



1625 North Market Blvd.
Suite S-200
Sacramento, CA 95834
(916) 574-7830
TDD (916) 332-1700
Fax (916) 574-8625
www.bbs.ca.gov

MEETING NOTICE

Examination Program Review Committee

December 7, 2009
9:00 a.m. - 1:00 p.m.

Hilton Los Angeles Airport Hotel
5711 W. Century Blvd.
Century AB Room
Los Angeles, CA 90045
(310) 410-4000

- I. Introductions
- II. Purpose of the Committee
- III. Review and Approval of the May 4, 2009, and October 5, 2009 Meeting Minutes
- IV. Presentation of the Examination Administration Process by Dr. Tracy Montez
 - a. Computer Based Testing
 - b. Information Available to Candidates
- V. Review of the Committee's progress and objectives by Dr. Tracy Montez
- VI. Discussion and Possible Action regarding Recommendations for the Board's Examination Program.
- VII. 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 is accessible to persons with disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Christina Kitamura at (916) 574-7835 or send a written request to Board of Behavioral Sciences, 1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation. If you have any questions, 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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MEETING MINUTES - *DRAFT*

Examination Program Review Committee October 5, 2009

Department of Consumer Affairs
1625 North Market Boulevard, El Dorado Room
Sacramento, CA 95834

Committee Members Present:

Elise Froistad, MFT Member, Chair

Staff Present:

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

Committee Members Absent:

Renee Lonner, 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**

Committee members, audience members, and Board staff introduced themselves. No quorum was established.

II. **Purpose of the Committee**

Ms. Froistad referred to the Purpose of the Committee provided in the meeting materials. She then provided a brief description of what the Committee has learned and accomplished since its inception in February 2008, and what is expected to be addressed in subsequent meetings. The Committee anticipates completing the review and assessment of data gathered, with presentation of recommendations to the full Board, in the summer of 2010.

III. **Review and Approval of May 4, 2009 Meeting Minutes**

No action was taken on the minutes due to the lack of a quorum.

VIII. Discussion of a Future Exam Structure

- a. Alternatives
- b. Use of National Exams

Agenda item VIII was taken out of order to allow Dr. Montez to set up her presentation for Agenda item IV.

Paul Riches stated that an ongoing topic of discussion for the Examination Program Review Committee has been, for both the LCSW and MFT professions, the use of a national examination versus a California board-constructed examination. He reported having recently attended a meeting of the AMFTRB, during which time he had the opportunity to engage in discussion with the AMFTRB executive staff and board members regarding this issue. The group identified that the cycles were similar for the occupational analyses conducted by the BBS and AMFTRB. The discussion participants agreed that collaborating on the next occupational analysis of the MFT profession would be a good starting point for beginning to evaluate if there is any possibility of working together; whether sufficient similarities exist to look at administering the national exam in California; and a good way to avoid the “apples and oranges” types of comparisons that occur when the BBS looks at national examinations. If the BBS and AMFTRB collaborated on the instrumentation to do the occupational analysis, there would be a common set of task and knowledge statements that could be used to evaluate how the exams are constructed. It would require a method of sampling that is very different because there would need to be a sufficient sampling to do a stand-alone California analysis as well as a national sample for use in reviewing the national examination. There would be common instrumentation between the two examinations and how they are developed.

Mr. Riches referred to a letter subsequently received from the AMFTRB, indicating their board’s interest in pursuing the collaboration with the BBS on the occupational analysis. He indicated this would be a draft recommendation before the Committee to consider presenting to the full Board. Mr. Riches noted that from an economic standpoint there would be benefits such as sharing the costs associated with performing an occupational analysis, particularly with respect to collection of the data. He noted that the Committee will likely be considering this recommendation at its next meeting.

Ms. Riemersma asked if the AMFTRB currently uses information from California in compiling data for their occupational analyses. Mr. Riches responded affirmatively, explaining that the AMFTRB currently uses California SMEs and samples California extensively because it is such a large portion of the profession nationally. If the two boards were to collaborate on the next occupational analysis, there would need to be an oversampling of the California licensee population so that there would be sufficient responses to justify an independent report based on California-only data. A brief discussion ensued. Mr. Riches concluded by restating that this presents an opportunity to collaborate and see where the two examination programs are on a differential basis.

Ms. Riemersma asked if the AMFTRB conducts any analysis to show any similarities or dissimilarities between California and the rest of the participants, or is the data all lumped together. Mr. Riches responded that he is not aware of any differential analysis AMFTRB performs in their survey.

Mr. Wong asked if the AMFTRB restricts who can take their current exam only to those states that use that examination. Mr. Riches responded that they do not. In response to Mr. Wong’s inquiry about whether a California candidate could take the national

examination at the present time, Mr. Riches explained that, as with many national examinations, it is dependent upon the state in question. The national association develops and administers the test, but the eligibility determinations are made state-by-state. He further explained that the BBS cannot make a candidate eligible for the national examination. The candidate would have to apply to a state that does have an agreement with the national association and be made eligible through that state's process.

Dr. Montez explained that one of the reasons for this requirement is to protect the integrity of the examination process, so individuals would not be taking the examination simply to be exposed to it and share the information on the exam.

Christine Tippett added that she had at one time participated in the process Mr. Riches was describing, on behalf of social workers. She spoke briefly about her experience indicating that people from many states attended and contributed and the outcome of that collaboration. She added that this process seems like it could also be useful for MFTs. Mr. Riches responded that one of the Board's subject matter experts recently attended a meeting in Colorado and participated in a pass point workshop regarding the national examination.

Ms. Froistad returned to Agenda Item IV.

IV. Presentation of Pass Score by Dr. Tracy Montez

Dr. Tracy Montez indicated that the presentation that day would pertain to the examination's passing score and to examination construction. She first started with a review of the information covered by the Committee to date, including examination validation, occupational analysis, and examination development. Dr. Montez stated that she would be talking about the professional guidelines and technical standards that are specific to examination construction and passing scores. She indicated that the group would then participate in an exercise pertaining to setting passing scores, and would have discussion about recommendations that will be going to the Examination Committee and the full Board.

Dr. Montez then began to discuss the goals of examination construction. She indicated that once new examination items have been written, the next step is to begin development of a new form of the examination. During an Examination Construction workshop, subject matter experts (SME) are provided with training, and then are assigned to put together a licensing examination. She indicated that the SMEs' training includes extensive review and discussion of the examination development process. During the workshop, participants select scored items based on the test plan and weight. Also selected are pretest questions based upon the "item bank deficiencies;" essentially, areas where items are needed. She reminded that the pretest items are nonscoreable, experimental items that are interspersed randomly through the test. Once the test items, both scoreable and nonscoreable, are selected, the psychometrician/test validation specialist compiles the items in a new test form, which is then reviewed by the subject matter experts.

The group was then referred to the Professional Guidelines and Technical Standards that are followed in the development of the examination. Dr. Montez explained the meaning of some of the guidelines, and spoke about the importance of adhering to those guidelines and standards when developing a licensure examination, to ensure the test is job-related.

Dr. Montez reminded the group that at previous committee meetings, a significant amount of time had been spent discussing the guidelines for writing multiple choice and clinical vignette test questions, and the "do's and don'ts." She highlighted important pieces of the

process. She stated SMEs are reminded that the examination development process is ongoing. Once the test form is developed and used, the items are returned to the item bank where they may come up for additional development or review. She stated that following completion of an occupational analysis, the items may also come up for "reclassifying," a process where the items are reviewed to determine if they are still valid or still represent what is currently being practiced in the profession.

SMEs are also reminded that, when the questions are written, the answers should clearly be the correct answer; the question should not have multiple answers. Further, SMEs are reminded that the answer key is supported by a reference, and that multiple panels of subject matter experts have agreed that the answer is correct. Other topics of discussion are the distracters, making sure they are plausible, and that they key is used to set the pattern for the options, meaning that they look similar.

Mary Riemersma, CAMFT, asked how many experts actually agree on the key. Dr. Montez responded that it should be a consensus among a group of generally 40 experts overall, and that everyone should agree at each stage of the review process. If there are concerns about any of the items, the facilitator/test validation specialist will pull the item out and insert a different item.

Janlee Wong, NASW, asked about the purpose of the distracters in determining a minimally qualified examination candidate. Dr. Montez responded that the distracters are supposed to distract the incompetent candidate away from the key. Mr. Wong asked her to elaborate about the definition of incompetence or minimum competence. Dr. Montez indicated the issue would be discussed in more detail during the Passing Score portion of her presentation, and asked if she could defer her response to the question until that time. She added that during each workshop there is review and discussion of the exam plan, and there are steps taken during each phase of the test development process to ensure the questions and answers check minimum competence. Mr. Wong explained that candidates might call NASW and note that it seems the test has trick questions. Dr. Montez replied that candidates who raise this concern are encouraged to read the item carefully, with the idea that if the candidate is minimally competent, the answer should come to mind and then, upon review of the listed answer choices, the correct response will be there. She stated that when the SMEs are writing the distracters, the goal is to make the distracter challenging, meaning that the candidate will have to read things carefully and make sure the answer choice that is selected is accurate to the scenario. Distracters may contain pieces that are important, but are not relevant to the scenario presented in the item. She stressed that the point of emphasis is always public safety/harm issue, and the correct answer choice will be the one that is most critical in terms of scenario that is presented.

An audience member asked for clarification regarding the qualifications of the individuals/experts who review exams, specifically, if any were new therapists or social workers. Dr. Montez responded that the SMEs are all licensed individuals, and that the goal is to use clinicians with a range of experience. She indicated that the Board has a large pool of SMEs, and that the Office of Professional Examination Services (OPES) provides criteria to the Board in terms of how to select workshop participants.

Dr. Montez provided examination plans pertaining to both the marriage and family therapist and licensed clinical social worker examinations. She explained that prior to the workshop, the test validation specialist creates a pool of items for each of the content areas and sub-content areas and will take that pool of items into the workshop and have the group review the items by content or sub-content area. The facilitator will ask each

group member to independently select questions pertaining to the area being reviewed; then a tally will be run to see which questions received the most votes. If there is a majority, the items then become a part of the test form being developed. If there is a tie, the items will be discussed. There is also the opportunity for the SMEs to discuss items of concern. This process is followed until the requisite number of items has been selected. The group might also make suggestions on pretest items. The examination is then printed and reviewed, and the group is afforded another opportunity to review and comment on the exam construction.

Mr. Wong asked if the same people who work on the examination construction process are also item writers. Dr. Montez indicated that there may be SMEs who work on both item writing and examination construction. The preference is to use as many different SMEs as possible throughout the process.

Dr. Montez moved discussion to the establishment of a passing score for a version or "form" of an examination. She reviewed the goals of the passing score workshop, and spoke specifically about the methodology that is used to determine the passing score. She explained that there is a variety of techniques used to establish passing scores and they are typically grouped in terms of criterion-referenced and norm-referenced. For licensure examinations, the criterion-referenced method is used. This means that there is a standard set, and the candidate has to meet that standard to pass. There is no ranking or comparison among candidates; it is simply a standard that has been established – in the case of board examinations, it is minimum acceptable competence. She said most familiar is the norm-referenced passing score, which is used in school, and the candidate is compared against others.

Mr. Wong asked for clarification regarding the information that was included on the test plans Dr. Montez had distributed, specifically, the apparent difference between the two test plans. Dr. Montez explained that while the same process was followed through the development of all board examinations, different experts coordinated the information, and therefore there could be a difference in style or in the manner of organizing the information. Mr. Wong spoke of the different populations that might be covered on an examination, and asked if, given the premise that some of those populations might be overly familiar to social workers, there was a possibility that an LCSW candidate might encounter a question that pertains to a population group with which they have little or no experience. Dr. Montez replied that this was a possibility. She indicated that the SMEs have said that in order to perform at minimum acceptable competence, the candidates must have exposure to what is on the examination plan.

Mr. Riches interjected that this was based on the responses that came back from practicing professionals in the occupational analysis. He indicated that the examination outline should reflect current practice among licensed clinical social workers. He further stated that the board licenses individuals to engage in the full spectrum of practice, and the examination therefore presents questions that assess minimum competence in a variety of areas and with various populations.

Dr. Montez reiterated that the exam plan is a snapshot of current scope of practice and addresses what the experts have indicated are the most critical areas to practice safely and competently. The expectation is that practice is independent so once licensure is obtained, an individual who may have been trained in one specific area may practice in any area covered by the license. She noted that California is unique in the level of detail put in its examination plans.

An audience member shared her experiences having gained training in a specific area (children's services) and how her first client after becoming fully licensed was a senior citizen. She noted that had she not obtained some kind of knowledge base outside of the specialized area in which she was working prior to becoming fully license, she would not have been able to assist that client. She described the steps she took to ensure she was familiar with all areas covered by the scope of the license.

Other audience members shared their experiences with the licensure examination and the importance of having a broad and well-rounded knowledge base.

Ms. Riemersma noted the broad difference between the two licenses, and the Board is testing for minimum competence. Candidates are not expected to be experts in all areas, but they need to be able to apply their skills to most any area they will face in the course of their professional practice. She referred to the two examination plans that had been distributed, and expressed the opinion that excluding issues of wording and the weight that is applied to the different content areas, she found both test plans to be very similar.

Discussion continued.

Geri Esposito, California Society of Clinical Social Workers, expressed that there seems to be a role for associations to play in relation to test preparation and how associations advise with respect to the examination process and preparation for the test. She reiterated the importance of reminding candidates of their responsibility to learn a broad base of knowledge.

Mr. Wong asked if candidates were informed that there may be questions on the test that cover population groups that might be unfamiliar to some candidates. Dr. Montez noted that the candidate handbook contains the entire examination plan which includes all areas that might be covered on an examination. Sandra Wright, Examination Analyst, noted that candidates are provided a copy of the handbook each time the candidate becomes eligible to test or retest.

Discussion continued about the importance of having a broad base of knowledge and remembering that the scope of the license is very broad and licensees need to be able to apply their education and skills to all population types the licensee might be asked to treat.

Dr. Montez reminded the group about the steps that are taken to ensure the questions test minimum level of competence and are not too advanced or reflect a higher level of experience in one area or another. Mr. Riches made reference to pretest items as one such step, and one that helps identify items that might be tricky or too advanced for the population, said items becoming evident in the performance statistics obtained from pretesting.

Mr. Wong asked if there was a mechanism in place tracking the failure rate of questions. Mr. Riches responded that candidates who fail the exam are provided with diagnostic information reflecting how the candidate performed in each of the major content areas, to assist the candidate in knowing which areas to focus on which preparing to retest. He added that, internally, there are detailed statistics about each item and how they performed.

Dr. Montez next reviewed the Professional Guidelines and Technical Standards that govern the Passing Score workshops.

Mr. Wong asked for clarification regarding how an examination is monitored; did it matter if an examination is felt to be too easy or too hard, or was that issue something that is taken into consideration when reviewing a form of the test. Dr. Montez responded that passing rates are not expected to go up and down, because of all the steps that have been taken leading up to this point in the process. The expectation is to have a range for an examination that tests at the level of the board's examinations; if the pass rates drop or go high, questions are asked to determine "what is going on?" "What dynamics in the environment have changed?" She emphasized that, while the passing rates are data that are taken into consideration in determining if an examination is working, those statistics would not independently result in adjusting of the passing score.

Dr. Montez described how and when an examination might be adjusted based on the ongoing review of how items are performing. If a problem is identified with an examination, that issue would be addressed at that time. Mr. Riches added that if there was something identified in the examination that is deemed not fair to the candidate pool, then an adjustment will be made. He indicated this is not a function of whatever the pass rate is; but rather a function of fairness to the candidate.

Ms. Riemersma noted her experiences with the Board monitoring the examination and addressing unforeseen situations that have come up that may have adversely impacted candidates taking a particular form of the test.

Discussion and comment about various topics, including the use of the examination statistics that appear on the Board's website, continued among meeting participants.

Dr. Montez continued her presentation by reviewing the passing score process, including assigning ratings according to minimum competence standards. She reviewed the minimum competence standards, the purpose of those standards, and the key considerations when determining an appropriate passing score. She stated that there are usually long discussions among SMEs participating in the workshops, the goal being to create a common frame of reference of entry level expectations.

Dr. Montez spoke about the calibration component of the process, and fielded questions from the audience regarding the calibration and assigning of ratings to test items. She engaged in discussion with meeting participants about steps that are taken when there is a wide variation among SMEs in the rating of an item, or if the item is consistently being rated at the lower end of the spectrum.

Mr. Wong asked if the same process was followed for the development of both the standard written and clinical vignette examinations, even though the tests are different. Dr. Montez confirmed that the same basic process is followed across the professions.

V. Group Participation – Discussion of Pass Score

Dr. Montez presented the group with sample questions from the MFT examination study guide. These included two questions from the standard written exam, and one from the clinical vignette examination. She asked meeting participants to review and answer the questions. Upon completion of the review, the group was provided with the correct answers.

Dr. Montez then asked the group to refer to her previous explanation of the passing score process, and assign a rating based upon the expectations of how many entry level candidates would be likely to answer the questions correctly. She asked participants for their input regarding the ratings assigned to each question, and discussed those ratings.

She then discussed the actual statistics for each item, and how they compared to the group's assessment of the item.

The meeting participants continued the review and discussion of the ratings assigned to each question. A brief discussion was held regarding the items used in the study guide. Amy Welch-Gandy, Test Validation Specialist, Office of Professional Examination Services (OPES), explained that the items contained in the study guide were selected by SMEs and were meant to reflect a range of difficulty levels and be a good representation of what would appear on the examination.

VI. Review of Exam Committee Progress

No discussion occurred on this item.

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

Ms. Froistad referred the group to the list of Items of Concern and to Consider. She indicated that many of these items have previously been addressed by the Committee, though some remained to be discussed. Ms. Froistad invited the meeting participants to make comment or add concerns that might not have been dealt with to date.

A variety of issues was discussed. With respect to being assured that a multiple choice examination was the best way to test the profession, Dr. Montez reported having recently researched this issue for another licensing agency and spoke about her findings, which support the premise that a multiple-choice examination is the most effective method of testing for licensure.

Mr. Wong asked if there had been studies about licensee performance based on the type of examination taken. Dr. Montez responded that there are strengths and weaknesses with various types of examination. She reiterated that no testing tool is perfect, and while there are formats that are good at measurement, research shows that the multiple-choice tool by far is the best. She then spoke about other types of examinations, such as oral and essay formats and the advantages and disadvantages to each.

Dr. Montez spoke briefly about rating of candidates, and the human error factor that is inherent in such a testing process. She described how a rating error might be made, and indicated that while training provided to a rater has been shown to reduce the errors, they never are eliminated. Dr. Montez was unaware of any studies that looked at clinician performance post-licensure, based on the type of licensure examination taken by the licensee. Meeting participants briefly exchanged thoughts about how this type of data could be collected.

Discussion continued regarding the various types of examination formats, the impact of the licensure examination on licensee performance; the importance of well-developed examination items; and the length of time allowed for administration of the examination.

Ms. Froistad next raised the issue of using a national examination. Mr. Riches indicated that the latest information obtained from ASWB is that their validation report is expected in early 2010. At that time the information can be reviewed by the Board and steps taken to address any significant changes that result from that study. Mr. Riches reiterated that, with respect to the Association of Marital and Family Therapy Regulatory Boards (AMFTRB), the Committee is looking at making a recommendation to the full Board regarding collaboration on the next MFT occupational analysis.

The next issue concerned the honoring of licensees coming into California for work done in another state. Mr. Riches noted that the law pertaining to clinical social workers was changed within recent years to allow individuals who have been licensed in another state at a clinical level for at least four years to bypass the clinical experience requirements and move directly into the examination process. Some changes were also made regarding the out-of-state requirements for individuals seeking licensure as an MFT; however, it remains unclear how much the new curricular requirements for MFTs will impact the overall process for that profession, including the impact on out-of-state licensed candidates. The issue of reciprocity was touched on.

The group then discussed the need for two licensure examinations. Mr. Riches spoke about the information obtained to date about this issue, and factors that would have to be considered in making a decision to move to administration of only one test.

The group then discussed administration of the first examination upon graduation based on knowledge gained during the education process, such as law and ethics. The next issue discussed was the pre-occupational exam. Would this distinguish those suited for profession and those that are not? Mr. Riches provided general information about this subject.

Ms. Froistad then raised the subject of an interactive exam or simulation of practice setting in a video game format. She noted that certain aspects of this issue had been discussed previously. Mr. Riches indicated that another issue is innovative styles of testing are a one-shot deal. He spoke about the reuse of some test items. Standardized examinations were also briefly discussed.

The group then touched on the subject of bilingual exams, including how many languages and which languages might be used. Dr. Montez spoke about various aspects of translating the examinations into foreign languages, including costs. The group then continued exchanging ideas about this topic, including the special accommodations that are currently allowed or could be allowed for candidates with English as a second language. Mr. Riches indicated that this specific issue was currently under review by the Board.

The group then shared their understanding about role playing scenarios. Kim Madsen expressed the recollection that this issue was in conjunction with the video issue, i.e., use of actors to present the vignette and then from that the candidate would answer the questions. She repeated the idea that this would fall along the same lines as video. A brief discussion ensued among meeting participants.

It was determined that the last issue pertaining to national examinations had previously been addressed.

Ms. Froistad then again invited the meeting participants to make comment or add concerns that might not have been dealt with to date.

IX. Suggestions for Future Agenda Items

An audience member raised the subject of the extent to which cultural competency is evaluated in the examination process. Mr. Riches referred to the task and knowledge statements associated with the test plans for both MFT and LCSW licensure and stated that each document contained reference to the cultural competency issue and its impact on treating patients.

X. Public Comments for Items Not on the Agenda

There were no public comments for items not on the agenda.

The announcement was made that the next Committee meeting is planned for December 7, 2009.

The meeting was adjourned.

BOARD OF BEHAVIORAL SCIENCES

Examination Program Review Committee

Meeting #6

December 7, 2009

Los Angeles, California

INTRODUCTION APPLIED MEASUREMENT SERVICES

Topics for Meeting #6

- Examination Administration and Information Available to Candidates
- Professional Guidelines and Technical Standards
- Examination Program Review Committee Objectives

EXAMINATION ADMINISTRATION INFO. AVAILABLE TO CANDIDATES

- Computer-Based Testing (CBT)
- www.bbs.ca.gov

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*

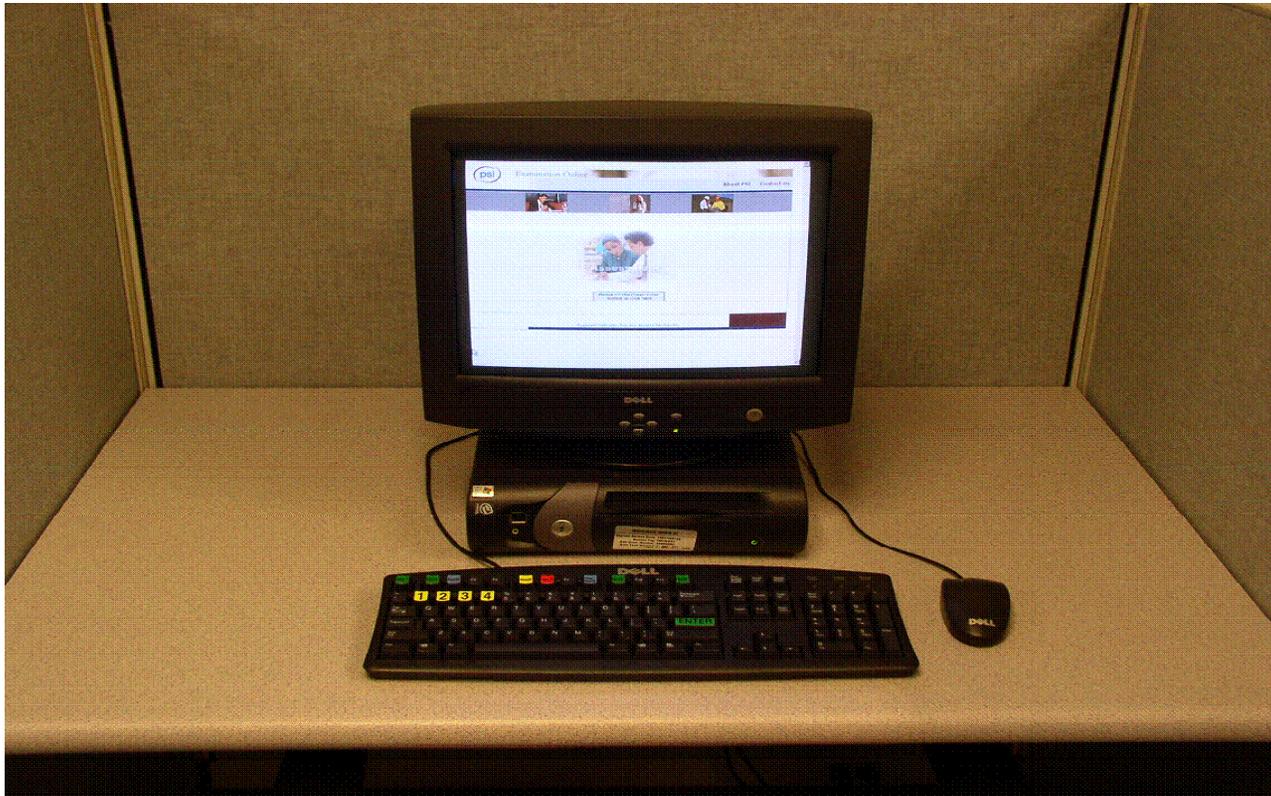
COMPUTER-BASED TESTING (CBT)

- PSI (<http://corporate/psionline.com/about-psi>)
- 13 California examination sites
- 10 nationwide examination sites
- Registration (6 days/wk, 8:00 a.m.-5:00 p.m.)
- Special accommodations
- On-line survey
- Security protocols

EXAMINATION SITE



COMPUTER TERMINAL



SCREEN SNAPSHOT

The screenshot shows a web-based testing interface. At the top, there is a navigation bar with the following items: 'm Mark', '! Comments', 'Goto', '? Help', and 'End'. Below this is a status bar with the text: 'Question: 1 of 8', 'Answered: 0', 'Unanswered: 8', 'Marked: 0', and 'View: All'. The main content area displays a question numbered '1.' with the text '[SAMPLE QUESTION] Independence Day is celebrated in the United States on which date?'. Below the question, it says '(Choose from the following options)'. There are four radio button options: '1. July 4th', '2. December 25th', '3. August 10th', and '4. April 2nd'. At the bottom of the question area, there are two buttons: '<< Back' and 'Next >>'. The entire interface is enclosed in a window frame with the title 'SAMPLE'.

INFORMATION AVAILABLE TO CANDIDATES

- www.bbs.ca.gov
- www.psiexams.com

“FORMS AND PUBLICATIONS”

SAMPLE: MARRIAGE & FAMILY THERAPIST

- MFT Intern Registration Application Packet
- MFT Examination Eligibility Application Packet
- MFT Experience Verification
- MFT Weekly Summary of Hours of Experience
- MFT Supervisor Responsibility Statement
- Answers to Most Frequently Asked Questions Relating to MFT Trainees and Interns
- A Guide to Supervision for MFT Interns and Trainees
- MFT Student Handbook
- MFT Examination Study Guide*
- MFT Standard Written Examination Candidate Handbook*
- MFT Written Clinical Vignette Examination Candidate Handbook*
- MFT Request for Examination/Re-Exam Application

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

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Examination Program Review Committee

December 7, 2009

The Board of Behavioral Sciences' (Board) Examination Program Review Committee (EPRC) was appointed in February 2008. The purpose of the EPRC is to conduct a holistic review of the Board's Licensed Clinical Social Worker (LCSW), Licensed Educational Psychologist (LEP), and Marriage and Family Therapist (MFT) examination programs and to evaluate associated issues.

Initially, the EPRC's work focused on listening to stakeholder concerns and obtaining an educational foundation about the examination validation process for all three licensing programs. During this phase, the EPRC received hands on training on the following topics: occupational analysis, examination development (i.e., item writing and review), examination construction and passing scores. The training occurred during five public meetings held statewide (see Table 1).

Table 1 – Phase I Examination Program Review Committee Meetings

Meeting Date	Meeting Location	Examination Validation Training Topic
December 8, 2008	San Diego	Introduction to Examination Validation
February 2, 2009	West Sacramento	Occupational Analysis
March 23, 2009	Irvine	Examination Development (Standard Written)
May 4, 2009	San Jose	Examination Development (Clinical Vignette)
October 5, 2009	Sacramento	Examination Construction & Passing Scores

During each meeting, the EPRC stated that it recognized issues unique to each profession would arise. To address these issues, the EPRC structured time within the meetings, in addition to the hands-on training, to separately address the issues for each profession.

The EPRC conducted an open-ended inquiry to gather information. Stakeholders and interested parties were given opportunities to provide input, feedback, and express their concerns regarding the examination programs.

During Phase II, the EPRC will assess exam content to ensure that the examinations appropriately address the tasks, knowledge, and skills required to practice in today's mental health environments.

In addition, the EPRC will put forth today recommendations to be discussed and presented to the Board for approval. The following represents a list of EPRC recommendations based on feedback from stakeholders and interested parties. Supporting commentary and relevant professional guidelines from the *Standards for Educational and Psychological Testing (Standards)*¹ are included.

¹ American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for educational and psychological testing*. Washington, DC: American Educational Research Association.

Recommendations

1. Implement a revised examination program for the Licensed Clinical Social Worker and the Marriage and Family Therapist licenses.

Test #1: Law & Ethics Examination (e.g., 2 hours, 75 scored & 25 pretest questions) upon graduation

Test #2: Scenario-based Practice Examination (e.g., 4 hours, 175 scored & 25 pretest questions) after supervised hours

Comment:

The purpose of a licensing examination is to identify persons who possess the minimum acceptable knowledge and experience to perform the tasks associated with the profession safely and competently; therefore, protecting the public from incompetent practitioners. Equally important, barriers to licensure should not be imposed to prevent individuals from entering into the profession. The *Standards* state that the mechanisms for identifying competent practitioners should not be “. . . so stringent as to unduly restrain the right of qualified individuals to offer their services to the public” (p. 156).

To meet both of these guidelines, examinations included in the multiple-hurdle process to licensure should be independent and measure different competencies. By offering the Law & Ethics Examination first, candidates are evaluated against important competencies before undertaking the supervised hours requirement. The Scenario-based Examination would be the final hurdle in the licensure process, testing across job-related clinical competencies identified in the occupational analysis (see *Standard 14.14* below; excluding law and ethics content evaluated in the first examination).

2. Collaborate with the Association of Social Work Boards (ASWB) as directed by the Board (see May 29-30, 2008 board meeting minutes) to consider the ASWB examination in its work as it relates to licensure for clinical social work.

3. Collaborate with the Association of Marriage and Family Therapy Regulatory Boards (AMFTRB) to jointly perform the Occupational Analysis to be used for the both California MFT licensure exam and national exam.

Comment:

Both the Board and stakeholders have requested that national examination programs be evaluated in the context of California LCSW and MFT licensure. If the national examination programs are found to be fair, valid, and legally defensible for measuring entry-level competency to practice in California then adoption of the national examinations is appropriate.

As per the May 2008 Board meeting, Board staff is currently collaborating with the ASWB, specifically with their occupational analysis. Initial discussions have begun with the AMFTRB, but are waiting further direction from the Board. Professional guidelines underscore the significance of a clearly defined content area as the foundation for a credentialing (i.e., licensing) test.

Standard 14.14

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted. (p. 161)

- 4. Evaluate the feasibility of providing candidates with a practice examination for each profession. At a minimum, revise LCSW, LEP and MFT Examination Study Guide sample questions to represent updated, job-related content as well as question format.**

Comment:

Although the Board's Examination Study Guides provide a thorough explanation of the testing process including sample questions, the availability of practice examinations is consistent with professional guidelines. However, the fiscal impact of exposing quality examination questions should be considered when determining the actual number of questions in the practice examinations.

Standard 3.20

The instructions presented to test takers should contain sufficient detail so that test takers can respond to a task in the manner that the test developer intended. When appropriate, sample material, practice or sample questions, criteria for scoring, and a representative item identified with each major area in the test's classification or domain should be provided to the test takers prior to the administration of the test or included in the testing material as part of the standard administration instructions.

5. **Conduct a survey of reference materials (e.g., textbooks) used by schools to assist with examination development efforts.**
6. **Evaluate the feasibility of publishing reference lists in the LCSW, LEP and MFT Examination Study Guides.**

Comment:

Providing candidates with a reference list that includes a *sample* of textbooks used in education and training as well as examination development is consistent with professional guidelines. However, a disclaimer stating for example, “*Following is a list of publications that may help you prepare for the written examination. The list does not include all MFT textbooks nor is it intended to be an endorsement of the publications listed*” should be included.

Standard 8.1

Any information about test content and purposes that is available to any test taker prior to testing should be available to *all* test takers. Important information should be available free of charge and in accessible formats. (p. 86)

Standard 8.2

Where appropriate, test takers should be provided, in advance, as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, and confidentiality protection as is consistent with valid responses. (p. 86)

7. **Expand subject matter expert recruitment pool.**

Comment:

To create and maintain a fair, valid and legally defensible examination program, subject matter experts must be an integral part of the process. Subject matter experts are practitioners (e.g., LCSWs, LEPs, MFTs) possessing a license, who are in good standing and active in their respective practice. The *Standards* recognize the significance of using subject matter experts or “expert judges” and discuss their role in examination validation throughout the professional guidelines.

Standard 3.6

The type of items, the response formats, scoring procedures, and test administration procedures should be selected based on the purposes of the test . . . The qualifications, relevant experiences, and demographic characteristics of expert judges should also be documented. (p. 44)

Standard 4.21

When cut scores defining pass-fail or proficiency categories are based on direct judgments about the adequacy of item or test performance or performance levels, the judgmental process should be designed so that judges can bring their knowledge and experience to bear in a reasonable way. (p. 60)

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830, (916) 574-8625 Fax
www.bbs.ca.gov

To: Examination Program Review Committee **Date:** December 2, 2009

From: Sean O'Connor **Telephone:** (916) 574-7830
Board of Behavioral Sciences

Subject: **Analysis of Candidates Who Passed the Standard Written Examination in FY 2007/2008**

Background

The Board of Behavioral Sciences (BBS) currently publishes examination related statistics on its Web site (http://www.bbs.ca.gov/exams/exam_stats.shtml). These statistics provide a passing percentage for test takers for a given version of an examination. The BBS implements a new version of an examination every six months.

While passing percentages are one measure of examination performance, this measure leaves several questions unanswered. For example, what is the average length of time for a candidate between passing the standard written examination and passing the clinical vignette examination? Also, what are the average total examination attempts for a candidate? To provide answers to these questions, BBS staff compiled and analyzed data on individuals who passed a standard written examination in fiscal year 2007/2008.

Analysis

Tables 1 through 3 provide the final analysis of 2,391 individuals (1,428 MFT candidates, 963 LCSW candidates) who passed a standard written examination in fiscal year 2007/2008. Within this cohort, 86% of the MFT candidates (1,234 individuals) and 84% of the LCSW candidates (810 individuals) have successfully completed the clinical vignette examination – the final examination required prior to earning a license. Please refer to the tables below for further analysis.

Table 1. Candidates Who Passed the Standard Written Examination in FY 2007/2008 and Successfully Completed the Clinical Vignette (CV) Examination as of 11/19/2009

	Avg. Days Standard Written Pass to CV Pass	Total Avg. Attempts	Avg. Standard Written Attempts	Avg. CV Attempts
MFT Examinees (n=1234)	189	2.45	1.24	1.21
LCSW Examinees (n=810)	277	2.88	1.44	1.44

Table 2. Candidates Who Passed the Standard Written Examination in FY 2007/2008 Who Have Yet to Pass the Clinical Vignette (CV) Examination as of 11/19/2009

	Avg. Days Standard Written Pass to CV Pass	Total Avg. Attempts	Avg. Standard Written Attempts	Avg. CV Attempts
MFT Examinees (n=194)	654	3.8	2.11	1.7
LCSW Examinees (n=153)	654	3.74	1.96	1.78

Table 3. Candidates Who Passed the Standard Written Examination in FY 2007/2008 Including Those Still Attempting to Pass the Clinical Vignette (CV) Examination as of 11/19/2009

	Avg. Days Standard Written Pass to CV Pass	Total Avg. Attempts	Avg. Standard Written Attempts	Avg. CV Attempts
MFT Examinees (n=1428)	252	2.64	1.36	1.27
LCSW Examinees (n=963)	337	3.02	1.53	1.49
