demonstrate that “reasonable efforts have been made to assign existing staff to fill the position with a fully-licensed teacher” and that no other fully-licensed teachers are available. Provisional licenses are granted for the period of one academic year and are renewable on a year-to-year basis pending need for specific positions.

Criteria for receipt of a provisional license are not stipulated by regulation but are determined based on assessment by building-level and district-level professionals on a case-by-case basis. Criteria might include:

- Credit for relevant experience. This tends to be associated more often with content than with method. A person with ten years of experience in a chemistry lab would more likely be perceived as a possibly effective high school chemistry teacher than say a person with

³ Source: “Fast Facts About Alternative Item Formats and the NCLEX Examination,” February 2006. Published by the National Council of State Boards of Nursing.

² A representative of the NCSBN noted in conversation with the researchers that item-level psychometric statistics are available to all member organizations. Available item statistics include evidence of cultural sensitivity and are updated regularly with the test itself being modified based on its psychometric characteristics every three years. Availability of the psychometric data is a matter of a law and the NCSBN is liable to suit if the data are not made available to member organizations.

- ten years of experience in developing corporate training lessons would be given credit to have developed teaching or lesson-design skills.
- Experienced professionals in the St. Paul schools human resources department note that teachers with alternative licenses require strong peer support systems in their first two years of teaching. It is a highly supervisor-intensive process.

No research on the effectiveness of provisionally-licensed teachers compared to traditionally-licensed teachers was found to have been published.

An Alternative Path to Licensure: Texas's AMEC Program

Texas is one of two jurisdictions using an alternative to the standard ASWB exam path to licensure. The Texas alternative, AMEC (Alternative Method of Examining Competency), was created in response to the Texas Professional Social Work Act (1993) to “assist individuals who, while unable to achieve a passing score on the national examination, have demonstrated the knowledge, skills and abilities to become professionally licensed social workers in Texas.”

To apply for a license using AMEC, a candidate must have the required academic degree and have sat for the ASWB exam twice coming within 5 points of a passing score at both sittings. Through AMEC, the candidate can apply for a provisional license which they will hold for two years. To convert the provisional to a standard license, the candidate must remain employed full-time as a social worker for two years and participate in weekly meetings with a licensed supervisor.

At the conclusion of the two-year period, the candidate submits a portfolio including:

- Papers
 - 11 separate, 3-5 page double-spaced papers, each one covering a separate, specific core content area of social work practice
 - 7-10 page, double-spaced case analysis of work with a typical client during the provisional period
 - 3-5 page, double-spaced self-evaluation
- A daily journal of professional activities during the provisional period
- Quarterly evaluations from the supervisor; an evaluation of the supervision by the candidate

The portfolio is submitted to the board for evaluation for final determination of whether to grant full licensure or continue provisional status.

Alexander Consulting contacted the Texas Board of Social Work and learned that AMEC has been in place for more than ten years and is not viewed as controversial by professional social work associations in the state of Texas. There are no known studies of whether social workers licensed by AMEC differ from traditionally-licensed social workers in their ability to generate mission-appropriate outcomes.

In review, AMEC's core elements include:

1. A narrow portal – candidates must have come within 5-points of passing the ASWB exam twice – through which a candidate must pass before applying.
2. Two-years of supervised, professional experience.
3. Submission of a portfolio demonstrating professional knowledge and skills as described.

ASWB Exam Alternatives: California's State-Constructed Exam

California is the only state in the country that is not a member of the ASWB and does not participate in the ASWB exam program. The California Department of Consumer Affairs, Board of Behavioral Sciences (BBS) moved to a state-constructed exam in 1999 because it felt that California practitioners were underrepresented in the occupational analysis, which serves as the foundation for the entire ASWB exam.⁴

The state-administered exam is developed through the California Office of Examination Resources, which develops three exams for the Board of Behavioral Services, the Licensed Clinical Social Worker (LCSW), Marriage Family Therapist (MFT) and Licensed Educational Psychologist (LEP). The BBS spends approximately \$1 million annually in ongoing operation expense related to the exam. Every five years the BBS reports to the state legislature on the validity of the exam, which includes an in-depth occupational analysis. The BBS is enjoined from collecting pass/fail information by demographic.

The exam consists of 200 multiple-choice items. The exam previously contained an oral exam section, which was changed “due to concerns that an oral examination process was biased against minority applicants. The oral examinations were never demonstrated to be discriminatory, but a change to a clinical vignette format offered the opportunity to address the concerns expressed”.⁵ The clinical vignette format consists, “on the average, of five to seven clinical vignettes with typically four to seven multiple-choice questions associated with each vignette for a total of 30 multiple-choice questions.”⁶

In October of 2007, the BBS contracted with a private group, Applied Measurement Services, LLC, to conduct a comprehensive assessment of the ASWB clinical exam. This assessment, completed in May 2008, recommended that the BBS remain with the state-administered exam reporting “it would be inappropriate at this time to use the ASWB Clinical exam in California” because of concerns over exam content.⁶ There were no findings related to item bias on the ASWB exam.

While the study did not uncover any deficiencies, researchers did point to issues that the BBS may want to discuss further with ASWB, including “minor” and more “major” points including the “availability and confidentiality of Clinical exam program data and information.”⁷ (cf. footnote 2, page 10) The report noted that “the ASWB maintains a very conservative view when sharing exam

⁴ The criticism was that the under sampling resulted in exam questions that would unfairly evaluate California practitioners. Source: August 14, 2008 phone interview with Paul Riches, Executive Officer, California Board of Behavioral Sciences.

⁵ Source: E-mail from Paul Riches, Executive Office, California Board of Behavior Sciences, September 2, 2008.

⁶ Source: California Board of Behavioral Services, “Licensed Clinical Social Worker Written Clinical Vignette Examination”, accessed at http://www.bbs.ca.gov/pdf/publications/lcscvhhbk_0906.pdf; downloaded October 21, 2008.

⁷ Source: Public report, “A Comprehensive Assessment of the Association of Social Work Board Clinical Exam,” performed for the California Department of Consumer Affairs, Board of Behavioral Sciences. Performed by Applied Measurement Services, LLC. Released May 2008. Available online at: http://www.bbs.ca.gov/pdf/agen_notice/2008/0508_bdmtg_material_part1.pdf

information” and – should the BBS decide to return to the ASWB exam – the agency should negotiate the regular release of confidential exam data.^{6, 8}

The BBS reported that the state exam currently meets their needs; however the BBS recently commenced a review of their exam process as part of an effort to challenge longstanding assumptions.

Summary and Recommendations

This study was occasioned by the perception that there are populations in Minnesota that receive less social worker service than they need. Further, that a reason they are underserved is that there are too few same-demographic social workers and that the licensing processes – chiefly the licensing examination – may be contributing to the lack of service.

This problem is not documented but is widely believed by knowledgeable professionals to exist. Minnesota is not alone. The survey of ASWB members showed that 9 of 14 respondents who discussed the issue in their surveys believe the problem also exists in their state.

If the problem is correctly defined, then two paths to a solution can be considered. One is to give candidates more support in using traditional licensing procedures. The other is to develop alternative procedures.

Alberta may have the most aggressive program for supporting candidates in earning their licenses through traditional paths. The province has allocated \$1.4 million to establish additional support systems in the medical profession for immigrants or others with qualifying degrees who lack the requisite test-taking skills in English.

The National Council of State Boards of Nursing, while adapting to traditional test-taking paths of licensure, has changed its testing methods to take advantage of advanced testing technology to increase the “ecological validity” of its licensing exam. NCSBN also evaluates each item in its exam for the item’s psychometric properties, including cultural bias, and regularly makes psychometric data available to agencies using the NCSBN exam.

Alternative methods are in place in British Columbia and in Texas. The methods in British Columbia rely on organizational membership. Those in Texas rely on traditional testing methods to identify candidates who can be eligible for an alternative licensing method.

The Minnesota Board of Social Work must now determine the most effective and appropriate steps for moving forward to resolve this perceived problem.

The consultants make recommendations for action cautiously. We recognize that the public arena in which these recommendations may be implemented is a very visible arena and, as such, encourages decision makers to take conservative action and to be risk-averse at times. Yet, if Minnesota citizens

⁸ The recommended data included monthly cumulative exam statistics for California candidates and annual technical reports to be reviewed by psychometrician representing the BBS.

who need social worker services are bearing problems because they are being denied these services by a delivery system that is too small to carry the full load, then action is necessary.

The consultants recommend:

1. Three alternatives were discovered in the course of this study that deserve further, direct examination by social work professionals on behalf of the Minnesota Board. They are the programs administered in Texas, British Columbia and Alberta respectively. While this study has identified the potential of these programs, the consultants recommend direct examination by social work professionals who can take a “deep dive” into the inner workings of these programs and determine if they have potential for Minnesota in their current or modified forms.
2. The psychometric characteristics of items in the ASWB exam must be released. In addition, it should be determined what data the ASWB maintains on pass/fail rates by demographic; that data should also be released. In our interviews and in the surveys, the ASWB licensing exam was never attacked, but it generated curiosity. The Minnesota Board of Social Work, as a responsible custodian of the public good, should acquire and analyze the psychometric item characteristics of the examination that is used for licensing in an attempt to answer the questions involving item bias. Precedent for the transparency of this set of data has been responsibly established by the National Council of State Boards of Nursing.
3. We have noted that the problem of underrepresentation of various parts of the population is a perceived, but undocumented, problem. It is, however, widely perceived having spawned not only two studies in the state of Minnesota, but also being suspected by 9 of 14 agencies responding to the survey on the ASWB listserv. We recommend that the Minnesota Board of Social Work select up to five Minnesota counties and ask them to specifically describe the effects of underrepresentation in their counties respectively. Further documentation and definition of the problem itself will help to illuminate and refocus the solutions more assuredly or quickly.
4. In further analyzing the three alternatives as recommended in (1.), the Minnesota Board of Social Work should estimate the amount of resources that would be needed to implement alternative methods in Minnesota. In learning more about the scope of the problem via (2.) and (3.), the Board should decide whether or not the resources required to effectively implement alternative methods would align properly with the scope of the problem.

Finally, we want to note the philosophies of two systems theorists whose reputations for helping organizations be effective has long been established.

One of these theorists is Dr. Karl Weick of the University of Michigan and, before that, Cornell University. Dr. Weick noted that the number one resource lacking in organizations was the willingness of people to take action without knowing for sure if they were acting correctly. Inertia, noted Weick, is an enemy of progress that is made more durable by further analysis. Weick said that the most valuable person in a system was the leader who would initiate action knowing that with the help of others the action would be formed to increase organizational effectiveness.

The other theorist we think is relevant is the late Peter Drucker. Drucker observed simply that it is more important to be effective than efficient.

We think that the combined message from these organizational sages is that, to solve this problem, acting prudently – but acting and monitoring now – is the next step. We would start by learning directly from the experiences of Texas, Alberta and British Columbia, adapting a program from the lessons learned in these agencies and putting an experimental program transparently into action while simultaneously studying the psychometrics of the ASWB exam. It is possible that the psychometrics will show that the licensing exam is actually quite good and, in the meantime, the Board will also be exploring a path to licensure that will increase the pool of social work services delivered ethically and effectively to Minnesota's underserved populations.

APPENDIX A – SURVEY DATA

Minnesota Board of Social Work: Survey data gathered August, 2008

The Minnesota Board of Social Work requests your assistance in responding to a legislative mandate. The Board is required to "study and make recommendations to the legislature by December 15, 2008, on how to increase the numbers of licensed social workers serving underserved communities and culturally and ethnically diverse communities. The study shall also explore alternative paths to licensure that do not include a standardized examination."

The Board is attempting to gather data from social work regulatory agencies and other regulated professions in states, provinces or U.S. territories regarding professional standards and the methods used to demonstrate those standards.

No conclusions regarding any of these issues have so far been reached.

This survey will take approximately 20-30 minutes to complete. You may work on the survey in stages and save your work if you're not able to complete it in one sitting. Just bookmark your survey before leaving it, then click on your bookmark to go back to your survey when you want to complete it.

We greatly appreciate your time, attention and assistance with this important mandate. **WE WILL COMPILE AND SHARE RESULTS OF THIS STUDY WITH ALL WHO RESPOND.**

Please respond by Friday, August 15.

Thank you.

1. What licenses do you currently administer? (Check all that apply.)

NOTE: For the purpose of this survey, "administer" includes licensing, registration, credentialing, certification, or any other form of government regulation of individual practitioners.

- (14) BSW license
- (9) MSW license
- (10) MSW independent non-clinical license
- (16) MSW independent clinical license
- (9) Other, please specify:

2. Which of the following degrees will meet the academic requirement for the respective license? (Check all that apply.)

	BS/BA	BSW	MS/MA	MSW	Other	None
BSW license	3	14	1	4	1	--
MSW license	--	1	--	9	1	--
MSW independent non-clinical	--	1	--	10	--	--
MSW independent clinical	--	--	--	14	2	--
Other	1	1	2	1	1	1

3. What other requirements must a person meet?

		< \$25	\$26-\$50	> \$50
BSW license	Criminal background check (6) ASWB exam (3) Character references (3) State ethics exam (1)	--	3	11
MSW license	Criminal background check (3) ASWB exam (3) Character references (1) State ethics exam (1)	--	1	8
MSW independent non-clinical	ASWB advanced exam (5) 3,000 hours supervised experience (3) Proof of supervised experience (2) References (1)	--	2	9
MSW independent clinical	Clinical experience (3) 3,000 hours supervised experience (3) ASWB clinical exam (3) Criminal background check (3) References (2) Post-MSW experience (2)	--	3	13

4. Which exam(s) do you use for this license? (Check all that apply.)

	ASWB	Proprietary	Other
BSW license	7	--	No exam required (1) May take master exam (1)
MSW license	10	--	
MSW independent non-clinical	10	--	Plus 2 years experience (1)
MSW independent clinical	16	--	ASWB Advanced Generalist (1)
Other	3	--	4-years supervised experience (1) Case narratives; peer supervision (1) MSW exam (1) OPTSQ requires no exam (1)

5. What concerns, if any, do you have regarding the use of any of your exams?

- None – 8 respondents
- Have confidence in ASWB exam or in California; will accept either – 1
- Exam and degree together give us confidence in our credentialing – 1
- Concern that BSW + 2 years experience should not take masters exam – 1
- Preparing to implement associate, bachelors and masters licenses in 2009 and trying to proactively address expected lower pass rates among minority groups but haven't done much yet – 1
- Whether the ASWB master's exam is based on general practice or clinical practice as is a precursor to clinical practice – 1
- No concerns before revision. Revised test seems more difficult to pass – 1

6. In which of the following activities does your jurisdiction engage for each prospective licensee? Please enter the estimated hours each activity requires per candidate. Leave the item blank if it does not apply to your process.

(Numbers in the table reflect the average number of hours for each activity for each respective license. The numbers are based on the 4 respondents who completed this item.)

	Review application	Ethical review	Applicant interview	Verify references	Review practice	Approve exam
BSW	.75	--	--	.25	--	--
MSW	.75	--	--	.25	0.10	--
MSW ind. n/c	.55	--	.25	1.00	1.80	--
MSW ind. Clinical	1.90	--	--	.25	1.25	1.5

7. List three obstacles that candidates have experienced in meeting your jurisdiction's licensing requirements and how have you addressed them?

OBSTACLES	SOLUTIONS
SOLUTIONS THAT WORK	
Must have refresher training if degree more than 5 years old.	Guidelines formulated by Admissions Committee.
Application of regulation on training equivalences (not yet in force)	Strike and train a new committee mandated to apply a review process and draft practice and policy guidelines.
Delay in application because of mail or wrong payments.	Use an online application process; take payments by credit card over phone.
Failing the test.	Learning more.
Take the wrong exam.	Register for the correct exam.
Insufficient coursework.	Take more coursework or change legislation.
Don't have a degree. (2)	Go get a degree.
Supervisor deceased. (2)	Notarized letter stipulating death. (1) Allow other means of verification. (1)
Verification of CSWE.	Send appropriate form to appropriate

	university.
SOLUTIONS THAT PARTIALLY WORK	
Constant monitoring of temporaries to insure compliance with provisions; tracking who stays and who goes	Board taking harder line on adhering to legislation and learning when to say “NO, ENOUGH.”
Degree obtained before CSWE recognition.	Case-by-case review of program status.
No degree	We have an alternative but requirements are unclear.
Failing exam	Practice exams and study.
Finding supervision (2)	Try to connect people with others in community. (1) Creation of a bank of placement settings and supervisors. (1)
Timely return on criminal background checks.	Keep informing applicants of appropriate steps.
Lack of clinical hours required for clinical licensure.	Board revised guidelines for better guidance on clinical application.
Review clinical supervision plans – the job must be clinical.	Four tiers of review: staff, ED, LCSW board members, board committee
Unacceptable experience.	Education through schools and employers.
SOLUTIONS THAT DO NOT WORK	
Applicant from state with different requirements. (2)	No solution
Claims from ESL applicants that test is too difficult.	Extra time. Use of English/foreign language dictionary.

8. Are you concerned that the pool of licensed social workers in your state, province or U.S. territory does not adequately represent client communities in your jurisdiction?

(9) Yes

(7) No

9. Please describe your concerns.

At the present time, the profession is one of reserved title so many people eligible for membership are providing services without holding the title of social worker
Demographic data indicates highly diverse population in need of social work services. Little demographic data on licensees, students or applicants, but does not seem to mirror the diversity of community served.
Large rural (frontier areas) limited social workers. Lack of understanding by certain legislators, officials and the public of what a social worker actually does. Lack of resources and support for social workers.
Not enough social workers available to fill the government positions opened.
Rural areas of Indiana are under-represented and candidates are finding it difficult to find supervision to meet the licensure requirements.
The board has heard anecdotal reports that ESL applicants are having difficulty with the examination and consequently their communities may be underserved/represented
There are a limited number of social workers from some significant communities, e.g. aboriginal.
We have a large Aboriginal (native) population and few social workers skilled in the

culture/concerns of Aboriginal communities.
We have a large Somali immigrant population and growing Latin American population.

10. Are licensing alternatives being considered as part of the potential solution to this problem?
(7) Yes
(2) No

11. Please describe these licensing alternatives and any additional costs to both your agency and the applicant.

The government has tabled legislation that would oblige persons providing certain specific services to be a member of the Order.
There are groups that are exempt from the requirement to be registered (licensed).

12. Please describe any solutions you are exploring that do not involve alternative licensing.

Review of endorsement regulations with an eye to allowing some person waivers of exam or use of alternative exams (CA) based on experience. Allowing some supervision other than an LCSW for advanced levels for applicant who received their hours prior to 1990.
Auditing of licensure-qualifying education programs in NY to determine appropriate education, admission and retention requirements, and supervision of students.
Schools of social work could offer courses to fill gaps that do not require an applicant being admitted as a full student. This would be to balance knowledge gained through experience and other courses (non-accredited).
The board has been trying to gather empirical evidence to see if their concerns can be validated and further have the appropriate level of information before determining an appropriate path of action.
The board is not considering but some state agencies are wanting us to license at the bachelor level without testing.
We are considering allowing satellite supervision for those in rural areas.
We need more experience with the exams before we start looking at alternatives.

13. Are you aware of any social work licensure processes being used by other states, territories or provinces that do not involve the use of a standardized exam?
(7) Yes
(9) No

14. Please describe what you know about these processes including where they are being used.

You might check with Texas.
California has been a problem for us.
California has their own state-constructed exam. (2)
I know that Minnesota and Texas both have alternative processes. None of the Canadian provinces is currently using an exam for licensure, but we are all moving in that direction.
Texas model for supervised mentorship; MN model for restricted license.
We understand that Minnesota utilizes a provisional licensure process for accommodation of

ESL applicants

15. Are you aware of any licensure processes in any fields other than social work being used by other states, territories or provinces that do not involve the use of a standardized exam?

(2) Yes

(15) No

16. Please describe what you know about these processes including where they are being used.

As a lawyer, I am aware that Bar exams vary from Canadian province to province.

No Canadian jurisdictions require an exam for basic registration; only for clinical registration.

17. Are you aware of professionally trained social workers who, for a variety of reasons, cannot qualify for a license?

(10) Yes

(7) No

18. In your opinion, what are the three key barriers to those effective social work professionals not becoming licensed?

Exam (9) – too difficult, require a different format (1)

Education (6) – insufficient, unaccredited

Requirements from other states – VA, MD have higher salaries no license requirements

Do not recognize foreign credentials.

Character issues.

19. How would you define a professionally effective social worker?

We set minimum standards only. Must hold a degree from CSWE and meet our current minimum standards for licensure including the exam. Would I love to say that makes them professionally effective, yes. Does it? No but it sets a minimum to begin with.

A person that has the academic training and been tested to prove that they have the ability to provide ethical and competent services to the citizens of the state in which they provide services.

A person who is aware of his professional and ethical obligations, including the obligation to maintain and upgrade his skills and knowledge base.

A social worker who has sufficient knowledge, skill and ability to provide effective and ethical services to clients in a range of settings. Given the breadth of social work practice, anything beyond the basic entry level will be different for each practitioner.

An individual who has met the education and examination requirements for licensure, able to integrate theory and knowledge in the development of solutions and practice based on individual client need and best practices, consistent with the laws that define practice in the jurisdiction, to achieve goals of treatment and intervention.

I'm not a social worker and am unable to address this question.

One who can apply their knowledge to help their clients effectively.

One who has proven their knowledge and competence by passing the exams and maintains the continuing educational requirements.

One with a CSWE degree

People who deliver services to individuals, families, groups, and communities either directly or indirectly. Effective Social Workers utilize skills and knowledge developed through education and experience to provide assistance, direction or training in a wide variety of circumstances.

Since I am not a social worker, that isn't up to me. But I have years of seeing what works. Saying this, a person who follows the regs, properly prepares and studies the RIGHT material relevant to exam content, does this in a "timely" manner, and possesses good or better comprehension skills and abilities especially when it comes to Ethical dos and don'ts; and who stays the course and commits to the profession and not just the job they have for short term for the purpose of a paycheck. We have thousands upon thousands of records of temporary eligible folks who never followed through. There are folks in our small rural areas who COULD do the job if they wanted to. You can lead a horse to water, and you know the rest.

20. May we follow up by telephone if we would like to learn more from you?

(16) Yes

(1) No

21. What is the phone number you would like us to call?

22. What time zone are you in?

23. What time of the day is most convenient for you?

24. Would you like to receive a copy of the summarized survey results?

(16) Yes

(1) No

25. What is the e-mail address that we should send your copy of the summary to?

26. Which jurisdiction do you represent?

Alabama, Arkansas, Florida, Indiana, Missouri, Nevada, New York, Louisiana, Ohio,
South Carolina, Texas, Wisconsin, Wyoming
Alberta, British Columbia, Quebec

APPENDIX B – HIERARCHY OF COMPETENCIES

Minnesota Survey Data

Two surveys were administered as a part of this study. The first survey asked questions about how licensing programs are administered and was made available electronically to state/province administrators in the United States and Canada. Responses are summarized in Appendix A.

The second survey gathered qualitative data regarding social work competencies. The survey asked about the knowledge, skills and values that make social workers effective. This survey was distributed electronically to stakeholder groups, social work educators, licensees and representatives of professional associations.

Each respondent was asked to think of the three social workers they know who are most effective and then, thinking specifically of those three social workers, to identify the three areas of knowledge, skills, or values (KSV) they perceived to be most important to that social worker's effectiveness. Each survey respondent, therefore, identified nine KSV (3 critical KSV for each of 3 effective social workers). Two hundred forty-two (242) professionals responded to this survey, resulting in 1,967 KSV's.

This pyramid shows, according to the survey respondents, which areas of knowledge, skills or values occur most frequently among the social workers that they consider to be the most effective.

Of the 1,967 KSV's identified, those identified most frequently were:

- Ethical behavior
- The ability to show empathy
- The ability to show compassion
- The ability to diagnose or assess
- Use of knowledge of culture

Each of these areas of knowledge, skills or values was identified more than 75 times as being critical to a specific social worker's effectiveness

The second most frequently identified group of KSV's included:

- The ability to communicate verbally or in writing with staff, resources or clients
- Knowledge of the community

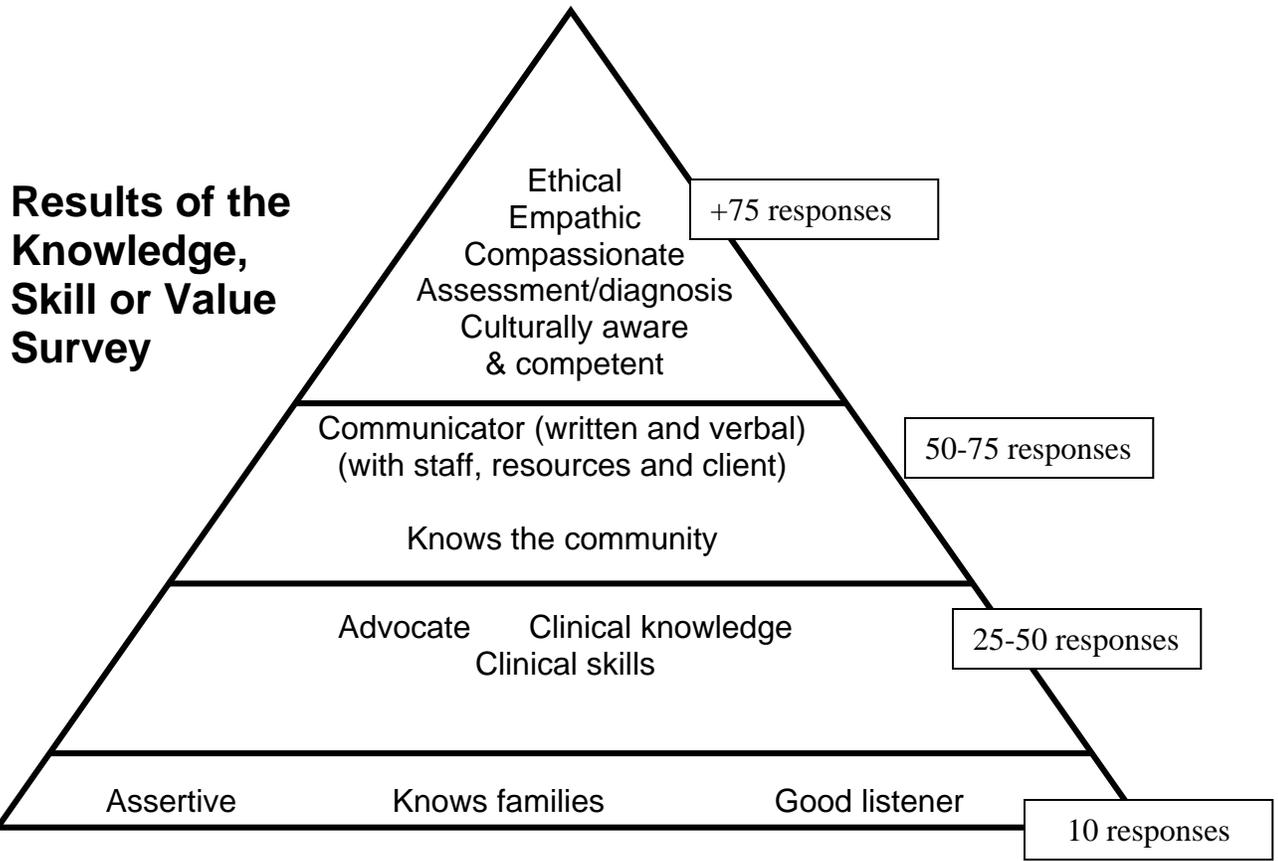
Each of these areas of knowledge, skills or values was identified between 50 and 74 times as being critical to a specific social worker's effectiveness

The third most frequently identified group of KSV's included:

- The ability to advocate
- Use of skills in the clinic
- Demonstration of clinical knowledge

Each of these areas of knowledge, skills or values was identified between 25 and 49 times as being critical to a specific social worker's effectiveness.

Assertion, knowledge of families and being a good listener were each identified from 10 to 24 times.



APPENDIX C – CORE COMPETENCY OUTLINE

The information from knowledge, skills and values survey described in Appendix B was analyzed, compiled along with the following three publications/documents:

- (a) College of St. Catherine and University of St. Thomas evaluation of MSW student foundation and clinical practicum;
- (b) *Professional Development and Practice Competencies in Clinical Social Work*,” by the American Board of Examiners in Clinical Social Work; and
- (c) the Council on Social Work Education, “*Educational Policy and Accreditation Standards.*”

The analysis of these four sources resulted in the creation of the following core competency outline.

Licensure Level	
Foundation/Postgraduate "Beginner"	Clinical/Autonomous "Intermediate"
AGENCY & COMMUNITY	
Demonstrates knowledge of agency & its programs (ST/SC); understands own role in carrying out agency mission (ABE)	Demonstrates knowledge of agency, its programs & theoretical orientation (ST/SC); understands own role in carrying out agency mission (ABE)
Demonstrates knowledge of agency organizational structure	Demonstrates knowledge of agency organizational structure and organizational dynamics
Utilizes policies and procedures	Analyzes agency policies
Contributes to agency decision-making	Constructively involved in agency decision-making
Knowledge of agency & community resources	Creatively utilizes agency & community resources
Understands relationship between practice setting and larger community, including gaps and overlaps in service (ABE)	Knowledgeable about the legal aspects of working with the agency
Demonstrates understanding of social work role in agency	Analyzes systemic barriers to client care (ABE); provide leadership in promoting sustainable changes in service delivery & practice to improve the quality of social services (CSWE)
Identifies role of agency within field of service Demonstrates knowledge of client population	Determines the viability of client and/or practice-setting goals in the community (ABE)

PROFESSIONAL SOCIAL WORK ETHICS & COMMITMENT TO JUSTICE

Guided by social work values & ethics

Aware of complexity in social work ethics

Committed to social & economic justice (ST/SC); analyze, formulate and advocate for policies that advance social well-being (CSWE)

Committed to social & economic justice & is involved in client & community advocacy efforts (ST/SC); analyze, formulate and advocate for policies that advance social well-being (CSWE)

Defines risk factors affecting client population

Identifies and analyzes risk factors affecting client population

Identifies areas of unmet needs & policy issues

Maintains client confidentiality & behaves professionally

Identifies issues of diversity affecting client systems (ST/SC); recognize the extent to which cultural structures and values impact client systems (CSWE)

Demonstrates accountability to client systems

Handles responsibilities professionally

Attends to professional boundaries (CSWE)

Tolerates ambiguity (CSWE)

Apply strategies of ethical reasoning to arrive at principled decisions (CSWE)

Distinguish, appraise, & integrate multiple sources of knowledge (CSWE)

Analyze models of assessment, prevention, intervention & evaluation (CSWE)

Understand the forms & mechanisms of oppression & discrimination (CSWE)

SELF AWARENESS & COMMUNICATION

Expresses self clearly in verbal communication	Clear, comprehensive, concise written reports
Acceptance of self & others	Aware of how his/her behavior affects others
Congruence of verbal and non-verbal messages	Uses communication & relationship building skills differentially
Demonstrates ability to listen	Has solid command of interviewing techniques
Handles disagreements with tact	Deals with stress in a productive way
Consults & shares with other staff	Actively appraises self
Expresses differing points of view well	Examines, evaluates & learns about his/her interaction/values/behaviors and how they impact service delivery
Demonstrates understanding of different interpersonal styles	Handles crisis situations calmly & effectively
Recognizes personal changes needs to make (ST/SC); sensitive to potential for distortion of objectivity due to personal issues (ABE)	Demonstrates knowledge of differences between personal & professional tasks
Examines personal/cultural/professional biases; sensitive to their influence on assessment & diagnosis (ABE)	Builds on own strengths
Acquiring confidence in having a professional opinion (ABE)	Has & expresses professional opinion (ABE)
	Respectful & non-discriminatory; demonstrates cultural competence
	Demonstrates awareness of the impact of diversity issues
	Assumes appropriate leadership role
	Sense of competence in the use of self
	Identifies self as social work professional

CLINICAL PRACTICE METHODS

Engagement

Ability to work with systems of all sizes	Able to work effectively with families (ST/SC); engages client/family in treatment planning (ABE)
Ability to engage with clients from differing backgrounds (ST/SC); engages in culturally sensitive therapeutic relationships under supervision (ABE)	Establish & deepen therapeutic relationship
Ability to state (verbally/in writing) nature of concern/problem	Identifies transference & counter-transference issues & examines them
Able to identify feelings verbally or nonverbally by client systems	May engage in specialty practice under supervision (ABE)

Data Collection

Shows purposefulness in gathering facts
Ability to organize facts
Ability to record data
Involves client system in process of data collection
Uses data collection to inform evaluation (ABE)

Assessment/Treatment Planning/Diagnosis

Ability to identify major systems involved and client resources (ST/SC); understands how applies to person in the environment (ABE)	Conducts assessments which demonstrate dynamics of risk factors
Understanding of issues across the life span Ability to set goals & contract with client systems	Demonstrate knowledge of life span issues Develops plans that differentiate internal & external foci of treatment (ABE)
Ability to work with diverse groups/appreciate client's value system	Conducts assessments sensitive to differences
Understands principles of client participation in planning (ABE)	Effectively engages client systems in assessment process

Aware of expertise of collaborating disciplines; learns appropriate participation in "therapeutic alliance" (ABE)	Conceptualizes engagement of collaborating disciplines on behalf of client (ABE)
Familiar with standard diagnostic manual & categories; formulates assessments using DSM under supervision (ABE)	Demonstrates capacity to use DSM-IV guidelines independently
Understands relationship between diagnosis, treatment goals & planning (ABE)	Writes treatment plans that are diagnostically driven & outcomes focused (ABE)
Formulates treatment plans under supervision (ABE)	Recognizes & builds on client strengths
Able to assess effectiveness of helping systems	Writes assessments which are organized, clear & sufficiently inclusive
Ability to prioritize problems	Fully implements legal reporting mandates (ABE)
Able to assess client's capacity for change	Is aware that similar behaviors may have different underlying motives unique to the client. (ABE)
Familiar with theories & research on what may produce change (ABE)	Engages in disciplined process to assure objectivity (ABE)
	May give expert testimony re: diagnosis & treatment (ABE)

Intervention

Knowledge & skill in connecting client systems with needed resources, making needed referrals	Uses assessment data to establish realistic/relevant treatment goals & intervention plans
Skill in helping others to identify alternative courses of action & their consequences	Differentiates between client resistances & value conflict (ABE)
Sensitive to client's need for self-determination (ST/SC); learns to engage client's strengths and resources (ABE)	Engages client system in establishing goals
Sensitive to methods of intervention appropriate to clients	Increased knowledge of and selective use of appropriate techniques to meet client needs (ST/SC; ABE)

Increased awareness of personal biases (ABE)

Aware of client's capacity for change

Aware of dynamics & process in group work

Able to use group dynamics effectively

Ability to advocate for client systems

Resists adoption and/or acceptance of dysfunctional client values (ABE)

Realistic expectations of self & others

Demonstrates knowledge of strategies for change that advance social & economic justice

Performs client-centered/practice system interventions under supervision (ABE)

Outcome Evaluation

Sensitive to client's need for self-determination

Involves client in evaluation of progress toward goals

Realistic expectations

Actively involved in independently evaluating effects of intervention (ST/SC; ABE)

Evaluates personal/professional values as reflected in practice

Designs & implements evaluations that relate outcomes to programmatic missions & individual client goals (ABE)

Accepts & uses outcome evaluation as a method of reviewing professional use of self (ABE)

Identified systems issues that affect outcome (ABE)

Termination

Demonstrates understanding of meaning of termination & reaction to separation experience

Understands the beginning, middle & ending phases of relationship

Plans appropriately

Purposefully plans with client for termination process

Encourages client system to express feelings about termination

Maintains healthy balance between concern for client and need to "let go"

Supervision & (Self) Evaluation

Utilizes supervision time effectively

Uses supervision productively (ST/SC); seeks supervision/consultation when needed (ABE)

Sets appropriate goals & strategies

Develops goals & strategies for continued personal & professional growth

Monitors progress toward goals

Takes initiative in seeking consultation

Seeks feedback

Actively seeks feedback

Shows ability to use feedback (ST/SC); learn from failures (ABE)

Uses current research & literature

Consciously applies social work theory & knowledge

Aware of gaps in clinical knowledge

Accepts supervision as primary means of learning (ABE)

Willing to risk being wrong

Develops understanding of "use of self" as a change agent through participation in supervision (ABE)

Discusses disagreements, follows them to resolution

Use practice experience to inform scientific inquiry and use research evidence to inform practice (CSWE)

Takes responsibility for learning experiences

APPENDIX D - ANNOTATED BIBLIOGRAPHY OF LITERATURE

(1) Chriqui, J. et al., *Does State Certification or Licensure Influence Outpatient Substance Abuse Treatment Program Practices?*, **Journal of Behavioral Health Services & Research** 34 (3) Jul 2007, pp 309-328.

In the United States, state governments legally authorize outpatient substance abuse treatment programs. In some states, programs are certified or accredited (ideal standards). Other states *license* programs (minimal standards). Additionally, some states authorize programs through “deemed status”, which is afforded to programs attaining accreditation from a national accrediting body. Primary legal research and the National Survey of Substance Abuse Treatment Services’ (N-SSATS) data were used to examine the relationships between state authorization type (certification/accreditation vs licensure with and without deemed status) and outpatient treatment program practices. Programs in certification/accreditation (vs licensure) states had significantly higher odds of offering wrap-around and continuing care/after care services associated with better long-term treatment outcome. Programs in states that allowed for certification/accreditation with deemed status had significantly lower odds of infectious disease testing, but higher odds of providing group and family counseling. Results suggest that state authorization type may impact services offered by outpatient treatment programs.

(2) Cowan, D, D. Wilson-Barnett, I. Norman and T. Murrells, *Measuring nursing competence: Development of a self-assessment tool for general nurses across Europe*, **International Journal of Nursing Studies** 45 (6) Jun 2008, pp 902-913.

In response to the global challenge of providing and delivering effective health care, the aim of the European Healthcare Training and Accreditation Network project is to work towards improving the transparency of European Union (EU) nurse workforce qualifications, competence, skills, experience and culture. Currently, there is no detailed or tangible method available for comparison, which is perceived as an obstacle to EU nurse workforce mobility. Objectives: Clearly, this is an important issue that needs to be addressed. Accordingly, this paper reports on the development and psychometric testing of a nurse competence self-assessment questionnaire tool, with the aim of contributing to and enhancing the transparency of nurse competence and ultimately facilitating greater nurse workforce mobility across the EU. Settings: The project comprises a partnership led by a school of nursing in London, operating in collaboration with nursing and other academics from institutions in Belgium, Germany, Greece and Spain. Methods: Subsequent to a review of literature on nurse competence, a 108 item, post-registration nurse competence self-assessment questionnaire was developed. It elicits information indicating nurse's self-assessment of their competence in the EU country where they trained and qualified and are currently still employed. Responses invite a self-reported frequency of nursing function, this being recommended as the most accurate and least threatening way of assessing *competency*. During the development process, the questionnaire, constructed from EU countries’ competence frameworks, was deemed to be relevant to the *measurement* of nurse competence by a group of professors of nursing, senior nurse educators, senior nurse managers and other academics thus attesting to the questionnaire's content validity. Participants: A convenience sample of 588 post-registration, generalist nurses from medical or surgical inpatient wards/units were surveyed.

(3) Franze, S et al., *Describing Head Start Family Service Workers: An Examination of Factors Related to Job Satisfaction, Empowerment, and Multiculturalism*, **Families in Society** 83 (3) May/Jn 2002, pp 257-264.

The study describes a sample of Head Start family service workers and seeks to understand what personal and employment characteristics may be associated with empowerment, multiculturalism, and job satisfaction. These three outcomes were selected based on previous research and a *review* of the literature on performance outcomes for human service workers. Results indicate that the number of English-as-a-second-language (ESL) families served by the family service worker, the size of their caseloads, their years of Head Start *work* experience, and the previous enrollment of their own child in Head Start were associated with higher job satisfaction. Empowerment was predicted by the family service workers' length of time residing in the community and having had children previously attend Head Start. The multicultural sensitivity of the family service worker was associated with having a job-related *license* and the number of ESL families in the caseload.

(4) Randall, E. J. and B. Thyer, *A preliminary test of the validity of the lsw examination*, **Clinical social work journal** 22 (2) Sum 1994, pp. 223-227.

Social workers seeking licensure in most states must pass one of the four different written examinations developed by the American Association of State Social Work Boards (AASSWB). These examinations are claimed to be valid measures of professional social work knowledge and competence to practice. To test this claim, we administered the multiple-choice 50-item Advanced practice examination contained within the official AASSWB Advanced study guide to 42 first year MSW students. We blanked out the actual question content, and asked the students to select the correct answers from among the four choices given. Chance would suggest that the average score should be about 25% correct (one out of four). In actuality the students' scores averaged 37% correct, a statistically significant difference. These results challenge the content and discriminant validity of the AASSWB examination and call for further studies on the examinations' value.

(5) Teasley, M. et al., *Perceptions of Cultural Competence among Urban School Social Workers: Does Experience Make a Difference*, **Children and Schools** 27 (4) Oct 2005, pp 227-237.

This exploratory study examined the contribution of social work experience and licensure to self-reported levels of cultural competence of social workers in urban public school systems. In addition, it examined the influence of practitioner's race or ethnicity on perceived levels of culturally competent practice in urban schools. Using survey research methods with a convenience sample, data were collected from a cross-section of urban school social workers. Multivariate analysis demonstrated that total years of experience were a predictor of specific areas of culturally competent practice. Race and level of social work licensure significantly correlated with culturally competent practice. The study yielded important implications for practice, and future directions for research on school social work practice are discussed.

(6) Tumilty, Ryan, *Immigrant workers flood training program*, **Canadian Medical Association Journal** 179 (1) pp. 27-8, Jul 2008.

The article reports on the support given by Bredin Centre in Alberta to foreign-trained physicians, nurses and pharmacists in Canada. Bredin Centre also holds study groups to prepare for licensing and accreditation examinations and provides referrals to language training programs for free. The center believes that through these supports they can get more foreign-trained workers into the health care system of Alberta as a response to the growing shortage of medical professionals. Debbie MacDonald, executive director of Bredin Centre, states that they are the only centre in Canada with specific training programs to address the issue of medical professionals shortage.

(7) Witt, Regina and M. de Almeida, *Identification of Nurses' Competencies in Primary Health Care Through a Delphi Study in Southern Brazil*, **Public Health Nursing** 25 (4) pp 336-343, Jul/Aug 2008.

This investigation aimed to identify and analyze the general and specific *competencies* of nurses in the primary health care practice of Brazil. Design: The Delphi Technique was used as the method of study. Sample: 2 groups of participants were selected: One contained primary health care nurses (n=52) and the other specialists (n=57), including public health nurses and public or community health faculty. *Measurements*: 3 questionnaires were developed for the study. The first asked participants to indicate general and specific *competencies*, which were compiled into a list for each group. A Likert scale of 1–5 was added to these 2 lists in the second and third questionnaires. A consensus criterion of 75% for score 4 or 5 was adopted. Results: In the nurses' group, 17 general and 8 specific *competencies* reached the consensus criterion; 19 general and 9 specific *competencies* reached the criterion in the specialists' group. These *competencies* were classified into 10 domains: professional values, communication, teamwork, management, community-oriented, health promotion, problem solving, health care, and education and basic public health sciences. Conclusions: These *competencies* reflect Brazilian health policy and constitute a reference for health professional practice and education.

(8) Yudkowsky, R. et al., *Simpler Standards for Local Performance Examinations: The Yes/No Angoff and Whole-Test Ebel*, **Teaching and Learning in Medicine** 20 (3) pp 212-217, Jul 2008.

Background: The whole-test Ebel and Yes/No Angoff methods offer the possibility of faster and easier standard-setting exercises for local, medium-stakes performance exams. Purpose: We sought to establish if these less demanding methods might be substituted for the traditional but complex case-level Ebel. Methods: Six faculty judges each used all three methods to set standards for six standardized-patient checklists used for 178 fourth-year medical students. We compared the cut scores, passing rates, reliability, ease of use, and credibility of the three methods. Results: The three methods produced roughly equivalent cut scores. Generalizability of judgments was .94 and .96 for the case-level and whole-test Ebel, and .76 for the Yes/No Angoff. Judges found the simplified methods more credible than the case-level Ebel. The Yes/No Angoff method was preferred by five of six judges. Conclusions: The whole-test Ebel and the Yes/No Angoff may be simple and realistic options for setting standards for local performance exams.