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MEETING NOTICE

Examination Program Review Committee October 5, 2009

Department of Consumer Affairs
1625 North Market Boulevard, El Dorado Room
Sacramento, CA 95834
(916) 574-7830
9:00 a.m. - 3:00 p.m.

- I. Introductions
- II. Purpose of the Committee
- III. Review and Approval of the May 4, 2009 Meeting Minutes
- IV. Presentation of Pass Score by Dr. Tracy Montez
- V. Group Participation – Discussion of Pass Score
- VI. Review of Exam Committee Progress
- VII. Discussion of Concerns Relating to all Standard Written and Clinical Vignettes Examinations
- VIII. Discussion of a Future Exam Structure
 - a. Use of National Exams
 - b. Alternatives
- IX. Suggestions for Future Agenda Items
- X. Public Comment for Items Not on the Agenda

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



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

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.

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Examination Program Review Committee

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 May 4, 2009

Wyndham San Jose Hotel
1350 North First Street
San Jose CA 95112

Committee Members Present:

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

Staff Present:

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

Committee Members Absent:

None

Guest List:

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

Elise Froistad, Committee Chair, called the meeting to order at approximately 9:04 a.m. Kim Madsen called roll, and a quorum was established.

I. **Introductions**

Introductions took place after the presentation of item IV. Audience members, Board staff, and the Committee introduced themselves.

II. **Purpose of the Committee**

Ms. Froistad referred to the Purpose of the Committee provided in the meeting materials.

III. **Review and Approval of Meeting Minutes**

December 8, 2008 Minutes

Joan Walmsley moved to approve the December 8, 2008 meeting minutes. Elise Froistad seconded. The Committee voted unanimously to approve the minutes.

February 2, 2009 Minutes

Joan Walmsley moved to approve the February 2, 2009 meeting minutes. Elise Froistad seconded. The Committee voted unanimously to approve the minutes.

March 23, 2009 Meeting Update

Mr. Riches noted that Kim Madsen should be stricken from "Staff Present" on page one.

Joan Walmsley moved to approve the March 23, 2009 meeting update as amended. Elise Froistad seconded. The Committee voted unanimously to approve the meeting update.

V. Presentation of Item Review by Dr. Tracy Montez

Ms. Froistad took item V out of order to allow the presenter of item IV time to arrive.

Dr. Montez focused on examination development for the clinical vignette exam. She began by explaining that the clinical vignette exam "describes 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."

Dr. Montez provided a description of the clinical vignette items, stating that "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."

The purpose of the clinical vignette is to "provide opportunity for candidates to demonstrate ability to: 1) Integrate details of a clinical case to formulate a diagnostic impression, prioritize issues, and develop a treatment plan; and 2) Describe strategies and a course of action for addressing issues associated with case management, and ethical, legal, and diversity concerns." The clinical vignette also provides opportunity for the Board to "evaluate the candidate's higher-order thinking skills."

The format of clinical vignettes contains 5 main principles: 1) Case presentation with five to six multiple choice questions; 2) Complexity of the presenting problem is consistent with minimum competence; 3) Overall presentation of clinical situations and issues consistent with mainstream practice; 4) Fits constraints of written examination; and 5) Permits formulation of key and three distracters."

Dr. Montez provided examples of topics that Subject Matter Experts (SME) should think about when creating clinical vignettes: clients, referral source, presenting problem, contributing factors, diversity, ethical issues, and legal issues.

When conceptualizing the item, the SME: 1) Uses "Questions for Clinical Vignette Items" handout to derive the "stem" (questions portion) of the item; (2) Determines if the concept has one correct answer and enough material to develop three distracters; 3) Develops option responses using information in case presentation; 4) Develops key, or correct, responses; 4) Develops distracters, or incorrect responses; and 5) Uses Item Options factoring Examples handout to factor parts in the distracters.

Dr. Montez provided an overview of the process for reviewing the clinical vignette, which includes steps in reviewing clinical case scenario and reviewing each content area question.

Dr. Montez will talk about exam construction and passing score at the next Committee meeting.

Ms. Froistad asked if the clinical vignette is more difficult for the SMEs to construct than the written exam. Dr. Montez responded that in her experience the clinical vignette is more difficult, and there is a struggle.

IV. Presentation of Marital and Family Therapy National Examination by Lois Paff-Bergen, Executive Director Association of Marital and Family Therapy Regulatory Boards

Lois Paff-Bergen from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) explained that the AMFTRB is a body of the states that regulate marriage and family therapists. Although California is a member of AMFTRB, it is the only state that does not use the examination that AMFTRB produces. Ms. Paff-Bergen gave an overview of AMFTRB's history. In 1989, the first national exam was developed.

The AMFTRB completed its last role delineation study in 2004-2005. As part of this process, AMFTRB established the practice domains. There are five practice domains, or test specifications, on which the exams are constructed: 1) The practice of marital and family therapy (22.5%, 45 items); 2) Assessing, hypothesizing, and diagnosing (22.5%, 45 items); 3) Designing and conducting treatment (32.5%, 65 items); 4) Evaluating ongoing process and terminating treatment (7.5%, 15 items); and 5) Maintaining ethical, legal, and professional standards (15%, 30 items). Each domain has a task statement and pertinent knowledge statements.

AMFTRB looked at how the models have changed. Over the history of marriage and family therapy development, there were many schools with specific models. In 2005, AMFTRB listed the models and theories that were most used among practitioners. In that survey, AMFTRB included both Canadian and U.S. marriage and family therapists.

California content experts have been incorporated in item writing. California practitioners have been incorporated in surveys that have been conducted by AMFTRB. It is important for AMFTRB to include people representative of California because marriage and family therapists are very well known in California and represent a great number compared to all of the marriage and family therapists in the country.

Some states accept the California exam as equivalent, some states do not. California does not accept the national exam as equivalent to the California exam. Portability issues have come up over the years. At the moment, there is no clear answer to those concerns.

AMFTRB holds one exam development workshop each year. Ten to fifteen item writers submit 20 items prior to the workshop. AMFTRB maintains a bank of items at all times and conducts workshops to maintain and review the items. AMFTRB will be holding a meeting to address issues and trends regarding the passing score.

AMFTRB does not conduct oral exams. Several states conduct their own oral exams.

There are three forms of the exam each year, and they are administered in three windows. The test is administered in a 4 hour block, and there are 200 items on the exam.

Mr. Riches asked if AMFTRB's scenario-based questions are similar to the Board's clinical vignette. Ms. Paff-Bergen responded that they are very similar, and the items are very

difficult to write. It is difficult to write five items that don't hinge on each other or cue each other. The scenario-based questions are spread out through the course of the exam.

Mr. Riches asked in what proportion is AMFTRB using the scenario-based item versus traditional, multiple choice questions. Ms. Paff-Bergen responded that the scenario-based items are multiple choice items, and the proportion is about 50%. A single-response item can still be based on a scenario. There may be multiple items from one scenario. Mr. Riches asked about the candidates' responses to those items. Ms. Paff-Bergen responded that the candidates are discriminating well; the rate of difficulty varies throughout the exam. The goal is to put more case material in each domain.

Mr. Riches asked if AMFTRB pre-tests items. Ms. Paff-Bergen responded that they do not. AMFTRB's Exam Construction Committee is discussing whether items should be pre-tested. Item analyses are performed and statistics exist on the 200 items used on the exam.

Mr. Riches asked how AMFTRB's practice exam is developed. Ms. Paff-Bergen explained that retired items that had good statistics are put in their practice exam. There are two practice exams with 100 items on AMFTRB's website. No pass/fail results are provided. The cost is \$60 and the practice test is not time-limited. The practice test can be taken by anyone.

VI. Group Participation – Discussion of Item Review

Some sample items were provided to the group to identify strengths and weaknesses and alternate formats. The group discussed the items.

VII. Discussion of Concerns Relating to all Standard Written and Clinical Vignette Examinations

a. Legal Questions – Do candidates need additional information or background in the question for clarity?

Dr. Montez responded that the exam item should have enough information in the stem to be able to answer the question and to determine if it is a legal or ethical question.

b. Crossover Questions – Do some questions appear to cross over between categories such as law and ethics?

Dr. Montez responded that sometimes a subject matter expert will use an ethical question with an ethical key; they will use legal distracters and vice versa. At first glance it may appear confusing, but with enough information in the stem of the question, a competent person should be able to distinguish between the ethical response and the legal response.

c. How is new science integrated into the exam?

Dr. Montez responded that new science can be integrated into the exam, if the subject matter experts can link it to the tasks and knowledge statement. Can they develop enough material for that question? Can they agree that it is mainstream? Is it considered something that an entry level candidate is expected to know?

d. Does the Clinical Vignette appear to test logical thinking as opposed to clinical skills?

Dr. Montez explained that the intent of the Clinical Vignette is to measure clinical skills, not logic or comprehension skills. Existing statistics reflect that candidates are struggling; this is one of the reasons the current exam program is being reviewed.

e. Does the Clinical Vignette measure reading and comprehension skills rather than the cognitive skill set?

This question was answered in the previous question, item VII. D.

VIII. Future Meeting Dates

The next Committee meeting is scheduled on June 29, 2009 in the Long Beach area or La Mirada area.

IX. Suggestions for Future Agenda Items

There were no suggestions for future agenda items.

X. Public Comments for Items Not on the Agenda

There were no public comments.

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BOARD OF BEHAVIORAL SCIENCES

Examination Program Review Committee

Meeting #5

October 5, 2009

Sacramento, California

INTRODUCTION APPLIED MEASUREMENT SERVICES

Topics for Meeting #5

- Review Prior Year's Activities
- Examination Construction and Passing Scores
- Professional Guidelines and Technical Standards
- Initial List of Recommendations
- Examination Program Review Committee Objectives

GOALS OF AN EXAMINATION CONSTRUCTION WORKSHOP

- Select scored items *based on examination plan weights and percentages*
- Select pretest items *based on item bank deficiencies*
- Evaluate newly constructed examination *based on examination plan*

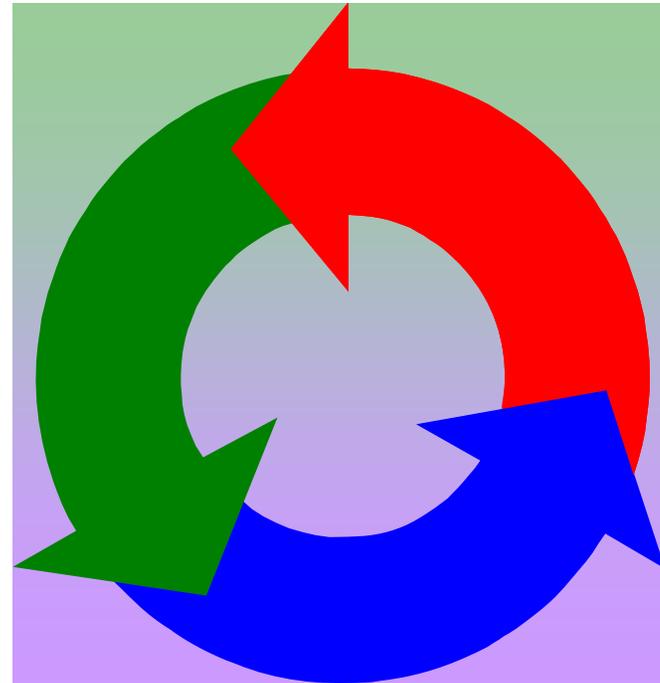
PROFESSIONAL GUIDELINES AND TECHNICAL STANDARDS

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

REVIEW OF GUIDELINES FOR WRITING STANDARD MC AND CV QUESTIONS

CYCLE OF EXAMINATION DEVELOPMENT

- Occupational analysis
- Examination plan
- Item development
- Item revision



WRITING THE KEY

- Ensure the key is clearly the best answer
- Support the key with a reference
- Confirm that experts agree on the key

WRITING THE DISTRACTORS

- Generate plausible alternatives for distractors
- Use the key to set the pattern for the distractors:
 - same category
 - grammatically parallel
 - equivalent in length and complexity
- Sources for good distractors:
 - common misconceptions and errors
 - true but not relevant statements
 - carefully worded incorrect statements

SUMMARY OF SELECTION PROCESS

- Independently review item pool from first content/sub area and select appropriate number
- As a group, report items selected
- As a group, discuss items receiving majority vote
- After receiving consensus on items, move to next content/sub area
- Continue until all content areas have been reviewed and an examination of 175 (or, 30 for CV) has been constructed
- Print examination and review

GOALS OF A PASSING SCORE WORKSHOP

- Establish a shared understanding of minimum acceptable competence
- Ensure uniform application of rating standards (minimum acceptable competence criteria)
- Determine a valid passing score

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*

THE PASSING SCORE PROCESS

- Discuss concept of minimum competence
- Review scope of practice
- Review Board's educational and training requirements
- Review examination plan
- Identify behaviors that characterize performance in each content area

THE PASSING SCORE PROCESS CONT.

- Take and score the actual examination
- Calibrate SME raters
- Assign ratings according to minimum competence standards
- Discuss ratings
- Re-rate items based upon discussion

WHAT ARE MINIMUM COMPETENCE STANDARDS?

Minimum competence standards are criteria that define minimum competence in terms of behaviors performed by a minimally competent candidate.

WHAT IS THE PURPOSE OF THE STANDARDS?

Minimum competence standards are used to differentiate between those candidates who are qualified to practice from those who are not qualified to practice.

WHAT ARE KEY CONSIDERATIONS?

- Prerequisite qualifications
- Readiness for independent practice
- Criteria describing the minimally competent candidate
- Difficulty of the issues addressed in the question
- Public health and safety issues

REVIEW OF EXAMINATION PLAN

- Review task and knowledge statements within each content area

WHAT ARE PERFORMANCE BEHAVIORS?

- Define typical ineffective, minimally competent, and highly effective behaviors
- Focus on observable behaviors that have been or could be exhibited
- Describe contexts in which behaviors occur

EXAMPLE OF PERFORMANCE BEHAVIORS

- Highly effective: “Pursues alternative explanations for client’s symptoms.”
- Minimally competent: “Recognizes symptoms that require medical or psychiatric referrals.”
- Ineffective: “Overlooks need for psychiatric or medical referral.”

REVIEW OF MINIMUM COMPETENCE STANDARDS

- Review criteria in each content area
- Differentiate between minimum competence vs. highly effective; and, minimum competence vs. ineffective

TAKE THE EXAMINATION

- Read each question carefully
- Select the best answer
- Consider what a minimally competent candidate would be expected to know to answer the question correctly

SCORE THE EXAMINATION

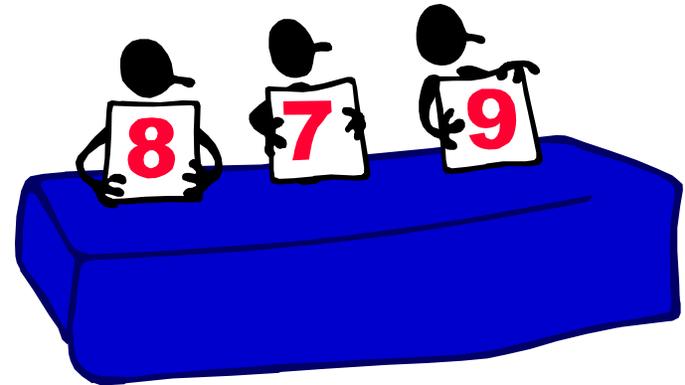
- Identify questions that were answered correctly
- Identify questions that were answered incorrectly

CALIBRATE RATERS AND ASSIGN RATINGS TO QUESTIONS

- Read each question “as is”
- Review minimal competence criteria
- Rate questions independently (initially)
- Use full range of ratings (25-95%)
- Ask the question “What percentage of minimally competent candidates WOULD answer this question correctly?”

DISCUSS RATINGS

- Take turns calling out rating to the group
- Discuss wide discrepancies
- Justify rating to the group
- Revise rating as needed



PARTICIPANT ASSIGNMENT #1

- Review and answer multiple choice items
- Review and answer clinical vignette item
- “Score” examination items
- Provide MAC rating for each item
- Discuss ratings with group

PARTICIPANT ASSIGNMENT #2

Identify initial list of recommendations for information-gathering purposes to discuss further at meeting #5. Recommendations to be based on the following:

- Feedback from past EPRC meetings
- SME workshops
- Feedback from today's meeting

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: December 7, 2009 in Southern California

***Training Topics: Examination Administration & Performance
& Information Available to Candidates***

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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	The intent of the Clinical Vignette is to measure clinical skills not logic or comprehension skills. Existing statistics reflect that candidates are struggling and is one of the reasons we are reviewing the current exam program.	5/4/09
12/8/08	Legal questions, the response could vary depending on what is assumed. Candidates would like more information or background in the question.	The exam item should have enough information in the stem to be able to answer the question and to determine if it is a legal or ethical question.	5/4/09
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.	Sometimes a subject matter expert will use an ethical question with an ethical key; they will use legal distracters and vice versa. At first glance it may appear confusing; but with enough information in the stem of the question, a competent person should be able to distinguish between the ethical response versus the legal.	5/4/09
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.	The intent of the Clinical Vignette is to measure clinical skills not logic or comprehension skills. Existing statistics reflect that candidates are struggling and is one of the reasons we are reviewing the current exam program.	5/4/09

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?	New science can be integrated into the exam, if the subject matter experts can link it to the tasks and knowledge statement. Can they (SMEs) develop enough material for that question? Can they agree that it is mainstream? Is it considered something that entry level is expected to know?	5/4/09
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		
5/4/09	Review and discussion of national exams		