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## MEETING NOTICE

### Examination Program Review Committee May 4, 2009

Wyndham San Jose  
1350 North First Street, San Jose CA 95112  
(408) 453-6200  
9:00 a.m. - 3:00 p.m.

- I. Introductions
- II. Purpose of the Committee
- III. Review and Approval of Minutes
  - a. Review and Approval of the December 8, 2008 Meeting Minutes
  - b. Review and Approval of February 2, 2009 Meeting Minutes
  - c. Review and Approval of March 23, 2009 Meeting Minutes
- IV. Presentation of Marital and Family Therapy National Examination by Lois Paff Bergen, Executive Director Association of Marital and Family Therapy Regulatory Boards.
- V. Presentation of Item Review by Dr. Tracy Montez
- VI. Group Participation – Discussion of Item Review
- VII. Discussion of Concerns Relating to all Standard Written and Clinical Vignettes Examinations
  - a. Legal Questions – Do candidates need additional information or background in the question for clarity?
  - b. Crossover Questions – Do some questions appear to cross over between categories such as law and ethics?
  - c. How is new science integrated into the exam?
  - d. Does the Clinical Vignette appear to test logical thinking as opposed to clinical skills?
  - e. Does the Clinical Vignette measure reading and comprehension skills rather than the cognitive skill set?
- VIII. Future Meeting Dates
- IX. Suggestions for Future Agenda Items
- X. Public Comment for Items Not on the Agenda



Arnold Schwarzenegger  
*Governor*  
State of California  
State and Consumer  
Services Agency  
Department of  
Consumer Affairs

*Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Items will be considered in the order listed. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.*

THIS AGENDA AS WELL AS BOARD MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES WEBSITE AT [www.bbs.ca.gov](http://www.bbs.ca.gov)

NOTICE: The meeting facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Christina Kitamura at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7835, no later than one week prior to the meeting. If you have any questions, please contact the Board at (916) 574-7830.

## Examination Program Review Committee

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The Examination Program Review Committee was appointed in February 2008. The Committee will conduct a holistic review of the Board's exam programs and evaluate the issues regarding the exams. The Board has retained Tracy Montez, PhD, of Applied Measurement Services, LLC, who will work with the committee and will be an integral part of the process.

Initially, the Committee's work will focus on listening to stakeholders concerns and obtaining an educational foundation as to the exam development process. During this phase, the Committee will receive hands on training on the entire examination development process, which includes the following:

- Item Writing
- Item Review
- Passing Score
- Exam Construction

Following the initial phase, the Committee will assess the exam content to ensure that the exam appropriately addresses the tasks, knowledge, and skills such as recovery oriented behavioral health care, required for practice. The Committee's work will also include an assessment of the examination process to determine if the timing and intervals of the exams are appropriate. The Committee will consider the use of the national exam.

The Committee recognizes that during this process issues unique to each profession will arise. To address these issues, the Committee will structure time within the meetings to separately address these issues for each profession.

The Committee will function similar to previous committees such as the LCSW Education Committee and the MFT Education Committee. The Committee will conduct an open ended inquiry gathering information and data. Stakeholders and interested parties will be given an opportunity to provide input, feedback, and express their concerns regarding the exams.

It is anticipated that this process will take approximately 18 months to complete, with the committee's recommendations presented to the Board in the summer of 2010.

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## **MEETING MINUTES - *DRAFT***

### **Examination Program Review Committee December 8, 2008**

Holiday Inn San Diego Downtown  
1617 First Avenue  
San Diego, CA 92101

**Committee Members Present:**

Elise Froistad, MFT Member, Chair

**Staff Present:**

Paul Riches, Executive Officer  
Kim Madsen, Assistant Executive Officer

**Committee Members Absent:**

Joan Walmsley, LCSW Member

**Guest List:**

Tracy Montez  
Guest list on file

Elise Froistad, Committee Chair, called the meeting to order at 1:43 p.m.

#### **I. Introductions**

The Committee introduced themselves in place of roll. A quorum was established. Staff and audience members also introduced themselves.

#### **II. Purpose of the Committee**

Ms. Froistad provided a history of the Examination Program Review Committee (Committee) from its initial appointment in February 2008. The Committee will be conducting a holistic review of the Board's examination programs and evaluate the issues regarding the exams. Ms. Froistad reported that the Board had obtained the services of Dr. Tracy Montez and Applied Measurement Services, LLC, who will work with the committee as an integral part of the evaluation process. To begin, the Committee will focus on listening to stakeholders and others who wish to attend Committee meetings or otherwise provide thoughts and opinions regarding the process. The Committee anticipates receiving "hands on" training regarding the entire exam development process, including item writing, item review, passing score and exam construction. During the next phase, the Committee will assess the content of the examination to ensure it appropriately addresses the tasks, knowledge and skills required for safe and competent practice.

Ms. Froistad indicated that the Committee's work will include an assessment of the examination process to determine if the required training and intervals of the examination

are appropriate. The Committee will also discuss the appropriateness of using the national licensure examination.

The Committee recognizes that during the initial process, problems unique to each profession (MFT, LCSW, LEP) will arise. Ms. Froistad indicated that time within each Committee meeting will be set aside to address those exclusive issues.

It is anticipated the process taken on by the committee will require approximately 18 months for completion. At that time the committee will make recommendations to the full Board, which is expected to occur by summer 2010.

Ms. Froistad then introduced Dr. Tracy Montez, and explained that Dr. Montez had been asked to provide an overview of the examination development and validation.

### **III. Overview of Examination Development and Validation by Dr. Tracy Montez**

Dr. Montez indicated that her goal for that day was to provide the Committee with a broad overview of the examination validation process. She further stated that in future meetings she anticipated taking each of the components or phases that she introduced during the December 8, 2008 meeting, and go into greater detail about how those are accomplished.

Dr. Montez restated that examination validation contains several components. She began by discussing the professional guidelines and technical standards that are followed in the development of the examinations. She noted that two of said standards, the Standards for Educational and Psychological Testing and the Federal Uniform Guidelines for Employee Selection Procedures, apply to examinations on a national level. Dr. Montez provided a brief description of the standards and the guidelines. She indicated that the standards referred to as the general guidelines that were put together that describe the development of educational tests, certification tests, and licensure tests. The guidelines are more technical kinds of standards that have been in place for many years and go into specific details about how to establish evidence of content validity. Both guidelines are applied to all tests at a national level. She stated that courts will look to them when making decisions about the validity and defensibility of an examination.

The next two items referenced by Dr. Montez were the California Business and Professions (B&P) Code and the California Government Code, both of which are California specific. Section 139 of the B&P Code is based upon a mandate by the legislature that recognizes the first two reference materials. Simply stated, the legislature told the Department of Consumer Affairs (DCA) that they wanted boards, bureaus and programs to adhere to those standards. They mandated DCA 1) to follow those guidelines and standards; 2) establish a schedule of how examination validation would be conducted; 3) ensure there is a budget to support that; and 4) report to the legislature on an annual basis.

The first phase of examination validation is an Occupational Analysis (OA). This is an empirical study that looks at those important tasks or behaviors that are performed in a profession. It is a large project where a technical expert conducts interviews with licensees to establish what is being done currently in the field, what is critical for licensure. Subject Matter Experts (SME) participate in workshops to identify and lay out the tasks and knowledge statements, trying to identify what is done in the scope of the specific practice being reviewed. SMEs are made up of licensees.

The goal of an occupational analysis is to update the scope of practice for the profession, and then determine which tasks and knowledge within that profession are most critical to examine on.

Dr. Montez indicated that the occupational analysis is the foundation for most work associated with the profession – should be used for education, training, policy review, legislation – it is a very important step in the examination validation process as well as to the profession itself.

Dr. Montez stated that the Federal Uniform Guidelines indicate that an occupational analysis should be conducted every 3 – 7 years, with 5 being the preferable number. DCA generally uses 5 years as the amount of time between OAs. Dr. Montez reported that the last LCSW occupational analysis was conducted in 2004; the last MFT occupational analysis was completed in 2007; and the occupational analysis of the LEP profession is beginning this year (2008). She indicated that the BBS is on target for adhering to the Federal Uniform Guidelines.

Dr. Montez stated she will provide committee participants with questionnaires used in previous OAs, and other documents related to the OA process, and would describe how SMEs are used to perform the OA and the analysis of the data obtained. She also touched on the Exam Plan and indicated that this was a document that described the most critical knowledge and skills of a profession to be measured by an examination. The information contained in the Exam Plan is used in the next phase – Exam Development.

Examination Development consists of two pieces – Item Writing and Item Review. During this phase, a technical expert will work with SMEs to write test questions and review those questions. A series of guidelines is followed through that process. The SMEs receive training on those guidelines, to make sure the test questions reflect the scope of practice, are tied to a particular reference used in the profession, reflect entry level practice, are clearly worded, etc. Dr. Montez emphasized that it is a series of workshops involved in the writing of the test questions. She indicated that the BBS examination development workshops are conducted throughout the fiscal year. She encouraged any parties interested in assisting in this process to contact the Board.

Paul Riches clarified that the workshops occur almost weekly through the year, across the three programs (LEP, LCSW, MFT).

Examination Construction is the next phase. A technical expert works with the SMEs to make decisions about which items will actually make up the form/version of the test being developed. Dr. Montez clarified the difference between scoreable and non-scoreable questions. Before a question becomes scoreable – meaning that it counts toward the candidate's score – it must be pretested. Pretest questions developed in Item Review workshops are put in a separate pool of “nonscoreable” items, meaning there is no data yet available on the items.

During an Exam Construction workshop, items that are used in a test as scoreable are those that have been used over time and have statistics that show that they are “good” questions/items. The technical expert will facilitate a discussion – essentially give the SMEs pools of questions from each of the content areas covered in the exam plan. In a process she described as fairly straightforward, an SME chooses questions he/she feels should be on the exam and then those items are discussed and voted on. The goal is 175 scoreable items in the standard written exam that represent the Exam Plan and reflect entry level work. Usually the test experts will then add the trial or pretest items that are

intermixed with the scoreable items. The BBS develops and initiates a new form or version of the exam every six months.

Janlee Wong, National Association of Social Workers (NASW), asked how the distinction was made as to what is entry level when it is clinicians with a good deal of experience making that determination.

Dr. Montez responded to the question in her discussion on the next phase of examination development – Passing Score. During this phase, the clinicians and test specialists talk about minimally acceptable or entry level competence. Dr. Montez explained that training occurs at all of the examination related workshops. Such training includes discussion about the guidelines for exam development, construction, etc., as well as entry level standards. Often, worksheets are used that delineate expectations for entry-level or minimally acceptable competent practice for each of the content areas, especially in passing score because that is the most challenging workshop. There are exercises and discussions, and in these workshops newly licensed practitioners are used so there is more of a balance between those who have recently completed the exam and those who have more years of experience.

Mr. Riches added that the Board actively encourages new licensees to participate in the process. The more newly licensed people the Board can get to participate, the easier it is to get that entry-level assessment completed in a more realistic manner. Although it is sometimes difficult to be able to get entry level practitioners to be able to make the time commitment required of SMEs, the Board nonetheless considers new practitioners to be incredibly valuable to the process.

Mr. Riches indicated that the Board regularly discusses the need for SMEs, whether at professional conferences, local society meetings, etc., and encourages licensees to let the Board know if they are interested in serving in this capacity. The Board is constantly seeking to refresh its pool of SMEs. He indicated that one of the projects for the coming year is to put together a more cohesive recruitment program for SMEs.

Ben Caldwell, Alliant International University, asked Dr. Montez for additional information regarding the source of the worksheets that help to define entry level competence which she had referenced as used during the Passing Score phase of examination development.

Dr. Montez clarified that the worksheets were not a formal publication, but rather reflected discussion among the SMEs at the various workshop meetings and use of the data obtained from the occupational analysis. She explained that the goal is to have 6 – 9 participants at each workshop, and indicated that the Board constantly seeks to infuse the process with clinicians who have various specialties and levels of experience so there is discussion that is balanced and productive. Dr. Montez indicated that another step that is taken to help ensure entry level is to have SMEs taking part in the Passing Score workshop to take the exam. She summarized by saying that all of the steps that are taken – training, use of different groups of experts with different backgrounds, discussion, use of different tools – help to ensure a strong passing score that reflects the minimally acceptable competence for the profession.

Mr. Wong asked about the minimally acceptable competence standard, and if those who were developing the examination recognized that those standards might vary based on geographical regions or racial/ethnic lines. Dr. Montez responded that the examination is intended to be general enough to cross all lines; the standard that is set is the standard that must be met in order to be licensed in California, not one part of the state or another.

An audience member asked if the minimal standard translated into a test score, or are there certain items that are seen as more important, and therefore, more highly rated; and people must get those right in order to pass. Dr. Montez responded that the passing score is an overall score. Items are rated individually based upon their difficulty but it is an overall score. One score must be achieved in order to pass.

Dr. Montez recapped that there is a new passing score established for each form of the exam when it is administered.

Dr. Montez then briefly discussed Test Administration. She reported that the Department of Consumer Affairs uses Psychological Services to do computer-based testing. That allows BBS to not only improve the integrity of the process by increasing security etc., but also to provide convenience to candidates who, once qualified, may take the exam when and where they want. It also benefits the test experts by allowing them to quickly obtain data about the performance of the exam.

Dr. Montez spoke about Exam Performance. She stated that part of examination validation is about obtaining data about the test and using that data in those phases she discussed earlier. She explained that when a new form of the exam has gone into place and between 50-75 candidates have taken the test, the test specialist at the Office of Examination Resources (OER) reviews the data from those examinations and conducts an analysis to ascertain the “quality” of the exam. There are certain expectations with the exam. The items have been administered previously so there is a general sense of how they will perform; however, the test expert wants to make sure the exam is fair and does not in any way penalize candidates by an inconsistency or abnormality. Items that may be flagged will be researched. Such a review will be repeated throughout the life of a form/version of the exam, and at the end of the exam cycle another analysis or evaluation will be conducted. The information obtained from these reviews is posted into the item bank and used in future workshops, at which time the test expert may discuss item statistics or performance of items. This is an ongoing process with the goal of constantly trying to improve test questions.

Mr. Caldwell asked about steps that might be taken if something unusual comes up during the exam cycle. Is anything done to the existing test?

Dr. Montez responded that it depends on what comes up. She indicated that if an item is performing below the standard considered to be acceptable, immediately it will be researched to determine the source of the problem – is it mis-keyed? (Error made by testing company when entering the correct answer for an item.) If it is determined the item was not mis-keyed, then the specialist will look at the history of the item, how it has performed previously – the item will be monitored. If it continues to be low then usually the Board is contacted. An SME is asked about the item - what is going on with the item that was not caught previously in the workshops? A decision will then be made about the item. It is extremely rare for this to happen, because during one of the many workshops involved in the development of a form/version of the exam, errors or problems are usually caught. Additionally, the Board reviews the exam before it goes on line. Bottom line – if there is any problem, an item is not operating properly, etc., the problem will be addressed.

Dr. Montez spoke briefly about her experience with licensing boards and bureaus other than the BBS where an exam item was miss-keyed, and noted the steps that were taken to correct the problem once it was identified. Again, she indicated that the goal is to have an examination that is fair to the candidates and adequately tests knowledge and skills to

ensure the candidate who passes the exam is safe and competent. She reinforced that the exam is constantly under review; the performance is continuously monitored.

Mr. Riches interjected that when incidents arise where there is a problem with the exam, the Board wants to make sure the incident is addressed and ensure the candidates are not being treated unfairly. If there is a question, when at all possible, the preference is to resolve the question in favor of the candidate. Bottom line – just as important as making a valid assessment of competency is ensuring the exam being administered is a fair instrument. He stated that when making decisions pertaining to the exam, the Board will go the extra mile to ensure nothing is done to systematically disadvantage the candidate.

Dr. Montez reported receiving calls directly from candidates who had a concern about a test item. The test specialist would take the information provided by the candidate and research the item to determine if there was anything incorrect or otherwise problematic with the item. Candidates also have the opportunity to provide feedback via a survey; from time to time they will comment about items and again, based on those concerns or comments, the test specialist will look at the item to make sure it is not problematic.

An audience member reported that students who had completed the exam talked about a comments key on the keyboard that allowed test takers to make comments about specific items. The audience member asked if information was gathered from that source by the test specialists. Dr. Montez and Mr. Riches both indicated that feedback is received from candidates in a variety of forms, from the survey to letters to telephone calls.

Dr. Montez concluded her presentation by speaking about the importance of making sure the examination was not perceived to be secret. As much information about the exam that can be shared without impacting the integrity of the test should be shared. Candidates should know the guidelines; the steps that are taken to develop the exam; that clinicians are involved in the development of the exam; and that the tasks and knowledge statements are available and should be reviewed. Such information should be made available to stakeholders, candidates, and anyone involved in the testing process.

She emphasized the importance of having three different groups of individuals involved in the development of a defensible examination – SMEs; stakeholders or those involved in the regulation of the profession; and technical experts (test specialists). It is a team approach; a collaboration. It is important to develop a process that does not present artificial barriers to meeting client/consumer needs and getting people licensed who need to be licensed.

#### **IV. Review of Information Sources and Key Stakeholders**

Committee meeting participants at this time asked questions and exchanged ideas and perspectives about examination-related issues.

Mr. Wong asked about research or work performed, or policy or standards developed, regarding comparing exams across exam cycles. Was any kind of study or analysis conducted about the disparity between pass rates from version to version?

Dr. Montez responded that it happens occasionally, but she was not aware of DCA doing any specific research because of the infrequency of such occurrence. When it does happen, the exam itself is reviewed and analyzed and then other related factors are reviewed and analyzed. She noted that in the previous evaluations of the exam versions that she discussed earlier, it is noticed if a pass rate is not increasing as the version is

used. If such discrepancy is noted, the test specialist immediately begins taking steps to determine the source of the problem.

Questions were raised about similarities in the development of the two exams – standard written and clinical vignette. Per Dr. Montez, the same process is followed in the development of both tests.

An audience member stated that the clinical vignette exam measure reading comprehension and logic as opposed to skills as a therapist.

Mary Reimersma, California Association of Marriage and Family Therapists, asked how interested parties could be assured a multiple choice exam was best for what is a “talking” profession. Dr. Montez stated that one reason for the Committee’s work is review the process to see if it can be improved. The current examination process is working, but due to several variables it is time to look at perhaps a better way.

Dr. Montez encouraged participants to bring various information to the discussion. If a participant was aware of another type or manner of testing, bring it up. She reiterated that the purpose of the Committee’s work was to study the examination and make improvements in the process as deemed warranted. Dr. Montez encouraged feedback. That will allow the Committee to compile information and ultimately make recommendations to the Board.

An audience member asked about the need for two exams. Was the decision to have a standard written and a clinical vignette based on the fact that the Board previously had two exams, multiple choice exam and oral exam? Has any thought been given to having one exam?

Dr. Montez stated that the clinical vignette exam is intended to address the higher order cognitive processing skills to try to efficiently create a scenario that would more objectively evaluate the candidate’s skill than the alternative. It is defensible. The Committee will be studying if there is a better way.

Ms. Reimersma expressed concern that the current exam might be written in a manner that would allow someone without the knowledge or background of a clinician to pass the test, and stated that she may be able to pass the exam as a non-clinician based on the sample questions.

Mr. Riches responded that he shared those concerns, which is part of the reason the Committee was conducting the review at hand. Still, he emphasized that the items presented to the meeting participants were retired and not a comprehensive representation of the exam outline.

Dr. Montez stated that if an item is retired, it is because it’s not performing well or is not a good item. She also noted that the questions used were so the meeting participants could get a feel for the items, see the format of the question, how long the stem is, and get a sense of what those questions would look like.

Mr. Riches continued by discussing the advantage/benefit to Committee members and other participants at the meeting of going through a capsulated training in the examination development process from start to finish. After hearing several overviews of the process, it is still difficult to related to until you’ve seen the workshops. This will enable everyone at

the successive meetings to have a clearer knowledge of the process and be able to connect with what Dr. Montez is presenting.

Mr. Wong asked if other exam groups, such as the Association of Social Work Boards (ASWB), followed those similar standards, procedures, practices, criteria that were outlined.

Dr. Montez responded that her overall conclusion was that it is a valid and legally defensible examination. They were just measuring some things a little differently, and there were a few areas the Board needed to address; but it could stand alone and be defended.

An audience member asked if there was any thought to looking at the MFT national exam. Mr. Riches responded that such a decision would be up to the Board to make. The Board was specifically approached by ASWB about using the exam and taking a look at it. That was the genesis of going through that audit and review process.

Mr. Caldwell stated that AMFTRB is interested in at least having some discussion regarding the national exam including the degree of influence that California could have on the national exam. If the occupational analyses are close enough as to be bendable, there is the option of having the national exam and a state exam that included the jurisprudence issues and anything that is unique to California.

Mr. Wong asked about the time frame for exam development, from the first step until it is implemented for use by candidates. Dr. Montez provided basic timelines, reporting that essentially it is a continuous process. A new form is constructed every six months, so every six months candidates have that opportunity to take that test. Only 25 questions go in non-scoreable. So once they get data, there are some that will fall out and some that will go in the item bank. So they just keep getting added to that bank.

Mr. Riches added that examination development workshops are conducted on an almost weekly basis throughout the year. Exam development is non-stop. Forms are being written about a year in advance.

Dr. Montez stated that forms are not written too far in advance because sometimes things change. That is one of the reasons why California's exams are so rigorous. They have the ongoing exam development, always looking and always working.

The question was raised about how long it takes for shifts in the profession to appear on the licensure examination. Dr. Montez explained that once the occupational analysis was completed, the results of that study are presented to the Board in a validation report, and the Board votes to adopt it. Mr. Riches indicated that the report is generally accepted as a matter of routine.

Dr. Montez continued that at that point then the technical expert assigned to their program takes that exam plan and starts to utilize it, and they conduct what are called reclassification workshops where all the items in that item bank get reviewed to ensure they are defensible. Then they will start writing new test questions. The SMEs in those item writing workshops and review will generate questions based upon the ideas that are outlined in that exam plan. They are typically written broad enough that as things change they can be incorporated without having to wait 5 years.

A meeting participant asked about the inclusion of questions regarding public mental health, the recovery model, and the new educational requirements in the exam plan, and when those would be reflected in the exam.

Mr. Riches responded that it would depend. When the new MFT required curriculum is passed and signed, the Board will have to sit with OER and have a specialist go through the new requirements and determine what fits within the construct of the exam we have now that could be adapted. There is also a timing issue. People are not taking the exam until about 4-5 years post graduation. The first classes that are going to be taking this exam most likely are not going to be in the test process until 2014 or 2015. We do not want to test people on information that was not part of their curriculum. There needs to be a transition.

Mr. Wong stated that there is a separable link between education and practice and the occupational survey. People filling out or completing the occupational survey will not have had the recovery model in their Master's program, but will have work experience. These people completing the survey will be using that experience they have in the field and influencing the survey. It will show up in the exam through that route rather than through the required courses in the Master's Degree program.

Dr. Montez stated that is why we have to be sensitive when doing survey work – about constructing the questionnaire, doing interviews, making sure that those important mandates are covered, and analyzing the data in light of those mandates because people may not be doing the work but it may be very important. Typically, if it's not frequently done and important, it falls out. It's going to be tricky when the LCSW occupational analysis comes up to make sure that there is a balance of data analysis.

Kathy Wexler stated that sampling the people who area completing the survey seems so critical. If you get a skewed sample it impacts everything.

Ms. Riemersma responded that if you get only people in private practice, then you have a skewed occupational analysis. That is why it is so important to make sure that you have an ample amount of people taking the survey.

Discussion ensued about the time involved in the development of the exam, and the need to remain fair to candidates by not testing those individuals on issues that were not part of their curriculum. The discussion also involved the use of questions that pertained to knowledge gained through supervised experience.

Ms. Froistad noted the comments provided by meeting participants. She summarized the discussion up until that point: 1) Is the multiple choice computer exam the best way to do it? 2) Is it the best timing to test candidates two years after supervision or immediately after graduation.

## **V. Future Meeting Dates**

The next Committee meeting is scheduled for February 2, 2009 in Sacramento. No further meeting dates were announced.

## **VI. Suggestions for Future Agenda Items**

The following issues were raised for discussion at future committee meetings:

1. The use of "therapist jargon" in the exam.

2. The current Clinical Vignette exam – appears to test logical thinking as opposed to clinical skills.
3. The current Clinical Vignette exam – appears to measure reading and comprehension skills rather than cognitive skills. Does not seem to validate/measure the skills set utilized in the profession.
4. Responses to legal questions could vary depending upon what is assumed. Candidates would like more information or background pertaining to the question.
5. Some questions appear to cross-over between categories (e.g. Law and Ethics). Many candidates are not sure how to answer.
6. Individuals licensed in another state for many years struggle with the California exam.
7. How do we honor those licensees coming into California for work done in another state?
8. How are we assured the multiple choice examination is the best way to test the profession?
9. Consider using the national licensing examinations for all Board licensing programs (MFT, LCSW, LEP).
10. How is new science integrated into the exam?
11. Are two tests (multiple-choice and clinical vignette) required?
12. Administer a first test upon graduation to test knowledge gained during the education process (e.g., Law and Ethics). Such an exam should not prevent an individual from gaining hours of experience, but would distinguish those suited for the profession and those who are not.
13. Use of an interactive exam, simulation of practice in a video game format.

The meeting was adjourned at 3:38 p.m.

## MEETING MINUTES - *DRAFT*

### Examination Program Review Committee February 2, 2009

Department of General Services  
The Ziggurat, Executive Dining Room  
707 Third Street  
West Sacramento, CA 95605

**Committee Members Present:**

Elise Froistad, MFT Member, Chair

**Staff Present:**

Paul Riches, Executive Officer

Kim Madsen, Assistant Executive Officer

**Committee Members Absent:**

Joan Walmsley, LCSW Member

**Guest List:**

Dr. Tracy Montez, Applied Measurement Services,  
LLC

Guest list on file

Elise Froistad, Committee Chair, called the meeting to order at approximately 9:00 a.m.

#### I. **Introductions**

The Examination Program Review Committee (Committee) members introduced themselves in place of roll. A quorum was not established. Board staff and meeting guests also introduced themselves.

#### II. **Purpose of the Committee**

Ms. Froistad briefly revisited the purpose of the Committee, which is to conduct a holistic review of the Board's examination programs and evaluate the issues regarding the examinations.

#### III. **Review and Approval of the December 8, 2008 Meeting Minutes**

No action was taken on this item due to the lack of a quorum. There were no comments made regarding the December 8, 2008 minutes.

#### IV. **Presentation of the Occupational Analysis by Dr. Tracy Montez**

Dr. Montez began her presentation by reminding meeting participants who had attended the previous meeting about what was discussed at that time.

She offered information regarding the purpose of and need for an occupational analysis, indicating that the study is intended to define an occupation or practice in terms of the actual activities performed. Further, it forms the basis of a fair, job-related, and legally defensible description of the practice, as well as the basis of related legislation and policies.

Dr. Montez reviewed the professional guidelines and technical standards applicable to the process, including the 1) Standards for Educational and Psychological Testing; 2) Federal Uniform Guidelines for Employee Selection Procedures; and 3) California Business and Professions Code, Section 139. Dr. Montez indicated that, pursuant to these guidelines and standards, an occupational analysis should be conducted every three to seven years, with five years being the recommended time frame between each analysis.

Steps to be taken toward completion of an occupational analysis were also outlined. The process begins with a study of the occupation to gather information on the tasks performed and knowledge required to perform those tasks. Licensees, also known as Subject Matter Experts (SME), are interviewed. The information that is obtained during the interviews is reviewed and refined during workshops with licensees, and is then incorporated into a survey which the Board distributes to a stratified random sample of licensees. The data obtained from the survey is analyzed and lastly, workshops are conducted with SMEs to evaluate the data and create a new examination plan. Dr. Montez emphasized that the SMEs receive training at each workshop to ensure they are clear on the process to be followed.

## **V. Group Assignment**

The meeting participants broke into two groups, and were assigned to review an examination plan and then draft a task statement and corresponding knowledge statement. The objective of the exercise was to generally familiarize participants with the complexity involved in drafting these statements.

Each group's task and knowledge statements were reviewed and discussed among meeting participants. Dr. Montez spoke about the importance of applying psychometric criteria to professional expertise in developing an occupational analysis questionnaire that is clear and accurately captures the current profession. She indicated that should there be litigation or concern expressed about an examination, the court will look at the occupational analysis as a strong link between the test and the job.

Dr. Montez noted that the Board has historically been mindful and respectful of the importance of the occupational analysis, and has regularly adhered to the related professional guidelines and standards.

Discussion ensued about related issues, including the influence of the occupational analysis process on the area of public policy. Mr. Riches stated that although public policy can be influenced by the results of the occupational analysis, the Board does not attempt to create public policy through the process. He indicated that the occupational analysis is an objective survey of what is going on in the profession, and offers valuable information that can be used by the Board as appropriate.

The Committee adjourned for a break at 11:38 a.m. and reconvened at 11:48 a.m.

## **VI. Discussion of Concerns Relating to all Standard Written and Clinical Vignettes Examinations**

Ms. Froistad reported that when the Committee met in December, questions were asked about areas of concern that could be considered by the Committee. Two of those issues were discussed.

### **a. Use of Therapist Jargon in the Exam**

Ms. Froistad deferred to Dr. Montez for input regarding this issue. Dr. Montez emphasized that when SMEs are drafting task and knowledge statements and examination questions, they must balance the use of professional jargon with the rules of grammar and fairness to candidates. SMEs are asked, in addition to linking test questions to the exam plan, to also link them back to reference material. Therefore, the SMEs must keep in mind the language that is used in the reference material. She noted that, due to reasons like the size of the state as well as differences between agencies, acronyms or phrases may be used differently. Examination candidates should not be penalized because they may not be familiar with those differences.

Amy Welch Gandy, Office of Professional Examination Services (OPES) and formerly known as the Office of Examination Resources (OER), provided as an example the SMEs inclination to generally use the term “CPS” although there may be a different name for such an agency at different locations throughout the state. She indicated that SMEs are instructed to instead use language such as “a child protection services agency” to make the item more generic while still clear.

Christine Ford, California State University Fullerton, raised the subject of how this issue came to light. Was there a concern that jargon was mixed in to exam questions? Dr. Montez stated it was her recollection that the issue involved the examination not using the jargon with which clinicians are familiar. Mr. Riches added that he has heard on numerous occasions the complaint that there is some terminology connected to certain theoretical orientations, and the use of that language in test questions results in the questions being perceived as elliptical or vague.

It was noted that often in “prep schools” or examination preparation courses, jargon may be used, and therefore the candidates expect that is what will be encountered on the actual examination. Dr. Montez noted that some of the Committee questionnaires reflect concerns about the prep schools.

Ms. Welch Gandy added that an attempt is made to avoid use of vocabulary or jargon on the exam.

Ben Caldwell, Alliant International University, reported hearing that the language of test questions seems stilted as a result of trying to avoid using jargon. Attempts to avoid use of one or two words commonly accepted as related to a particular theoretical orientation result in a lengthy definition that makes the question more challenging to read and understand.

Ms. Froistad asked why, if a term or language is commonly accepted in the community, it would not be used on the exam. Would the language be intentionally avoided because it is so obvious? Dr. Montez responded that the issue is the format of the question. Rather than ask a definitional question, the question should be asked in a way that requires the candidate to know the definition but apply it to the scenario in the question. Ms. Ford asked if the SMEs could successfully argue for the use of the jargon if it would make the

test item more clear than use of a lengthy definition. Dr. Montez responded that the question should be clearly stated, but should be formatted in a manner so it is not definitional but requires the candidate to have appropriate knowledge. She indicated that what should be avoided is presenting a test that can be passed by someone simply because they can read books, memorize definitions and terms, and know test taking strategies.

### **b. Out of State Licensee's Exam Challenges**

Dr. Montez indicated that California's licensure exam is based on entry-level practice for the state. She stated that candidates who have been licensed and specialized in another state and have tenure in that state will be challenged by an entry-level examination. She added that when SMEs are participating in a passing score workshop and are taking a test that has been constructed in a prior workshop, these licensed clinicians will also struggle.

Mr. Riches spoke about complaints received regarding out of state or national testing. Generally, the concerns fall into two dimensions. One involves the candidate who has been licensed in another state for many years and is a highly regarded practitioner in that state, but has difficulty passing the California examination. Based on his or her accomplishments as a licensee in another state, the candidate does not want to have to retest in California. Mr. Riches described this as a license portability issue in terms of wanting to practice in California but having a basis for licensure elsewhere that is different.

The other dimension pertains to policy implications in terms of issues such as funding for stipends or loan forgiveness programs, and recruitment from other states of much needed practitioners to offset shortages of practitioners in some parts of California. The national licensing examination cuts across several dimensions in terms of where it's coming from and what the issues are.

Mr. Riches indicated that, as it pertains to the ASWB or social work examination, the Board completed the audit of the national examination and has received the audit report. One significant outcome of the audit report was concern about the manner in which the task and knowledge statements were characterized in their occupational analysis, and the ability to change that to something that is more like the task and knowledge statements related to the California social work examination. A new occupational analysis is underway at the national level, and Mr. Riches indicated the Board would be providing data in order to ensure that a healthy sample of California practitioners was included in that analysis. He stated that because California has not used the national examination in some time, the tendency has been not to survey very broadly in California. Therefore, the Board wants to ensure that this time the ASWB has the benefit of a healthy California sample. He stated that this is an ongoing process.

Ms. Ford expressed that even if the decision was made to again use the national examination for social workers, a separate test regarding law and ethics would still be appropriate. She asked if other states have a separate exam pertaining to law and ethics. Mr. Riches responded affirmatively, and indicated his understanding that the state and law and ethics exam was not generally viewed as a major hurdle. Dr. Montez added that likely this was because an out-of-state licensee coming to practice in California would recognize that law and ethics was something that needed to be studied in order to pass the exam and practice in California. On the other hand, the same person might not prepare in the same manner for an all encompassing exam, thinking that their experience as a licensee would preclude the need for that extent of preparation.

Ben Caldwell asked if the Board can engage in some kind of examination of the results of licensing exams for people who are coming in from out of state. Is there a connection to how long they have been licensed elsewhere, or not? Mr. Riches responded that he would need to look at what data is currently collected and how it is collected, but stated it could be possible to obtain numbers that are close.

Cathy Atkins, California Association of Marriage and Family Therapists (CAMFT), asked if there is a difference in difficulty between the national examination and the California examination. Mr. Riches responded that he did not have readily available the pass/fail information pertaining to the national examination. Mr. Wong added that it is a difficult comparison to make and offered the variation in the pass rate on the California LCSW exam as the basis for his stated position. A brief discussion followed regarding factors that could raise challenges in making such a comparison.

Dr. Montez clarified that the difficulty of the examination should be the same because the criterion is entry-level practice. The pass rates may be different, but the difficulty as defined by a criterion should be the same whether speaking of the national examination or the California examination. She stated the importance of remembering that the difficulty of an examination and the pass rate on the examination are two different issues.

Mr. Wong asked if it would be possible to obtain information about how difficulty is measured and evaluated. Mr. Riches responded that the subject would be addressed at a future committee meeting when passing scores are discussed.

Mr. Caldwell commented that what is heard from people who have taken the national examination and then come to California is that much of the material is the same in terms of what knowledge is needed. The difference seems to be the structure of the California examination, particularly with regard to the clinical vignette examination.

## **VII. Future Meeting Dates**

The next Committee meeting is scheduled for March 23, 2009 in Irvine. Subsequent meetings are slated for May 4, 2009 in San Jose, and June 29, 2009 in the Los Angeles area.

## **VIII. Suggestions for Future Agenda Items**

No suggestions were provided.

Mr. Riches commented that the pace of the Committee meetings would abate a bit in the coming year. He indicated that due to the budget impasse the Committee had been on a "forced march" through the second half of the current year to meet the Committee's objectives. He explained that the Committee is funded through the Department of Mental Health through MHSA on an annual basis, and therefore there is a finite resource base that needs to be used this fiscal year. The same amount will be allotted to the Committee for use in the next fiscal year. Therefore, the almost monthly scheduling of meetings should be reduced in 2009/2010.

The meeting was adjourned at approximately 12:00 p.m.

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## MEETING UPDATE

### Examination Program Review Committee March 23, 2009

Hilton Irvine Orange County Airport  
18800 MacArthur Blvd., Irvine, CA 92612

**Committee Members Present:**

None

**Staff Present:**

Paul Riches, Executive Officer  
Kim Madsen, Assistant Executive Officer  
Paula Gershon, Program Manager  
Sandra Wright, Examination Analyst

**Committee Members Absent:**

Elise Froistad, MFT Member, Chair  
Joan Walmsley, LCSW Member

**Guest List:**

Dr. Tracy Montez, Applied Measurement Services, LLC  
Guest list on file

The Committee was not present, therefore the meeting was postponed. Dr. Tracy Montez, Board staff, and guests participated in the planned workgroup assignment. The following items will be held over to the next meeting on May 4, 2009.

- I. Introductions
- II. Purpose of the Committee
- III. Review and Approval of the December 8, 2008 Meeting Minutes  
Review and Approval of February 2, 2009 Meeting Minutes
- IV. Presentation of Item Development by Dr. Tracy Montez
- V. Group Assignment
- VI. Discussion of Concerns Relating to all Standard Written and Clinical Vignettes Examinations
  - a. Legal Questions – Concerns that the response could vary depending on what is assumed. Candidates would like more information or background in the question.
  - b. Crossover Questions - Some questions appear to cross over between categories such as law and ethics. Candidates are unsure how to answer the question.
  - c. How is new science integrated into the exam?

VII. Future Meeting Dates

VIII. Suggestions for Future Agenda Items

IX. Public Comment for Items Not on the Agenda

# BOARD OF BEHAVIORAL SCIENCES

Examination Program Review Committee

Meeting #4

May 4, 2009

San Jose, California

# INTRODUCTION APPLIED MEASUREMENT SERVICES

## Topics for Meeting #4

- Examination Development – Clinical Vignette Exam
- Professional Guidelines & Technical Standards
- Examination Program Review Committee Objectives

# MEETING REVIEW

Topics from Meeting #3

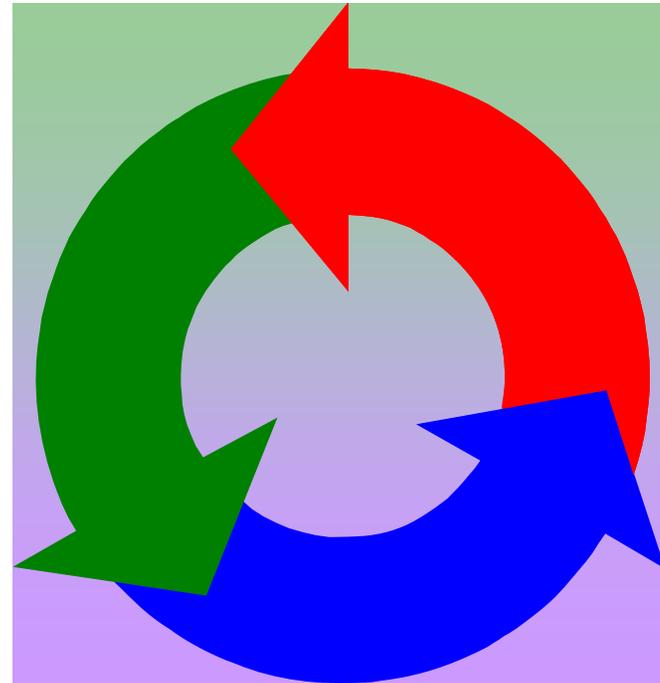
March 23, 2009

Irvine, California

- Examination Development – *Standard Written Exam*
- Professional Guidelines & Technical Standards
- Examination Program Review Committee Objectives

# CYCLE OF EXAMINATION DEVELOPMENT

- Occupational analysis
- Examination outline
- Item development
- Item revision



# PROFESSIONAL GUIDELINES AND TECHNICAL STANDARDS

- *Standards for Educational and Psychological Testing*
- *Federal Uniform Guidelines for Employee Selection Procedures*
- *California Business and Professions Code, Section 139*

# A LICENSING EXAMINATION SHOULD:

- Test job-related content
- Test entry-level practice
- Test in a reliable and valid manner

# LEVELS OF PROCESSING FOR STANDARD WRITTEN EXAM

Based on Bloom's Taxonomy of the Cognitive Domain

- Analysis
  - Application
    - Comprehension
      - Recall

Higher-order



Lower-order

## EXAMPLE OF A MULTIPLE-CHOICE ITEM

**Stem** Why should Subject Matter Experts attend item-writing workshops?

**Key** A. To participate in examination development

**Distractors** B. To get away from the work routine  
C. To score points with the board  
D. To supplement their income

## DESCRIPTION OF CLINICAL VIGNETTE EXAM

“The clinical vignettes describe clinical cases reflective of the types of clients and presenting problems consistent with entry-level practice. Clinical vignettes provide candidates with the opportunity to demonstrate their ability to integrate and apply professional knowledge and clinical skills.”

Candidate Handbook, MFT CV Exam, BBS

## DESCRIPTION OF CLINICAL VIGNETTE ITEMS

All of the scoreable items in the Written Clinical Vignette examination have been written and reviewed by practitioners, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, and have been evaluated to ensure statistical performance standards are met.

## PURPOSE OF CLINICAL VIGNETTE



Provide opportunity for candidates to demonstrate ability to:

- Integrate details of a clinical case to formulate a diagnostic impression, prioritize issues, and develop a treatment plan including treatment interventions
- Describe strategies and a course of action for addressing issues associated with case management, and ethical, legal, and diversity concerns

Provide opportunity for BBS to:

- Evaluate candidate's higher-order thinking skills (i.e., analysis, synthesis, and evaluation)

# LEVELS OF PROCESSING FOR CLINICAL VIGNETTE EXAM

Based on Bloom's Taxonomy of the Cognitive Domain

- Evaluation
  - Synthesis
  - Analysis
  - Application
  - Comprehension
  - Recall
- Higher-order  
(abstract)
- 
- Lower-order  
(concrete)

# FORMAT OF CLINICAL VIGNETTES

- Case presentation (vignette) with five to six multiple-choice questions
- Complexity of the presenting problem is consistent with minimum competence
- Overall presentation of clinical situations and issues consistent with mainstream practice
- Fits constraints of written examination
- Permits formulation of key and three distractors



## CHARACTERISTICS OF A GOOD CLINICAL VIGNETTE



- Name of client, referral source, diversity, and presenting problem are clearly stated
- Contributing factors are directly related to client problem and contribute to formulating a differential diagnosis
- Case information and differential diagnosis allow for development of a treatment plan
- Case information and differential diagnosis allow for a variety of treatment approaches/interventions
- Legal and ethical issues follow logically from the case information

# CLIENTS



- Main characters that are clearly identifiable as the client or clients
- Number of clients may depend upon the clinical issues

# REFERRAL SOURCE

- Self-referred
- Referred by another person
- Court-ordered



# PRESENTING PROBLEM

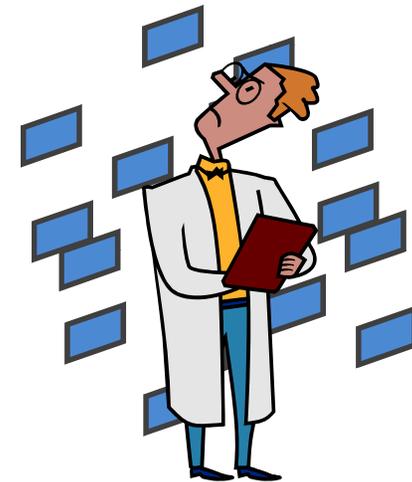
- Elicits differential diagnosis
- Permits comprehensive diagnostic impression
- Pertinent to public, health, safety and welfare



# CONTRIBUTING FACTORS

- Economic problem
- Educational problem
- Housing
- Legal problem
- Medical condition
- Occupational problem
- Social environment
- Support system

Function: to enrich clinical picture and contribute to differential diagnosis, treatment selection, and case management



# DIVERSITY



- Integrated context rather than a stereotype
- Involving stage of acculturation, ethnicity, country of origin, culture, family structure, SES, gender, age, marital status, sexual orientation, spiritual values, disability

# ETHICAL ISSUES



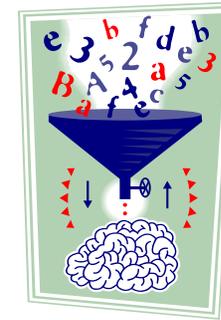
Dual relationships  
Countertransference issues  
Financial arrangements  
Management of confidentiality  
Professional boundaries  
Scope of competence

# LEGAL ISSUES

Abuse and neglect  
Confidential records and info.  
Holder of privilege  
Involuntary hospitalization  
Scope of practice  
Suicide  
Tarasoff - Duty to Warn  
Treatment of minors



## CONCEPTUALIZING THE ITEM



- Use *Questions for Clinical Vignette Items - Revised* handout to derive question (stem) portion of the item
- Does this concept have one correct answer and enough material to develop three distracters?
- Develop option responses using information in case presentation (vignette)

## CONCEPTUALIZING THE ITEM CONT.

- Develop KEY (correct) response (3 - 5 parts)
- Develop DISTRACTORS (incorrect) responses (3 - 5 parts)
- Use Item Options Factoring Examples handout to factor parts in distractors

## CREATE DISTRACTORS THAT . . .

- Follow a similar pattern, such as the style or pattern of language in the correct answer
- Are parallel in category or type
- Are parallel in grammatical structure
- Are parallel (equivalent) in length and complexity

## SOURCES OF GOOD DISTRACTORS



- Common misconceptions and frequent errors
- Statements that are true but not relevant
- Misapplication or misinterpretation of case facts, diagnostic criteria, or interventions

## FACTORS THAT INFLUENCE DIFFICULTY

- Complexity of clinical issues (mainstream or obscure, degree of technical or in-depth knowledge required)
- Amount of clinical detail provided (balance of information)
- Level of processing required to respond to item (analysis and evaluation versus recall and comprehension)
- Degree of discrimination required to distinguish key from distractors (broad difference versus fine distinctions)

## PROCESS FOR REVIEWING CLINICAL VIGNETTE

Review clinical case scenario

- Are the client and referral source clearly identified?
- Are the presenting problem and contributing problems clearly identified?
- Does the case permit differential diagnosis and formulation of a treatment plan?

## PROCESS FOR REVIEWING CLINICAL VIGNETTE CONT.

Review each content area question

- Does question clearly indicate the response being sought?
- Is the key clearly the correct answer?
- Are the distractors plausible?
- Are there three to five parts to all options (ABCD)?
- Are the options linked to the information provided in vignette?
- Are the questions independent of one another?

# PARTICIPANT ASSIGNMENT

- Review multiple choice items
- Review clinical vignette items
- Identify strengths and weaknesses of each item format
- Review with group, discussing improvements or alternative item/exam formats

# Examination Program Review Committee Objectives

- Develop valid and legally defensible examinations based on current occupational analysis data, including stakeholder/subject matter expert feedback and participation
- Ensure a fair and objective examination process that addresses client/consumer needs and does not create artificial barriers to licensure

***Next Meeting: June 29, 2009 – Southern CA***

Board of Behavioral Sciences  
 Examination Program Review Committee Meeting Notes  
 Items of Concern and to Consider

Date	Comment or Concern	Response	Date of Response
12/8/08	Therapist Jargon (language) is not used in the exam.	SMEs must balance the use of professional jargon with the rules of grammar and fairness to candidates. SMEs are asked, in addition to linking test questions to the exam plan, to also link them back to reference material. Therefore, the SMEs must keep in mind the language that is used in the reference material. Examination candidates should not be penalized because they may not be familiar with those differences. The question should be clearly stated, but should be formatted in a manner so it is not definitional but requires the candidate to have appropriate knowledge	2/2/09
12/8/08	CV appears to test logically thinking as opposed to clinical skills		
12/8/08	Legal questions, the response could vary depending on what is assumed. Candidates would like more information or background in the question.		
12/8/08	Some questions appear to cross over between categories (e.g. law & ethics). Many candidates are not sure how to answer the question. The guidebook may have the topic is just one of the categories.		
12/8/08	Existing licensees from another state for a number of years struggle with the exam.	California's licensure exam is based on entry-level practice for the state. Candidates who have been licensed and specialized in another state and have tenure in that state will be challenged by an entry-level examination. When SMEs are participating in a passing score workshop, and are taking a test that has been constructed in a prior workshop, these licensed clinicians will also struggle.	2/2/09
12/8/08	CV seems to measure reading and comprehension skills rather than the cognitive skill set. Doesn't validate/measure the skill set utilized in the profession.		

Date	Comment or Concern	Response	Date of Response
12/8/08	How are we assured that a multiple choice test is the best way to test the profession?		
12/8/08	Consider using the national exams for MFT, LCSW, and ASWB		
12/8/08	How do we honor those licensees coming into California for the work done in another state?		
12/8/08	How is new science integrated into the exam?		
12/8/08	Are 2 tests required?		
12/8/08	Administer first test upon graduation based on knowledge gained during the education process (e.g. law & ethics). First test should not prevent individual from obtaining hours.		
12/8/08	Pre occupational exam? Would distinguish those suited for profession and those that are not.		
12/8/08	Use of an interactive exam, simulation of practice setting in a video game format.		
12/8/08	Bilingual exam		
12/8/08	Vignettes on video		
12/8/08	Role playing scenarios		

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**To:** Committee Members

**Date:** April 21, 2009

**From:** Kim Madsen  
Assistant Executive Officer

**Telephone:** (916) 574-7841

**Subject:** Future Meeting Dates

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Below are the Exam Program Review Committee meeting dates through June 30, 2009:

June 29, 2009 – Long Beach or La Mirada

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