CAMFT CONNECT ENRICH ACHIEVE

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October 27, 2022

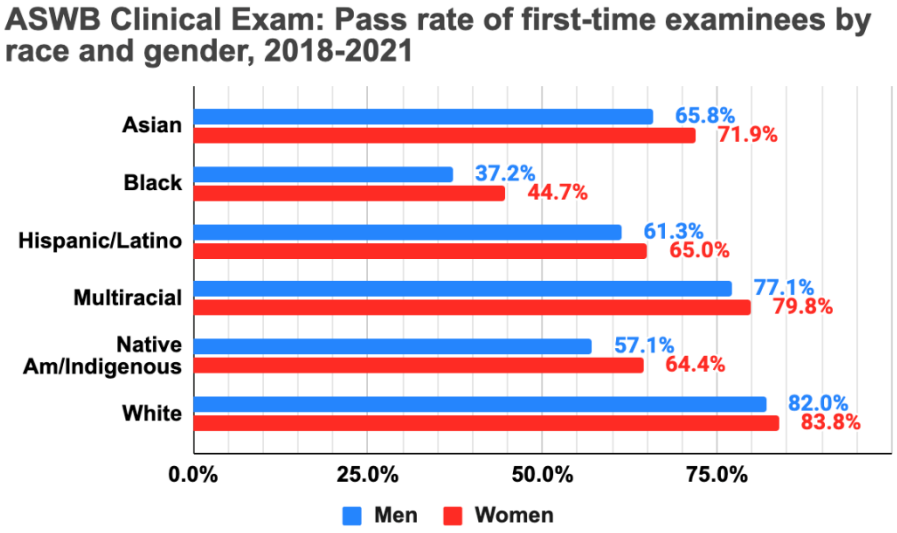
Steve Sodergren
Executive Officer
Board of Behavioral Sciences
1625 N Market Blvd., Suite S-200
Sacramento, CA 95834

Re: Inequities in Clinical Exam Processes

Dear Executive Officer Sodergren,

On behalf of the California Association of Marriage and Family Therapists (CAMFT), and the 34,000 therapists represented throughout California, we bring to the Board of Behavioral Sciences (BBS) a concerning outcome recently brought to light on racial disparities in exam performance. CAMFT is concerned about the likelihood of similar disparities in the exams utilized with California therapists regulated by the BBS.

As the BBS is likely aware, a recent report published by the Association of Social Work Boards showed major racial disparities in exam performance:[1]



[1] Association of Social Work Boards (2022). *2022 ASWB Exam Pass Rate Analysis: Final Report.* https://www.aswb.org/wp-content/uploads/2022/07/2022-ASWB-Exam-Pass-Rate-Analysis.pdf . Chart by Ben Caldwell based on ASWB data, used with permission.

The EPPP in Psychology has demonstrated similar racial disparities.[2] [3] While the California MFT Clinical Exam has not been openly tested for racial disparities in test outcomes to our knowledge, it is our understanding that all clinical exams in mental health care use similar structures and development processes. As such, it is likely that all such exams share similar disparities in outcomes.

In light of the alarming data in the ASWB report, we request the BBS consider the following:

- Place "Inequities in Clinical Exam Outcomes" on a future board agenda for open discussion, including the full ASWB report in meeting materials for Board members, and allowing detailed input from exam developers and scholars;
- Call on AMFTRB to produce exam outcome data for the National MFT Exam (currently under Board consideration for adoption), disaggregated by race and gender, to determine whether equity concerns exist;
- Call on AMFTRB and OPES to provide a detailed, public description of steps they take to minimize differential functioning of individual items, as well as the overall content and structure of their exams, on the basis of examinee demographics; and,
- Engage with outside consultants, fully independent of the Board and OPES, to objectively evaluate equity issues in the Board's clinical examination processes.

CAMFT recognizes that the BBS is understaffed at this time, and therefore a discussion of what funding the BBS would need to accomplish this important research and data-collection should be a part of the Board's discussion. CAMFT is happy to support the BBS in any advocacy for additional funding necessary to accomplish the goals requested above.

The ASWB data is deeply troubling, calling into question the overall fairness and effectiveness of clinical exams in mental health care. We appreciate the BBS's ongoing efforts to protect the public through licensure processes that are both equitable and effective.

Regards,

Cathy Atkins
Deputy Executive Director

[2] Sharpless, B. A. (2019). Are demographic variables associated with performance on the Examination for Professional Practice in Psychology (EPPP)? *The Journal of Psychology: Interdisciplinary and Applied, 153*(2), 161–172. https://doi.org/10.1080/00223980.2018.1504739
[3] Sharpless, B. A. (2021). Pass rates on the Examination for Professional Practice in Psychology (EPPP) according to demographic variables: A partial replication. *Training and Education in Professional Psychology, 15*(1), 18–22. https://doi.org/10.1037/tep0000301

Board of Behavioral Sciences
1625 N Market Blvd., Suite S-200
Sacramento, CA 95834

October 28, 2022

Dear Board Members and Staff,

This letter is in reference to the November 4, 2022, BBS Board Meeting regarding possible action on the Association of Social Work Boards (ASWB) 2022 release of exam data. The National Association of Social Workers – California Chapter (NASW-CA) is deeply concerned about the ASWB data on pass rates related to social work exams, including the ASWB Clinical Exam. The data represents glaring disparities in pass rates between white people and people of color – particularly Black test-takers in addition to gender, age, and language disparities. The harm to marginalized communities which has been reported for years is now demonstrated by data, and it is time to re-evaluate the efficacy of this exam.

NASW-CA is committed to supporting a diverse multilingual social work field, including Licensed Social Workers (LCSWs), that reflects the communities we serve, and to removing barriers that communities of color face when choosing the social work profession and clinical licensure as a career path. Barriers to obtaining an LCSW based on race, age, language, and gender present a disservice to the public and the profession as a whole. These disparities are counterproductive to the needs of communities during a time of dire workforce shortages and scarcity of resources to address the behavioral health and social needs of marginalized communities across the state.

We understand the need for the state to regulate ethics and practices involving independent clinical licensure yet believe that the current ASWB test reinforces disparities that are not congruent with social work values. We strongly urge the BBS to consider increasing evidence concerning the inefficacy of standardized testing in clinical exams and to begin important conversations about equitable pathways toward clinical licensure.

In the interim, NASW-CA proposes the following measures, and we hope to work with the BBS to actively advocate for their consideration into state and board regulations:

- Remove any reference to length of time an associate must wait to retake an exam;
- Waive fees to support re-testing;

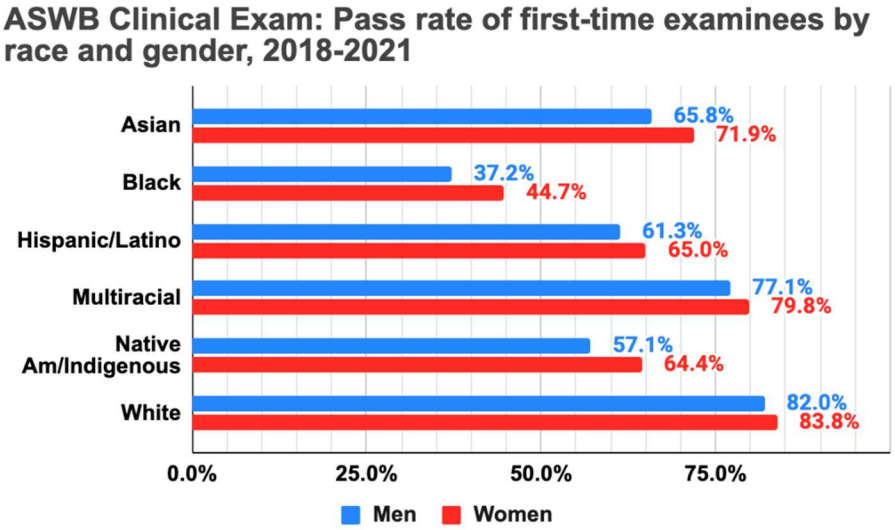
- Provide ongoing disaggregation and reporting of data from the BBS on the law and ethics exam;
- Offer free exam preparation resources for repeat test takers;
- Provide accommodations for neurodiverse professionals who may benefit from other forms of assessment for competence;
- Invest in research and pilot program opportunities to discover new methods to assess clinical competencies;
- Engage with outside consultants, fully independent of the Board and OPES, to objectively evaluate equity issues in **all** the Board's clinical examination processes for all the Board's licensees;
- Call on each exam development body (NBCC, ASWB, AMFTRB, and OPES) to provide a detailed, public description of steps they take to minimize differential functioning of individual items, as well as the overall content and structure of their exams, on the basis of examinee demographics; and
- Engage in a cost-benefit analysis weighing existing evidence of disparities in exam outcomes, and their impacts on diversity in the field, against any evidence supporting the exams' predictive validity in assessing which practitioners are safe for independent practice.

In addition, we ask that the BBS collaborate with state-level experts, such as California Association of Deans and Directors of Social Work (CAAD) and NASW-CA, to evaluate data and embrace lessons learned from other states and allied professions that have worked to transform standardized testing methods. In doing so, we wish to be bold in the ways our state can creatively address the shortages in our workforce and the need to strongly diversify the provider community to reflect those we serve - our state can serve as a model for developing equitable pathways for clinical advancement in social work.

In California, we are fortunate to live and work in richly diverse communities where communities of color are the majority. It is distressing that the composition of service providers and those in public and private leadership do not more accurately or effectively mirror our state's demographics. We must stop perpetuating harmful systems that further compound the complexities and inequities of behavioral healthcare.

We look forward to working in partnership with you to examine the overall fairness and effectiveness of clinical exams in mental health care. We appreciate the Board's ongoing efforts to protect the public through licensure processes that are both equitable and effective.

The below chart illustrates the exam disparities inherent in the ASWB exam:



BBS letter regardingA

ASWB exam.docxA

Sincerely,

Rebecca Gonzales

Rebecca Gonzales
Director of Government Relations and Political Affairs

Clinical Licensing Exams in Mental Health Care

Benjamin E. Caldwell, PsyD
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October 2022

This is a working paper and may be revised in the future. When citing or referencing this document, please include the version date listed above.

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After more than 50 years of use, there remains no evidence that clinical exams in mental health care improve the quality or safety of that care. Absent such evidence, our reliance on these exams is built on trust, from professionals, policymakers, and the public.

With ample evidence of racial disparity in exam performance, credible and longstanding criticisms that have not been adequately addressed, and potential conflicts of interest among boards serving as both exam buyers and sellers, **that trust is not deserved.**

Executive summary

This report examines the clinical exams used as a condition of licensure in the four major licensed mental health professions in the United States: Psychology, Clinical Social Work, Counseling, and Marriage and Family Therapy.

These exams utilize relatively consistent structures and development processes. Developers of these exams, and the boards that utilize them, suggest that the tests measure general professional knowledge, and are part of a process to ensure safety for independent practice. These are worthwhile intentions.

However, **in more than 50 years of use, clinical exams for mental health licensure have never been shown to possess any level of predictive validity, or even to correlate with any other measure of professional knowledge, safety, or effectiveness.** Developers have continually failed to adequately respond to substantive, long-standing criticisms of these exams' necessity, value, validation, content, and structure. Some exams present the appearance of conflicts of interest for the boards that use them.

At the same time, **clinical exams for mental health licensure have been shown to impose high costs on the professions and the public.** Clinical exams have been repeatedly shown to produce disparate outcomes on the basis of race and ethnicity. Rather than being passive recipients of existing disparities, evidence suggests that clinical exams add a unique layer of structural racism to the process of mental health licensure. Clinical exams also limit the mental health workforce by constraining licensure – a function that would make sense if there was evidence of their benefit, but without such evidence, only serves to reduce the supply and diversity of mental health care professionals available to serve the public.

Given these exams' negative impacts on supply and diversity in the mental health workforce, longstanding criticisms that have not been addressed, and the lack of substantive evidence that they benefit the professions or the public, clinical exams for mental health licensure are not supportable in their current form.

We review specific alternative processes that can meet the aim of ensuring public safety while minimizing costs. We offer additional recommendations to licensing boards and other policymakers as they weigh the important issues associated with use of these exams.

Contents

Introduction and background

Clinical exams in mental health care have been used as a condition of licensure in the US for more than 50 years, beginning in 1965 with the first iteration of the EPPP in psychology.[1] Today, these exams are generally national exams that use common development processes and similar formats. The intention of these exams, to ensure public safety through the assessment of general professional knowledge, is a good one. However, criticisms of the exams on many fronts have not been addressed.

Exam development and structure

This report focuses on clinical exams for licensure currently utilized by the four major mental health professions in the United States: Psychology, Counseling, Clinical Social Work, and Marriage and Family Therapy.[2]

- **ASWB Clinical Level Exam** (Social Work)
- **California MFT Clinical Exam** (CCE, Marriage and Family Therapy)
- **Examination for Professional Practice in Psychology** (EPPP, Psychology)
- **National Clinical Mental Health Counselor Exam** (NCMHCE, Counseling)
- **National Counselor Exam** (NCE, Counseling)
- **National MFT Exam** (Marriage and Family Therapy)

All of the exams listed here are administered and scored via computer. All exams consist exclusively of four-option, multiple choice questions, where there is a single correct answer. Exam structures are summarized in Table 1.

[1] Rehm, L. P., & DeMers, S. T. (2006). Licensure. *Clinical Psychology: Science and Practice, 13*(3), 249–253. https://doi.org/10.1111/j.1468-2850.2006.00032.x

[2] Specific license titles vary by jurisdiction. This report excludes other exams that may be conditions of licensure, such as jurisprudence exams developed and administered at the individual-jurisdiction level. This report also excludes other mental health professions licensed in some jurisdictions, such as Alcohol and Drug Counseling and Art Therapy. However, the information in this report may be useful for these and other professions utilizing clinical exams as a condition of licensure.

Table 1. Exam item counts and timing

Exam	Total Items	Scored Items[3]	Unscored Items	Time Allotted[4]
ASWB Clinical Exam	170	150	20	4 hours
California MFT Clinical Exam	170	150	20	4 hours
EPPP Part 1	225	175	50	4 hours
National MFT Exam	180	150	30	4 hours
NCE	200	160	40	3 hours, 45 minutes
NCMHCE (as of Nov. 2022)	143	100	43	3 hours, 45 minutes

ASWB Clinical Exam

The ASWB Clinical Exam is used by regulatory boards around the country as a condition of licensure as a clinical social worker. The ASWB Clinical Exam is developed by the Association of Social Work Boards (ASWB), an association made up of representatives from licensing boards around the US and Canada.

ASWB began offering licensure exams for social workers in 1983. Today, it offers exams for four levels of social work practice, ranging from a Bachelor's and Associate's Exam to the Clinical Exam.

Generally speaking, ASWB has been reluctant to release any data regarding the psychometric properties of its exams. For example, consultants for the Minnesota

[3] Exam items are not weighted differently, and examinees are not punished for incorrect answers; scores are determined by adding up their overall total of correct answers on scored items. Passing or failing an exam is determined solely by whether the examinee's total score is above or below a cutoff point set by the exam developer.
[4] All exams covered in this report provide options for individuals with recognized disabilities to receive appropriate accommodations in accordance with the Americans with Disabilities Act. The specific process for requesting such accommodations may vary by exam and by jurisdiction. Some exams in some jurisdictions also offer qualifying candidates who speak English as a second language additional time to complete their exams, and may also allow such candidates to utilize a translation dictionary.

licensing board were unable to obtain such data in 2008.[5] With no public data available, the ASWB Clinical Exam has rarely been a focus of scholarly study.[6]

In 2022, after some time of openly resisting calls for greater transparency, ASWB published an extensive report on examinee performance on all of its exams.[7] We discuss the ASWB data later in this report. Interactive tools provided as part of the ASWB report allow anyone to review Clinical Exam performance by jurisdiction, gender, race/ethnicity, primary language (English versus non-English), and attempt (first-time examinees versus overall).[8]

Beyond that report, ASWB has not routinely published examinee performance data. However, the California BBS publishes performance data for California ASWB Clinical examinees on a quarterly basis.[9] This data is broken down by attempt (first-time versus overall) and graduate program. It is not disaggregated by demographic factors.

California MFT Clinical Exam

The California MFT Clinical Exam is used in California as the clinical exam for MFT licensure. The CCE is developed by the Board of Behavioral Sciences in partnership with the state's Office of Professional Examination Services, which provides technical expertise on exam development and runs the item-writing workshops.

The Board of Behavioral Sciences publishes exam pass rate data on a quarterly basis.[10] This data is broken down by exam attempt (first-time examinees versus overall) and by graduate program. Data on examinee race, gender, or other demographic characteristics is not provided. State law prohibits the Board from mandating that examinees provide demographic data, and so at present, this data is not even gathered.[11]

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[5] Alexander, L., & Johnson, B. (2008). *Final Report on Alternative Paths to Licensure for the Minnesota Board of Social Work.* Lindsey Alexander Consulting. https://mn.gov/boards/assets/Alternative%20Paths%20to%20licensure%20executive%20summary%2008_tcm21-35666.pdf

[6] DeCarlo, M. P. (2022). Racial bias and ASWB exams: A failure of data equity. *Research on Social Work Practice, 32*(3) 255-258. https://doi.org/10.1177/10497315211055986

[7] https://www.aswb.org/wp-content/uploads/2022/07/2022-ASWB-Exam-Pass-Rate-Analysis.pdf

[8] https://www.aswb.org/exam/contributing-to-the-conversation/aswb-exam-pass-rates-by-state-province/

[9] Sodergren, S. (2022). Examinations report - August 2022. In meeting materials for the August 11-12, 2022 meeting of the California Board of Behavioral Sciences. https://www.bbs.ca.gov/pdf/agen_notice/2022/20220811_12_xiii.pdf

[10] Sodergren, S. (2022). Examinations report - August 2022. In meeting materials for the August 11-12, 2022 meeting of the California Board of Behavioral Sciences. https://www.bbs.ca.gov/pdf/agen_notice/2022/20220811_12_xiii.pdf

[11] R. Helms, personal communication, October 6, 2022.

EPPP Part 1

The EPPP is used in all US jurisdictions and multiple Canadian provinces as a condition for Psychologist licensure. It is owned and developed by the Association of State and Provincial Psychology Boards, an association made up of representatives from licensing boards around the US and Canada.[12]

In 2020, the EPPP was formally split into two parts: The EPPP Part 1 (Knowledge) and the EPPP Part 2 (Skills). While most jurisdictions solely use the EPPP Part 1, ASPPB is encouraging member boards to adopt the second exam as another condition of licensure. In those jurisdictions that use it, the EPPP Part 2 (Skills) is only available to those who have previously passed the EPPP Part 1.[13]

Several individual licensing boards have expressed reluctance to adopt the EPPP-2, citing a number of factors including its cost, necessity, and validity.[14] A review of these concerns is beyond the scope of this report, but suffice to say we share them.

ASPPB in the past has published pass rates on the EPPP broken down by graduate program,[15] but does not appear to publish such data disaggregated by examinee race, gender, or other characteristics.

National MFT Exam

The National MFT Exam is used as the clinical exam for MFT licensure in all US jurisdictions except California. California uses its own clinical licensure exam for marriage and family therapists, described above. The National MFT Exam is developed by the Association of MFT Regulatory Boards (AMFTRB), an association made up of representatives from licensing boards around the US.

Pass rates on the National MFT Exam are not published in any form by AMFTRB.

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[12] Association of State and Provincial Psychology Boards (no date). History. https://www.asppb.net/page/History
[13] Association of State and Provincial Psychology Boards (no date). EPPP Part 2 - Skills. https://www.asppb.net/page/EPPPPart2-Skills
[14] Thomas, F. C. (2019). The Examination for Professional Practice in Psychology (EPPP): What's race got to do with it? *GradPsych blog*. https://www.gradpsychblog.org/the-examination-for-professional-practice-in-psychology-eppp-whats-race-got-to-do-with-it/#.YvwoDOzMJLA
[15] Association of State and Provincial Psychology Boards (2016). *2016 Psychology Licensing Exam Scores by Doctoral Program.* https://cdn.ymaws.com/www.asppb.net/resource/resmgr/EPPP_/2016_Scores_by_Doctoral_Prog.pdf

National Counselor Exam
National Clinical Mental Health Counselor Exam

The National Clinical Mental Health Counselor Exam (NCMHCE) is used by many regulatory boards as a condition of licensure as a clinical counselor or mental health counselor. Some jurisdictions have a single, broad licensure category of "Licensed Professional Counselor" and may use the National Counselor Exam (NCE) as a condition of licensure instead. Both exams are developed by the National Board for Certified Counselors, Inc. and Affiliates (NBCC). NBCC is an independent, not-for-profit organization that describes itself primarily as a credentialing body. The NCE dates to 1983, when it was first offered as a requirement for one to become a National Certified Counselor.[16]

NBCC does not appear to routinely publish examinee performance data. However, the California BBS publishes performance data for California NCMHCE examinees on a quarterly basis.[17] This data is broken down by attempt (first-time versus overall) and graduate program. It is not disaggregated by demographic factors.

Criticism

For decades, critics of clinical exams have argued that the exams do not serve a discernible purpose, that they lack validity, and that inequities in test construction and performance were not being adequately addressed. Most of these critiques have been levied at the EPPP. This appears to be primarily because the EPPP has been around longer than the other exams, and not because the other exams have more meaningfully addressed any of these criticisms. In addition, the boards that review, select, and ultimately utilize these exams are in many cases members of licensing board associations that develop the exams, creating the appearance of conflicts of interest.

[16] National Board for Certified Counselors (2022). *National Counselor Examination (NCE) Handbook.* NBCC. Available online at https://www.nbcc.org/assets/exam/handbooks/nce.pdf

[17] Sodergren, S. (2022). Examinations report - August 2022. In meeting materials for the August 11-12, 2022 meeting of the California Board of Behavioral Sciences. https://www.bbs.ca.gov/pdf/agen_notice/2022/20220811_12_xiii.pdf

Purpose

Critics argue that clinical exams are unnecessary in mental health care. Because clinicians undergo graduate education, typically within programs that themselves are subject to strict accreditation standards, as well as additional years of supervised experience, the licensure pathway already is amply rigorous to ensure safety in practice. Substantiated ethical and legal violations in mental health care are quite rare,[18] [19] and clinical examination processes have never been shown to further reduce the rates of such violations. It remains unclear what additive value clinical exams produce in the licensing process.

Developers are often cautious in their language, asserting that their exam is only one part of an evaluative process, and that the goal of the exam is the assessment of knowledge, and not public protection more generally. As one defense put it, "the EPPP is not designed to protect the public from psychologists who may be harmful because they are cavalier or thoughtless, only from psychologists who may be harmful because of insufficient knowledge."[20] This narrower purpose rather conveniently serves to shield the EPPP and similar exams from accountability for producing, or even meaningfully correlating with, any measure of clinician safety in practice. Any criterion against which the test might be measured becomes debatable, as the minds of unsafe practitioners would need to be read to determine the particular deficiencies that led to their harmful behavior.

Validity

The EPPP has been long been criticized for its lack of predictive or criterion validity, and for ASPPB's apparent lack of interest in even asking the question. Critics of the tests for master's-level professions have raised similar arguments about test validity and utility in differentiating competent or safe professionals from incompetent or unsafe ones.[21] [22]

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[18] Lima, L. (2017). Crying Wolf: Is the public really at risk and do we really need another licensing exam? *GradPsychBlog*. https://www.gradpsychblog.org/crying-wolf-is-the-public-really-at-risk-and-do-we-really-need-another-licensing-exam/

[19] Magiste, E. J. (2020). Prevalence rates of substantiated and adjudicated ethics violations. *Journal of Social Work*, *20*(6), 751–774. https://doi.org/10.1177/1468017319837521

[20] Cornish, J. A. E., & Smith, R. D. (2009). Reflections on the EPPP: A commentary on Sharpless and Barber. *Professional Psychology: Research and Practice, 40*(4), 341–344. https://doi.org/10.1037/a0015412

[21] DeCarlo, M. P. (2022). Racial bias and ASWB exams: A failure of data equity. *Research on Social Work Practice, 32*(3) 255-258. https://doi.org/10.1177/10497315211055986

[22] Weinrach, S. G., & Thomas, K. R. (1993). The National Board for Certified Counselors: The good, the bad, and the ugly. *Journal of Counseling & Development, 72*(1), 105-109. https://doi.org/10.1002/j.1556-6676.1993.tb02286.x

ASPPB has responded by asserting that its process of establishing construct validity is sufficient,[23] and that establishing other forms of validity is irrelevant in some cases and impossible in others.[24] We return to this discussion in "Unproven Benefits" later in this report.

Inequities

Critics have argued that clinical exams produce inequitable outcomes,[25] [26] [27] [28] and that the exam review process utilized by ASWB links item-level and exam-level analysis in ways that can leave reviewers blind to actual racial bias at either level.[29] In defending its own processes, ASWB argues that "bias is less than 1%" on its exams.[30] The significant racial disparities in exam performance reviewed later in this report suggest a major failure on the part of ASWB to identify bias where it has been plainly occurring.

ASPPB, for its part, brushes off equity concerns by suggesting that graduate-program-level analysis may establish differences in graduate programs more than it establishes test-related concerns, and that the development process is sufficient to identify and remove biased items.[31] This defense neglects that race and ethnicity-based inequities have been found to exist on the EPPP at the individual examinee

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[23] Rosen, G. A., Reaves, R. P., & Hill, D. S. (1989). Reliability and validity of psychology licensing exams: Multiple roles and redundant steps in development and screening. *Professional Psychology: Research and Practice, 20*(4), 272-274. https://doi.org/10.1037/0735-7028.20.4.272

[24] Association of State and Provincial Psychology Boards (2020). *The Examination for Professional Practice in Psychology (EPPP): Frequently Asked Questions.* https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/eppp__part_2-skills__faq_s_1.pdf

[25] Bowman, N., & Ameen, E. (2018, June). Exploring differences in pass rates on the Examination for Professional Practice in Psychology. https://www.apa.org/pi/oema/resources/communique/2018/06/pass-rates

[26] Sharpless, B. A. (2019). Are demographic variables associated with performance on the Examination for Professional Practice in Psychology (EPPP)? *The Journal of Psychology: Interdisciplinary and Applied, 153*(2), 161–172. https://doi.org/10.1080/00223980.2018.1504739

[27] Sharpless, B. A. (2021). Pass rates on the Examination for Professional Practice in Psychology (EPPP) according to demographic variables: A partial replication. *Training and Education in Professional Psychology, 15*(1), 18–22. https://doi.org/10.1037/tep0000301

[28] Sharpless, B. A., & Barber, J. P. (2013). Predictors of program performance on the Examination for Professional Practice in Psychology (EPPP). *Professional Psychology: Research and Practice, 44*, 208-217. http://dx.doi.org/10.1037/a0031689

[29] DeCarlo, M. P. (2022). Racial bias and ASWB exams: A failure of data equity. *Research on Social Work Practice, 32*(3) 255-258. https://doi.org/10.1177/10497315211055986

[30] Marson, S. M., DeAngelis, D., & Mittal, N. (2010). The Association of Social Work Boards' Licensure Examinations: A Review of Reliability and Validity Processes. *Research on Social Work Practice*, *20*(1), 87-99. https://doi.org/10.1177/1049731509347858 (the direct quote appears at p. 96)

[31] Association of State and Provincial Psychology Boards (2020). *The Examination for Professional Practice in Psychology (EPPP): Frequently Asked Questions.* https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/eppp__part_2-skills__faq_s_1.pdf

level.[32] According to one report, ASPPB did not even gather examinee demographic data on the EPPP until 2019, and only then did they begin to evaluate whether individual exam items might be performing differentially based on demographic factors.[33]

Developers may also suggest that their exams are simply passive recipients of pre-existing disparities in therapist training. In this conceptualization, exams may *reflect* structural racism in the field, but are innocent of *contributing to* it. However, given that racial disparities in graduate admissions,[34] [35] graduate program completion,[36] [37] and supervised experience[38] would have disproportionately eliminated licensure candidates of color at earlier stages, the candidates skilled enough to remain in the professional pipeline after these components should be those *best* equipped to succeed on a license exam. That white examinees would have a pass rate that is nearly double that of Black examinees, as is known to be the case with the ASWB Clinical Exam and may well be the case on others, is strong evidence that clinical exams add their own unique layer of structural racism to the process of therapist licensure.

Evidence from other fields supports the notion that the languaging of exam items may unintentionally advantage white examinees. In physical therapy, attuning exam item language to the culture of the examinee produced meaningful improvement in exam performance, separate from the underlying knowledge being tested. Further, this analysis determined that language attunement was particularly impactful for Black

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[32] Sharpless, B. A. (2021). Pass rates on the Examination for Professional Practice in Psychology (EPPP) according to demographic variables: A partial replication. *Training and Education in Professional Psychology, 15*(1), 18–22. https://doi.org/10.1037/tep0000301

[33] Macura, Z., & Ameen, E. J. (2021). Factors associated with passing the EPPP on first attempt: Findings from a mixed methods survey of recent test takers. *Training and Education in Professional Psychology, 15*(1), 23-32. https://doi.org/10.1037/tep0000316

[34] Callahan, J. L., Smotherman, J. M., Dziurzynski, K. E., Love, P. K., Kilmer, E. D., Niemann, Y. F., & Ruggero, C. J. (2018). Diversity in the professional psychology training-to-workforce pipeline: Results from doctoral psychology student population data. *Training and Education in Professional Psychology, 12*(4), 273-285. https://doi.org/10.1037/tep0000203

[35] Woo, S. E., LeBreton, J. M., Keith, M. G., & Tay, L. (2022). Bias, fairness, and validity in graduate-school admissions: A psychometric perspective. *Perspectives on Psychological Science,* online early access. https://doi.org/10.1177/17456916211055374

[36] Callahan, J. L., Smotherman, J. M., Dziurzynski, K. E., Love, P. K., Kilmer, E. D., Niemann, Y. F., & Ruggero, C. J. (2018). Diversity in the professional psychology training-to-workforce pipeline: Results from doctoral psychology student population data. *Training and Education in Professional Psychology, 12*(4), 273-285. https://doi.org/10.1037/tep0000203

[37] Maton, K. I., Kohout, J. L., Wicherski, M., Leary, G. E., & Vinokurov, A. (2006). Minority students of color and the psychology graduate pipeline: Disquieting and encouraging trends, 1989-2003. *American Psychologist, 61*(2), 117-131. https://doi.org/10.1037/0003-066X.61.2.117

[38] O'Connor, S. T. (2010). *Why don't they get licensed? Investigating success in the California clinical social worker and marriage and family therapist licensing process.* Master's thesis, California State University Sacramento.

examinees.[39] This is just one part of a relatively large and robust body of literature demonstrating that multiple-choice exams in health care and education appear to differentiate examinees largely on the basis of English language reading proficiency rather than on the basis of underlying knowledge or skill relative to the profession.[40]

Conflicts of interest

In many cases, mental health licensing boards are active members of the associations that develop and sell the exams.[41] This can make the board, in effect, both the buyer and the seller of the exam. It is little wonder that some examinees perceive the testing process as unfair, invalid, or inadequate.[42] The boards that utilize these exams appear to have direct financial incentives to maximize the exams' usage while minimizing their accountability.

Boards that are members of exam development organizations must face the significant conflicts of interests their roles appear to present. Boards that are directly and financially involved in the development of license exams for the professions they regulate logically have reduced incentives to critically evaluate the exam processes that their own organization had a hand in developing. Boards' roles in associations that develop exams, and rely on these exams for revenue, make it appear less likely that they would demand that testing is valid, equitable, transparent, and accountable, or take steps to abandon an exam even when the exam is known to be problematic.

[39] Housel, N., Barredo, R., Edmondson, E., Raynes, E., Kunnu, E. (2011). Social Justice for multiple choice examinations: Development of a diagnostic tool to detect student problems with language variation. *The Journal of Interdisciplinary Education, 10*(1), 92-107.
[40] Angrist, J. D., & Guryan, J. (2008). Does teacher testing raise teacher quality? Evidence from state certification requirements. *Economics of Education Review, 27*(5), 483-503. https://doi.org/10.1016/j.econedurev.2007.03.002
[41] This is true of the EPPP, which is developed by an association of psychology licensing boards; the ASWB Clinical Exam, which is developed by an association of social work boards; and the National MFT Exam, which is developed by an association of marriage and family therapy boards. The California MFT Clinical Exam is developed by the California licensing board in collaboration with the state's Office of Professional Examination Services.
[42] Ryan, A. M., & Chan, D. (1999). Perceptions of the EPPP: How do licensure candidates view the process? *Professional Psychology: Research and Practice, 30*(5), 519-530. https://doi.org/10.1037/0735-7028.30.5.519

Costs and harms

Clinical exams do active harm to the adequacy and diversity of the mental health workforce. In the absence of a corresponding benefit, clinical exams artificially limit who is able to serve the public as a licensed mental health professional. Exams also pose significant financial burdens for many candidates for licensure.

Adequacy of the mental health workforce

The United States has, for many years, been experiencing a severe workforce shortage in mental health care.[43] This is particularly true in the wake of the COVID-19 pandemic, as demand for mental health services has spiked, with particular increases in demand for child and adolescent populations.[44] Even for those who have health insurance that covers mental health and substance abuse treatment, it can be difficult to actually access that care.[45] When mental health clinicians went on strike in Northern California in the summer of 2022, the dispute did not center around pay; the striking workers were demanding that their employer hire more therapists to better meet consumer demand for mental health services within their network.[46]

Clinical exams contribute to this lack of available and qualified mental health practitioners. Each qualified professional who is unable to become licensed because of the clinical exam process is one less licensed professional able to serve the public. This would be acceptable if there were evidence that clinical exams differentiate safe practitioners from unsafe ones, but no evidence exists to support this conclusion. Clinical exams serve as a barrier to licensure and nothing more, artificially constraining the supply of clinicians and making care harder to receive for the public.

[43] Garfield, R. L., Zuvekas, S. H., Lave, J. R., & Donohue, J. M. (2011). The impact of national health care reform on adults with severe mental disorders. *American Journal of Psychiatry*, *168*(5), 486-494. https://doi.org/10.1176/appi.ajp.2010.10060792

[44] Palinkas, L. A., De Leon, J., Salinas, E., Chu, S., Hunter, K., Marshall, T. M., Tadehara, E., Strnad, C. M., Purtle, J., Horwitz, S. M., McKay, M. M., & Hoagwood, K. E. (2021). Impact of the COVID-19 pandemic on child and adolescent mental health policy and practice implementation. *International Journal of Environmental Research and Public Health*, *18*(18), 9622. https://doi.org/10.3390/ijerph18189622

[45] Alcalá, H. E., Roby, D. H., Grande, D. T., McKenna, R. M., & Ortega, A. N. (2018). Insurance type and access to health care providers and appointments under the Affordable Care Act. *Medical Care*, *56*(2), 186-192. https://doi.org/10.1097/MLR.0000000000000855

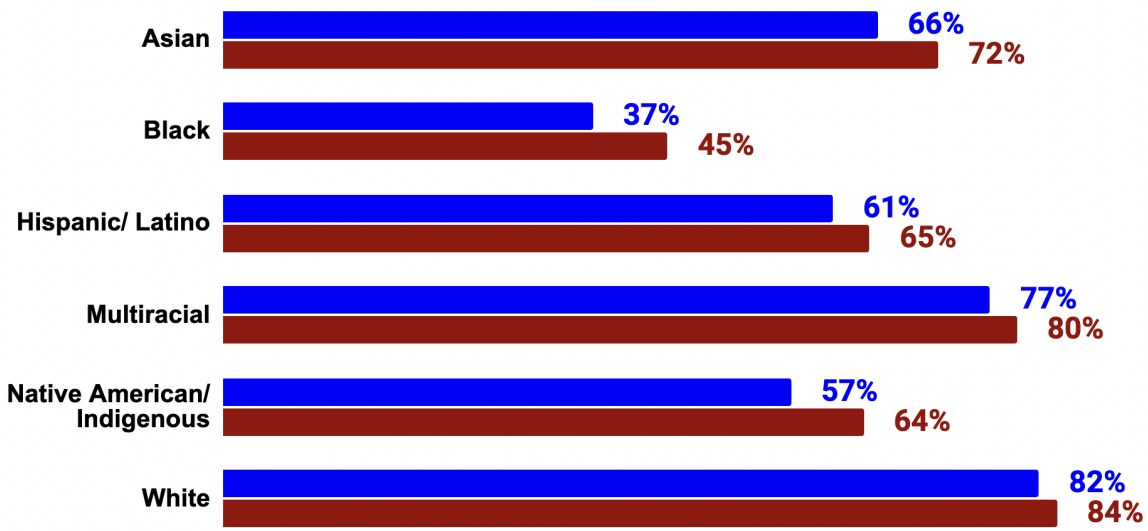
[46] Bindman, A. (2022 August 15). 'Harmful' Kaiser Permanente practices lead to therapist strike in Bay Area, NorCal. *SFGATE*. https://www.sfgate.com/news/article/kaiser-permanente-strike-bay-area-17370456.php

ASWB reports that up to 12% of examinees on the ASWB Clinical Exam never pass it.[47] If other clinical exams perform similarly, this means that approximately one in eight of those who complete graduate degrees and thousands of required hours of supervised experience in mental health care are unable to get licensed solely because they cannot pass their clinical exam.

Diversity of the mental health workforce

Across professions, license exams have been shown to have the effect of reducing diversity in the workforce, without a corresponding benefit to public safety or professional performance.[48] Studies of the EPPP have repeatedly shown racial disparities in performance on that exam. In its 2022 report, ASWB acknowledged for the first time that severe racial disparities exist in ASWB Clinical Exam performance. Performance by racial group is summarized in Table 2.

Table 2. ASWB Clinical Exam pass rates by race/ethnicity and gender, first-time examinees, 2018-2021[49]



In each racial/ethnic group, the top (blue) bar represents examinees who identified as men; the bottom (red) bar represents examinees who identified as women. Data for other gender identities was not provided.

[47] Association of Social Work Boards (2022). *Contributing to the Conversation: 2022 ASWB Exam Pass Rate Analysis.* https://www.aswb.org/exam/contributing-to-the-conversation/
[48] Angrist, J. D., & Guryan, J. (2008). Does teacher testing raise teacher quality? Evidence from state certification requirements. *Economics of Education Review, 27*(5), 483-503. https://doi.org/10.1016/j.econedurev.2007.03.002
[49] Association of Social Work Boards (2022). 2022 ASWB Exam Pass Rate Analysis: Final Report. https://www.aswb.org/wp-content/uploads/2022/07/2022-ASWB-Exam-Pass-Rate-Analysis.pdf

We believe similar racial disparities will be found with MFT and counseling exams, if and when those development organizations are willing to publish disaggregated performance data. It is unclear at this time whether AMFTRB and NBCC even collect demographic data as part of the exam process. If so, they do not publish it.

Financial costs

Examinees pay for each attempt at a clinical exam. The ASWB Clinical Exam costs each examinee $260 per exam attempt. The EPPP Part 1 costs $600, the NCMHCE and NCE each cost $275, the National MFT Exam costs $365, and the California MFT Clinical Exam costs $250.

In addition to the actual cost of attempting the test, many examinees find it necessary to purchase prep materials and programs. These can cost several hundred dollars or more; one EPPP prep program costs more than $1,600.

Considering the number of exam attempts for each exam during a typical calendar year, and conservatively estimating that the average examinee spends another $200 on study materials per attempt, we crudely estimate that the clinical exam process directly costs examinees more than $16 million per year. These exam-related costs present a significant expense, and a significant hardship, for many individual examinees.

In addition, the organizations that develop the exams spend additional money on those development processes, and contract with exam administration companies (those that run the test centers where tests are actually administered) to provide seats for the exams. ASWB, for example, notes that more than 50% of its annual budget as an organization is devoted to its licensing exam programs.[50] Considering the exam programs of the ASPPB, NBCC, AMFTRB, and California BBS, we believe it safe to assume that total development and maintenance costs for clinical license exams in mental health care are at least $10 million each year, and likely to be significantly more. Ultimately, these costs are covered through direct payments from examinees as noted above, and through payments by state boards to exam development organizations – where those payments are drawn from the licensing and renewal fees charged to mental health professionals.

[50] Association of Social Work Boards (2021). *Manual for New Board Members.* https://www.aswb.org/wp-content/uploads/2021/02/Your-Association-2021.pdf

Unproven benefits

In introducing a special issue on licensing exams, Peggy Valentine, the editor of *Journal of Best Practices in Health Professions Diversity: Education, Research & Policy,* wrote, "Few would argue against licensure examinations and the importance of safeguarding the public against unsafe health practitioners."[51] In mental health care, however, **no evidence exists to support the notion that licensing exams in any way support the important task of protecting the public from unsafe practitioners.**

Developers and licensing boards typically cite one or more of the following reasons for utilizing clinical exams for mental health licensure:

- They provide an objective standard that examinees can be evaluated against
- They evaluate the general professional knowledge of the examinee
- They evaluate the examinee's preparedness for independent practice – that is, their safety to the public

For exam developers and the boards that work with them, these benefits may be self-evident. In fact, many licensing boards don't explain *in any way* to examinees or to the public why they make use of clinical exams for licensure. The exams are simply presumed to be necessary and effective, without any need for justification.

However, clinical exams for mental health licensure have never established that they actually accomplish any of the purposes above. The supposed benefits of clinical exams for mental health licensure are not only unproven, but largely untested, even after more than 50 years of use.

An objective evaluation

Under a four-option, multiple choice structure, it is reasonable to conclude that an exam is "objective" insofar as all examinees are tested under similar conditions, on a similar scope of knowledge, with equivalent passing score thresholds. Developers report using robust processes to equate different versions of the same exam.

[51] Valentine, P. (2018). Overcoming the Challenges that Licensure Examinations Place on Diversity. *Journal of Best Practices in Health Professions Diversity*, *11*(1), iii-iv. https://www.jstor.org/stable/26554285

However, "objective" in this context should not be confused with "fair" or "equitable." **A timed, four-option, multiple-choice approach is a specific method for defining and evaluating knowledge. Throughout professional education, this approach has been derided for testing knowledge without context, assessing recognition of granular pieces of information rather than the actual development or application of solutions to the kinds of problems that health professionals encounter in practice.[52] In other words, such tests may reward trivial memorization rather than sophisticated understanding.**

This structural issue could play a significant role in producing the kinds of racial disparities presented by the EPPP and ASWB Clinical Exam. **It is not accurate to say that a test is "objective" if it structurally advantages one demographic group over another for reasons unrelated to the construct being assessed.** But that is precisely what research on clinical license exams in mental health suggests these tests do.

Researchers have correlated EPPP results with traditional academic achievement in a number of ways. EPPP results by program are known to correlate with GRE scores, degree type (PhD versus PsyD), and other indicators of academic strength.[53] [54] Similarly, performance on the California MFT Clinical Exam has been shown to correlate with graduate program accreditation.[55] Notably, these academic factors themselves are not known to be substantial predictors of any other future behaviors outside of an academic context.

Other forms of assessment may be more effective at evaluating one's actual professional knowledge or safety for independent practice without producing structural disadvantages for examinees of color. While developers report meaningful processes for assessing cultural bias or other structural concerns in exam content on an individual-item level, we were unable to locate any evidence to suggest that any of the exam developers referenced in this paper have taken steps to meaningfully assess whether the *overall* content or structure of their exams provides advantages to specific demographic groups.

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[52] Elstein, A. S. (1993). Beyond multiple-choice questions and essays: The need for a new way to assess clinical competence. *Academic Medicine, 68*(4), 244-249. https://doi.org/10.1097/00001888-199304000-00002
[53] Sharpless, B. A., & Barber, J. P. (2013). Predictors of program performance on the examination for professional practice in psychology (EPPP). *Professional Psychology: Research and Practice, 44*(4), 208-217. https://doi.org/10.1037/a0031689
[54] Templer, D. I., & Tomeo, M. E. (1998). The Examination for Professional Practice in Psychology: Clerical errors but inferences unchanged. *Psychological Science, 9*(3), 241-242. https://doi.org/10.1111/1467-9280.00048
[55] Caldwell, B. E., Kunker, S. A., Brown, S. W. and Saiki, D. Y. (2011), COAMFTE Accreditation and California MFT Licensing Exam Success. *Journal of Marital and Family Therapy, 37*(4), 468-478. https://doi.org/10.1111/j.1752-0606.2011.00240.x

In other words, **minimal efforts appear to have even been made to assess whether these exams are structurally unsound.** The ASWB report, and existing evidence on the EPPP, suggests they are likely not truly "objective." They provide advantages for some, and disadvantages for others, separate from examinees' actual professional knowledge.

General professional knowledge

What is it that clinical exams actually assess? What is the fundamental construct that clinical exams are evaluating, and how well does it align with clinical practice?

The time constraint and forced independent performance on clinical exams plainly do not reflect actual clinical practice, where the overwhelming majority of clinical decisions can be made with the benefit of consultation, review of external resources, and asking follow-up questions of the client.

Indeed, these very steps often serve to protect the safety of the client and others from the kind of impulsive, inaccurate decision-making that the clinical exam format may lead examinees into – only to then have the same exam suggest that the examinee's response choices suggest that the practitioner is unsafe for practice.

Exam developers argue that when it comes to establishing the validity of their exams, establishing construct validity is sufficient, and that they do so through the exam development process. However, both this process and the construct it aims to capture are deserving of skepticism.

Developers describe their clinical exams as assessing an examinee's general knowledge of their profession, at a level of someone beginning independent practice.[56] "General professional knowledge," in this context, is circularly defined: Exam developers determine what constitutes general professional knowledge, and therefore they conclude that the exam they have developed evaluates general professional knowledge. Review committees and/or statisticians typically set the passing score threshold; developers do not seek to produce evidence of concurrent validity with any other

[56] Association of State and Provincial Psychology Boards (2020). *The Examination for Professional Practice in Psychology (EPPP): Frequently Asked Questions.* https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/eppp__part_2-skills__faq_s_1.pdf

measures of professional knowledge or performance.[57] As part of dismissing any need for criterion validity, ASPPB suggests that no other measure could possibly be as useful or accurate as its own process.[58]

As far back as 1977, a member of the ASPPB executive committee acknowledged that "numerous factors are undoubtedly operative" in exam performance, with knowledge being just one of them.[59] This raises questions about what exactly is being measured, and the degree to which the effectiveness of that measurement is impaired by confounding variables. Since the exams involve responding to written items, rather than interacting with people as clinicians do in practice, written English language comprehension is almost certainly a key factor.[60] Test-taking skill also plays a key role in multiple choice exams across disciplines, explaining the popularity and perceived necessity of exam prep programs.[61] One study suggests that test-taking anxiety may also play an important role.[62]

Related to the development process, the limited information publicly available about clinical exam development processes raises a number of additional questions about whether, and how, these exams effectively measure "knowledge of the profession" as a singular and useful construct. Absent external accountability, developers rely on trust from professionals, policymakers, and the public, and brush aside self-evident concerns about whether the development process is minimally effective:

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[57] For example: Loesch, L. C., & Vacc, N. A. (1994), Setting minimum criterion scores for the National Counselor Examination. *Journal of Counseling & Development, 73*(2), 211-214. https://doi.org/10.1002/j.1556-6676.1994.tb01738.x

[58] Association of State and Provincial Psychology Boards (2020). *The Examination for Professional Practice in Psychology (EPPP): Frequently Asked Questions.* https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/eppp__part_2-skills__faq_s_1.pdf

[59] Hess, H. F. (1977). Entry requirements for professional practice of psychology. *American Psychologist, 32*(5), 365-368. https://doi.org/10.1037/0003-066X.32.5.365 (the direct quote appears at p. 367)

[60] Studies of licensing exams in nursing, teaching, and medicine suggest a key role of English language reading comprehension in the exam process.

[61] Chittooran, M. M., & Miles, D. D. (2001). Test-taking skills for multiple-choice formats: Implications for school psychologists. Paper presented at the Annual Conference of the National Association of School Psychologists, Washington DC, April 2001.

[62] Carr, A. M. (2016). An exploratory study of test anxiety as it relates to the national clinical mental health counseling examination (Order No. 10144677). Available from ProQuest Dissertations & Theses Global. (1811938716). https://wi.idm.oclc.org/login?url=https://www.proquest.com/dissertations-theses/exploratory-study-test-anxiety-as-relates/docview/1811938716/se-2

- The **occupational analysis survey** may fail to capture key elements of practice, may emphasize some non-critical areas of practice at the expense of adequately covering critical areas, and may not address potential issues of response bias
- The **subject matter experts** who make sense of the job analysis and who are involved in item development may not reflect the diversity of roles and functions in the profession, may not represent diverse demographic groups, and may not be able to recognize items likely to result in differential performance by race or other demographic factors, a reality tacitly acknowledged by ASWB's public commitment to "bring more voices" into the process[63]
- Exam developers do not make their **benchmarks for adequate performance**, either on an item level or on a complete exam level, publicly available, which may result in problematic items or exam versions being utilized without the knowledge of examinees or licensing boards
- Developers have not established how **passing score cutoffs** reflect a minimum standard of public safety for independent practice

An examinee could provide incorrect responses on *all items related to legal and ethical compliance*, and still pass their exam.

To the final point, while exams are sometimes framed as establishing safety for independent practice (or at least as one component of a process to establish that safety), the content outlines for all of the clinical exams covered in this report suggest that **an examinee could provide incorrect responses on *all items related to legal and ethical compliance,* and still pass their exam** by obtaining high enough scores in other content areas. On some exams, examinees could *also* answer every question related to crisis assessment and response incorrectly, and still pass with high enough scores in other content areas. Legal and ethical compliance, and crisis response, are the categories that would appear to be most directly connected with client safety. **This undercuts any argument that general professional knowledge, as assessed through clinical licensing exams, could even reasonably be expected to correlate with current or potential future safety in practice.**

[63] Association of Social Work Boards (2022). Exams for the future of social work. https://www.aswb.org/exam/exams-for-the-future-of-social-work/

The exam development process also should "weed out" items that rely on culture-specific knowledge, include racial microaggression, or are likely to produce disparate outcomes based on demographic factors. It likely fails to do so. Research has shown that reviewers are frequently unable to accurately identify items that present such risks,[64] and procedures for statistically flagging individual items may miss cases of racial bias due to the structure of the statistical analysis.[65] Researchers suggested that a recent practice exam produced by ASWB includes multiple instances of racial microaggressions.[66]

Safety for independent practice

Licensing boards are fundamentally tasked with protecting the public from unethical or incompetent practitioners. Since clinical exams typically are completed only after a candidate for licensure has completed all other licensure requirements, licensing boards may view clinical exams as something of a final assurance of examinees' safety for independent practice.

In more than 50 years of utilization, dating back to the first psychologist testing in 1965, no study – not one – has demonstrated that any clinical licensing exam in mental health care possesses predictive validity *for any factor,* including safe practice.

Exam developers argue that predictive validity is irrelevant, and in any case impossible to determine.[67] We find these arguments lacking. **If a clinical exam does not effectively differentiate practitioners who *will be* safe in independent practice from those who *will not be,* then it serves no public protection purpose, and boards should immediately discard it as an expensive triviality.** Predictive validity could have been evaluated at many points in the implementation of such exams (such as by comparing states with earlier exam implementation against states with later implementation).

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[64] Engelhard, G. Jr., Hansche, L., & Rutledge, K. E. (1989). *Accuracy of bias review judges in identifying differential item functioning on teacher certification tests.* Paper presented at the Annual Meeting of the American Educational Research Association, San Francisco, CA, March 27-31, 1989.

[65] DeCarlo, M. P. (2022). Racial bias and ASWB exams: A failure of data equity. *Research on Social Work Practice, 32*(3) 255-258. https://doi.org/10.1177/10497315211055986

[66] Castex, G., Senreich, E., Phillips, N. K., Miller, C. M., & Mazza, C. (2019). Microaggressions and racial privilege within the social work profession: The social work licensing examinations. *Journal of Ethnic & Cultural Diversity in Social Work: Innovation in Theory, Research & Practice, 28*(2), 211-228.

[67] Association of State and Provincial Psychology Boards (no date). EPPP myths versus reality. https://www.asppb.net/page/MythsvsReality
Association of State and Provincial Psychology Boards (2020). *The Examination for Professional Practice in Psychology (EPPP): Frequently Asked Questions.* https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/eppp__part_2-skills__faq_s_1.pdf

Predictive validity still can be evaluated today, through the use of data on consumer complaints, malpractice lawsuits, disciplinary actions, or even surveys of professional behaviors. As those who fail the exam are typically allowed to continue practicing under supervision, ASPPB's argument that it would be impossible to compare the behavior of those who fail their exams against those who pass their exams is simply factually incorrect.

Ultimately, there is no evidence to suggest that current clinical exams in mental health care measure anything useful beyond performance on the test itself. There is no evidence that they measure, predict, or correlate with safety in independent practice, or any other variable related to behavior in practice. Exam developers have expressed little interest in evaluating whether their exams, at a fundamental level, achieve the things they are intended and expected to achieve. Instead they insist that the process does not need further evidence in support – that it works because they say it does.

Alternative processes

Licensing boards understandably seek to protect the public from unsafe mental health practice. There is no evidence to support the notion that current clinical licensing exams in mental health care actually serve this purpose, while there is evidence that current processes are harmful to the public. How can licensing boards best meet their public protection missions through the licensure process?

Available options include and are not limited to the following, presented roughly in the order of most to least apparent immediate applicability.

- No examination
- Secondary pathway
- Performance-based licensure
- Outcomes-based assessment
- Objective Structured Clinical Evaluations (OSCEs)

No examination

Given the existing evidence, boards would be well-served to consider the option of not using clinical licensing exams at all. As clinical exams exact significant costs on the professional mental health workforce, *without evidence of any corresponding benefit,* it would appear that the exams could be discarded without negative impacts on public safety – and with immediate *positive* impact, on both the availability of licensed mental health care for the public and the diversity of the mental health workforce.

Current exam processes have no established value when it comes to actual public protection, and as noted above, legal and ethical violations are relatively rare. Where they do occur among licensees, by definition the clinical exam process did not serve to prevent them. Robust graduate training processes and supervised experience requirements protect public safety; clinical exams have not provided any evidence to suggest they do the same. They are a barrier to licensure that hinders public access to a diverse and adequate mental health workforce.

When Illinois removed its license exam for bachelor's level social workers in 2022, it resulted in an immediate increase in the number of social workers achieving licensure. Existing exam data suggests that removing the exam also likely resulted in an immediate improvement to the diversity of the social work profession in the state.[68]

Professionals and policymakers should not fear that removal of a clinical exam will result in an unchecked and ongoing increase in those entering the mental health professions. The beginning of the career pipeline remains constrained by graduate admissions, financial considerations, and a number of other factors. Instead, such a policy change would simply release those currently caught at the end of the pipeline – those (disproportionately non-white) clinicians who have pushed through every other barrier and requirement to licensure, only to be stuck in the clinical exam process. Allowing these candidates into licensed practice would likely serve the public interest and public safety by improving access to qualified mental health care. Any argument that, from a public safety perspective, requiring a clinical exam is superior to not requiring a clinical exam rests on the assumption that clinical exams are valid and equitable – an assumption that, as we have detailed here, lacks evidentiary support.

Secondary pathway

Though it does not appear to still be in use, Texas for several years offered an alternative pathway to licensure for social workers who had completed other license requirements but were unable to pass their exam. This program, known as the Alternative Method of Examining Competency, allowed candidates with marginal exam scores to receive a provisional license that allowed them to work as a licensee for up to two years, while demonstrating to a supervisor and (through a portfolio) to the board that they were competent to do so. This process was considered successful and non-controversial because only a small proportion of license applicants were eligible, and the demands to achieve full licensure through the alternative pathway were both rigorous and directly tied to the demonstration of social work skills in practice.[69]

[68] National Association of Social Workers, Illinois Chapter (2022 August 6). ASWB First-Time Pass Results Released: This Is Not Ok. https://www.naswil.org/amp/aswb-first-time-pass-results-released-this-is-not-ok

[69] Alexander, L., & Johnson, B. (2008). *Final Report on Alternative Paths to Licensure for the Minnesota Board of Social Work.* Lindsey Alexander Consulting. https://mn.gov/boards/assets/Alternative%20Paths%20to%20licensure%20executive%20summary%2008_tcm21-35666.pdf

Performance-based licensure

Performance-based licensure is currently being piloted in education, where, as in mental health care, licensing exams are known to limit the available workforce with no evidence of a corresponding benefit in teacher effectiveness or safety. The Mississippi Department of Education engaged in a pilot program to replace standardized teacher testing with performance-based licensure in an effort to improve teacher diversity and recruitment in the midst of a teacher shortage.[70]

One goal of performance-based licensure is to remove complexity in evaluation. Often, knowledge that is considered to be relevant to the achievement of particular professional tasks or goals is assumed to be indicative of the individual's ability to achieve those tasks or goals. But such assumptions are often unproven, relying simply on the consensus of trainers in the field. When put to the test, as it has been in education, exams show little correlation with teaching effectiveness.[71]

In performance-based licensure, professionals are granted a license on what can be considered a provisional or probationary basis. If outcome data (in the case of the Mississippi pilot, student achievement and evaluation data) suggests that they are performing effectively, and there are no reports of unprofessional conduct, then they automatically achieve full licensure.

There are many ways of conducting outcome- or performance-based assessment in licensure processes in health care.[72] A portfolio-based approach using multiple rounds of feedback, developed for educational evaluation in mental health care,[73] would likely not be scalable on the level necessary for licensing. However, more efficient processes could allow provisional licenses to automatically progress to full licensure if (for example) the candidate demonstrates clinical competence in a manner satisfactory to the board and avoids consumer or supervisor reports of unprofessional conduct.

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[70] Van Cleve, C. (2021). Performance-based licensure: Increasing teacher diversity and effectiveness with licensure exam alternatives. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 82*(5-A), 2021.
[71] Buddin, R., & Zamarro, G. (2008). *Teacher Quality, Teacher Licensure Tests, and Student Achievement.* RAND Corporation.
[72] Harrison, R., & Mitchell, L. (2006). Using outcomes-based methodology for the education, training and assessment of competence of healthcare professionals. *Medical Teacher, 28*(2), 165-170. https://doi.org/10.1080/01421590500271308
[73] Levitt, D. H., & Janks, F. A. (2012). Outcome-Based Assessment in Counselor Education: A Proposed Model for New Standards. *Counseling Outcome Research and Evaluation, 3*(2), 92–103. https://doi.org/10.1177/2150137812452559

Objective Structured Clinical Examinations (OSCEs)

Objective Structured Clinical Examinations attempt to simulate actual mental health care encounters through the use of trained actors. These actors provide standardized client presentations to examinees, and respond to examinee questions and hypotheses in consistent ways to ensure objectivity. Examinees are evaluated on the basis of their performance of defined tasks and skills during the encounter. OSCEs are understood to be summative evaluations of competence, and are widely used in medical training. They have also been adapted to the evaluation of mental health professionals.[74]

OSCEs are resource-intensive, requiring an actor and an evaluator to be present in each exam attempt. To improve reliability, they can be administered via computer simulation.[75] Over the long term, the need for human grading may be obviated through artificial intelligence.

[74] Miller, J. K. (2010). Competency-based training: Objective Structured Clinical Exams (OSCE) in marital and family therapy. *Journal of Marital and Family Therapy, 36*(3), 320-332. https://doi.org/10.1111/j.1752-0606.2009.00143.x
[75] Ryall, T., Judd, B. K., & Gordon, C. J. (2016). Simulation-based assessments in health professional education: A systematic review. *Journal of Multidisciplinary Healthcare, 9*, 69-82.

Recommendations

Weighing the decades-long lack of supporting evidence for clinical licensing exams in mental health care against the replicated, peer-reviewed, convincing evidence of major inequities in the testing process on the basis of race/ethnicity, we conclude that the status quo cannot hold.

We offer the following recommendations to state licensing boards, exam developers, and other stakeholders in the mental health licensing process.

1. **All exam developers must gather, publish, and be accountable for exam performance data disaggregated by race/ethnicity and gender.**

   As the recent ASWB report has illustrated, this is a vital component of transparency and accountability for equity in the testing process. Equity concerns in multiple-choice tests for mental health licensure cannot be ignored. Boards and developers cannot adequately address equity issues to which they are willfully blind.

2. **Boards must actively weigh the so-far-nonexistent evidence of clinical exams' benefits against the clear evidence of harm these exams do to professional diversity and mental health care access.**

   Alternative options such as performance-based licensure can be deployed at scale and do not appear to add a layer of structural racism to the licensing process, as current clinical exams appear to do. Boards should strongly consider using no clinical exam at all, given the current evidence.

3. **As a prerequisite to utilization, boards must demand that *any* process of evaluating candidates for licensure produce evidence to support that it is equitable and possesses predictive validity.**

   An evaluation for licensure that lacks predictive validity does not protect the public. One that lacks predictive validity while producing inequitable outcomes is indefensible.