Clinical social workers are the largest licensed group of independent mental health psychotherapists in the country with over 315,000 LCSWs (Licensed Clinical Social Workers, see: https://www.clinicalsocialworkassociation.org/Announcements). All licensed clinical social workers must have a Master of Social Work degree; complete two-three years of supervised clinical practice experience; and subsequently pass the national clinical social work examination to become licensed in a given state and be qualified to practice independently. The importance of the national examination cannot be overestimated in terms of reaching independent mental health practice, which includes being able to assess and diagnose, provide treatment, and to bill 3rd party payors for psychotherapy services. Nonetheless, there has been some controversy about the use of the clinical examination in its current form.

The clinical examination was created in 1950 by the Association of Social Work Boards (ASWB, formerly AASWB); thereafter, states gradually began adopting clinical social work licensure which included requiring a clinical examination; all states had clinical social work licensure by 2004. Problems arose as states developed varying standards for supervised
practice. Educational standards shifted as well once schools of social work began offering online Master of Social Work programs. As a result of these disparate standards, reciprocity across states became more difficult. The 51 US jurisdictions created licensure laws and boards of social work with their own standards and rules. Nonetheless, the one constant for clinical social workers was the clinical examination, which was used nationally.

In July of 2022, ASWB issued a report about the pass rates for the clinical examination (and the other three levels of national examination) based on data from 2011-2021. The demographic data in this report was disturbing. See this data here: 2022 ASWB Exam Pass Rate Analysis for Social Work Licensing Exams. The data in these reports revealed significant demographic disparities in the ASWB exam pass rates by race, age, gender and whether English is a second language.

The reaction to this report has been swift and raucous. Clinical social workers have reacted with widespread condemnation of ASWB for withholding information about the pass rates and/or for appearing to be indifferent to the way that the clinical exam has yielded these disparate pass rates for BIPOC, older clinical social workers and those for whom English is a second language. Many of those who condemn the clinical examination disparities have called for the elimination of the examination. The Clinical Social Work Association (CSWA) does not agree with this position wholeheartedly. Having a national examination is essential to being a recognized mental health profession and eliminating it would undermine the recognition of clinical social work as an established and credentialed profession.

ASWB seems to have responded to the criticisms of the clinical examination pass rates and has issued a statement addressing their intent to improve the examination so that pass rates are more at parity across all groups. Their remarks are summarized here:

• “Continuing to evaluate all aspects of the licensing exam development process, beginning with an in-depth review of item generation, and then implementing a comprehensive, user-centered investigation of test-takers’ experiences.
• Offering a collection of free resources designed for social work educators to help them understand the exams and candidate performance so they can better prepare their students for the exams and to increase access to exam resources.
• Bringing a greater diversity of voices into the exam creation process through the Social Work Workforce Coalition.
• Hosting community input sessions to expand the range of perspectives involved in the creation of the next iteration of the exams.”

ASWB, which has new leadership as of 2022, should be given an opportunity to correct the inherent inequities exposed in the ASWB Clinical Examination process. Social Workers also have the right to hold ASWB responsible for these efforts and we as a profession must hold one another accountable to ensure adequate clinical preparation for the examination itself and to ensure an equitable exam experience that yields qualified clinical social workers.

We would be interested in your comments. Please send them to lwgroshong@clinicalsocialworkassociation.org and we will publish your comments in our next issue.