

Written Testimony of Bryan Victor, Ph.D.
January 25, 2024
Maine Joint Standing Committee on
Health Coverage, Insurance, and Financial Services

In Support of LD 1990

Senate Chair Bailey, House Chair Perry and distinguished members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

Thank you for the opportunity to provide comment in support of LD 1990. My name is Bryan Victor and I am an Assistant Professor of Social Work at Wayne State University in Detroit, Michigan. In the past few months I have provided briefings to the National Association of Social Workers and its state chapters -- including Maine -- on the validity flaws of the Association of Social Work Boards (ASWB) exams and would like to share that information with your Standing Committee as you consider this bill.

Like others providing testimony, I was deeply disturbed by the ASWB report released in 2022 showing severe racial disparities in pass rates across the organization's licensing exams.

In light of the disparate racial impact caused by the ASWB exams, it is reasonable to ask whether they should remain a requirement for social work licensure and to examine the evidence for their utility.

Unfortunately, there is no evidence to indicate that the ASWB exams are able to serve their intended function of differentiating social workers who are able to practice safely and ethically from those who are not. This ability of any professional exam to correctly differentiate between qualified and unqualified practitioners is referred to as predictive validity.

As recently as 2021 the ASWB commissioned Dr. Joy Kim, a well-respected researcher at Rutgers University, to search the scientific literature for evidence of the predictive validity of the exams. Dr. Kim reported back to ASWB that she was unable to identify any studies that suggest the exams were effective at differentiating between qualified and unqualified practitioners, a result that ASWB itself described as "much bleaker" than expected.¹

While the result was surprising to the ASWB, it shouldn't have been. For over a decade, social work researchers have been raising validity concerns about the exams. The absence of evidence for predictive validity stands alongside the presence of evidence for flaws in the construct validity of the exams. Construct validity refers to whether an exam is actually measuring what it claims to be measuring, in this case the ability of social workers to practice safely and ethically.

One potential flaw in the construct validity of professional exams is construct-irrelevant variance. An exam may suffer from construct-irrelevant variance when factors unrelated to the skills being measured can influence an individual's exam performance. Often flaws in the exam's design can be exploited to improve test scores. One way that construct-irrelevant variance manifests on the clinical ASWB exam is the ability to guess the correct answers based on how the multiple-choice options are worded.

In an important 2008 study, researchers from Florida State University gave students a modified version of the ASWB clinical exam. They removed the question from each item and provided students only with the four multiple-choice options for each exam item. The results suggested that students were able to rely on the wording of the multiple-choice options – and not their actual practice skills – to correctly answer

¹ <https://www.aswb.org/researchers-bring-much-more-than-a-lit-review/>

exam items.² My colleagues and I recently replicated the findings from the Florida State study in May of this year using large language models, offering renewed evidence of construct-irrelevant variance on the clinical exam which is a serious validity flaw.³

My colleagues at the University of Michigan and I have also documented validity flaws on the ASWB exams related to the use of empirically unsupported test items.⁴ Reviewing test items that recently appeared on the ASWB exams, we identified an item that relied upon Elizabeth Kubler-Ross' Stages of Grief model to determine the correct answer. While commonly referenced in popular culture, the Stages of Grief model has no empirical support and health researchers have explicitly cautioned against its use given that it can harm clients by setting inappropriate expectations for the grieving process.⁵ Despite the long-time availability of this research, ASWB continued to rely on an outdated and potentially harmful framework to determine the "correct" answer on its exam.

In fact, the only assurances that the exam is valid come from the ASWB itself. This demand to trust without the ability to independently verify needs to be considered in light of the organization's obvious conflict of interest. As the developer and seller of the exam, ASWB has a clear profit motive to affirm the exam's legitimacy. And the numbers help to tell the story. In their most recently filed 990, ASWB indicates combined profits of over \$9 million in calendar years 2021 and 2022.

Given their disparate racial impact and the lack of validity evidence, the ASWB exams serve as a harmful and unnecessary regulation in the licensure process. Accordingly, I ask that you please vote yes on LD 1990.

Thank you,



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² Albright, D. L., & Thyer, B. A. (2010). A test of the validity of the LCSW examination: Quis custodiet ipsos custodes?. *Social Work Research*, 34(4), 229-234.

³ Victor, B. G., McNally, K., Qi, Z., & Perron, B. E. (2023). Construct-irrelevant variance on the ASWB Clinical Social Work Licensing Exam: A replication of prior validity concerns. *Research on Social Work Practice*. <https://doi.org/10.1177/10497315231188305>

⁴ Victor, B. G., Kubiak, S., Angell, B., & Perron, B. E. (2023). Time to Move Beyond the ASWB Licensing Exams: Can Generative Artificial Intelligence Offer a Way Forward for Social Work? *Research on Social Work Practice*, 33(5), 511-517. <https://doi.org/10.1177/10497315231166125>

⁵ Stroebe M., Schut H., Boerner K. (2017). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. *OMEGA—Journal of Death and Dying*, 74(4), 455-473. <https://doi.org/10.1177/0030222817691870>