



Analysis of the Practice of Social Work, 2010

The most recent analysis of the practice of social work by the Association of Social Work Boards (ASWB) was done from 2008 to 2009, and the results are reflected in all categories of the social work licensing examinations beginning January 3, 2011.

The Process

Such a study, done periodically, is for the purpose of finding out what social workers do in their jobs, how frequently they do it, the importance of each task, and whether it is necessary to be able to do the task at the time of licensure and a first, entry-level job. The information is used to determine the minimum knowledge and skills necessary to perform social work safely at various educational and experience levels.

The responses shape the blueprints for the exams, the content areas in which questions are asked, and the number of questions in the content areas. The four blueprints, a separate one each for the Bachelors, Masters, Advanced Generalist and Clinical exams, become the basis for the licensing tests until another practice analysis is done.

A practice analysis is a combination of the judgment of subject matter experts added to the hard science of numbers, survey data gathered from practicing social workers and compiled and analyzed by measurement scientists.

The group of 21 subject matter experts (SMEs) who guided the most recent practice analysis as members of the Practice Analysis Task Force was carefully balanced for diversity in gender, race and ethnicity, practice setting, and geographic location.

The SMEs began by reworking the list of social work tasks from the previous practice analysis—adding some, removing others, rewording still others, and reorganizing the list. Changes were made in the demographics questions. Before the final form was sent out to social workers, there was a pilot study done and some changes made as a result.

When the survey was finally ready for circulation, it was sent out to over 16,000 social workers in the United States and Canada. Surveys were initiated through letters sent by mail and followed by email, if possible. The letters included directions to access surveys and complete and return them online.

For the U.S. part of the survey, a proportional random sample of 12,009 social workers in the United States who had passed one of the licensing exams between 2006-2009 (2004-2008 for Advanced Generalist) was drawn. For the Canadian portion, a sample of 4,031 social workers in Canada was taken, from data provided by the provinces.

A multiple-contact system was used, with a mix of mail and email reminders, depending on jurisdiction, to encourage social workers to take the time to fill in the survey.

The Task Force reviewed the data and linked each task to a competency that would be included in the exam content outlines, establishing a link between each task and the knowledge necessary to perform that task. The competency

ASWB is the organization of social work licensing boards in 49 states, all ten Canadian provinces, Washington, DC, and the Virgin Islands. It serves as an information forum and develops and maintains the licensing examinations for social workers.

Current Level of Practice	Percentage
Bachelors (direct or macro practice)	25.92
Masters (direct or macro practice)	28.91
Advanced Practice (2 or more years post-MSW macro practice experience)	9.32
Clinical Practice (2 or more years post-MSW clinical experience)	35.86
Highest Social Work Degree Earned	
Bachelors in Social Work	23.27
Masters in Social Work	72.69
Doctorate in Social Work	0.59
No social work degree	1.50
Other social work degree	1.95
Years in Social Work Practice	
I have not practiced social work	0.22
Less than 2 years	10.26
2-5 years	30.65
6-10 years	24.89
11-15 years	13.53
16-20 years	6.93
20 years or more	13.51
Primary Practice Setting	
For profit organization	10.61
Private clinical practice	5.38
Not-for-profit	36.52
Public (local, county, state, province, federal, or military)	41.83
Other (Please specify)	5.66

statements are the building blocks of the exams, and their importance is weighted according to the survey data. Then questions can be written to determine whether a test-taker has a grasp of the Knowledge, Skills, and Abilities (KSAs) that describe the content for each competency.

Following the practice analysis, a Passing Score Panel of social workers (including some members of the Task Force) went through a long exercise to review anchor exams for each category. They discussed minimal competence in the content that is measured by the exams, actually took the exams, and rated each test question as to the probability that a minimally competent social worker would answer the question correctly.

Judgments were discussed and averaged, and averages were used to compute the cut score, the point on which pass-fail determinations are made, on the anchor exam.

Once the anchor, or base, exams were in place, additional exam forms were assembled and calibrated to reflect the same overall difficulty level. Statistics are gathered every time a question appears on an exam form,

and each question has a difficulty level determined for it. Through equating—knowing exactly how difficult a test is, given the compilation of questions on it—each form has a raw passing score set. If there are many difficult questions, the raw score, or number of questions out of 150 that the test-taker must answer correctly, is lower; if the questions tend to be less difficult, the raw score is higher.

Some of the respondent demographics

PERFORMANCE	IMPORTANCE	FREQUENCY
For your level of practice, when is it required to independently perform this task? P1= Within the first 2 years P2= After the first 2 years P3= Never/Not Applicable	How important is the competent performance of this task to effective social work practice, regardless of how often you perform it? I1= Not very important I2= Of low importance I3= Of moderate importance I4= Very important I5= Extremely Important	How often do you perform this task? F1= Seldom F2= Monthly F3= Weekly F4= Daily

Assessment	P1	P2	P3	I1	I2	I3	I4	I5	F1	F2	F3	F4
1- Determine clients' eligibility for services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2- Engage clients' participation in the intake/assessment process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3- Assess clients (e.g., couples, individuals, families, groups) to determine strengths and challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4- Interview clients to gather information from the clients' perspective regarding the nature and degree of problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5- Assess the nature and severity of clients' crisis situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6- Assess clients' risk of danger to self and others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7- Assess suspected abuse and/or neglect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8- Perform a mental status examination.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9- Conduct cognitive functioning/capacity assessments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10- Provide information to clients about policies and services of the agency/practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11- Provide information to clients regarding their rights and responsibilities, including limits to confidential.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The survey, in English

New Content Outlines

The results of all this were four content outlines, one for each examination. Each is made up of four or five main headings, and a varying number of subheadings (competencies). Each of the KSAs, more than 800 for all categories of the exam, is assigned under one of the competencies.

Once the data was reviewed, the Task Force found that the results of the survey in the U.S. and Canada were remarkably similar, showing that practice doesn't change much across the border. For the second time, North American blueprints have been developed.

A list of the content areas and percentages of questions on each form of the examination that will ask about each is listed here. A complete listing of the content outlines with competencies and KSAs is available on the association's Website, www.aswb.org.

An extensive report on the practice analysis, *Analysis of the Practice of Social Work, 2010*, is available from the association as a printed book and as an electronic document at www.aswb.org.

Bachelors Exam Content

- I. Human Development, Diversity, and Behavior in the Environment, 27%
- II. Assessment, 28%
- III. Direct and Indirect Practice, 26%
- IV. Professional Relationships, Values, and Ethics, 19%

Masters Exam Content Outline

- I. Human Development, Diversity, and Behavior in the Environment, 28%
- II. Assessment and Intervention Planning, 24%
- III. Direct and Indirect Practice, 21%
- IV. Professional Relationships, Values and Ethics, 27%

Advanced Generalist Exam Content Outline

- I. Human Development, Diversity, and Behavior in the Environment, 18%
- II. Micro Assessment and Planning, 22%
- III. Micro Practice and Social Work Relationships, 18%
- IV. Macro Practice, 18%
- V. Professional Values and Ethics, 24%

Clinical Exam Content Outline

- I. Human Development, Diversity and Behavior in the Environment, 31%
- II. Assessment, Diagnosis and Treatment Planning, 26%
- III. Psychotherapy, Clinical Interventions and Case Management, 25%
- IV. Professional Ethics and Values, 18%

Exams reflecting the new content outlines will be administered beginning January 3, 2011.

Major changes to structure, not content

Changes made as a result of the 2008-09 analysis were extensive, but the modifications are more in the organization of the content outlines than in the actual content to be measured.

The relatively minor shifts in content emphases that did occur from this analysis included an expansion in knowledge related to human development, diversity, and behavior in the Bachelors and Masters examinations. Content related to supervision, social work administration, and research was reduced in Bachelors, while Masters saw some reduced emphasis on service delivery, practice evaluation, and utilization of research.

View the
complete
report at
www.aswb.org

Content related to values and ethics has received increased emphasis in the Masters, Advanced Generalist, and Clinical exams. The reduction in micro practice content on the Advanced Generalist exam, together with definition of a new stand-alone content area titled “Macro Practice”, now reinforces the distinctiveness of this exam. Content in the Clinical exam related to management and clinical supervision went down as a reflection of the realities of the social work profession on entry to this level of practice.

The Practice Analysis impacts all ASWB examination categories:

Associate—A few jurisdictions administer the Bachelors Examination to candidates who do not have degrees in social work for an Associate license. A lower passing score is used.

Bachelors—The examination intended for use by individuals with a baccalaureate degree in social work.

Masters—The examination that is intended for individuals who hold an MSW degree, but who do not have post-degree supervision.

Advanced Generalist—The Advanced Generalist exam is designed for advanced practitioners who do more macro-level, generalist, administrative or management work. It is one of two exams intended to be taken by social workers with an MSW or higher degree, plus the required postgraduate supervised experience.

Clinical—The Clinical exam has more emphasis on the provision of direct, micro-level mental health services. It is the second of two exams (along with the Advanced Generalist) intended to be taken by social workers with an MSW or higher degree, plus the required postgraduate supervised experience.

The Advanced Generalist and clinical examinations are considered on par due to the advanced level of practice knowledge and experience expected of someone taking either exam. But they each emphasize different areas of practice as noted in their descriptions.

Why analyze social work practice?

Practice must be looked at periodically because it changes not only the importance of a given competency, but the level of knowledge that is necessary to practice safely at any level. If a social worker needs to know how to recognize an abusive family member when taking an entry-level job, following licensure on the basis of the Bachelors Examination, then that should be (and is) reflected in the content outline of the exam.

The first analysis of social work practice was done by the association in 1981 and a revalidation study was done seven years later. Subsequent analyses were completed in 1996 and 2003 as well.