A Test of the Validity of the LCSW Examination: *Quis Custodiet Ipsos Custodes?*

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The authors administered to 59 first-year MSW students the practice test for the clinical-level examination developed by the Association of Social Work Boards (ASWB); the latter is used by most jurisdictions to qualify individuals to practice as licensed clinical social workers. To assess the practice test's validity, the authors blanked out actual questions, leaving only four choices (one correct answer and three incorrect ones) and instructed students to select correct answers. On the basis of chance alone, students should have answered an average of 25% of items correct. In reality, they correctly guessed 52% of the items, a statistically significant difference. This suggests that the practice test (said by ASWB to contain items like those on actual examinations) is excessively transparent or guessable and cannot justifiably be claimed to be a valid assessment of competence to practice social work. The authors encourage ASWB to publish in independent peer-reviewed journals a series of psychometric studies on the reliability and validity of the licensing examinations they have developed. The multimillion dollar social work testing industry is big business; both the profession and the public, which relies heavily on the gate-keeping function of these tests, deserve greater transparency and accountability with respect to their legitimacy.

**KEY WORDS:** assessment; Association of Social Work Boards; LCSW; replication; validity

In 2007, over 8,000 social workers paid for and took the clinical social work examination for the first time, and of these, fewer than 75% passed the test (Association of Social Work Boards [ASWB], 2008a, 2008b, 2008c). Over 12,000 additional social workers completed other ASWB examinations (associate, bachelor's, master's, or advanced generalist). With a fee of $175 per individual examination, the social work testing industry is a multimillion dollar business. ASWB (formerly the American Association of State Social Work Boards), the independent organization that prepares, markets, and administers the tests, was incorporated in 1979 under the auspices of state credentialing bodies to promote consumer protection and to assist social work regulatory bodies in carrying out their legislated mandates, and to encourage jurisdictional efforts to protect a diverse public served by social workers who are regulated through common values, ethics, and practice standards. The Association will help foster public and professional understanding of the value, competency, and accountability of regulated social workers. (ASWB, 2007, p. 4)

The ASWB developed and began administering social work examinations in 1983, and it claims that its tests "continue to be one of the most important assurances that a social worker possesses the competence to practice responsibly" (ASWB, 2007, p. 1). Prerequisites for being allowed to take the clinical examination typically are that the applicant have earned his or her MSW from a program accredited by the Council on Social Work Education and have had at least two years of postdegree supervised clinical practice experience. Each examination is composed of a total of 170 multiple choice questions, with each item consisting of a stem (or question), one correct response (the key), and three distractor (incorrect) answers. Only 150 of the 170 questions are used in determining the candidate's actual score; the remaining 20 questions are being pilot tested for future use.

The ASWB conducted its last practice analysis of social work in 2003. A new one will be released shortly. The practice analysis is a survey of licensed social workers that asks them to list their common professional tasks, rate how often they perform each task, the importance of the task regardless of the frequency of performance, and whether or not it
is a necessary skill. The periodically updated practice analysis survey is developed and piloted, sent to participants, and the results are used to update examination content. The results of the practice analysis "determine the nature and distribution of questions that appear on the ASWB examinations" (ASWB, 2008c, p. 6; see also ASWB, 2008a).

The ASWB content outline for the clinical examination is currently as follows: human development and behavior in the environment (22% of the test's items); issues of diversity (6%); diagnosis and assessment (16%); psychotherapy and clinical practice (16%); communication (8%); the therapeutic relationship (7%); professional values and ethics (10%); clinical supervision, consultation, and staff development (4%); practice evaluation and the utilization of research (1%); service delivery (5%); and clinical practice and management (5%) (ASWB, 2007). This outline determines the types of questions that appear and how they are distributed on the ASWB clinical examination.

The face and content validity of the ASWB examination is assessed by an overview of the individual items (question, key, and distractors) by experts within the field. The ASWB examination committee is composed of social workers residing in jurisdictions that legally regulate social work, including the 49 U.S. states; Washington, DC; the Virgin Islands; and several Canadian provinces. ASWB Examination Committee members are required to be licensed and are trained to write items, as are other licensed social workers selected and trained by the ASWB to prepare new test items. ASWB states that items "are not created in a vacuum, [nor] are they intended to trick or purposely confuse candidates" (ASWB, 2007, p. 5). Questions generated by members and other trained item writers are pretested by mixing them in with regular examination questions and analyzed to ensure appropriateness for inclusion on the actual examination.

Licensed clinical social workers (LCSWs) have the right to provide important social, health, and mental health services, including (among others) the right to assess and diagnose; to develop treatment plans; to conduct psychotherapy; to engage in independent practice; to supervise; and, in some states, to admit involuntary patients into hospitals. Licensure also facilitates social workers' receipt of third-party payments. Despite the importance of the topic, there is a relatively small literature focusing on social work licensure and examinations (see Dyeson, 2004; Thyer, 1994; Thyer & Biggerstaff, 1989). Obviously, it is essential that the examination used to help qualify potential LCSWs be a psychometrically sound and valid measure and that the process of creating and regulating that examination be clearly understood by the profession.

Given the crucial role of the ASWB examinations in protecting the public's safety and ensuring a minimal level of competence to practice, Randall and Thyer (1994) examined the claim that the ASWB examinations are a valid measure of professional social work knowledge and practice. At the time, the ASWB advanced generalist examination (the one then used to license clinical social workers in Georgia) was a 50-item multiple-choice test whose items were said to be similar in appearance to the items appearing on the real examination. This practice test was administered to 42 first-year MSW students at the University of Georgia. The question items were blanked out, and students were asked to select the correct answer from among the four possible choices. On the basis of chance alone, it was predicted that the students would answer, on average, 13 (25%) items correctly. The MSW students actually answered an average of 18.3 items (37%) correctly, a statistically significant difference. Practically, this means that well over a third of the practice text items could be correctly guessed, even without knowing what the question was. This disquieting result called into question the claim that the test was a legitimate assessment of the professional knowledge needed to practice social work safely.

It has been 16 years since the Randall and Thyer (1994) study on the validity of one of the ASWB licensure examinations. ASWB has continued to grow, and their battery of social work licensing examinations has been regularly revised and updated. In keeping with a recommendation made earlier in regard to the similarly transparent ACSW practice examination, that test developers should undertake "to pretest new items by imbedding them in approved versions of the . . . examination, and ascertaining that they are psychometrically adequate before utilizing them in the evaluation of social workers by written examination" (Thyer & Vodde, 1994, p. 111), all ASWB test items are now pilot tested in this manner (this was not the case 16 years ago). This pilot testing should, if competently carried out, have resolved the issue of having examinations include large numbers of correctly guessable questions. We
undertook the present study to empirically examine whether the ASWB practice examination for clinical licensure is adequately rigorous with respect to not being guessable at levels significantly greater than chance. If it is not transparent, then additional studies are warranted regarding the exam’s reliabilities and concurrent, predictive, and construct validity. However, if it is readily guessable, then the validity of the practice examination—and, by implication, that of the actual examinations—as a legitimate measure of the professional knowledge needed to practice social work competently and safely is called into question.

By way of disclosure, Bruce A. Thyer has taken and passed the version of the ASWB examination described in this study and is a current LCSW. He previously served a three-year appointment as a member of the ASWB Examination Committee and has great respect for the high-quality professional services provided by that organization.

**METHOD**

**Participants and Settings**

A total of 59 first-year graduate students at the Florida State University College of Social Work Tallahassee campus and the Gainesville part-time MSW program participated during the 2008 fall semester. Our sample consisted of 48 female and 11 male students, with an average age of 31 years (SD = 9.6). Seventy-nine percent of the participants were white, 14% were black, 5% were Hispanic, and 2% reported no racial category. Students were informed that the study was approved by the Florida State University Human Subjects Committee and that their participation was voluntary. They signed informed consent forms prior to completing the practice exam, which was administered in a classroom during participants’ regular class time in return for a minimal amount of course credit.

**Sample Test**

The official study guide for the clinical examination is published by ASWB (2007), and social workers are charged $30 to purchase it. It contains a description of the ASWB examination program, strategies for review, suggested bibliography, test-taking strategies, administrative details, a question-and-answer section, a 50-item practice examination, a guide to evaluating the practice results, and practice test rationales. The examination is “intended to measure what you are expected to know, and what professional social workers at your level of practice are already doing” (ASWB, 2007, p. 2). It is clearly stated that the sample test consists of “the kinds of questions you can expect to find on the tests [italics added]” (ASWB, 2008a, p. 14). MSWs are also told to “use the results of your sample test as a general study help, not as a prediction written in stone. It is intended to help you shape your review [italics added]” (ASWB, 2007, p. 19) and that the practice test results “may be used as an additional assessment tool to help you better prepare for the actual examination [italics added]” (ASWB, 2007, p. 47). It seems clear that practice test results are intended by ASWB to give candidates a sense of how they will perform on the actual examination, although candidates are warned that that results are not exact predictors of performance.

The practice examination was photocopied and prepared by blanking out each individual question stem; only the four possible answers remained for each item. This procedure is similar to that used by Thyer and his colleagues in a prior series of validity studies on various examinations used in professional social work (see Donahue & Thyer, 1992; P. A. Johnson, Thyer, Daniels, Anderson, & Bordnick, 1996; Randall & Thyer, 1994; Thyer, 1994; Thyer & Vodde, 1994). A copy of the blanked-out practice test and informed consent form used in this study are available from the authors on request.

**Testing Procedure**

Students were given both verbal and written instructions on how to complete the test. These included the general purpose of the study and the instruction that they should select one of four possible answers for each blanked-out question stem. Students were not timed, but all completed the task within 15 minutes.

**RESULTS**

With four possible answers per question, an average score achieved on the basis of chance alone would be about 13 items (25%) correct. We found that our 59 students answered an average of 26 items correctly (52% percent). A Z test (Z = 33.9, p < .001) revealed this difference to be statistically significant, meaning that the practice clinical examination promoted by the ASWB is exceedingly transparent, with over half the items being correctly guessable by first-year MSW students without their even knowing what the question was.
DISCUSSION

There are several possible interpretations of our findings. One possibility is that both the clinical practice examination and the actual examinations used to qualify social workers for licensure are seriously flawed in that they have readily transparent answers. Imagine the outrage if it was found that over 50% of the questions used on bar examinations or medical licensure tests could be correctly guessed, even in the absence of knowing the question! The ASWB has asserted that individual test items are now carefully pretested to ensure that they are free from gender or racial bias. It would be an obvious next step to extend this analysis to make sure that questions are not readily guessable. The technique of distractor analysis is well known within the testing field and can be readily incorporated into the pilot testing of new items now used by ASWB.

Another explanation is that the practice test is not really equivalent to the actual examinations social worker will complete. If this is the case, then the practice tests are being fraudulently marketed and sold and may provide novice social workers with an unrealistically high expectation of how well they will do on an actual examination. The remedy here is also simple: Make the practice test truly mirror the actual examination in content, difficulty, and guessability.

It could be argued that our first-year MSW students were not representative of actual MSW graduates with several years of clinical experience preparing to take the licensure examination, and therefore our results are not be generalizable to these more experienced practitioners. This would not be a legitimate criticism, because our newly admitted MSW students would be expected to perform worse on the practice test than would experienced MSWs, not better, and if anything, the results obtained from our convenience sample should provide an underestimate of the actual test’s transparency when completed by LCSW candidates.

Another possible confound is that the real test is administered via computer, not using pencil-and-paper versions, but we do not judge this to be a significant reason to judge that our results are invalid. There are no obvious reasons why test items would be more or less guessable depending on whether the test was completed via pencil and paper or computer (Millsap, 2000).

The ASWB examinations are proprietary property, owned by the ASWB, and virtually nothing is openly known about the tests’ psychometric properties. The secrecy surrounding these tests fuels suspicions that they may not be a valid measure of competence to practice (see D.A. Johnson & Huff, 1988), as do the present results. We encourage ASWB to begin to make the inner workings of their examination development more transparent to the profession of social work and to the public by publishing in peer-reviewed professional journals psychometric studies on the reliability and validity of their tests. This could be done without compromising the security surrounding the actual tests’ items and is a long overdue initiative.

Several approaches could be taken to examine the ASWB examinations’ psychometric properties. One would be to examine the test scores’ factor structure to see if the actual test items cluster according to the test templates. For example, the LCSW examination’s test items are categorized by the ASWB Examination Committee into 11 discrete content areas—for example, human development and behavior in the environment (22% of the items), issues of diversity (6%), diagnosis and assessment (16%), psychotherapy and clinical practice (16%), and so forth (see ASWB, 2005, p. 18; ASWB, 2008a, 2008c). These domains are themselves derived from the task analysis periodically conducted by the ASWB—a pencil-and-paper survey of social workers at various levels of practice asking them to detail the amounts of time they spend on various professional tasks. The task analysis is then used to help structure the LCSW and other examinations. Confirmatory factor analysis would empirically reveal whether the items so categorized actually clustered together in the areas said to be based on the task analysis. If they did, then the test could be said to have legitimate factorial validity. Examples of such studies on licensure and other credentialing examinations in other disciplines are available (for example, Goolsby, Frary, & Lasco, 1968; Stone & Yeh, 2005).

It would be possible to examine ASWB examinations’ concurrent validity by looking at the test scores of test takers who had recently completed their MSW degrees and comparing them with their graduate GPAs or some standardized measure of clinical performance, as used in some states for the purposes of conducting annual performance appraisals. Studies such as this have been undertaken within social work (for example, Cope, 1982; Podell, 1967) but using other forms of written tests, not...
the ASWB examinations themselves. Tests of the predictive validity of ASWB's LCSW and other level tests could correlate the licensing test scores with subsequent job performance, again assuming that reliable and valid indicators of social work practice skill were available.

Another approach would be to examine the existence of possible cultural, racial, or gender bias through an examination of the test scores from members of different groups. With respect to licensing examinations, McClelland (1985) stated that

if a component is biased then members of some demographic groups will, on average, obtain lower scores than members of other groups who have comparable knowledge and skills ... in a culturally fair test any group differences in total score ought to be reflected equally across all components of the examination. Components which tend to exaggerate group differences are suspects for bias. (p. 307)

To date, there have been no public disclosures of the pass rates among men versus women who take the LCSW examination or among various racial or ethnic groups. Given social work's traditional sensitivity to rooting out and disclosing possible discriminatory practices, it would be very useful for ASWB to provide the profession with assurances that the national licensing examinations are free of discriminatory bias. Other professions, such as medicine, have done this (see, for example, Dawson et al., 1994; Edmond, Deschenes, Eckler, & Wenzel, 2001). It is interesting to note that ASWB (2005) already claims to possess this information:

The Association of Social Work Boards also works to ensure that the examinations are fair measures of competency regardless of the race or gender of the test-taker. As a part of this effort, every test item undergoes a statistical and sensitivity analysis by a group of expert social work professionals. If such analysis demonstrates any race or gender bias, the item is deleted. Results over several years have shown that the ASWB exams are statistically free from race and gender bias. (p. 14)

This is indeed good news, but the profession is taking this assurance as a matter of faith. What professionalism requires, as do the canons of science, is that these assurances be backed up by publically available reports so that the claims can be independently checked by suitable experts. Such information, presented in the form of articles published in professional journals, would enhance the credibility of ASWB examinations and provide some reassurance to members of the profession who have historically been suspicious of standardized licensing texts (see Cherry, Rothman, & Skolnik, 1989; Dorsey, 1983; Iversen, 1987). There are analogous studies in regard to the tests used to assess law and medical students (for example, Donnon, Paolucci, & Violato, 2007; Linn & Hastings, 1984). Only by such public disclosure can the profession be assured that the tests determining who can practice it are actually accomplishing what they are said to accomplish and are not discriminatory in terms of age, race, gender, or other factors. Simple assurances that the tests are valid, provided by the independent organization that creates and markets the tests themselves, are not sufficient. The professional stakes are too high for anything less than the scientific transparency provided by both internal and independently conducted and published psychometric evaluations of ASWB examinations.

We close with a cautionary statement by Biggerstaff (1994)—a past chair of the ASWB Examination Committee—a statement that seems as valid today as when it was originally made:

Data are not available to members of the profession for evaluating the written examination used for licensure against the standards for test development and administration. Ongoing evaluation of the validity and reliability of written examinations used by the states for credentialing ... is needed. Because these tests are often the only assessment of a social worker's achievement of minimum competence to practice, the evaluation of their validity is essential to the central goal of legal regulation of professional practice—consumer protection. In addition, evaluation of the reliability and validity of written examination programs is essential to the protection of social work candidates. Although there have not been challenges to written examinations in social work, there are no data to establish that these examinations do not have an adverse impact. (pp. 493–494) SWR
REFERENCES


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