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PENNSYLVANIA CHAPTER

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National Association of Social Workers

Fax Received: 11/7/05

Nadine M. Bean, PhD  
President

Rebecca S. Myers, LSW  
Executive Director

November 7, 2005

State Board of Social Workers, Marriage  
and Family Therapists and Professional Counselors  
c/o Sandra Matter, Administrative Assistant  
PO Box 2649  
Harrisburg PA 17105-2649

Dear Members of the Board:

On behalf of the over 6,000 members of the National Association of Social Workers – PA Chapter, I write to inform you of our position on your proposed rulemaking regarding licensure technical amendments as published in the October 8<sup>th</sup> *Pennsylvania Bulletin*.

Thank you for allowing us to review the draft of these proposed regulation in the spring of 2003 and for considering our responses when developing the proposed rulemaking for publication. NASW-PA supports the technical changes you have made and agrees that the changes will serve to streamline the licensing system for social workers in Pennsylvania.

Concerns regarding Section 47.12a(2) have come to our attention, however, following our comments to you on the draft in 2003. The concern is one raised by PA institutions of higher education in candidacy for accreditation from the Council on Social Work Education for their master's level social work degree programs.

Currently, there are at least two state schools of higher education that have begun the accreditation process which can take 4 – 6 years to complete. Because of the gap between when the first students entering a social work master's degree program in candidacy for accreditation would graduate (between 2 – 3 years) and the final accreditation of the program approved by CSWE (4 – 6 years), it is possible that any students entering social work programs in candidacy 2 years after the effective date of this regulation as proposed by the Board in the revised Section 47.12a(2), would not be eligible to seek licensure for 4 years following their graduation.

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This creates an unfair burden and hardship on the student and, in reality, will serve as a great disincentive to institutions interested in seeking accreditation for new programs due to the difficulty of finding students interested in attending a program that does not make them eligible for licensure upon graduation.

Because of this new knowledge and this true hardship that could be placed on students and schools, NASW-PA requests that the Board revise the regulation to allow a student to become licensed upon graduation from a school in candidacy with the understanding that if the school is not successful in becoming accredited, that the license is thereby revoked.

We believe this type of provision protects the public as well as the student and the school seeking accreditation for its new program.

Thank you for your consideration of these comments and we look forward to continuing to work with you on these regulations.

Sincerely,



Rebecca S. Myers, LSW  
Executive Director

Cc: The Honorable Tommy Tomlinson  
The Honorable Lisa Boscola  
The Honorable Tom Gannon  
The Honorable William Rieger  
Chairman McGinley, Independent Regulatory Review Commission  
Beth Michlovitz

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# University of Pittsburgh

Fax Received: 11/7/05

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November 7, 2005

Ms. Sandra Matter, Administrative Assistant  
State Board of Social Workers,  
Marriage and Family Therapists and Professional Counselors  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Ref #16A-699

Dear Ms. Matter;

I should like to respond briefly to the notice of proposed rulemaking published in the Pennsylvania Bulletin by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors on October 8, 2005. As you know, for some time I have advocated changes in the areas of proposed rulemaking. My comments are in two areas.

First, I applaud the Board for correcting the defect in the current regulations which has permitted many unqualified persons to obtain licenses as social workers on the basis that schools of social work were accredited rather than programs. This correction is long overdue, and the proposed language seems to accomplish the desired end.

The second comment I have concerns Section 47.12(a). It is true that when accreditation is granted to programs it is retroactive to a specified date in candidacy. The length of time the school requires to become accredited is not a function of the complexity or technicality of the accreditation process, but of the rate at which the program is able to meet the accreditation standards. To protect the public, no one should be eligible to apply for or receive a license who studies, were in a program which could not meet accreditation standards.

The proposed amendment to 47.12(a)(a)(2) goes beyond what is needed; would make Pennsylvania the only state in the nation to allow such persons to qualify for a license; and poses a threat to public safety. The amendment should include the first proposed sentence to the effect "that beginning two years after the effective date of this amendment, an applicant for licensure must have received a master's degree in social work or social welfare from a program which was an accredited program on the date the degree was awarded or a doctoral degree in social work." (sic.)

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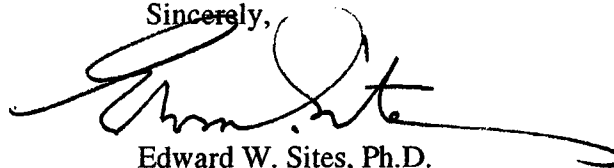
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HEALTH LICENSING BOARDS

However, the amendment should NOT include the last proposed sentence to the effect that "students who graduate from social work or social welfare master's degree programs that are in candidacy for accreditation at the time of their graduation may apply for a license once the program obtains accreditation." Since the Council on Social Work Education, the official accrediting body, always specifies an exact effective date; since that date is retroactive at least two years back into candidacy; and since that date is the first date on which the program met accreditation standards and the public can be assured students receive a suitable education; I suggest that the last sentence in the proposed rulemaking be modified. In place of the present sentence I suggest the following: "Students who graduate from social work or social welfare master's degree programs that are in candidacy for accreditation at the time of their graduation may apply for licensure once the program obtains accreditation retroactive to the official date during candidacy on which the accreditation is effective." To simplify the work of the Board, this date is always published. To use any other date would be very difficult to administer and jeopardize the public. No program has ever had any difficulty enrolling students during candidacy under these terms.

Thank you very much for this opportunity to comment. If you have any questions you may call me at 412-624-6305 or email me at [esites@pitt.edu](mailto:esites@pitt.edu).

Sincerely,

A handwritten signature in black ink, appearing to read "Edward W. Sites", with a large, stylized loop at the end.

Edward W. Sites, Ph.D.  
Professor

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October 20, 2005

Dr. Ronald Hays, Chair  
State Board of Social Workers,  
Marriage and Family Therapists  
and Professional Counselors  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Dear Dr. Hays:

The Association of Social Work Boards (ASWB), in its mission to assist regulatory boards, reviews proposed legislation and regulation changes. I have read the Pennsylvania board's proposed regulations and would like to comment on the proposal to give masters level candidates the option of taking either the Masters or the Clinical examination.

I understand that social workers in Pennsylvania must have a license before applying for the clinical level license, and that the current requirements seem to be duplicating their expense and trouble in taking two examinations. However, the examinations are very different.

The ASWB examinations are developed from a blueprint of the first-day-on-the-job requirements for knowledge, skills and abilities for social workers in a number of categories. The blueprints for all categories are based on the actual experiences of beginning social workers, and those experiences are reassessment by ASWB by doing a survey of thousands of social workers every seven years. A copy of the most recent practice analysis is enclosed for your information.

The Masters examination surveyed a broad range of skills necessary in many different areas of social work, only one of which is clinical. When MSW graduates are permitted to take the Clinical examination to measure minimum competence, they are not tested on many aspects of social work they will encounter in the beginning career. In addition, they are asked on the Clinical exam to have mastered knowledge and skills for advanced applications, when they have not yet attained the experience to enhance their competence. In addition, they cannot yet meet the Board's rules and regulations requiring two years of supervised practice before they advance to the licensure level of clinical social worker.

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400 South Ridge Parkway, Suite B, Culpeper, VA 22701 Phone: (540) 829-6880 Fax: (540) 829-0142

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Dr. Ronald Hays  
October 20, 2005  
Page two

With the precision and care with which the Board has defined supervision, the qualifications for supervisors, and the supervisory process, it is evident that the Board wishes to uphold the highest standards in clinical social work. Yet in permitting entry level MSW's to take the Clinical examination without the experience required in the statute and regulations, the Board would be allowing those who have not concentrated in clinical social work to advance to the status of prospective clinical social workers without the background to assurance competence. This is a disservice to the client community in not assuring that the graduate social worker is competent in the range of the activities that might be involved in an entry-level position, and an unfair expectation of the recent graduate test taker who has not yet had the time and experience to service with clinical competence.

I hope the Board will reconsider this proposal in light of the specific areas of knowledge and skills that the examination was developed to test, and will uphold the use of the examination necessary for the most appropriate category of competence evaluation.

I am retired from the social work faculty at Bryn Mawr, and was an ASWB delegate for some years. I was also president of the association during the time I resided in Pennsylvania, and served as chairperson of the ASWB Examination Committee. From my intricate knowledge of the ASWB examinations and my own experience in social work education, I can attest to the differences in knowledge between recent social work graduates and those who have integrated their knowledge with at least two years of clinical experience.

If I can be of assistance, please contact me through the ASWB office at 1-800-225-6880. I am available to attend a future board meeting to discuss this with you in person, and answer any questions that you might have.

Sincerely yours,



Barbara Matz, EdD, MSW, LCSW  
Board Services Consultant

Encl.

cc: Sandra Matter

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# Association of Social Work Boards

## Examination Program

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Analysis of the  
Practice of Social Work 2003

*Final Report*

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HEALTH LICENSING BOARDS

# Association of Social Work Boards Examination Program

Analysis of the Practice of Social Work  
2003

*Final Report*





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THE UNIVERSITY OF CHICAGO

## Executive Summary

This report documents the findings of a study conducted by the Association of Social Work Boards (ASWB) through ACT, Inc., the testing contractor for the association. The study was designed to examine the current state of practice of social workers in the U.S. and Canada, and to update the ASWB licensure test blueprints in four categories: Bachelor's degree graduates, Master's graduates, Master's graduates with two years of supervised generalist experience, and Master's graduates with two years of supervised clinical experience.

The study was conducted in three phases. In the first phase, the practice analysis survey was developed and piloted. In phase two, a survey of social workers in the U.S. and Canada was conducted in order to collect data on the current state of practice. In phase three, the results of the practice analysis were used to update the examination blueprints for all four categories of social work licensure.

A total of 4,542 social workers responded to the survey; 1,017 from Canada and 3,525 from the U.S., for an overall response rate of 41.8 percent. U.S. and Canadian task survey responses were compared, and the responses were remarkably similar and were correlated at 0.94. Due to these similarities the ASWB Practice Analysis Task Force voted unanimously to create a North American blueprint of all four categories of licensure exams. Blueprints were revised accordingly and finalized.



# Introduction

## **The association and the examinations**

The Association of Social Work Boards (ASWB) is the association of jurisdictional boards that regulate social work. Incorporated in 1979 as an organization devoted to public protection, ASWB's membership in 2001-2003 included 49 states, the District of Columbia, the U.S. Virgin Islands and a growing number of Canadian provinces.

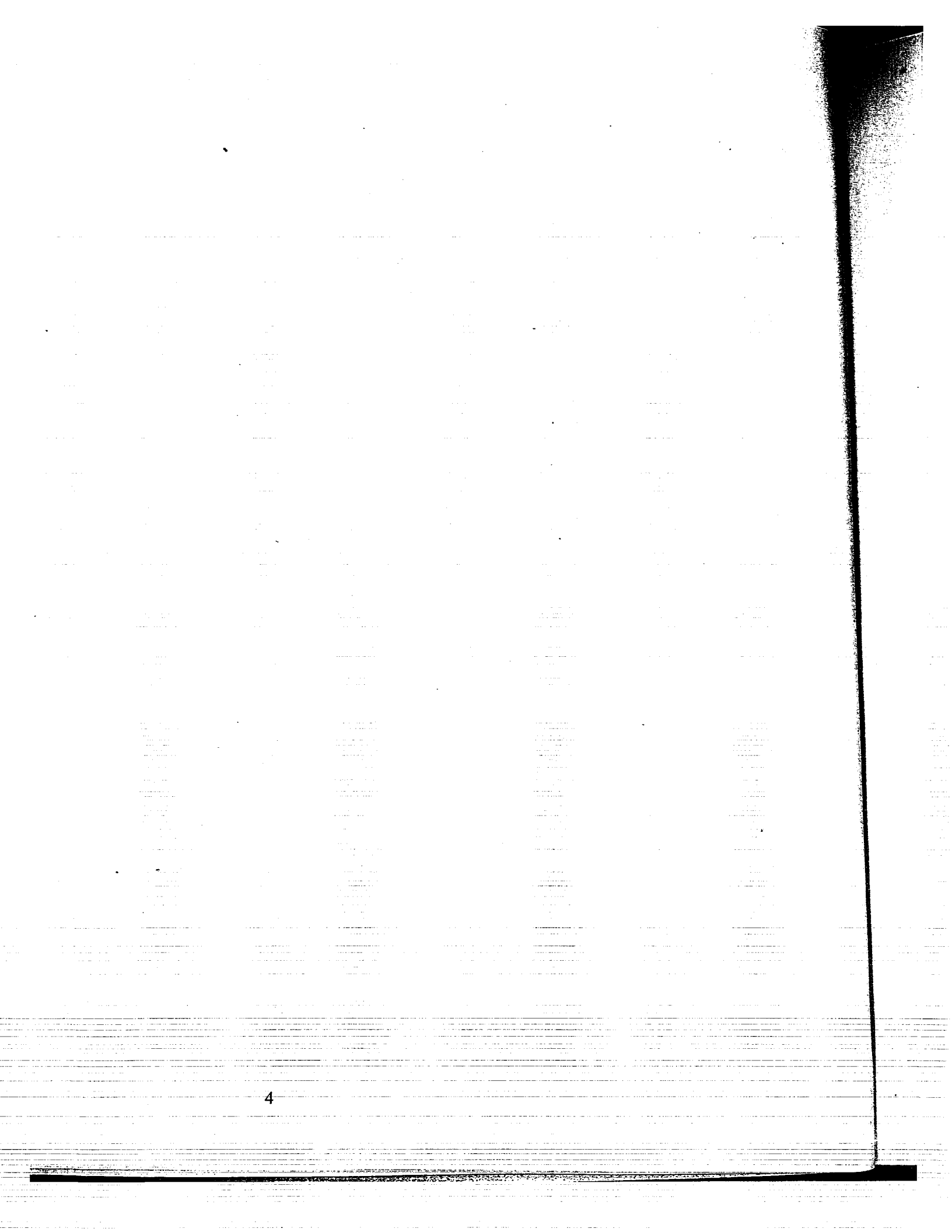
ASWB, then the American Association of State Social Work Boards (AASSWB), began offering social work examinations in 1983. As social work licensure laws expanded across the U.S., so did the use of the association's examinations. ASWB's exams are a requirement in almost all states.

The examinations are offered in four categories—Bachelors, Masters, Advanced Generalist, and Clinical. Each

test contains a total of 170 multiple choice items, 150 of which count in determining a candidate's score. The remaining 20 items are pretest questions being evaluated for a place in the bank of questions from which the tests forms are drawn.

The examination titles listed above, Bachelors, Masters, Advanced Generalist, and Clinical, were changed at the conclusion of the practice analysis from Basic, Intermediate, Advanced, and Clinical, to better reflect their use by regulatory boards. The earlier names had grown out of the Job Analysis Verification Study conducted in 1987-88, and continued through the 1995-96 job analysis. The original AASSWB examinations, titled levels A, B, and C, were based on a job analysis conducted in 1980-81.





## Why Do a Practice Analysis?

A job, or practice, analysis is the primary link to a licensure examination's validity—that is, the degree to which a test measures what it is supposed to be measuring.

Because licensure and certification examinations are designed to measure the knowledge and skills necessary to perform a job, the content of the examinations themselves must be job-related. In other words, a licensing test must measure what a candidate should know to begin a job or to enter practice, and must be built on a rationale that clearly shows how the content of the examination reflects that knowledge.

The degree to which an examination measures job-related knowledge, skills, and abilities is referred to as content validity. Establishing content validity requires a way of finding out what people in a given job, or profession, are actually doing, and how critical those activities are to competent entry-level performance. This is precisely what a practice analysis is designed to do. Through a carefully-structured practice analysis, an accurate picture of a profession emerges. Examinations can then be developed that use this picture to define the boundaries of knowledge, skills and abilities required to engage in this profession at entry level.

Because of their direct link to current knowledge, practice analyses are crucial to the legal defensibility of licensure examinations. A practice analysis that 1) covers the full range of tasks performed, 2) is based on the job(s) being tested, and 3) is drawn from an adequate number of respondents, is the basis for the construction of valid examinations.

However, the picture of the profession captured in an analysis has a limited useful lifespan. Professions change over time, so a new practice analysis must be conducted to reexamine job-related knowledge, skills, and abilities. ASWB policy mandates that a practice analysis be conducted every five to seven years.

## The Results

Because the practice analysis indicated that social work is substantially the same in the United States and Canada, for the first time there are North American blueprints for all four categories of the examinations.

Changes in the content outlines are less extensive than those made after the last job analysis, completed in 1996.

There are still 11 major headings in the Bachelors, formerly the Basic, outline. While there are several minor changes in wording, the biggest one is in content area IV. It had been *Social Work Practice with Individuals, Couples, Families, Groups and Communities*, and now is called *Direct and Indirect Practice*. It is also the biggest segment of the test, accounting for 21 percent of the questions, but is still down by 2 percentage points from the previous outline.

The Bachelors now has direct and indirect practice

The second biggest section is *Assessment in Social Work Practice*, which is 20 percent, down 3 percentage points. The most expansion is seen in *Professional Values and Ethics*, up 6 percentage points to 13. The content category *Communication* saw the other notable change, from 7 percent for the previously named "Interpersonal Communication" to 10 percent.

The Masters outline has become slightly more generalist, in response to data that indicated practitioners at that level need more generalist skills. *Professional Relationships* is down 6 percentage points, from 11 percent to 5, and *Assessment, Diagnosis and Intervention Planning* is down 4 points from 15 percent to 11.

The Masters has become slightly more generalist

The second content area has been changed from *Issues of Diversity* to *Diversity and Social/Economic Justice*, and that area is up 3 percentage points. *Service Delivery* is up 4 percent, and *Supervision, Administration and Policy*, renamed from the former *Supervision and Administration*, is up 3 percentage points.

Except for changing from a 12-heading outline to an 11-heading blueprint, what was the Advanced examination had fewer alterations than any other category of the exam. The largest area, *Assessment, Diagnosis and Intervention Planning*, was changed from *Assessment, Diagnosis, and Treatment Planning*. It is now 24 percent of the exam content, up 1 percentage point.

The Advanced Generalist had the fewest changes.

*Service Delivery* in the Advanced Generalist exam is 11 percent in the new outline, rather than 5, but it now includes knowledge, skills and abilities areas that were under *Social Work Interface with Other Systems*. What was *Direct Practice* is now

entitled *Direct and Indirect Practice*, and is down by a percentage point. Another increase is in *Professional Values and Ethics*, up 4 percentage points from 8 to 12.

The Clinical examination has become even more clinical as a result of the responses of social workers who were in the category of MSWs with two years of supervised clinical experience. *Human*

Social workers indicated  
that the Clinical should  
be even more clinical

*Development and Behavior in the Environment*, which added "in the Environment" to the title, now accounts for 22 percent of the material on the exam, up 5 percentage points from 17 percent. *Diagnosis and Assessment* is up 4 percentage points to 16 percent. *Service Delivery* is down by 4 to only 5 percent of the content, and there were 1 percentage point decreases in several other areas. *Practice Evaluation and the Utilization of Research* was down 2 percentage points to just 1 percent of the examination.

The complete new content outlines for all four categories are included in the Appendices of this report.

## The Goal

The purposes of the practice analysis conducted by ACT, Inc., for ASWB were to:

- 1) obtain a picture of the current practice of social work from a representative sample of social workers in the U.S. and Canada via a survey of their practice;
- 2) compare the practices of social work in the U.S. and Canada to determine if each licensing exam can be based on the same blueprint for both countries; and
- 3) update the ASWB licensure test blueprints in the Basic, Intermediate, Advanced, and Clinical categories (renamed by the ASWB Board of Directors following completion of the study to Bachelors, Masters, Advanced Generalist and Clinical, and to be designated that way throughout the rest of the report, except in documents that preceded the change.)

## The Process

This report summarizes the eight major steps of this study broken into three phases:

### **Phase I—Developing the Practice Analysis Survey**

1. Developing and Conducting the Pilot Survey
2. Pilot Survey Revisions

### **Phase II—Conducting the North American Survey**

3. Survey Sampling Plan
4. Survey Distribution Method
5. Survey Response Rates
6. Demographic Characteristics of the Responding Sample
7. Analysis of the Survey Data

### **Phase III—Developing the Test Blueprint**

8. Linking Tasks to Knowledge, Skills, and Abilities
9. Test Blueprint Workshop

## Phase I—Developing the Practice Analysis Survey

### 1. Developing and Conducting the Pilot Survey

The purpose of the pilot study was to obtain feedback about the adequacy of the survey design and to make any needed improvements.

To initiate development of the pilot survey, ACT staff met in January 2001 with the Practice Analysis Task Force (PATF), a group of subject matter experts (SMEs) on social work practice appointed by ASWB (see Appendix A for a list of PATF participants on the pilot survey). At the meeting, the group reviewed a set of 160 task statements used on the previous practice analysis survey conducted in

The pilot survey was done in both paper and Web formats

1995-96. The group then discussed additions, deletions, and general modifications to the activity list. An initial set of demographic items and tentative scales were also considered at the meeting. The survey was then drafted and distributed to the PATF for review. Task force members examined the draft survey instrument during a series of telephone conferences and approved the final pilot survey during a conference call held on September 18, 2001. The final pilot survey was produced in both paper and web forms.

The pilot survey contained three sections. Section 1, Background Information, contained 15 items on demographic characteristics of the survey respondents. These included questions on education, tenure, primary practice setting, primary service function, license level and status, gender, ethnicity, age, employment status, and primary role.

Ratings of the tasks were by frequency, importance, and performance expectations

Section 2, Work Tasks, contained 176 task statements divided into six categories as shown in Table 1. Respondents were asked to rate each task on three scales: *frequency*, *importance*, and *performance expectations*. The *frequency* scale asked respondents to indicate how often the task is performed. The *importance* scale asked respondents to indicate how important competent performance of the task is to social work practice. The *performance expectations* scale asked respondents to indicate whether they needed to know how to perform this task when licensed at the current level of practice.

**Table 1: Pilot Survey Items by Category**

<b>Category</b>	<b>Item Position</b>	<b>Number of Items</b>
<b>Assessment and Planning</b>	<b>Task statements 1-48</b>	<b>48</b>
<b>Direct Service Delivery</b>	<b>Task statements 49-109</b>	<b>61</b>
<b>Indirect Service Delivery</b>	<b>Task statements 110-137</b>	<b>28</b>
<b>Evaluation</b>	<b>Task statements 138-149</b>	<b>12</b>
<b>Supervision and Education</b>	<b>Task statements 150-164</b>	<b>15</b>
<b>Ethics and Values</b>	<b>Task statements 165-176</b>	<b>12</b>
<b>TOTAL</b>		<b>176</b>

Section 3, Pilot Survey Feedback, contained questions related to the evaluation of the pilot survey itself. Respondents were asked to rate various aspects of their experience when completing the survey.

To implement the pilot survey, ACT drew a proportional random sample of 300 social workers. Responses included 30 Web surveys and four paper surveys. Of these, 31 usable responses were obtained for a response rate of approximately 13 percent, accounting for bad addresses.

A conference call took place on December 4, 2001 with the PATF to review the results of the initial pilot survey. The committee felt that additional response data from the pilot survey was needed to ensure that the pilot results were adequately representative of social work demographics. To obtain this data, task force members personally distributed additional pilot surveys to a sample of social workers who fit the need for more complete representation. This initiative resulted in 24 additional usable responses bringing the total number of usable pilot surveys to 55.

On February 19, 2002, ACT held a conference call with the PATF to assess the results of the pilot study. After agreeing that the demographics from the 55 usable surveys were broadly comparable to the U.S. social worker population, the PATF decided to proceed with implementation of the final survey.<sup>1</sup>

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<sup>1</sup> Note: At the time of the pilot survey, the Canadian provinces had not yet decided to participate so were not included in the pilot sample

## 2. Pilot Survey Revisions

Minor revisions to the survey were made based on the pilot response. Mostly, these were wording changes for clarity, when someone who filled out the pilot survey indicated confusion about instructions or intent.

The PATF also confirmed that the survey would be split into two forms—Form A and Form B—with 96 items each (see Appendix B for final survey forms) and a 16-item overlap between forms (see Appendix C for list of common items). The common items were selected randomly from the master list using a chart of random numbers and were approximately proportional to the overall number of items per category. The remaining, non-common items were divided evenly, with every other item falling on Form A.

## Phase II—Conducting the North American Survey

This section summarizes phase II, distribution of the North American survey, as follows:

- the survey sampling plan
- the survey distribution method
- the survey response rates
- the demographic characteristics of the responding sample, and
- the analysis of survey data.

## 3. Survey Sampling Plan

For the U.S. portion of the survey, ACT drew a sample of 10,000 social workers in the United States who had passed one of the licensing exams in 2000 or 2001. The number of social workers chosen from each jurisdiction was proportional to the number of social workers licensed in that jurisdiction. Because no one from the Virgin Islands had taken and passed one of the examinations during the two years, an additional sample of all 21 social workers who had passed one of the licensing exams in the that jurisdiction was added to the original U.S. sample for a total of 10,021.

For the Canadian portion of the survey, a sample of 2,250 social workers in Canada was drawn. ACT drew the samples from data provided by Alberta, British Columbia, Manitoba, Prince Edward Island, and Quebec. ACT provided sampling instructions to New Brunswick, Nova Scotia, and Saskatchewan. The Canadian sample



was proportional by jurisdiction to the number of social workers registered in each of the eight participating provinces.

#### 4. Survey Distribution Method

To initiate the survey in the U.S. in May 2002, ACT sent an alert letter (Appendix D) on ASWB letterhead to each individual in the sample.

A series of contacts  
ensured a good  
response rate

The alert letter announced the survey and its purpose as a tool in updating the licensing examinations. Participants were offered two response options: a Web-based survey that could be opened on the computer via the URL provided in the letter, via an individual four-digit access code, or a paper survey, which would follow in the mail. The alert letter contained instructions for completing the web survey.

Approximately a week later, each person in the sample received a copy of the paper survey along with a cover letter on ASWB letterhead providing instructions on completing the survey (Appendix D). Participants were instructed not to complete the paper survey if they had already completed a Web-based survey, and in addition ACT was able to use the four-digit response number to be sure that no one did both would be counted twice.

A third letter on ASWB letterhead was sent approximately two weeks later to each person in the sample. This letter thanked those who had completed and submitted the survey, and asked those who had not yet completed the survey to do so (Appendix D).

A fourth letter on ASWB letterhead was sent to all those from whom a survey had not been received, about two weeks later. This final letter encouraged the non-respondents to participate in the study and cited a number of reasons why their participation was important (Appendix D).

The four-part mailing sequence was also used in Canada. Mailings (see Appendix D for sample) of the Canadian survey, initiated in November 2002, differed slightly by jurisdiction. The associations in New Brunswick and Nova Scotia elected to distribute the mailings themselves. A French version of the survey was made available in New Brunswick and Quebec.

#### 5. Survey Response Rates

Table 2 summarizes the response numbers and rates for the survey by U.S., Canada, and the two nations combined. The final response rate was 40.9 percent for the U.S. and 45.2 percent for Canada, with a combined response rate of 41.8 percent.

**Table 2: Survey Response Numbers and Rates by Nation<sup>2</sup>**

	U.S.	Canada	U.S. & Canada Combined
Surveys Distributed	10,021	2,250	12,271
Bad Addresses <sup>2</sup>	1,420	1	1,421
Final Surveys Distributed	8,601	2,249	10,850
Total Responses	3,637	1,066	4,703
Usable Responses	3,525	1,017	4,542
Percent of Usable Responses	40.9	45.2	41.8

Of the 4,703 responses overall, 4,542 were usable. Surveys were considered unusable if the respondents indicated that they had no social work degree and/or had not practiced social work. In addition, as ASWB was interested in using survey responses to create exam blueprints for four categories of practice (Bachelors, Masters, Advanced Generalist and Clinical), surveys from respondents who did not indicate a level of practice or who were credentialed at the Associate's level at the time of the survey (question 12, Appendix B) were also considered unusable.

Table 3 summarizes the percent of responses to the ASWB survey by format, form and nation.

**Table 3: Percent of Usable Responses by Form and Format and by Nation**

	U.S.	Canada	U.S. & Canada
Web surveys	27.7	13.2	24.4
Paper surveys	72.3	86.8	75.6
Form A	50.6	52.3	50.9
Form B	49.4	47.7	49.1

<sup>2</sup> Because the names of Canadian social workers came from those registered actively in each province, the addresses were more current than the addresses for social workers passing one of the ASWB exams during 2000-2001. ASWB does not maintain address changes after the social worker passes the exam.

Table 4 summarizes the number of responses to the ASWB survey by category and by nation.

**Table 4: Usable Responses by Category**

Category	Number of Responses			Percent of Responses		
	U.S.	Canada	Combined	U.S.	Canada	Combined
Bachelors	582	650	1232	16.5	63.9	27.1
Masters	880	96	976	25.0	9.4	21.5
Advanced Gen.	458	68	526	13.0	6.7	11.6
Clinical	1605	203	1808	45.5	20.0	39.8
Total Usable Responses	3525	1017	4542	100	100	100

## 6. Demographic Characteristics of the Responding Sample

The first section of the survey elicited demographic information about the respondents. Appendix E provides the responses to demographic items for the U.S. and Canadian samples separately and combined.

Since ASWB's intent was to use the survey responses as a basis for developing licensing exams in four categories (Bachelors, Masters, Advanced Generalist and Clinical), demographic data for the combined samples is also presented by category in Appendix E. U.S. and Canadian demographic data are presented for the Bachelors and Masters categories and for the for the Advanced Generalist and Clinical categories in Appendix E.

Category was determined by responses to question 12 on the survey (Appendix B) as follows:

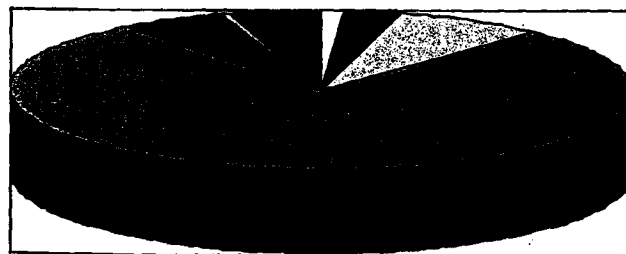
- "Associate" responses were not used in the data analysis since ASWB does not have a separate test blueprint for the Associate category,
- "BSW" responses indicated the Bachelors category,
- "MSW (graduate)" responses indicated the Masters category,
- "MSW (2 or more years post-MSW experience)" responses indicated the Advanced Generalist category, and
- "MSW (2 or more years post-MSW clinical experience)" responses indicated the Clinical category.

The Canadian respondent group differed from the U.S. respondent group by containing respondents who typically:

- were older,
- had more years of experience,
- were credentialed at a more basic level, since some provinces do not use a second level,
- were less likely to have a Master's degree, and
- were more likely to work in public institutions as their primary practice setting.

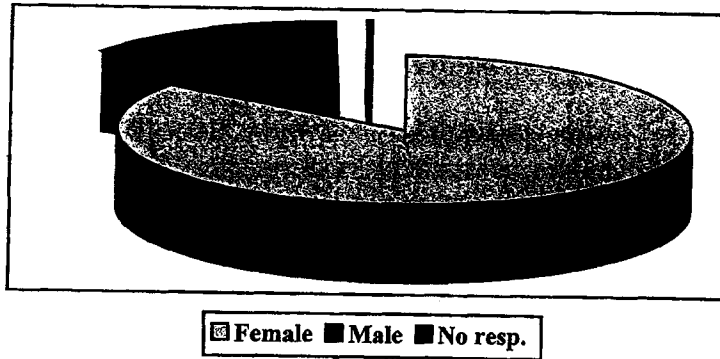
However, the two groups were similar in several respects. In both the U.S. and Canadian groups, the highest percentage of respondents reported that they were direct service providers (70.3 percent-U.S. and 60.6 percent-Canada) and that mental health services was their primary service function (30.8 percent-U.S. and 20.3 percent-Canada). In both countries over 80 percent of respondents were female and over 77 percent were employed full-time. Graphs showing the breakdown by demographics follow.

#### Race and ethnicity:

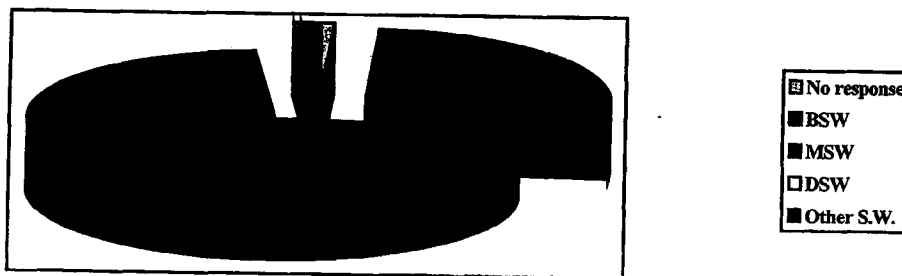


- ☐ No response
- ☒ N.Am./Al.Nat.
- ☒ Asian, Pac. Isld.
- ☒ Bl/A-Am/Can.
- ☒ Caucasian
- ☒ Fr.Can.Ind.Can.
- ☒ Hisp/LtnAm.
- ☒ P. Rican
- ☒ Other

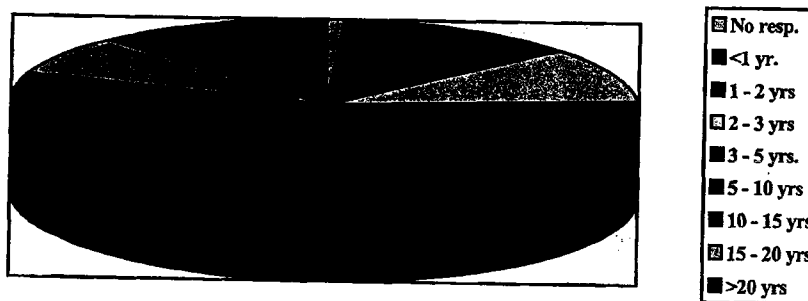
Gender:



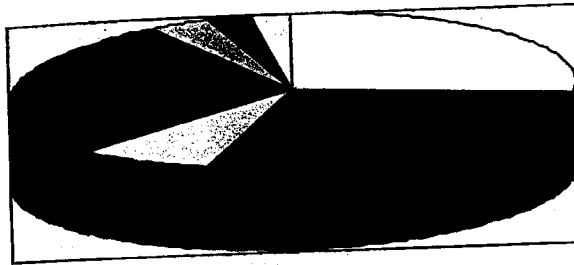
Degree held:



Number of years in practice:

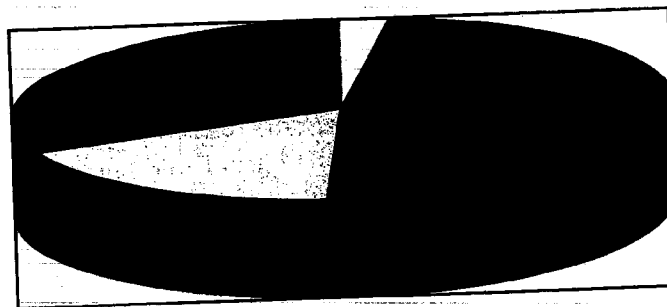


## Primary Practice Setting:



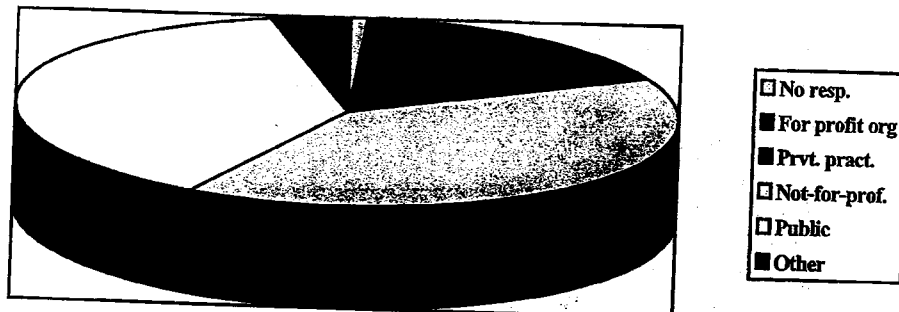
- ☐ Mtl. Hlth
- ☒ Med., hlth
- ☒ Fam., chld.
- ☐ CPS
- ☒ School
- ☒ Other
- ☒ Aging
- ☒ Addiction
- ☒ Mtl. Ret., dev'mt
- ☐ No resp.

## Location of clients:



- ☐ No resp.
- ☒ Metro-city
- ☒ Metro - suburb
- ☐ Mid-size metro
- ☒ Sm.city, tn
- ☒ Rural

### Primary Function:



## 7. Analysis of Survey Data

This three-part section summarizes the analysis of the survey data as follows:

- analysis of response similarity between forms A and B,
- task ranking, and
- task weights.

### Analysis of Response Similarity Between Forms A and B

To determine the likelihood of similarity of response between the group responding to Form A and the group responding to Form B, an analysis of variance was performed on each of the 16 common items for the total sample with all levels combined. Of the 16 items, only one differed significantly (Question 138, Appendix F) between the Form A responses and Form B responses. This result indicates that the two groups were not significantly different from one another in task response. It also suggests that respondents would have answered all task statements similarly if they had received a survey containing all 176 task statements.

### Task Ranking

All 176 tasks were ranked according to respondent ratings. Respondents rated each task on three scales: frequency, importance, and performance. The individual scales are as follows:

**Frequency:** How often do you perform this task?

- 1= Not Performed
- 2= Seldom (I perform this task a few times a year)
- 3= Monthly (I perform this task approximately 1-3 times per month)
- 4= Weekly (I perform this task approximately 1-3 times per week)
- 5= Daily (I perform this task once a day or more)

**Importance:** How important is the competent performance of this task to effective social work practice, regardless of how often you perform it?

- 1= No Importance
- 2= Low Importance
- 3= Moderate Importance
- 4= High Importance

<b>IMPORTANCE PERFORMANCE FREQUENCY</b>
---

**Performance:** Did you need to know how to do this task at the time you were licensed at your current level of practice; that is, Associate, BSW, MSW (graduate), MSW with at least two years of advanced, or clinical post-graduate experience. (Please answer even if you don't perform this task in your current position.)

\* Don't know

- 1= No
- 2= Yes

ACT performed several analyses on the responses to these scales. First, correlations were performed to see if the scales were operating independently. If, on each task, respondents answered all three scales similarly, then a high correlation between the scales would be expected. A high correlation indicates that the scales are measuring similar characteristics or the same characteristic. In such a case, to save time and effort, it would be logical to use only one scale instead of three to measure the same feature.

On the ASWB survey, the mean correlation between the importance and frequency scales was 0.4, indicating that each scale measured unique and different components of social work practice. The performance scale was not included in the correlations because it is a two-point scale.

To obtain an overall indicator of criticality for each task, the rating scales were combined in a hierarchy to produce task ranks. In combining the scales, the scale placed at the top of the hierarchy has the most influence on the criticality of a task. For example, if the



performance scale is placed at the top, then tasks that most respondents indicate they need to know how to perform when licensed at the current level of practice are placed higher on the list of criticality. Tasks that most respondents say they do not need to know how to do at the time of licensure at the current level of practice are placed lower on the list of criticality.

**PERFORMANCE  
is most critical  
of the three**

ACT confirmed with ASWB that the performance scale was most critical, followed by importance, and then frequency. Whether a task requires knowledge to perform at the time of licensure had the most bearing on its criticality. Importance had a secondary influence, and frequency had the least influence on the weighting of each task. In statistical terms, the scales were nested under each other, with frequency nested under importance nested under performance, or F:I:P. This hierarchy was used to combine the responses from the scales into a single scale value, or rank. Individual ratings for a task were excluded from the task rank analysis if the respondent answered "don't know" on the performance scale or did not respond to any of the three scales.

As shown in Table 6, there are 40 possible combinations of responses from the three scales. Each combination receives a rank, depending on the hierarchy. For example, the response pattern Performance=2, Importance=4, Frequency=5 means:

- the respondent needs to know how to do this task at the time of licensure at the current level of practice (P=2),
- competent performance of this task is of high importance to effective social work practice (I=4), and
- this task is performed daily (F=5).

This response pattern receives a rank of 40, the highest ranking of the possible combinations. This scale recoding scheme ensured that a higher rank was given to tasks that:

- respondents need to know how to perform competently at the time of licensure at the current level of practice,
- are of high importance, and
- are performed frequently.

### Task Weights

A weight for each task item was calculated using the task ranks. This weight is representative of the overall measure of the criticality of each task to social work because it incorporates the values from all three

scales in a hierarchy, with higher weights equaling greater criticality. The combined weights of all 176 tasks total 100 percent.

Before data collection, each task on the survey is assumed to have equal weight. If the tasks have equal weight, it then follows that each is as critical as the next to social work practice. Were the data to support this assumption, then each task's weight would be  $1/176 \times 100$  Percent, or approximately 0.6 percent.

Following data collection and analysis, however, some of the tasks in the survey emerged as more critical to social work practice than others. This resulted in a distribution of weights that varied from approximately 0 percent to approximately 2 percent, depending on the criticality of the task.

### Phase III – Developing the Test Blueprint

This section summarizes phase 3, developing the test blueprint as follows:

- the process used to link tasks to knowledge, skills, and abilities,
- the process used to compare U.S. and Canadian data for North American blueprint determination, and
- the results of the test blueprint workshop.

#### 8. *Linking Tasks to Knowledge, Skills, and Abilities*

In preparation for the task linking workshop, ACT sent the PATF copies of:

- the master task list (Appendix F) and
- the list of knowledge, skills, and abilities (KSAs) organized into domain and content categories for each exam.

In August 2002, the PATF met at ACT headquarters in Iowa City to link the content categories for each exam to the survey tasks. At that meeting, PATF members were divided into four subject matter expert (SME) groups, one for each examination (Appendix G). Each SME group linked the KSA content categories to any task on the survey for which the KSAs associated with that category are required to perform that task in the Bachelors, Masters, Advanced Generalist and Clinical level. For example, for Domain V at the Bachelors level

(Interpersonal Communication), the SME group considered whether either of the two content categories in that domain (A. Theories and Principles of Communication, and B. Techniques of Communicating) is required to perform each task on the survey.

## 9. Test Blueprint Workshop

On February 14–16, 2003, ACT met with the PATF in Iowa City, Iowa to conduct the test blueprint workshop. The goals of the meeting were to:

- compare the U.S. and Canadian data to determine if the data suggested a North American blueprint for each examination was appropriate, and
- finalize a new blueprint for each of the four examinations.

### U.S. and Canadian Data Comparison

A comparison of U.S. and Canadian survey task statement responses was presented at the test blueprint workshop to determine if U.S. and Canadian task rankings were correlated to the extent that it would be reasonable to develop North American blueprints reflective of common social work practice in both countries.

ACT performed correlations between the U.S. and Canadian mean rankings of each of the 176 tasks for each level and for all levels combined (Table 5).

**Table 5: U.S. and Canada Rank Correlations**

Category	Correlation
Bachelors	.92
Masters	.90
Advanced Generalist	.92
Clinical	.94
All Categories Combined	.94

Correlations for the Masters, Advanced Generalist, and Clinical categories are based on Canadian sample sizes too small to allow for statistical inference. However, both the Bachelors and combined categories are extremely highly correlated at 0.92 and 0.94 respectively, indicating that respondents from the U.S. and Canada ranked their tasks quite similarly. Table 6 contains the task statements that had the most similar rankings between the U.S. and Canada for all levels combined.

**Table 6: Most Similar Task Rankings Between the U.S. and Canada—All Levels Combined**

Task No.	Task	U.S. Rank	Canada Rank	Difference (U.S.-CA)
6	Engage clients' participation in the assessment process.	9	9	0
8	Assess the nature and severity of clients' crisis situations.	7	7	0
25	Assess needs for protective services.	43	43	0
41	Assess clients' needs and suitability for adoptive placement.	159	159	0
53	Conduct on-line/computer-based practice (non-face-to-face assessment, interventions, etc.) with clients.	176	176	0
57	Assist clients in partializing and prioritizing their problems into manageable parts.	16	16	0
69	Confront clients about their inappropriate behaviors.	38	38	0
158	Recruit and/or supervise volunteers	172	172	0
167	Understand, respect, and adhere to clients' rights to confidentiality.	1	1	0
168	Obtain clients' permission to make a referral.	22	22	0
176	Practice within regulations and laws affecting social work practice.	3	3	0
5	Interview clients to determine the nature and degree of problem.	4	5	-1
73	Provide skill training to clients.	117	116	1
75	Help clients understand the implications of medical or psychological reports.	123	124	-1
141	Help clients assess the outcome of services.	83	82	1
150	Discuss intervention strategies with supervisees.	96	95	1
157	Recruit, interview, and/or hire staff.	164	163	1
14	Obtain clients' biopsychosocial history.	33	31	2
20	Assess individuals to determine strengths and dysfunctional	8	6	2

Task No.	Task	U.S. Rank	Canada Rank	Difference (U.S.-CA)
	behavior.			
30	Incorporate client cultural factors in developing treatment/service plans.	62	60	2

For comparison purposes, data were also sorted in terms of the task statements that the U.S. and Canada, all levels combined, ranked most differently, as shown in Table 7.

**Table 7: Most Different Task Rankings Between the U.S. and Canada—All Levels Combined**

Task No.	Task	U.S. Rank	Canada Rank	Difference (U.S.-CA)
23	Assess clients' symptoms using criteria from the current DSM.	61	143	-82
126	Complete documentation of services for billing purposes.	113	170	-57
11	Perform a mental status examination	74	128	-54
123	Maintain appropriate documentation and correspondence.	14	68	-54
78	Monitor clients' experience with medication and discuss with the prescribing physician.	99	150	-51
96	Provide wraparound services for clients	125	77	48
56	Assess the cultural/ethnic context of clients' communications.	25	70	-45
102	Conduct telephone practice (non face-to-face assessment, interventions, etc.) with clients.	109	64	45
13	Assess clients' need for medical evaluation.	89	132	-43
171	Identify impaired professionals and take appropriate action.	75	110	-35
93	Make out-of-home placements.	155	122	33
155	Teach social work knowledge, values, and skills.	80	113	-33
71	Assist clients to obtain needed resources.	48	18	30
134	Develop programs and services to meet community needs.	120	90	30

Task No.	Task	U.S. Rank	Canada Rank	Difference (U.S.-CA)
131	Advocate for clients' rights.	31	59	-28
116	Use community resources as part of interventions.	53	27	26
117	Use coalitions to secure services for clients.	152	126	26
175	Resolve professional ethical dilemmas in providing service to clients.	45	71	-26
3	Assess couples to determine strengths and dysfunctional behavior.	98	73	25
36	Conduct protective services investigations.	158	133	25

In the test blueprint workshop, the PATF reviewed the correlations between the U.S. and Canadian task rankings, and the tasks ranked most differently and most similarly. Following this review, the PATF discussed the findings and determined that social work practice in the two countries was similar enough to warrant the development of a unified North American test blueprint for each ASWB licensing exam. The PATF then voted unanimously to construct a North American blueprint for each exam to serve both Canada and the U.S.

### ***Test Blueprint Review and Revisions***

Weights for the content categories of each exam were calculated. A content category's weight is determined by the number of tasks to which it is linked and the weight of those tasks. If a content category is linked to many tasks which are heavily weighted, its overall weight increases. The resulting content category weights comprise the preliminary ASWB test blueprint.

At the start of the workshop, participants reviewed the purpose of the study, the major phases of the study, a summary of the results of the study, a comparison of the U.S. and Canadian data as discussed above, and the schedule and anticipated outcomes of the workshop. The PATF broke into four groups by level (Appendix G) to review the task survey results and the preliminary blueprint. Each group first reviewed the descriptive statistics for the tasks associated with their level to confirm that the task rankings were consistent with their knowledge of social work practice. They then reviewed the knowledge, skills, and abilities statements for their level, making decisions to retain, edit, add, or delete KSAs. The goal was to

determine if the language in the KSAs was clear, accurate, and up to date, and if the KSAs themselves reflected current practice. Content categories and domains were also reviewed again and revised as needed.<sup>3</sup>

Each PATF group then reviewed the preliminary weights for the blueprint categories. PATF members used their expert knowledge of social work practice and the results from the survey to make decisions about adjusting the weights and the corresponding number of test items assigned to each category. Appendix H provides the final results for the revised ASWB content outlines for all four examinations.

**More complete information on the 2001-2003 Social Work Practice Analysis is available on the ASWB Website, [www.aswb.org](http://www.aswb.org).**

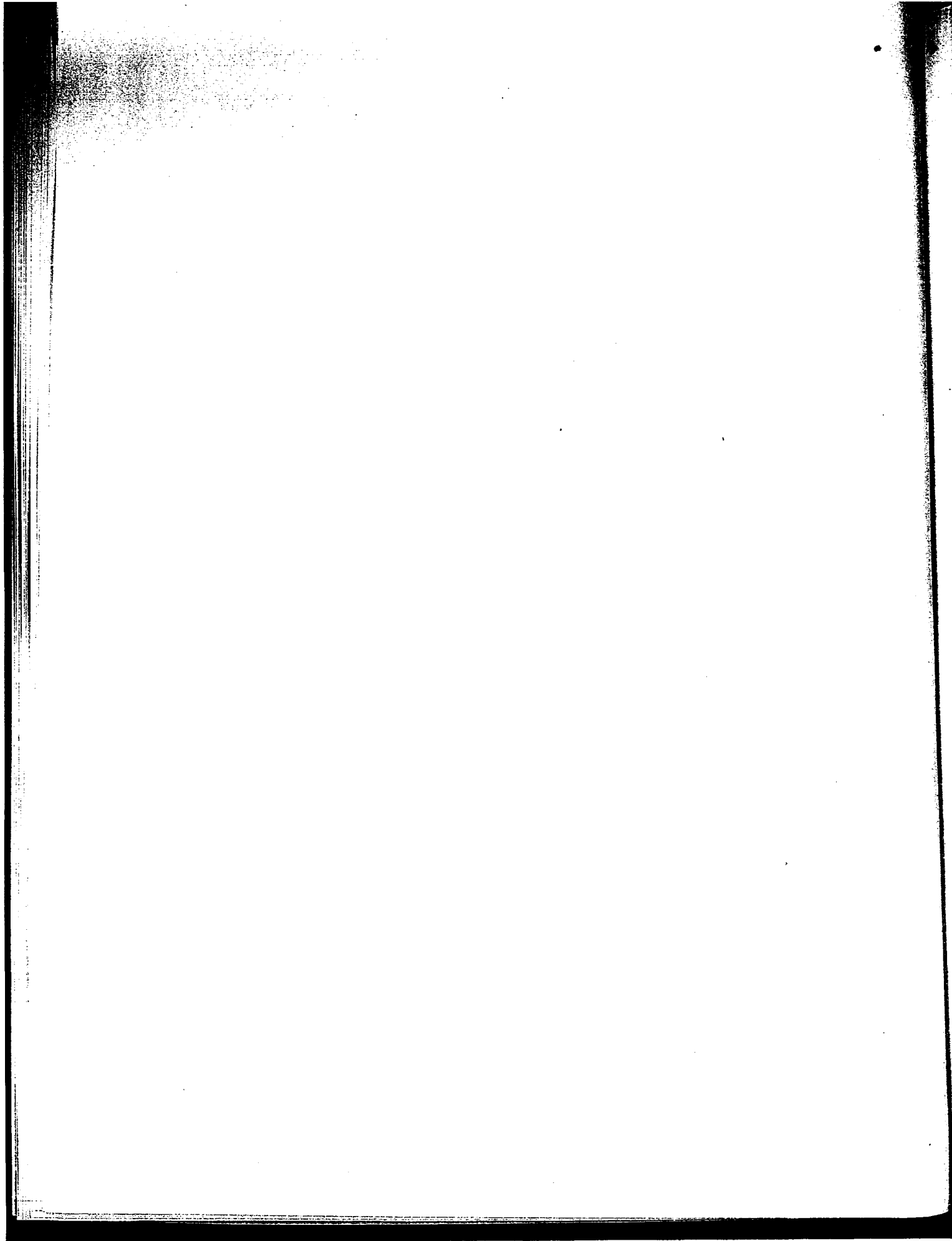
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<sup>3</sup> Following completion of the workshop, the Exam Committee met with ACT in Culpeper, VA. During that meeting, the complete KSA lists at every level were reviewed and slightly revised.

# Appendix A

ASWB Practice Analysis Task Force  
For the Pilot Survey





# ASWB Practice Analysis Task Force

## List of Participants in Drafting the Pilot Survey

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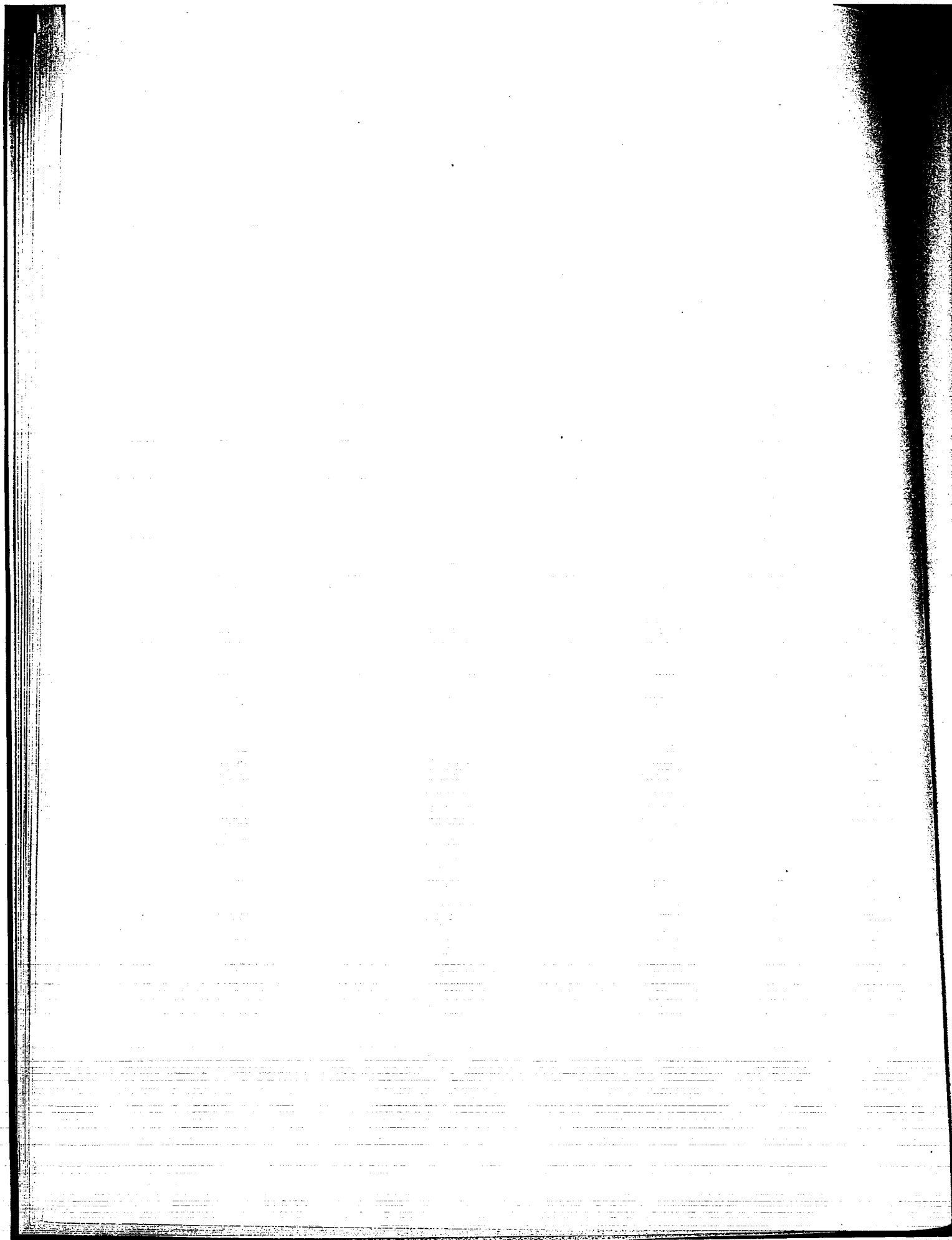
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# Appendix B – Final Survey Forms

## Form A, Paper-Based



# Analysis of Practice of Social Workers Form A

This is part of a comprehensive study being conducted by the Association of Social Work Boards (ASWB). Listed in the survey are social workers who are currently licensed with social work practice. The data collected in the overall survey will be used to update current licensure examinations for social workers. It is extremely important that everyone receiving this survey complete and return it in a timely manner. Thank you for your participation.

Use a soft-lead (No. 1 or 2) pencil. DO NOT use a ballpoint pen, nylon-tip or felt-tip pen, fountain pen, marker, or colored pencil. Be sure to avoid making stray marks on the form.

Questions have several answer choices. Select the answer that best applies to you or your job and fill in that oval. To change your answer, erase the first mark completely and then fill in the correct oval. Be sure to fill in the entire oval.

Answers will be kept confidential, and your individual responses will not be released. We sincerely appreciate your time and effort.

## SECTION 1: BACKGROUND INFORMATION

Enter your 4-digit user ID code provided in the letter from ASWB.

1	2	3	4
5	6	7	8
9	0	1	2
3	4	5	6
7	8	9	0
1	2	3	4
5	6	7	8
9	0	1	2
3	4	5	6
7	8	9	0

Indicate the highest social work degree you hold.

- ☐ Bachelor's in Social Work  
☐ Master's in Social Work  
☐ Doctorate in Social Work  
☐ Other social work degree

(Please specify.)

☐ No social work degree. Stop—do not complete this form, but please return it for tracking purposes.

Indicate the total number of years you have been in social work practice.

- ☐ I have not practiced social work. Stop—do not complete this form, but please return it for tracking purposes.  
☐ Less than 1 year  
☐ At least 1 year but less than 2 years  
☐ At least 2 years but less than 3 years  
☐ At least 3 years but less than 5 years  
☐ At least 5 years but less than 10 years  
☐ At least 10 years but less than 15 years  
☐ At least 15 years but less than 20 years  
☐ 20 years or more

4. Indicate the length of time you've been in social work practice since receiving your highest social work degree.

- ☐ I have not practiced social work since receiving my degree  
☐ Less than 1 year  
☐ At least 1 year but less than 2 years  
☐ At least 2 years but less than 3 years  
☐ At least 3 years but less than 5 years  
☐ At least 5 years but less than 10 years  
☐ At least 10 years but less than 15 years  
☐ At least 15 years but less than 20 years  
☐ 20 years or more

5. Which one of the following best describes your primary practice setting?

- ☐ For-profit organization  
☐ Private practice  
☐ Not-for-profit organization  
☐ Public (local, county, state, federal or military)  
☐ Other

(Please specify.)

6. What is your primary service function in your work setting?

- ☐ Addiction services  
☐ Adult protective services  
☐ Business and industry  
☐ Child welfare or child protective services  
☐ Community organization  
☐ Correction services  
☐ Employee assistance services  
☐ Family and children's services  
☐ Higher education  
☐ Managed care  
☐ Medical, hospital, or health services  
☐ Mental health services  
☐ Mental retardation/developmental disability services  
☐ Public social services  
☐ School social work  
☐ Services for the aged  
☐ Other

(Please specify.)

## SECTION 1: BACKGROUND INFORMATION (Continued)

7. What is your primary role?

- ☐ Administrator/manager
- ☐ Community organizer
- ☐ Consultant
- ☐ Direct service provider
- ☐ Educator
- ☐ Evaluator/researcher
- ☐ Policy analyst/lobbyist
- ☐ Program planner
- ☐ Supervisor
- ☐ Other \_\_\_\_\_

(Please specify.)

8. Which employment status best describes the amount of time you spend practicing social work?

- ☐ Full-time (30-40 hours per week)
- ☐ Part-time (29 hours or less per week)
- ☐ Not currently employed in social work

9. The services you provide primarily benefit clients from which of the following areas?

- ☐ Major metropolitan area—city
- ☐ Major metropolitan area—suburban
- ☐ Mid-size metropolitan area
- ☐ Small city or town
- ☐ Rural

10. Are you currently licensed/certified/registered and in good standing?

- ☐ Yes
- ☐ No

11. In what jurisdiction(s) are you currently licensed/certified/registered?

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <input type="radio"/> Alabama       | <input type="radio"/> Nebraska       | <input type="radio"/> Alberta              |
| <input type="radio"/> Alaska        | <input type="radio"/> Nevada         | <input type="radio"/> British Columbia     |
| <input type="radio"/> Arizona       | <input type="radio"/> New Hampshire  | <input type="radio"/> Manitoba             |
| <input type="radio"/> Arkansas      | <input type="radio"/> New Jersey     | <input type="radio"/> New Brunswick        |
| <input type="radio"/> California    | <input type="radio"/> New Mexico     | <input type="radio"/> Newfoundland         |
| <input type="radio"/> Colorado      | <input type="radio"/> New York       | <input type="radio"/> Nova Scotia          |
| <input type="radio"/> Connecticut   | <input type="radio"/> North Carolina | <input type="radio"/> Ontario              |
| <input type="radio"/> Delaware      | <input type="radio"/> North Dakota   | <input type="radio"/> Prince Edward Island |
| <input type="radio"/> D.C.          | <input type="radio"/> Ohio           | <input type="radio"/> Quebec               |
| <input type="radio"/> Florida       | <input type="radio"/> Oklahoma       | <input type="radio"/> Saskatchewan         |
| <input type="radio"/> Georgia       | <input type="radio"/> Oregon         |  |
| <input type="radio"/> Hawaii        | <input type="radio"/> Pennsylvania   |  |
| <input type="radio"/> Idaho         | <input type="radio"/> Puerto Rico    |  |
| <input type="radio"/> Illinois      | <input type="radio"/> Rhode Island   |  |
| <input type="radio"/> Indiana       | <input type="radio"/> South Carolina |  |
| <input type="radio"/> Iowa          | <input type="radio"/> South Dakota   |  |
| <input type="radio"/> Kansas        | <input type="radio"/> Tennessee      |  |
| <input type="radio"/> Kentucky      | <input type="radio"/> Texas          |  |
| <input type="radio"/> Louisiana     | <input type="radio"/> Utah           |  |
| <input type="radio"/> Maine         | <input type="radio"/> Vermont        |  |
| <input type="radio"/> Maryland      | <input type="radio"/> Virginia       |  |
| <input type="radio"/> Massachusetts | <input type="radio"/> Virgin Islands |  |
| <input type="radio"/> Michigan      | <input type="radio"/> Washington     |  |
| <input type="radio"/> Minnesota     | <input type="radio"/> West Virginia  |  |
| <input type="radio"/> Mississippi   | <input type="radio"/> Wisconsin      |  |
| <input type="radio"/> Missouri      | <input type="radio"/> Wyoming        |  |
| <input type="radio"/> Montana       |                                      |  |

12. At what level are you currently licensed/certified/registered (one only.)

- ☐ Associate
- ☐ BSW
- ☐ MSW (graduate)
- ☐ MSW (2 or more years post-MSW experience)
- ☐ MSW (2 or more years post-MSW clinical experience)

13. Gender

- ☐ Female
- ☐ Male

14. Which of the following categories best describes your racial/ethnic background?

- ☐ North American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American/Canadian
- ☐ Caucasian
- ☐ French-Canadian
- ☐ Hispanic/Latin American
- ☐ Puerto Rican
- ☐ Other \_\_\_\_\_

(Please specify.)

15. What is your age category?

- ☐ Under 21
- ☐ 21-25
- ☐ 26-30
- ☐ 31-35
- ☐ 36-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-70
- ☐ Over 70

## SECTION 2: WORK TASKS

Rate each task according to its relevance to your current practice of social work. Use the three scales below (Frequency, Importance, and Performance) to rate each task. Any task not performed in your current practice should be rated as "Not Performed" on the Frequency scale and "Not Performed" on the Importance and Performance scales, regardless of whether you perform a task in your current practice.

Do you perform this task?

(Rate this task a few times a year.)  
(Rate this task approximately 1-3 times per month.)  
(Rate this task approximately 1-3 times per week.)  
(Rate this task once a day or more.)

How important is the competent performance of this task to effective social work practice, regardless of how often you perform it?

Importance

Do you need to know how to do this task at the time you were licensed at your current level of practice; that is, Associate, BSW, MSW, or PhD? (Please answer even if you don't perform this task.)

(Yes/No)

Example A represents a task that is not performed. However, it is a task of high importance, and one that you would be expected to be able to perform at the time of licensure.

Example B represents a task that is seldom performed, has low importance, and can be learned on the job.

### TASKS

#### EXAMPLE A

#### EXAMPLE B

1. Determine clients' eligibility for services.
2. Assess clients' needs and suitability for treatment for addictions.
3. Assess couples to determine strengths and dysfunctional behavior.
4. Assess suitability of individuals to be adoptive parents.
5. Interview clients to determine the nature and degree of problem.
6. Provide information to clients regarding their rights and responsibilities.
7. Provide information to clients about policies and services of the agency/practice.
8. Perform a mental status examination.
9. Assess clients' need for medical evaluation.
10. Obtain clients' sexual history.
11. Assess the significance of sexual orientation to clients.
12. Gather and verify information about clients from collateral sources.
13. Identify clients' use of defense mechanisms.
14. Assess clients' symptoms using criteria from the current DSM.
15. Assess needs for protective services.
16. Assess families to determine strengths and dysfunctional behavior.

TASKS	FREQUENCY					IMPORTANCE				PERFORMANCE		
	NOT PERFORMED	SELDOM	MONTHLY	WEEKLY	DAILY	NO IMPORTANCE	LOW IMPORTANCE	MODERATE IMPORTANCE	HIGH IMPORTANCE	DON'T KNOW	NO	YES
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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Assess clients' needs and suitability for treatment for addictions.	<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 couples to determine strengths and dysfunctional behavior.	<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. Assess suitability of individuals to be adoptive parents.	<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. Interview clients to determine 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"/>
6. Provide information to clients regarding their rights and responsibilities.	<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. 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"/>
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. Assess clients' need for medical evaluation.	<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. Obtain clients' sexual history.	<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. Assess the significance of sexual orientation to clients.	<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"/>
12. Gather and verify information about clients from collateral sources.	<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"/>
13. Identify clients' use of defense mechanisms.	<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"/>
14. Assess clients' symptoms using criteria from the current DSM.	<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"/>
15. Assess needs for protective 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"/>
16. Assess families to determine strengths and dysfunctional behavior.	<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"/>



ASSESSMENT AND PLANNING (Continued)	17. Use information obtained about clients (employment, medical, psychological, or school reports, or other social history) in making client service plans.
	18. Develop measurable objectives to assess clients' change.
	19. Assess clients' needs and suitability for financial assistance and other subsidies.
	20. Conduct child custody evaluations in divorce proceedings.
	21. Assess the nature and severity of suspected abuse and neglect.
	22. Assess clients' needs and suitability for out-of-home placement.
	23. Assess clients' needs and suitability for adoptive placement.
	24. Assess the impact of addictions on the client's family.
	25. Assess clients' needs and suitability for marital or couples treatment.
	26. Assess clients' needs and suitability for social action services.
	27. Assist clients to understand how environment influences human behavior.
	28. Facilitate parents' understanding of child development.
	29. Assist groups to mobilize their resources to reach goals.
	30. Provide intensive case management for children.
	31. Conduct on-line/computer-based practice (non-face-to-face assessment, interventions, etc.) with clients.
	32. Engage the client in a social worker/client relationship.
	33. Assess the cultural/ethnic context of clients' communications.
	34. Use results of standardized instruments in guiding interventions with clients.
	35. Facilitate clients' goal-setting.
	36. Apply knowledge of developmental stages in providing services to clients.
	37. Assist clients to recognize their own feelings.
	38. Interpret the significance of non-verbal communication in interviewing clients.
	39. Identify transference and countertransference.
	40. Assist clients to develop the skills to communicate more effectively.
	41. Assist clients with issues related to employment.
	42. Provide psychoeducational services for clients.
	43. Educate clients on the care of family members who have a physical or mental illness.
	44. Monitor clients' experience with medication and discuss with the prescribing physician.
	45. Facilitate clients' grieving process.
	46. Treat clients' sexual dysfunction.
	47. Monitor parental behavior following child abuse/neglect charges.
	48. Help group members understand their patterns of interaction.
	49. Help clients to address discrimination.
50. Engage involuntary clients in treatment or other interventions.	
51. Make home visits.	
52. Monitor out-of-home placements.	

[illegible]

1	Request
2	Inter
3	Assess
4	Care
5	Termina
6	Needs
7	and commu
8	disciplinary team
9	Interventions
10	complaints
11	Agency/practice
12	clients
13	services for billing
14	Agency/practice
15	sensitive to ethnic
16	eliminate discrimi
17	services to meet community
18	for funding
19	for evaluating inter
20	contracts to monitor adher
21	ing policies
22	and evaluation strategies
23	of clients' service or
24	practice effectiveness
25	setting records to plan and
26	service program alterna
27	strategies with supervisees
28	
29	to paid staff
30	knowledge, values, and skills
31	to hire staff
32	Education in agency/practice set
33	for staff development and con
34	Agency/practice setting rules

[illegible]

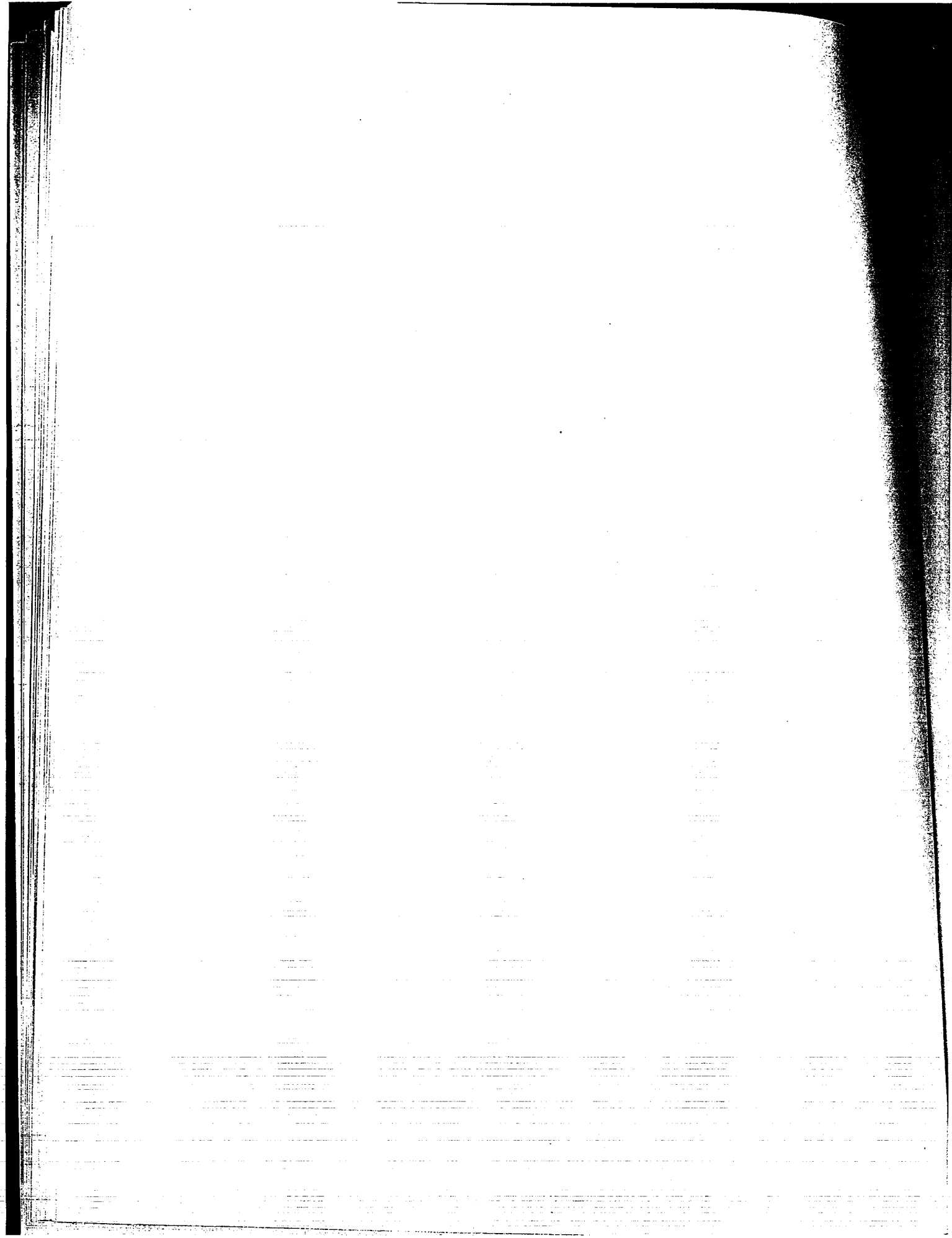
# TASKS

ETHICS AND VALUES	
90. Support clients' right to make decisions for themselves.	
91. Take appropriate action when ethical violations are identified.	
92. Understand, respect, and adhere to clients' rights to confidentiality.	
93. Report abuse and neglect in compliance with social work ethics and the law.	
94. Identify impaired professionals and take appropriate action.	
95. Identify violations of social work ethics.	
96. Resolve professional ethical dilemmas in providing service to clients.	

	FREQUENCY					IMPORTANCE					PERFORMANCE	
	NOT PERFORMED	NEVER	MONTHLY	WEEKLY	DAILY	NO IMPORTANCE	LOW IMPORTANCE	MODERATE IMPORTANCE	HIGH IMPORTANCE	DON'T KNOW	NO	YES
90	3	3	3	3	3	3	3	3	3	3	3	3
91	3	3	3	3	3	3	3	3	3	3	3	3
92	3	3	3	3	3	3	3	3	3	3	3	3
93	3	3	3	3	3	3	3	3	3	3	3	3
94	3	3	3	3	3	3	3	3	3	3	3	3
95	3	3	3	3	3	3	3	3	3	3	3	3
96	3	3	3	3	3	3	3	3	3	3	3	3

# Appendix B – Final Survey Forms

## Form B, Paper-Based



# Analysis of Practice of Social Workers Form B

This is a comprehensive study being conducted by the Association of Social Work Boards (ASWB). Listed in the survey are the social work practice. The data collected in the overall survey will be used to update current licensure examinations for social work practice. It is extremely important that everyone receiving this survey complete and return it in a timely manner. Thank you for your participation.

Use a No. 1 or 2 pencil. DO NOT use a ballpoint pen, nylon-tip or felt-tip pen, fountain pen, marker, or colored pencil. Be sure to fill in the ovals completely and avoid making stray marks on the form.

There are several answer choices. Select the answer that best applies to you or your job and fill in that oval. To change your answer, erase the first mark completely and then fill in the correct oval. Be sure to fill in the entire oval.

All responses will be kept confidential, and your individual responses will not be released. We sincerely appreciate your time and effort.

## SECTION 1: BACKGROUND INFORMATION

1. Enter your 4-digit user ID code provided in the letter from the Association of Social Work Boards.

0	1	2	3
4	5	6	7
8	9	0	1
2	3	4	5
6	7	8	9
0	1	2	3
4	5	6	7
8	9	0	1
2	3	4	5
6	7	8	9

2. Indicate the highest social work degree you hold.

- ☐ Bachelor's in Social Work
- ☐ Master's in Social Work
- ☐ Doctorate in Social Work
- ☐ Other social work degree \_\_\_\_\_

(Please specify)

☐ No social work degree. Stop—do not complete this form, but please return it for tracking purposes.

3. Indicate the total number of years you have been in social work practice.

- ☐ I have not practiced social work. Stop—do not complete this form, but please return it for tracking purposes.
- ☐ Less than 1 year
- ☐ At least 1 year but less than 2 years
- ☐ At least 2 years but less than 3 years
- ☐ At least 3 years but less than 5 years
- ☐ At least 5 years but less than 10 years
- ☐ At least 10 years but less than 15 years
- ☐ At least 15 years but less than 20 years
- ☐ 20 years or more

4. Indicate the length of time you've been in social work practice since receiving your highest social work degree.

- ☐ I have not practiced social work since receiving my degree
- ☐ Less than 1 year
- ☐ At least 1 year but less than 2 years
- ☐ At least 2 years but less than 3 years
- ☐ At least 3 years but less than 5 years
- ☐ At least 5 years but less than 10 years
- ☐ At least 10 years but less than 15 years
- ☐ At least 15 years but less than 20 years
- ☐ 20 years or more

5. Which one of the following best describes your primary practice setting?

- ☐ For-profit organization
- ☐ Private practice
- ☐ Not-for-profit organization
- ☐ Public (local, county, state, federal or military)
- ☐ Other \_\_\_\_\_

(Please specify)

6. What is your primary service function in your work setting?

- ☐ Addiction services
- ☐ Adult protective services
- ☐ Business and industry
- ☐ Child welfare or child protective services
- ☐ Community organization
- ☐ Correction services
- ☐ Employee assistance services
- ☐ Family and children's services
- ☐ Higher education
- ☐ Managed care
- ☐ Medical, hospital, or health services
- ☐ Mental health services
- ☐ Mental retardation/developmental disability services
- ☐ Public social services
- ☐ School social work
- ☐ Services for the aged
- ☐ Other \_\_\_\_\_

(Please specify)

## SECTION 1: BACKGROUND INFORMATION (Continued)

7. What is your primary role?

- ☐ Administrator/manager
- ☐ Community organizer
- ☐ Consultant
- ☐ Direct service provider
- ☐ Educator
- ☐ Evaluator/researcher
- ☐ Policy analyst/lobbyist
- ☐ Program planner
- ☐ Supervisor
- ☐ Other \_\_\_\_\_

(Please specify.)

8. Which employment status best describes the amount of time you spend practicing social work?

- ☐ Full-time (30-40 hours per week)
- ☐ Part-time (29 hours or less per week)
- ☐ Not currently employed in social work

9. The services you provide primarily benefit clients from which of the following areas?

- ☐ Major metropolitan area—city
- ☐ Major metropolitan area—suburban
- ☐ Mid-size metropolitan area
- ☐ Small city or town
- ☐ Rural

10. Are you currently licensed/certified/registered and in good standing?

- ☐ Yes
- ☐ No

11. In what jurisdiction(s) are you currently licensed/certified/registered?

- |                                     |                                      |  |
|-------------------------------------|--------------------------------------|--|
| <input type="radio"/> Alabama       | <input type="radio"/> Nebraska       | <input type="radio"/> Alberta              |
| <input type="radio"/> Alaska        | <input type="radio"/> Nevada         | <input type="radio"/> British Columbia     |
| <input type="radio"/> Arizona       | <input type="radio"/> New Hampshire  | <input type="radio"/> Manitoba             |
| <input type="radio"/> Arkansas      | <input type="radio"/> New Jersey     | <input type="radio"/> New Brunswick        |
| <input type="radio"/> California    | <input type="radio"/> New Mexico     | <input type="radio"/> Newfoundland         |
| <input type="radio"/> Colorado      | <input type="radio"/> New York       | <input type="radio"/> Nova Scotia          |
| <input type="radio"/> Connecticut   | <input type="radio"/> North Carolina | <input type="radio"/> Ontario              |
| <input type="radio"/> Delaware      | <input type="radio"/> North Dakota   | <input type="radio"/> Prince Edward Island |
| <input type="radio"/> D.C.          | <input type="radio"/> Ohio           | <input type="radio"/> Quebec               |
| <input type="radio"/> Florida       | <input type="radio"/> Oklahoma       | <input type="radio"/> Saskatchewan         |
| <input type="radio"/> Georgia       | <input type="radio"/> Oregon         |  |
| <input type="radio"/> Hawaii        | <input type="radio"/> Pennsylvania   |  |
| <input type="radio"/> Idaho         | <input type="radio"/> Puerto Rico    |  |
| <input type="radio"/> Illinois      | <input type="radio"/> Rhode Island   |  |
| <input type="radio"/> Indiana       | <input type="radio"/> South Carolina |  |
| <input type="radio"/> Iowa          | <input type="radio"/> South Dakota   |  |
| <input type="radio"/> Kansas        | <input type="radio"/> Tennessee      |  |
| <input type="radio"/> Kentucky      | <input type="radio"/> Texas          |  |
| <input type="radio"/> Louisiana     | <input type="radio"/> Utah           |  |
| <input type="radio"/> Maine         | <input type="radio"/> Vermont        |  |
| <input type="radio"/> Maryland      | <input type="radio"/> Virginia       |  |
| <input type="radio"/> Massachusetts | <input type="radio"/> Virgin Islands |  |
| <input type="radio"/> Michigan      | <input type="radio"/> Washington     |  |
| <input type="radio"/> Minnesota     | <input type="radio"/> West Virginia  |  |
| <input type="radio"/> Mississippi   | <input type="radio"/> Wisconsin      |  |
| <input type="radio"/> Missouri      | <input type="radio"/> Wyoming        |  |
| <input type="radio"/> Montana       |                                      |  |

12. At what level are you currently licensed/certified/registered (check all that apply)?

- ☐ Associate
- ☐ BSW
- ☐ MSW (graduate)
- ☐ MSW (2 or more years post-MSW experience)
- ☐ MSW (2 or more years post-MSW clinical experience)

13. Gender

- ☐ Female
- ☐ Male

14. Which of the following categories best describes your ethnic background?

- ☐ North American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Black or African American/Canadian
- ☐ Caucasian
- ☐ French-Canadian
- ☐ Hispanic/Latin American
- ☐ Puerto Rican
- ☐ Other \_\_\_\_\_

(Please specify.)

15. What is your age category?

- ☐ Under 21
- ☐ 21-25
- ☐ 26-30
- ☐ 31-35
- ☐ 36-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-70
- ☐ Over 70

## SECTION 2: WORK TASKS

Rate each task according to its relevance to your current practice of social work. Use the three scales below (Frequency, Importance, and Performance). Any task not performed in your current practice should be rated as "Not Performed" on the Frequency scale and "Not Performed" on the Importance scale. Rate each task on the Performance scale regardless of whether you perform a task in your current practice.

Do you perform this task?

- (1) Not at all (a few times a year.)
- (2) Rarely (approximately 1-3 times per month.)
- (3) Sometimes (approximately 1-3 times per week.)
- (4) Often (approximately 1-3 times per week.)
- (5) Daily (approximately 1-3 times per week.)

How important is the competent performance of this task to effective social work practice, regardless of how often you perform it?

Do you need to know how to do this task at the time you were licensed at your current level of practice; that is, Associate, BSW, or MSW with at least two years of advanced, or clinical post-graduate experience. (Please answer even if you don't perform this task)

This task represents a task that is not performed. However, it is a task of high importance, and one that you would be expected to be able to perform at the time of licensure.

This task represents a task that is seldom performed, has low importance, and can be learned on the job.

TASKS	FREQUENCY					IMPORTANCE				PERFORMANCE		
	NOT PERFORMED	RARELY	SOMETIMES	OFTEN	DAILY	NO IMPORTANCE	LOW IMPORTANCE	MODERATE IMPORTANCE	HIGH IMPORTANCE	DO NOT KNOW	NO	YES
EXAMPLE A												
EXAMPLE B												
1. Determine clients' eligibility for services.												
2. Assess clients' needs and suitability for treatment for addictions.												
3. Assess couples to determine strengths and dysfunctional behavior.												
4. Assess suitability of individuals to be adoptive parents.												
5. Engage clients' participation in the assessment process.												
6. Assess the nature and severity of clients' crisis situations.												
7. Assess clients' use/abuse of alcohol, illegal drugs, or prescribed medication.												
8. Assess clients' risk of danger to self and others.												
9. Obtain clients' biopsychosocial history.												
10. Assess the significance of cultural background to clients.												
11. Assess the significance of spiritual beliefs to clients.												
12. Assess individuals to determine strengths and dysfunctional behavior.												
13. Administer standardized instruments to measure clients' symptoms and behaviors.												
14. Formulate a psychosocial assessment.												
15. Assess parenting skills and capacities.												



# TASKS

ASSESSMENT AND PLANNING (Continued)	16. Develop a treatment or service plan with clients based on diagnostic assessment.
	17. Incorporate client cultural factors in developing treatment/service plans.
	18. Develop a time frame for interventions with clients.
	19. Conduct court-related/forensic evaluations.
	20. Conduct protective services investigations.
	21. Determine appropriate action in cases of suspected abuse and neglect.
	22. Assess suitability of individuals to be foster parents.
	23. Assess clients' needs and suitability for group services.
	24. Assess clients' needs and suitability for family treatment.
	25. Assess clients' needs and suitability for training and employment services.
	26. Assess clients' needs and suitability for community organization or community development services.
	27. Assist clients to understand how environment influences human behavior.
	28. Facilitate parents' understanding of child development.
	29. Assist groups to mobilize their resources to reach goals.
	30. Provide intensive case management for children.
	31. Conduct on-line/computer-based practice (non-face-to-face assessment, interventions, etc.) with clients.
	32. Engage clients in planning and implementing services.
	33. Assist clients in prioritizing and prioritizing their problems into manageable parts.
	34. Develop tasks with clients to achieve goals.
	35. Apply a range of interventions in providing services to a client.
	36. Assist clients in developing greater self-awareness.
	37. Provide support to clients to achieve positive self-image.
	38. Help individuals understand their patterns of interaction.
	39. Confront clients about their inappropriate behaviors.
	40. Assist clients to obtain needed resources.
DIRECT SERVICE DELIVERY	41. Provide skill training to clients.
	42. Help clients understand the implications of medical or psychological reports.
	43. Apply knowledge of various disease processes in providing services.
	44. Assist clients with separation issues.
	45. Help couples understand their patterns of interaction.
	46. Help families understand their patterns of interaction.
	47. Assist groups to create, identify, and use helping networks.
	48. Help clients advocate for their rights.
	49. Provide outreach services to clients and potential clients.
	50. Work with clients mandated for services.
	51. Make out-of-home placements.
	52. Provide intensive case management for adults.

## FREQUENCY

## IMPORTANCE

NOT PERFORMED SELDOM MONTHLY WEEKLY DAILY	NO IMPORTANCE LOW IMPORTANCE MODERATE IMPORTANCE HIGH IMPORTANCE	DONT KNOW NO
16	1	2
17	1	2
18	1	2
19	1	2
20	1	2
21	1	2
22	1	2
23	1	2
24	1	2
25	1	2
26	1	2
27	1	2
28	1	2
29	1	2
30	1	2
31	1	2
32	1	2
33	1	2
34	1	2
35	1	2
36	1	2
37	1	2
38	1	2
39	1	2
40	1	2
41	1	2
42	1	2
43	1	2
44	1	2
45	1	2
46	1	2
47	1	2
48	1	2
49	1	2
50	1	2
51	1	2
52	1	2

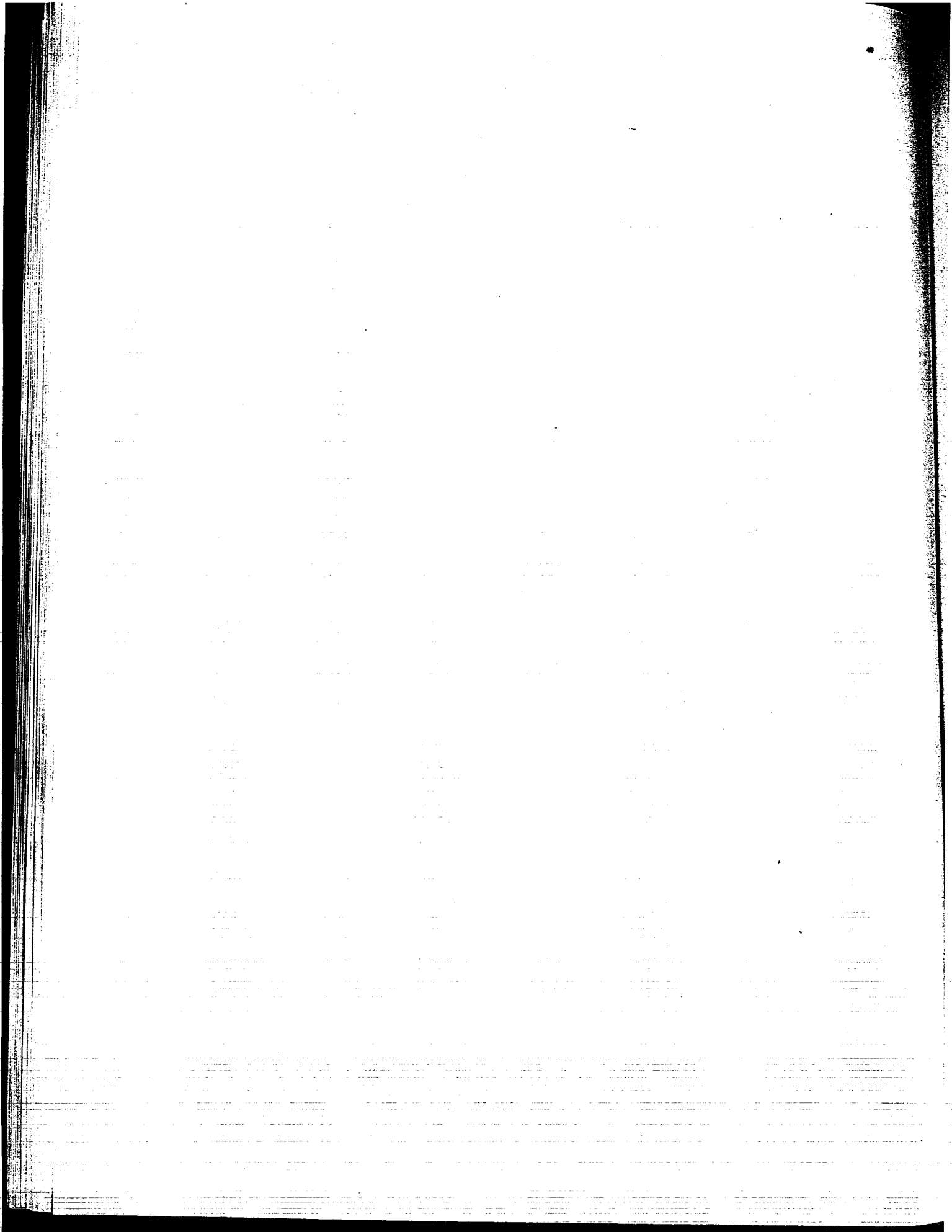
	FREQUENCY					IMPORTANCE				PERFORMANCE		
	NOT PERFORMED	SELDOM	SOMETIMES	WEEKLY	DAILY	NO IMPORTANCE	LOW IMPORTANCE	MODERATE IMPORTANCE	HIGH IMPORTANCE	DON'T KNOW	NO	YES
1. Adjust to the agency's practice.												
2. Resolve conflict.												
3. Inform clients about progress toward goals.												
4. Work in planned time frames.												
5. Communicate appropriately with clients.												
6. Appear in court hearings.												
7. Obtain resources to meet clients' needs.												
8. Consult with other professionals regarding referrals to clients.												
9. Attend team meetings.												
10. Work to secure services for clients.												
11. Testify in legislative hearings on human issues.												
12. Maintain a system of agency/practice setting record.												
13. Maintain appropriate documentation and correspondence.												
14. Prepare reports summarizing work activities.												
15. Prepare budget materials and documentation.												
16. Advocate for policy and/or procedural changes.												
17. Advocate for clients' rights.												
18. Obtain cooperation and support from appropriate decision-makers.												
19. Develop and write proposals for funding.												
20. Market and promote agency/practice setting services.												
21. Develop measurable outcomes for evaluating interventions.												
22. Review documents and contracts to monitor adherence to agency/practice setting policies.												
23. Help clients assess the outcome of services.												
24. Collect data on the quality and outcomes of current programs or services.												
25. Monitor records and other available information to evaluate organizational effectiveness.												
26. Analyze outcome data to evaluate program or service effectiveness.												
27. Monitor programs to assess quality of services and compliance with guidelines.												
28. Discuss intervention strategies with supervisees.												
29. Improve practice through the use of courses, workshops, conferences, and/or printed material.												
30. Supervise and evaluate social work students.												
31. Conduct performance evaluations of staff.												
32. Recruit and/or supervise volunteers.												
33. Conduct professional development activities.												
34. Coordinate and allocate staff and material resources.												
35. Provide feedback to staff about agency/practice setting plans and decisions.												

ETHICS AND VALUES	TASKS	
	90. Support clients' right to make decisions for themselves.	
	91. Take appropriate action when ethical violations are identified.	
	92. Obtain clients' permission to make a referral.	
	93. Maintain appropriate boundaries with clients.	
	94. Determine whether agency/practice setting policies, procedures and materials are consistent with social work ethics.	
	95. Consult social work ethics to resolve practice problems.	
	96. Practice within regulations and laws affecting social work practice.	

FREQUENCY					IMPORTANCE				PERFORMANCE		
NOT PERFORMED	BELOW	MONTHLY	WEEKLY	DAILY	NO IMPORTANCE	LOW IMPORTANCE	MODERATE IMPORTANCE	HIGH IMPORTANCE	DON'T KNOW	NO	YES
20	3	10	15	20	10	1	2	3	20	10	1
20	3	10	15	20	10	1	2	3	20	10	1
20	3	10	15	20	10	1	2	3	20	10	1
20	3	10	15	20	10	1	2	3	20	10	1
20	3	10	15	20	10	1	2	3	20	10	1
20	3	10	15	20	10	1	2	3	20	10	1
20	3	10	15	20	10	1	2	3	20	10	1
20	3	10	15	20	10	1	2	3	20	10	1

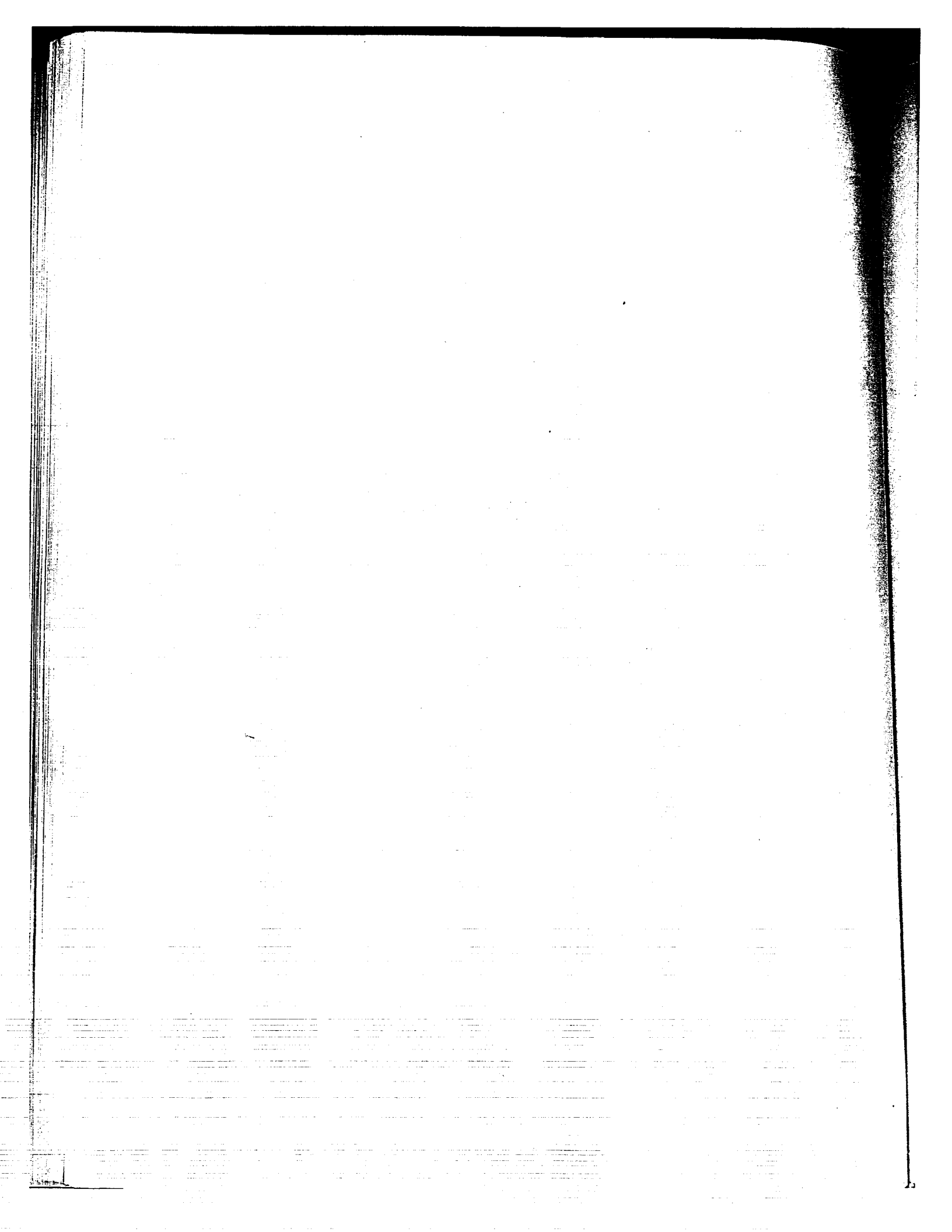
## Appendix C

### Common Items, Forms A and B



**Common Item Placement on Master List of Task Statements  
and Survey Forms A & B**

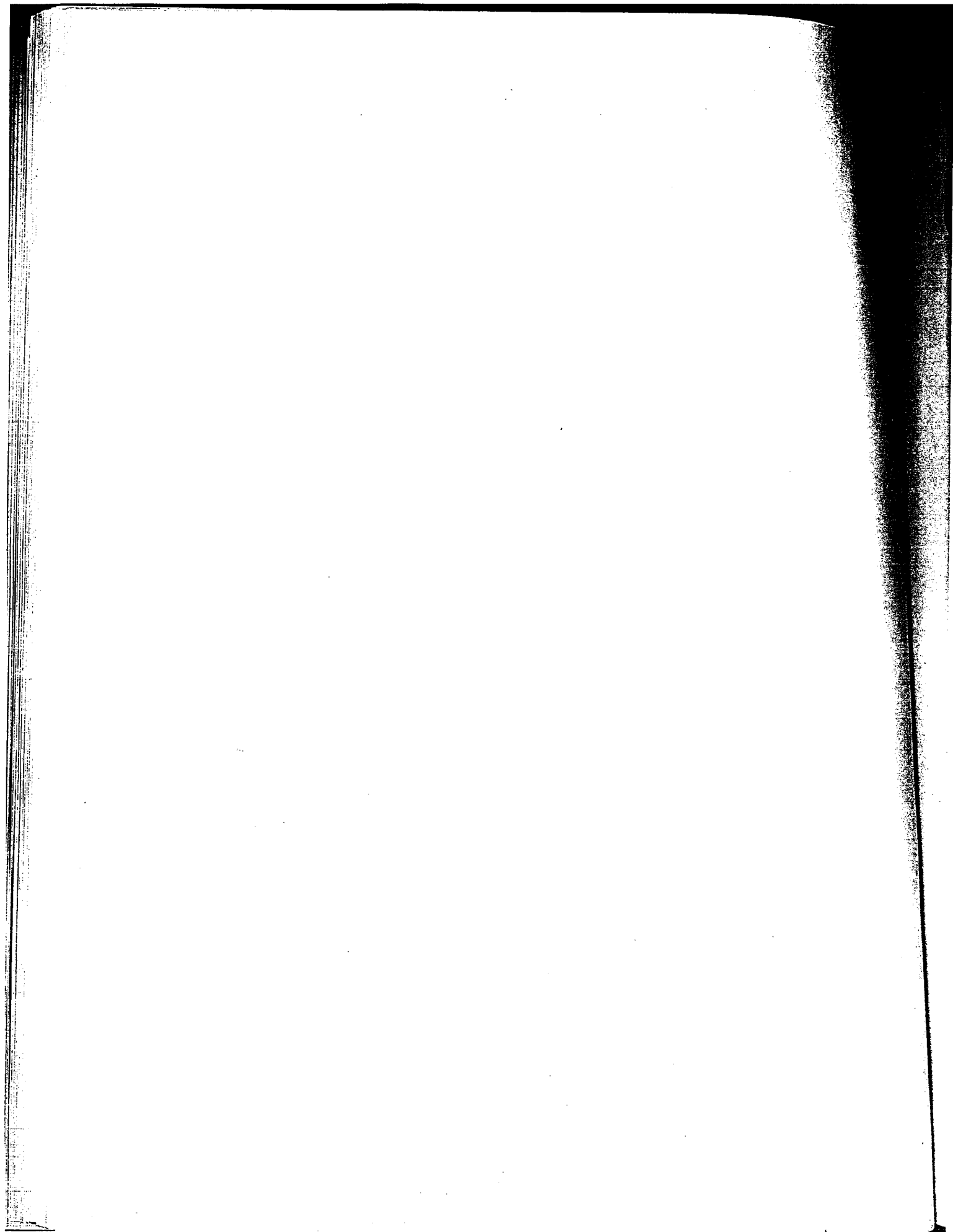
Task		Form	
		A	B
Assessment and Planning			
1	Determine clients' eligibility for services.	1	1
2	Assess clients' needs and suitability for treatment for addictions.	2	2
3	Assess couples to determine strengths and dysfunctional behavior.	3	3
4	Assess suitability of individuals to be adoptive parents.	4	4
Direct Service Delivery			
27	Assist clients to understand how environment influences human behavior.	27	27
28	Facilitate parents' understanding of child development.	28	28
29	Assist groups to mobilize their resources to reach goals.	29	29
30	Provide intensive case management for children.	30	30
31	Conduct on-line/computer-based practice (non-face-to-face assessment, interventions, etc.) with clients.	31	31
Indirect Service Delivery			
60	Provide testimony in court hearings.	60	60
61	Advocate for resources to meet clients' needs.	61	61
Evaluation			
75	Develop measurable outcomes for evaluating interventions.	75	75
76	Review documents and contracts to monitor adherence to agency/practice setting policies.	76	76
Supervision and Education			
82	Discuss intervention strategies with supervisees.	82	82
Ethics and Values			
90	Support clients' right to make decisions for themselves.	90	90
91	Take appropriate action when ethical violations are identified.	91	91



## Appendix D – Survey Mailings

U.S. Alert Letters and Follow-Up Mailings





Dear [name]:

Please help us update the national social work licensing examinations. The Association of Social Work Boards (ASWB) is conducting a comprehensive study of current social work practice. To fully understand the scope of this practice we need first-hand information from licensed professionals like you.

Your response to the survey will help to update the national social work licensing examinations taken by over 22,000 social workers each year. The study will also provide a valuable description of social work practice across a variety of settings and geographic areas.

If you would like to complete the survey over the Internet, you may do so by going to:

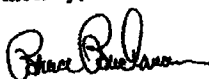
<http://www.act.org/cgi-bin/surveys/aswb/forma/forma.cgi>

If you choose to complete the Internet version of the survey, please plan to do it in one sitting as you will not be able to "save" a partially completed form. It should take about an hour to respond to the 96 questions. To begin the Internet survey, type your four-digit user code (XXXX) in the box for question one. When you have concluded your survey, click on the Save & Quit button at the end to return your responses to ACT, Inc., the nonprofit research and testing organization that is conducting ASWB's confidential survey. You will be receiving a survey of your professional practice and activities in the mail in approximately one week. *If you decide to answer the survey on the web, please discard the paper survey when you receive it. You should not answer both ways.*

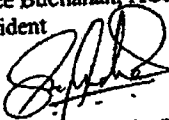
All participants who complete a survey over the Internet or by mail will receive one hour of continuing education credit. **You must fill in the four-digit user code in question one in order to receive the CE credit.** ASWB will forward your CE certificate to you.

Thank you for taking the time to make a valuable contribution to your profession.

Sincerely,



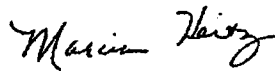
Bruce Buchanan, ACSW, LISW  
President



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Co-Chairperson  
Practice Analysis Task Force



Donna DeAngelis, LICSW, ACSW  
Executive Director



Marcia Heitz, LCSW  
Co-Chairperson  
Practice Analysis Task Force

Executive Director

Donna DeAngelis, LICSW, ACSW

US-Alert letter

G-1

400 South Ridge Parkway, Suite B, Culpeper, VA 22701 Phone: (540) 829-6880 Fax: (540) 829-0142  
Webpage: [www.aswb.org](http://www.aswb.org) E-mail: [info@aswb.org](mailto:info@aswb.org)



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Walton Stamper, CPM  
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Donna DeAngelis, LCSW, ACSW

[Date]

Dear {Name}:

The Association of Social Work Boards (ASWB) invites you to contribute to the future of your profession by participating in our analysis of social work practice. The content of ASWB national social work licensing examinations is based on information gathered during this very important process. You are part of a carefully selected sample of licensed social workers. The sample was chosen to be representative of the social work profession with regard to gender, race/ethnicity, geographic composition, and level of practice.

We understand that you are busy, but if you would take no more than one hour of your time to complete the survey questions you will make an enormous contribution to the social work profession and earn one hour of continuing education credit at the same time.

As an alternative to completing and returning the enclosed paper form, you have the option of completing the survey on the Internet. You can access the survey at:

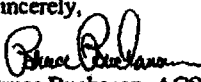
<http://www.act.org/cgi-bin/surveys/aswb/forma/forma.cgi>

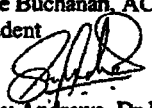
If you choose to complete the Internet version of the survey, *please plan to do it in one sitting* as you will not be able to "save" a partially completed form. To begin the Internet survey, type your four-digit user code (XXXX) in the box for question one. When you have concluded your survey, click on the Save & Quit button at the end to return your responses to ACT, Inc., the nonprofit research and testing organization that is conducting ASWB's confidential survey. *If you decide to answer the survey on the web, please discard the paper survey. You should not answer both ways.*

If you prefer, fill out the enclosed paper copy and return it to ACT by mail in the envelope provided. If you wish to receive a CE certificate be sure to fill in the four-digit code. ASWB will forward your CE certificate to you on the basis of the four-digit code entered either on the web survey or the paper survey. Further information about the continuing education credit can be found on the ASWB website, [www.aswb.org](http://www.aswb.org).

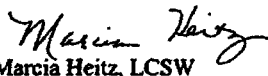
We appreciate your participation, and the commitment to the social work profession that it reflects.

Sincerely,

  
Bruce Buchanan, ACSW, LISW  
President

  
Sunny Andrews, Dr.P.H., LCSW  
Co-Chairperson  
Practice Analysis Task Force

  
Donna DeAngelis, LCSW, ACSW  
Executive Director

  
Marcia Heitz, LCSW  
Co-Chairperson  
Practice Analysis Task Force

US-Survey letter

G-2

400 South Ridge Parkway, Suite B, Culpeper, VA 22701 Phone: (540) 829-6880 Fax: (540) 829-0142  
Webpage: [www.aswb.org](http://www.aswb.org) E-mail: [info@aswb.org](mailto:info@aswb.org)

[Date]

Dear [Name]:

Recently, the Association of Social Work Boards (ASWB) sent you information about a survey of professional practice. The purpose of the survey is to obtain valuable information about your current practice.

If you have already submitted the survey, please accept our sincere thanks. If you haven't had a chance to complete it, please try to do so within the next few days. We selected you to participate because your input will help to maintain the fairness and validity of the licensing exams for candidates nationwide. The survey will take no more than an hour to complete, and you will receive a certificate for one hour of continuing education credit from ASWB for submitting a completed survey.

As an alternative to completing and returning the paper form, you have the option of completing the survey on the Internet. You can access the survey at:

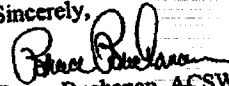
<http://www.act.org/cgi-bin/surveys/aswb/forma/forma.cgi>

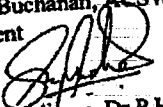
If you choose to complete the Internet version of the survey, please plan to do it in one sitting as you will not be able to "save" a partially completed form. To begin the Internet survey, type your four-digit user code (XXXX) in the box for question one. When you have concluded your survey, click on the Save & Quit button at the end to return your responses to ACT, Inc., the nonprofit research and testing organization that is conducting ASWB's confidential survey. *If you decide to answer the survey on the web, please discard the paper survey when you receive it. You should not answer both ways.*

If you prefer, you may fill out the paper copy and return it to ACT by mail. Be sure to fill in the four-digit code if you wish to receive a CE certificate. ASWB will forward your CE certificate to you on the basis of the four-digit code entered either on the web survey or on the paper survey. Further information about the continuing education credit can be found on the ASWB website, [www.aswb.org](http://www.aswb.org).

Thank you for your participation.

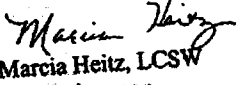
Sincerely,

  
Bruce Buchanan, ACSW, LISW  
President

  
Sunny Andrews, Dr.P.H., LCSW  
Co-Chairperson  
Practice Analysis Task Force

Executive Director  
Donna DeAngelis, LICSW, ACSW

  
Donna DeAngelis, LICSW, ACSW  
Executive Director

  
Marcia Heitz, LCSW  
Co-Chairperson  
Practice Analysis Task Force

US-Reminder/thank you letter

400 South Ridge Parkway, Suite B, Culpeper, VA 22701 Phone: (540) 829-6880 Fax: (540) 829-0142  
Webpage: [www.aswb.org](http://www.aswb.org) E-mail: [info@aswb.org](mailto:info@aswb.org)

G-3



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Wisconsin

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Massachusetts

##### Executive Director

Donna DeAngelis, LICSW, ACSW

[Date]

Dear [Name]:

Several weeks ago, you received a request to participate in a survey of the social work profession being conducted by the Association of Social Work Boards (ASWB). Because we have not yet received a response from you we encourage you once again to be included in the survey, for these reasons:

- We need first-hand information from professionals in the field, like you, to understand current practice.
- You are part of a carefully selected sample of licensed social workers chosen to be representative of the social work profession with regard to gender, race/ethnicity, geographic composition, and level of practice.
- The survey will take no more than an hour, and you will be eligible to receive a certificate for one hour of continuing education credit from ASWB.
- All information will be kept confidential and reported as compilations.
- Your participation demonstrates a commitment to your profession.

As an alternative to completing and returning the enclosed paper form, you have the option of completing the survey on the Internet. You can access the survey at:

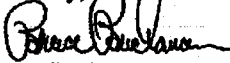
<http://www.act.org/cgi-bin/surveys/aswb/forma/forma.cgi>


If you choose to complete the Internet version of the survey, *please plan to do it in one sitting* as you will not be able to "save" a partially completed form. To begin the Internet survey, type your four-digit user code (XXXX) in the box for question one. When you have concluded your survey, click on the Save & Quit button at the end to return your responses to ACT, Inc., the nonprofit research and testing organization that is conducting ASWB's confidential survey. *If you decide to answer the survey on the web, please discard the paper survey when you receive it. You should not answer both ways.*


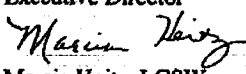
If you prefer, fill out the enclosed paper copy and return it to ACT by mail in the envelope provided. *If you wish to receive a CE certificate be sure to fill in the four-digit code.* ASWB will forward your CE certificate to you on the basis of the four-digit code entered either on the web survey or on the paper survey. Further information about the continuing education credit can be found on the ASWB website, [www.aswb.org](http://www.aswb.org).

Thank you for your participation.

Sincerely,

  
Bruce Buchanan, ACSW, LISW  
President

  
Sunny Andrews, Dr.P.H., LCSW  
Co-Chairperson  
Practice Analysis Task Force

  
Donna DeAngelis, LICSW, ACSW  
Executive Director  
  
Marcia Heitz, LCSW  
Co-Chairperson  
Practice Analysis Task Force

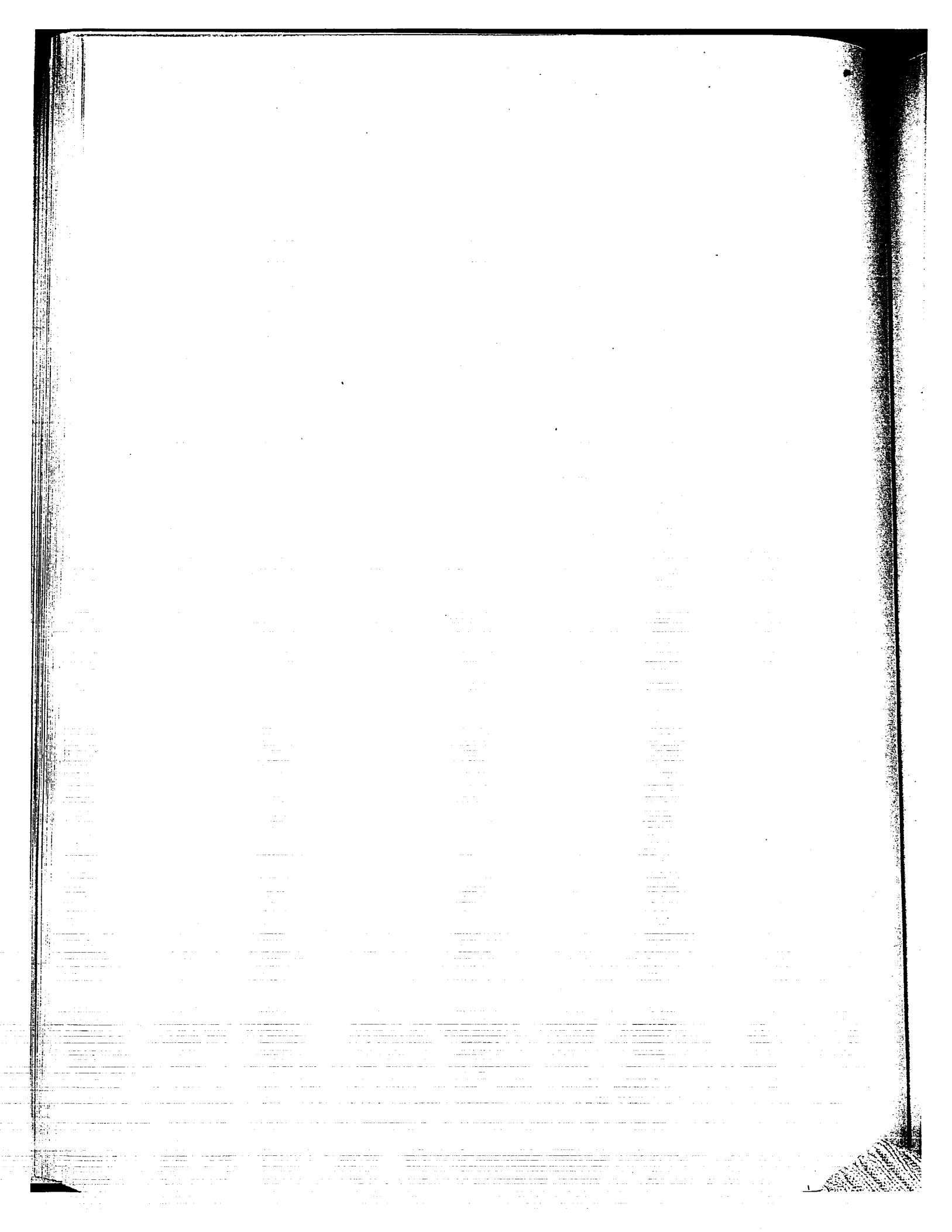
US-Non-respondent letter

G-4

400 South Ridge Parkway, Suite B, Culpeper, VA 22701 Phone: (540) 829-6880 Fax: (540) 829-0142  
Webpage: [www.aswb.org](http://www.aswb.org) E-mail: [info@aswb.org](mailto:info@aswb.org)

## Appendix D

### Canadian Alert Letters and Follow-Up Mailings Sample: Alberta





ACSW

Alberta College  
of Social Workers

College des travailleurs  
sociaux de l'Alberta

TOGETHER... THE COURAGE FOR CHANGE

October 11, 2002

Dear Colleague:

**Re: Social Work Practice Analysis**

The Alberta College of Social Workers (ACSW) is pleased to introduce you to the Association of Social Work Boards (ASWB). Headquartered in Culpeper, Virginia, ASWB is now an international organization that supports provincial and state social work regulatory organizations through the development of examinations for four different levels of social work practice beginning with the BSW degree.

As the first Canadian member of ASWB, the ACSW already uses the clinical social work examination as part of the standard for the use of the restricted title, "Clinical Social Worker." After a thorough review by subject matter experts, ASWB's clinical social work exam was found to exceed our expectations as a means of evaluating applicants' readiness to use this restricted title. Over the next several years, ACSW plans to expand use of ASWB's examinations to include other level examinations. This process will help us achieve our goal.

The process for developing the different levels of examinations begins with a practice analysis. As part of the process you are asked to complete a questionnaire that is designed to answer the question, "What is it that social workers actually do?" Based on the results, the ASWB will revise its various examinations to ensure that they actually "test" for what it is that social workers are expected to do in the work they perform.

As part of its commitment to advancing the profession, ACSW has agreed to pay for the cost of the Canadian component of the practice analysis. We believe that by obtaining this baseline information, the results will help all of us understand what social workers actually do. ACSW is pleased that a number of other provinces have agreed to participate in this initiative to obtain information relevant to the profession.

Your co-operation and assistance by completing the questionnaire in a timely fashion will be much appreciated and contribute immensely to the development of our profession.

Thank you.

Sincerely,

Jake Kuiken MSW, BSW  
President  
Alberta College of Social Workers

Suite 550 10707 - 100 Avenue Edmonton, Alberta T5J 3M1 [www.acsw.ab.ca](http://www.acsw.ab.ca)  
Phone: (780) 421-1167 Fax: (780) 421-1168 Toll Free: 1-800-661-3089

Member of the Canadian Association of Social Workers





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Douglas Knight, MSW, CKSW  
Wisconsin

Walton Stamper, C.P.M.  
Massachusetts

##### Executive Director

Donna DeAngelis, LICSW, ACSW

Dear [name]:

The Association of Social Work Boards (ASWB) is conducting a comprehensive study of current social work practice in Canada and the United States. To fully understand the scope of this practice we need first-hand information from registered professionals like you.

Your response to the survey will help to update the detailed analysis of social work practice maintained by ASWB. The study will also provide a valuable description of social work practice across a variety of settings and geographic areas.

If you would like to complete the survey over the Internet, you may do so by going to:

<http://www.act.org/cgi-bin/surveys/aswb/forma/forma.cgi>

If you choose to complete the Internet version of the survey, *please plan to do it in one sitting* as you will not be able to "save" a partially completed form. It should take about an hour to respond to the 96 questions. To begin the Internet survey, type your four-digit user code (XXXX) in the box for question one. When you have concluded your survey, click on the Save & Quit button at the end to return your responses to ACT, Inc., the nonprofit research and testing organization that is conducting ASWB's confidential survey. You will be receiving a survey of your professional practice and activities in the mail in approximately one week. *If you decide to answer the survey on the web, please discard the paper survey when you receive it. You should not answer both ways.*

All participants who complete a survey over the Internet or by mail will receive one hour of continuing education credit. **You must fill in the four-digit user code in question one in order to receive the CE credit.** ASWB will forward your CE certificate to you.

The use of ID numbers is to help ensure the integrity of the survey process only. No individual data will be released. The data collected in this survey will be analyzed to determine both similarities as well as differences between social work practice in Canada and the United States. Thank you for taking the time to make a valuable contribution to your profession.

Sincerely,

Bruce Buchanan, ACSW, LISW  
President

Sunny Andrews, Dr.P.H., LCSW  
Co-Chairperson  
Practice Analysis Task Force

Donna DeAngelis, LICSW, ACSW  
Executive Director

Marcia Heitz, LCSW  
Co-Chairperson  
Practice Analysis Task Force

Alberta-Alert letter

H-2

400 South Ridge Parkway, Suite B, Culpeper, VA 22701 Phone: (540) 829-6880 Fax: (540) 829-0142  
Webpage: [www.aswb.org](http://www.aswb.org) E-mail: [info@aswb.org](mailto:info@aswb.org)

Association of  
Social  
Work  
Boards

[Date]

Dear {Name}:

The Association of Social Work Boards (ASWB) invites you to contribute to the future of your profession by participating in our analysis of social work practice. The content of the detailed analysis of social work professional practice maintained by ASWB is based on information gathered during this very important process. You are part of a carefully selected sample of registered social workers in Canada and the United States. The sample was chosen to be representative of the social work profession with regard to gender, race/ethnicity, geographic composition, and level of practice.

We understand that you are busy, but if you would take no more than one hour of your time to complete the survey questions you will make an enormous contribution to the social work profession.

As an alternative to completing and returning the enclosed paper form, you have the option of completing the survey on the Internet. You can access the survey at:

<http://www.act.org/cgi-bin/surveys/aswb/forma/forma.cgi>

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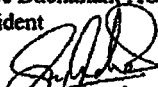
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We appreciate your participation, and the commitment to the social work profession that it reflects.

Sincerely,



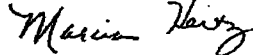
Bruce Buchanan, ACSW, LISW  
President



Sunny Andrews, Dr.P.H., LCSW  
Co-Chairperson  
Practice Analysis Task Force  
Alberta-Survey letter



Donna DeAngelis, LICSW, ACSW  
Executive Director



Marcia Heitz, LCSW  
Co-Chairperson  
Practice Analysis Task Force

H-3

400 South Ridge Parkway, Suite B, Culpeper, VA 22701 Phone: (540) 829-6880 Fax: (540) 829-0142  
Webpage: [www.aswb.org](http://www.aswb.org) E-mail: [info@aswb.org](mailto:info@aswb.org)

Executive Director  
Donna DeAngelis, LICSW, ACSW



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Colorado

Douglas Knight, MSW, ACSW  
Wisconsin

Walton Stamper, CPM  
Massachusetts

##### Executive Director

Donna DeAngelis, LCSW, ACSW

[Date]

Dear [Name]:

Recently, the Association of Social Work Boards (ASWB) sent you information about a survey of professional practice being conducted in Canada and the United States. The purpose of the survey is to obtain valuable information about your current practice.

If you have already submitted the survey, please accept our sincere thanks. If you haven't had a chance to complete it, please try to do so within the next few days. We selected you to participate because your input will help to maintain the fairness and validity of the detailed analysis of social work professional practice maintained by ASWB. The survey will take no more than an hour to complete.

As an alternative to completing and returning the paper form, you have the option of completing the survey on the Internet. You can access the survey at:

<http://www.act.org/cgi-bin/surveys/aswb/forma/forma.cgi>

If you choose to complete the Internet version of the survey, *please plan to do it in one sitting* as you will not be able to "save" a partially completed form. To begin the Internet survey, type your four-digit user code (XXXX) in the box for question one. When you have concluded your survey, click on the Save & Quit button at the end to return your responses to ACT, Inc., the nonprofit research and testing organization that is conducting ASWB's confidential survey. *If you decide to answer the survey on the web, please discard the paper survey when you receive it. You should not answer both ways.*

All participants who complete a survey over the Internet or by mail will receive one hour of continuing education credit. **You must fill in the four-digit user code in question one in order to receive the CE credit.** ASWB will forward your CE certificate to you.

If you prefer, you may fill out the paper copy and return it to ACT by mail. The use of ID numbers is to help ensure the integrity of the survey process only. No individual data will be released. The data collected in this survey will be analyzed to determine both similarities as well as differences between social work practice in Canada and the United States.

Thank you for your participation.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bruce Buchanan".

Bruce Buchanan, ACSW, LISW  
President

A handwritten signature in dark ink, appearing to read "Sunny Andrews".

Sunny Andrews, Dr.P.H., LCSW  
Co-Chairperson  
Practice Analysis Task Force

A handwritten signature in dark ink, appearing to read "Donna DeAngelis".

Donna DeAngelis, LCSW, ACSW  
Executive Director

A handwritten signature in dark ink, appearing to read "Marcia Heitz".

Marcia Heitz, LCSW  
Co-Chairperson  
Practice Analysis Task Force

Alberta-Reminder/Thank you letter

H-4

400 South Ridge Parkway, Suite B, Culpeper, VA 22701 Phone: (540) 829-6880 Fax: (540) 829-0142  
Webpage: [www.aswb.org](http://www.aswb.org) E-mail: [info@aswb.org](mailto:info@aswb.org)

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Massachusetts

Executive Director  
Donna DeAngelis, LCSW, ACSW

[Date]

Dear [Name]:

Several weeks ago, you received a request to participate in a survey of the social work profession being conducted by the Association of Social Work Boards (ASWB) in Canada and the United States. Because we have not yet received a response from you we encourage you once again to be included in the survey, for these reasons:

- We need first-hand information from professionals in the field, like you, to understand current practice.
- You are part of a carefully selected sample of registered social workers chosen to be representative of the social work profession with regard to gender, race/ethnicity, geographic composition, and level of practice.
- The survey will take no more than an hour to complete.
- All information will be kept confidential and reported as compilations.
- Your participation demonstrates a commitment to your profession.

As an alternative to completing and returning the enclosed paper form, you have the option of completing the survey on the Internet. You can access the survey at:

<http://www.act.org/cgi-bin/surveys/aswb/forma/forma.cgi>

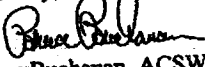
If you choose to complete the Internet version of the survey, *please plan to do it in one sitting* as you will not be able to "save" a partially completed form. To begin the Internet survey, type your four-digit user code (XXXX) in the box for question one. When you have concluded your survey, click on the Save & Quit button at the end to return your responses to ACT, Inc., the nonprofit research and testing organization that is conducting ASWB's confidential survey. *If you decide to answer the survey on the web, please discard the paper survey when you receive it. You should not answer both ways.*

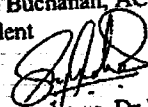
All participants who complete a survey over the Internet or by mail will receive one hour of continuing education credit. **You must fill in the four-digit user code in question one in order to receive the CE credit.** ASWB will forward your CE certificate to you.

If you prefer, fill out the enclosed paper copy and return it to ACT by mail in the envelope provided. The use of ID numbers is to help ensure the integrity of the survey process only. No individual data will be released. The data collected in this survey will be analyzed to determine both similarities as well as differences between social work practice in Canada and the United States.

Thank you for your participation.

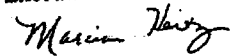
Sincerely,

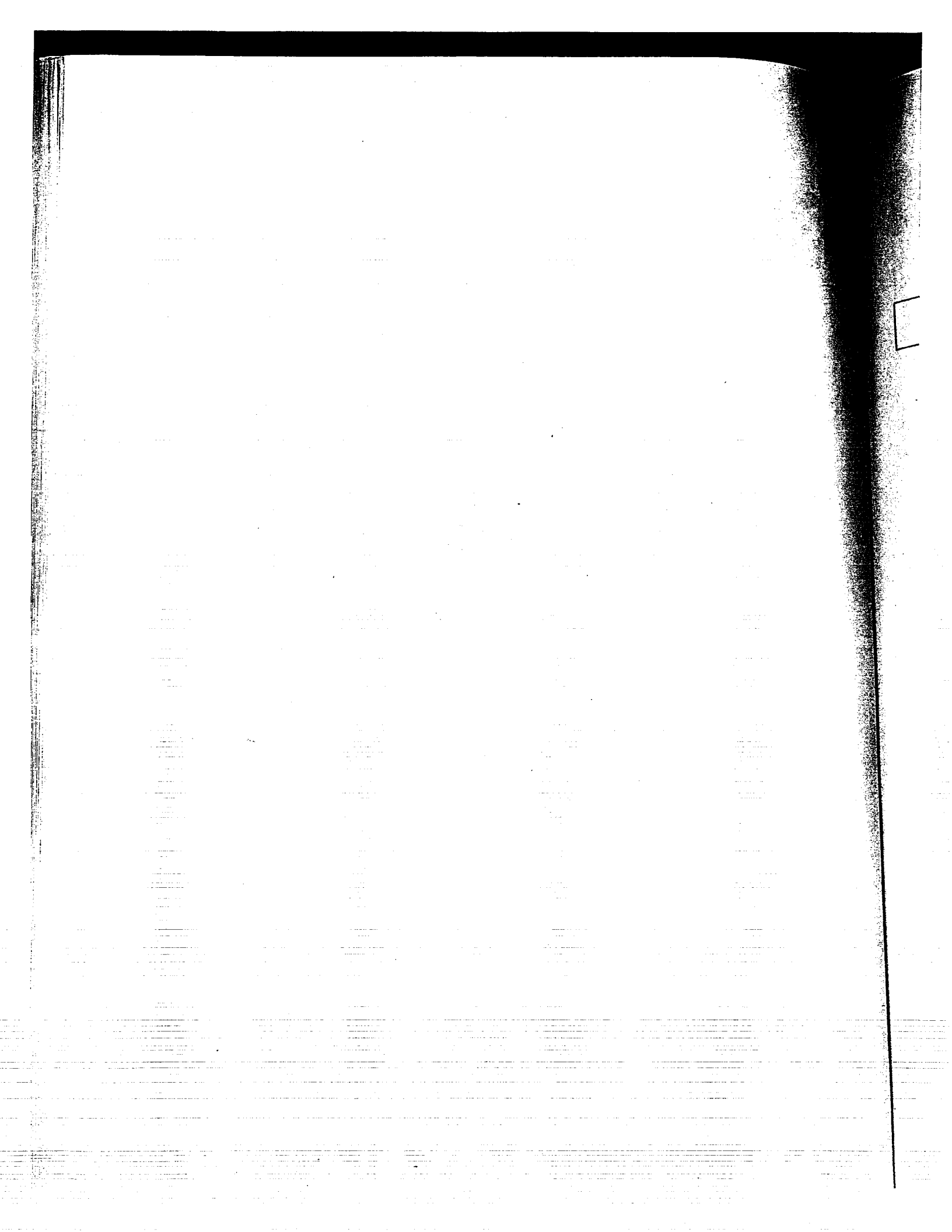
  
Bruce Buchanan, ACSW, LISW  
President

  
Sunny Andrews, Dr.P.H., LCSW  
Co-Chairperson  
Practice Analysis Task Force

Alberta Non-respondent letter  
400 South Ridge Parkway, Suite B, Culpeper, VA 22701 Phone: (540) 829-6880 Fax: (540) 829-0142  
Webpage: [www.aswb.org](http://www.aswb.org) E-mail: [info@aswb.org](mailto:info@aswb.org)

  
Donna DeAngelis, LCSW, ACSW  
Executive Director

  
Marcia Heitz, LCSW  
Co-Chairperson  
Practice Analysis Task Force



# Appendix E – Demographics

Survey Respondents  
U.S. and Canada Combined, All Levels



**Table 1: Highest Social Work Degree Held (%)**

Highest Social Work Degree Held	U.S. and Canada Combined				U.S.	Canada	U.S.& Canada
	Bach	Mast	AdvG	Clin			
No response	0.9	0.7	0.6	0.9	0.9	0.7	0.8
Have not practiced social work	93.8	0.0	0.0	0.4	15.1	62.0	25.6
Less than 1 yr	1.9	98.7	98.5	97.8	82.7	35.1	72.1
At least 1 yr but less than 2 yrs	0.2	0.1	0.4	0.4	0.3	0.2	0.3
At least 2 yrs but less than 3 yrs	3.2	0.5	0.6	0.4	1.0	2.0	1.2
At least 3 yrs but less than 5 yrs	-	-	-	-	-	-	-
At least 5 yrs but less than 10 yrs	-	-	-	-	-	-	-
At least 10 yrs but less than 15 yrs	-	-	-	-	-	-	-
At least 15 yrs but less than 20 yrs	-	-	-	-	-	-	-
20 years or more	-	-	-	-	-	-	-

Responses indicating no social work degree were considered unusable

**Table 2: Total Number of Years in Practice (%)**

Number of Years in Practice	U.S. and Canada Combined				U.S.	Canada	U.S.& Canada
	Bach	Mast	AdvG	Clin			
No response	0.4	0.8	0.6	0.8	0.7	0.4	0.7
Have not practiced social work*	-	-	-	-	-	-	-
Less than 1 yr	7.0	10.1	0.2	0.0	4.6	2.4	4.1
At least 1 yr but less than 2 yrs	14.2	20.8	1.7	0.3	10.2	3.1	8.6
At least 2 yrs but less than 3 yrs	12.4	13.9	18.8	4.4	12.0	4.3	10.3
At least 3 yrs but less than 5 yrs	13.8	18.3	18.3	16.2	18.5	8.4	16.2
At least 5 yrs but less than 10 yrs	15.8	17.7	27.0	39.1	30.4	14.5	26.8
At least 10 yrs but less than 15 yrs	14.4	8.5	12.2	16.2	12.2	18.5	13.6
At least 15 yrs but less than 20 yrs	9.2	4.0	6.8	8.2	5.1	15.5	7.4
20 years or more	12.8	5.7	14.4	14.8	6.3	32.9	12.3

Responses indicating had not practiced social work were considered unusable

**Table 3: Length of Time in Practice Since Receiving Highest Social Work Degree (%)**

Length of Time in Practice Since Receiving Highest Degree	U.S. and Canada Combined				U.S.	Canada	U.S.& Canada
	Bach	Mast	AdvG	Clin			
No response	0.4	0.3	0.0	0.0	0.1	0.4	0.2
Have not practiced social work	0.6	1.0	0.0	0.0	0.4	0.4	0.4
Less than 1 year	7.7	17.9	0.8	0.4	6.7	4.5	6.2
At least 1 yr but less than 2 yrs	16.4	45.4	3.8	0.7	17.8	4.8	14.9
At least 2 yrs but less than 3 yrs	13.6	18.2	37.6	9.8	18.9	5.3	15.9
At least 3 yrs but less than 5 yrs	13.6	7.8	25.7	27.9	22.1	10.1	19.4
At least 5 yrs but less than 10 yrs	14.9	3.2	17.1	38.4	23.6	16.5	22.0
At least 10 yrs but less than 15 yrs	14.1	2.0	4.9	9.1	4.9	20.7	8.5
At least 15 yrs but less than 20 yrs	8.6	1.4	2.9	5.1	2.4	14.0	5.0
20 years or more	10.1	2.7	7.2	8.5	3.0	23.2	7.5



**Table 4: Primary Practice Setting (%)**

Primary Practice Setting	US and Canada Combined				U.S.	Canada	U.S. & Canada
	Bach	Mast	AdvG	Clin			
No response	0.7	0.8	0.8	0.8	0.9	0.6	0.7
For-profit organization	7.5	11.2	14.3	11.6	13.5	1.1	7.3
Private practice	3.2	3.7	4.0	10.2	5.9	7.3	6.6
Not-for-profit organization	28.7	48.7	43.3	42.4	47.3	15.0	31.2
Public (local, county, state, federal or military)	57.1	31.1	33.7	31.0	28.7	72.1	50.4
Other	2.8	4.5	4.0	4.0	3.7	3.9	3.8

**Table 5: Primary Service Function of Respondent in Work Setting (%)**

Primary Service Function	U.S. and Canada Combined				U.S.	Canada	U.S. & Canada
	Bach	Mast	AdvG	Clin			
No response	2.0	1.7	3.2	2.8	2.4	2.4	2.4
Addiction services	2.7	4.4	2.5	3.6	3.6	2.6	3.1
Adult protective services	1.4	0.3	0.2	0.1	0.3	1.2	0.5
Business and industry	0.3	0.7	0.2	0.4	0.3	1.0	0.4
Child welfare or child protective services	12.0	10.2	11.2	3.9	8.0	9.3	8.3
Community organization	2.2	0.9	1.7	0.4	0.9	2.0	1.1
Correction services	2.2	0.8	1.3	1.1	1.2	1.8	1.4
Employee assistance services	1.1	0.7	0.6	1.7	0.8	2.5	1.2
Family and children's services	13.8	14.7	10.6	13.4	13.8	12.4	13.5
Higher education	0.5	0.8	1.3	0.8	0.5	1.8	0.8
Managed care	0.6	0.5	1.0	0.6	0.7	0.4	0.6
Medical, hospital, or health services	15.3	15.1	19.2	13.9	15.6	13.5	15.1
Mental health services	14.7	25.2	23.8	40.9	30.8	20.3	28.4
Mental retardation/developmental disability services	5.3	2.5	1.9	0.9	2.3	3.4	2.6
Public social services	2.9	1.7	2.1	0.9	1.4	3.2	1.8
School social work	4.7	8.3	9.7	7.6	8.0	4.5	7.2
Services for the aged	8.8	3.4	3.4	1.5	2.9	8.3	4.1
Other	9.6	8.0	6.1	5.5	6.5	9.6	7.2

**Table 6: Primary Role of Respondents (%)**

Primary role	U.S. and Canada Combined				U.S.	Canada	U.S. & Canada
	Bach	Mast	AdvG	Clin			
No response	1.3	1.2	2.1	1.2	1.4	1.2	1.3
Administrator/manager	5.5	6.4	13.5	10.0	8.3	8.9	8.4
Community organizer	1.2	0.5	0.8	0.2	0.4	1.4	0.6
Consultant	6.4	2.2	4.0	2.4	2.0	9.3	3.6
Health service provider	63.6	71.0	59.1	72.3	70.3	60.6	68.1
Instructor	2.6	1.9	1.9	1.2	1.7	2.4	1.8
Monitor/researcher	1.4	1.3	1.0	0.6	0.9	1.5	1.0
Policy analyst/lobbyist	0.1	0.1	0.2	0.1	0.1	0.2	0.1
Program planner	1.5	1.8	1.1	0.8	1.3	1.2	1.3
Supervisor	4.1	3.9	8.2	6.0	5.6	4.1	5.3
Unemployed	12.3	9.6	8.2	5.3	8.3	9.2	8.5

**Table 7: Employment Status of Respondents (%)**

Employment Status	U.S. and Canada Combined				U.S.	Canada	U.S. & Canada
	Bach	Mast	AdvG	Clin			
No response	0.1	0.2	0.2	0.1	0.1	0.1	0.1
Full time (30-40 hours per week)	83.2	84.2	86.7	83.3	85.6	78.0	83.9
Part time (29 hours or fewer per week)	12.3	12.5	11.6	14.8	12.1	17.4	13.3
Not currently employed in social work	4.5	3.1	1.5	1.8	2.3	4.5	2.8

**Table 8: Primary Location of Respondents' Clients (%)**

Primary Location of Clients	U.S. and Canada Combined				U.S.	Canada	U.S. & Canada
	Bach	Mast	AdvG	Clin			
No response	2.5	3.1	2.5	2.4	2.1	4.4	2.6
Major metropolitan area-city	30.1	38.1	35.2	33.8	33.2	36.2	33.9
Major metropolitan area-suburban	8.6	15.6	14.4	17.1	15.6	9.2	14.2
Mid-size metropolitan area	15.3	17.7	18.3	20.3	19.5	13.6	18.2
Small city or town	31.1	17.4	19.2	18.9	20.3	27.4	21.9
Rural	12.3	8.1	10.5	7.4	9.3	9.1	9.2

**Table 9: Respondents Currently Licensed/Certified/Registered & in Good Standing (%)**

U.S. and Canada Combined				U.S.	Canada	U.S. & Canada
Bachelors	Masters	Adv. Gen.	Clinical			
99.4	99.3	98.5	99.4	99.2	99.4	99.3

**Table 10: Level of Current Licensure/Certification/Registration (%)**

Level	Bach	Mast	AdvG	Clin	U.S.	Canada
No response*	-	-	-	-	-	-
Associate*	-	-	-	-	-	-
BSW	100	-	-	-	16.5	6.3
MSW (graduate)	-	100	-	-	25.0	29.4
MSW (2 or more yrs post-MSW experience)	-	-	100	-	13.0	16.7
MSW (2 or more yrs post-MSW clinical experience)	-	-	-	100	45.5	20.0

\* Responses which did not indicate level or indicated associate level were considered unusable

**Table 11: Gender of Respondents (%)**

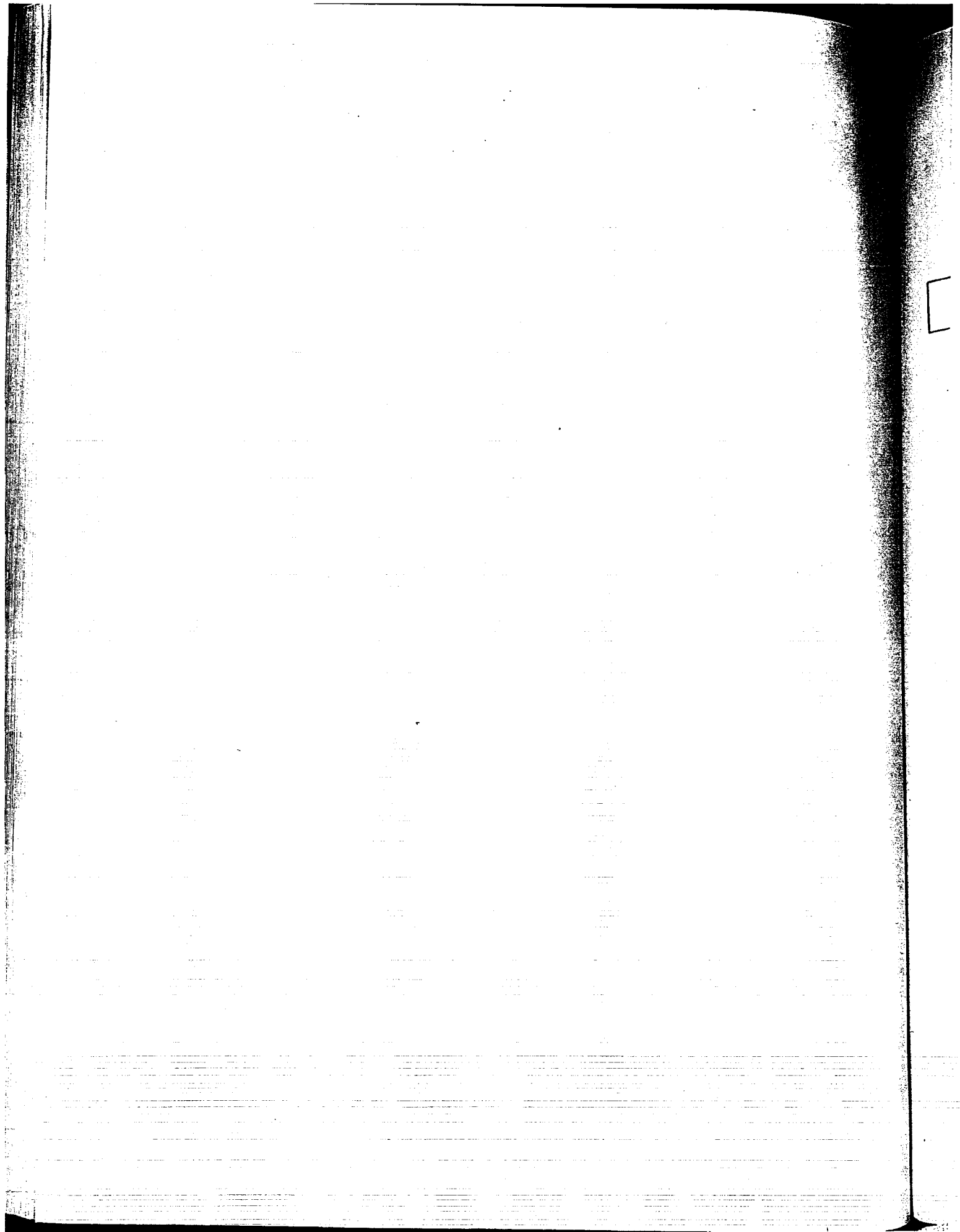
Gender	U.S. and Canada Combined				U.S. and Canada Combined		U.S. & Canada
	Bach	Mast	AdvG	Clin	U.S.	Canada	
No response	0.2	0.4	0.6	0.4	0.5	0	
Female	87.3	86.6	84.4	82.5	85.7	82.0	
Male	12.5	13.0	15.0	17.1	13.8	18.0	

**Table 12: Racial/Ethnic Background of Respondents (%)**

Race/Ethnicity	U.S. and Canada Combined				U.S. and Canada Combined		U.S. & Canada
	Bach	Mast	AdvG	Clin	U.S.	Canada	
No response	1.6	0.4	0.6	0.9	0.7	2.1	1.0
North American or Alaska Native	1.2	0.1	0.4	1.2	0.8	1.1	0.9
Asian or Pacific Islander	1.5	3.2	2.7	2.0	2.1	2.6	2.2
Black or African American/Canadian	12.3	7.7	9.3	4.7	7.4	9.8	7.9
Caucasian	62.7	80.2	79.5	84.5	83.3	55.6	77.1
French Canadian/Indigenous to Canada	8.4	1.0	1.0	1.4	0.4	12.8	3.2
Hispanic/Latin American	1.9	3.4	3.0	2.4	3.0	0.9	2.5
Puerto Rican	0.1	1.0	1.1	0.6	0.8	0	0.6
Other	10.2	3.0	2.5	2.4	1.6	15.2	4.6

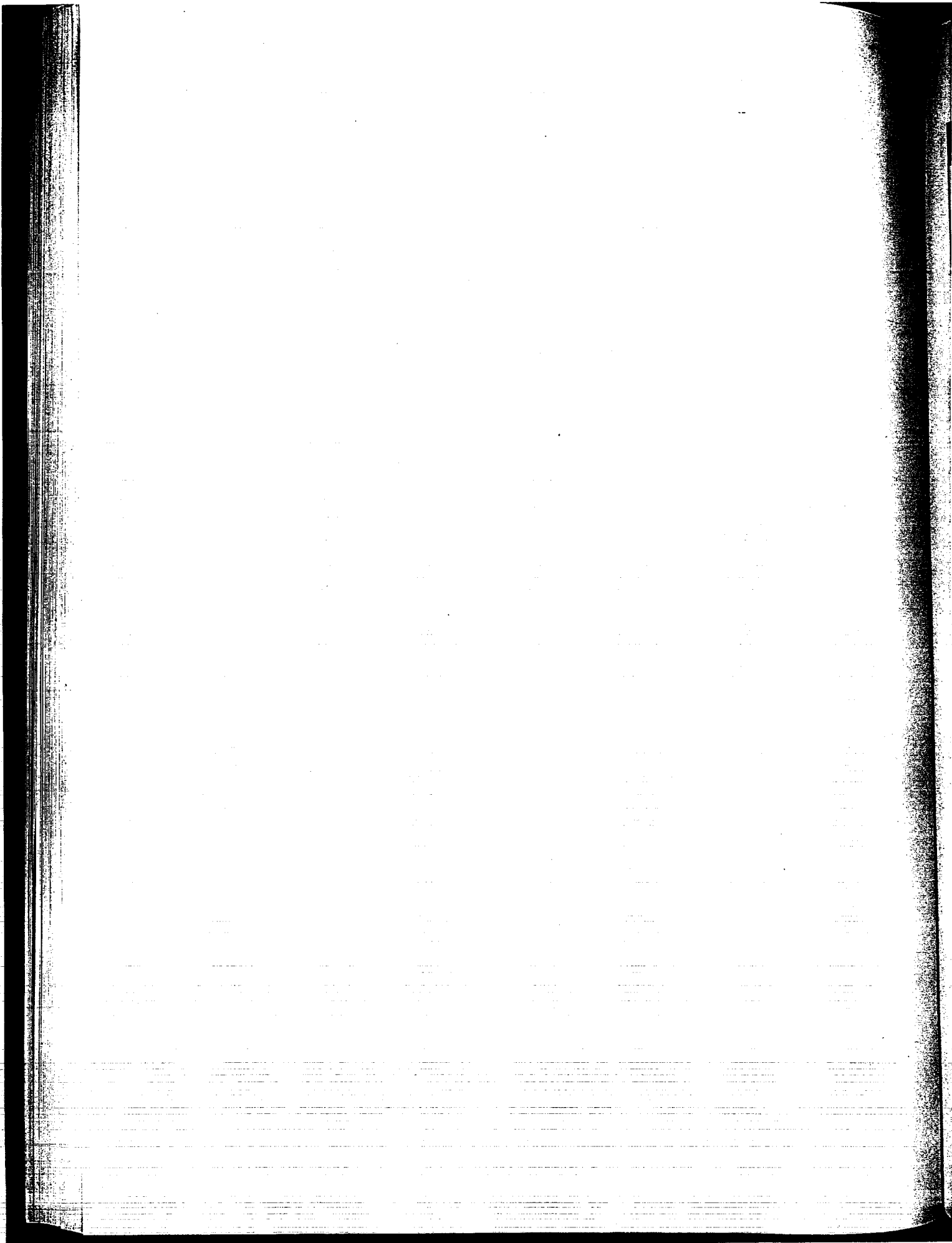
**Table 13: Age of Respondents (%)**

U.S. and Canada Combined					U.S.	Canada	U.S.& Canada
Bach	Mast	AdvG	Clin				
	0.2	0.0	0.0	0.3	0.2	0.1	0.2
	0.1	0.0	0.0	0.0	-	0.1	0.0
	15.5	10.9	1.5	0.4	7.8	3.5	6.9
	16.7	32.1	25.7	16.1	24.1	9.2	20.8
	13.2	13.0	15.0	20.1	18.0	9.5	16.1
	11.8	10.5	10.3	11.9	11.1	12.2	11.4
	27.4	19.0	26.2	27.4	22.9	34.4	25.5
	13.9	13.3	18.6	20.9	14.4	26.5	17.1
	1.1	1.1	2.5	2.7	1.3	4.1	1.9
	0.0	0.2	0.2	0.2	0.1	0.3	0.1



# Appendix E – Demographics

Survey Respondents  
Bachelors and Masters Levels Only



**Table 1: Highest Social Work Degree Held (%)**

Highest Social Work Degree Held	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
No response	0.9	0.9	0.9	0.8	-	0.7
Have not practiced social work	91.4	95.8	93.8	-	-	0.0
Less than 1 yr	3.6	0.5	1.9	98.6	99.0	98.7
At least 1 yr but less than 2 yrs	0.2	0.2	0.2	0.1	-	0.1
At least 2 yrs but less than 3 yrs	4.0	2.6	3.2	0.5	1.0	0.5
At least 3 yrs but less than 5 yrs	-	-	-	-	-	-
At least 5 yrs but less than 10 yrs	-	-	-	-	-	-
At least 10 yrs but less than 15 yrs	-	-	-	-	-	-
At least 15 yrs but less than 20 yrs	-	-	-	-	-	-
20 years or more	-	-	-	-	-	-

Responses indicating no social work degree were considered unusable

**Table 2: Total Number of Years in Practice (%)**

Number of Years in Practice	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
No response	0.2	0.6	0.4	0.9	-	0.8
Have not practiced social work*	-	-	-	-	-	-
Less than 1 yr	11.2	3.2	7.0	10.9	3.1	10.1
At least 1 yr but less than 2 yrs	25.3	4.3	14.2	22.7	3.1	20.8
At least 2 yrs but less than 3 yrs	19.8	5.8	12.4	15.1	3.1	13.9
At least 3 yrs but less than 5 yrs	17.7	10.3	13.8	19.2	10.4	18.3
At least 5 yrs but less than 10 yrs	13.9	17.5	15.8	18.5	10.4	17.7
At least 10 yrs but less than 15 yrs	7.2	20.8	14.4	7.5	17.7	8.5
At least 15 yrs but less than 20 yrs	2.4	15.2	9.2	2.7	15.6	4.0
20 years or more	2.4	22.2	12.8	2.4	36.5	5.7

Responses indicating had not practiced social work were considered unusable

**Table 3: Length of Time in Practice Since Receiving Highest Social Work Degree (%)**

Length of Time in Practice Since Receiving Highest Degree	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
No response	0.3	0.5	0.4	0.2	1.0	0.3
Have not practiced social work	0.9	0.5	0.6	1.0	1.0	1.0
Less than 1 year	11.9	4.0	7.7	17.8	18.8	17.9
At least 1 yr but less than 2 yrs	28.4	5.7	16.4	49.3	9.4	45.4
At least 2 yrs but less than 3 yrs	22.7	5.4	13.6	19.4	7.3	18.2
At least 3 yrs but less than 5 yrs	16.0	11.4	13.6	7.6	9.4	7.8
At least 5 yrs but less than 10 yrs	10.5	18.8	14.9	2.8	6.3	3.2
At least 10 yrs but less than 15 yrs	5.2	22.2	14.1	0.9	12.5	2.0
At least 15 yrs but less than 20 yrs	2.1	14.5	8.6	0.3	11.5	1.4
20 years or more	2.2	17.2	10.1	0.5	22.9	2.7



**Table 4: Primary Practice Setting (%)**

Primary Practice Setting	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
No response	1.2	0.3	0.7	0.8	1.0	0.9
For-profit organization	14.9	0.8	7.5	12.3	1.0	11.2
Private practice	2.1	4.2	3.2	3.3	7.3	3.7
Not-for-profit organization	44.7	14.3	28.7	52.5	13.5	48.7
Public (local, county, state, federal or military)	34.7	77.2	57.1	26.9	69.8	31.1
Other	2.4	3.2	2.8	4.2	7.3	4.5

**Table 5: Primary Service Function of Respondent in Work Setting (%)**

Primary Service Function	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
No response	2.9	1.2	2.0	1.6	3.1	1.7
Addiction services	2.9	2.5	2.7	4.8	1.0	4.4
Adult protective services	1.0	1.7	1.4	0.3	-	0.3
Business and industry	-	0.6	0.3	0.6	2.1	0.7
Child welfare or child protective services	13.9	10.3	12.0	10.5	8.3	10.2
Community organization	2.1	2.3	2.2	0.7	3.1	0.9
Correction services	2.1	2.3	2.2	0.7	2.1	0.8
Employee assistance services	0.5	1.5	1.1	0.8	-	0.7
Family and children's services	14.8	12.9	13.8	15.3	8.3	14.7
Higher education	0.2	0.8	0.5	0.2	6.3	0.8
Managed care	0.7	0.5	0.6	0.6	-	0.5
Medical, hospital, or health services	17.4	13.4	15.3	15.1	14.6	15.1
Mental health services	13.1	16.2	14.7	25.6	21.9	25.2
Mental retardation/developmental disability services	6.7	4.0	5.3	2.2	5.2	2.5
Public social services	1.9	3.8	2.9	1.4	5.2	1.7
School social work	4.3	5.1	4.7	9.0	2.1	8.3
Services for the aged	7.0	10.5	8.8	3.1	6.3	3.4
Other	8.6	10.5	9.6	7.7	10.4	8.0

**Table 6: Primary Role of Respondents (%)**

	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
No response	1.7	0.9	1.3	1.3	1.0	1.2
Owner/manager	5.2	5.8	5.5	5.7	12.5	6.4
Organizer	0.7	1.7	1.2	0.2	3.1	0.5
Service provider	2.1	10.3	6.4	1.8	5.2	2.2
Researcher	65.3	62.0	63.6	72.7	55.2	71.0
Analyst/lobbyist	3.4	1.8	2.6	1.6	5.2	1.9
Planner	0.7	2.0	1.4	1.5	-	1.3
Other	0.2	-	0.1	0.1	-	0.1
	2.1	1.1	1.5	1.7	3.1	1.8
	4.5	3.7	4.1	3.9	4.2	3.9
	14.3	10.6	12.3	9.5	10.4	9.6

**Table 7: Employment Status of Respondents (%)**

Employment Status	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
No response	0.2	-	0.1	0.2	-	0.2
Full-time (30-40 hours per week)	86.1	80.6	83.2	85.9	68.8	84.2
Part-time (29 hours or fewer per week)	8.9	15.2	12.3	11.4	22.9	12.5
Not currently employed in social work	4.8	4.2	4.5	2.5	8.3	3.1

**Table 8: Primary Location of Respondents' Clients (%)**

Primary Location of Clients	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
No response	2.1	2.9	2.5	2.4	9.4	3.1
Major metropolitan area-city	24.7	34.9	30.1	38.3	36.5	38.1
Major metropolitan area-suburban	7.4	9.7	8.6	16.4	8.3	15.6
Mid-size metropolitan area	18.0	12.9	15.3	18.4	11.5	17.7
Small city or town	31.8	30.5	31.1	16.5	26.0	17.4
Rural	16.0	9.1	12.3	8.1	8.3	8.1

**Table 9: Respondents Currently Licensed/Certified/Registered & in Good Standing (%)**

U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Masters	Combined Masters
99.7	99.1	99.4	99.2	100.0	99.3

**Table 10: Level of Current Licensure/Certification/Registration (%)**

Level	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
Associate*			-			
BSW	100	100	100			
MSW (graduate)			-	100	100	100
MSW (2 or more yrs post-MSW experience)			-			
MSW (2 or more yrs post-MSW clinical experience)			-			

\* Responses which did not indicate level or indicated associate level were considered unusable

**Table 11: Gender of Respondents (%)**

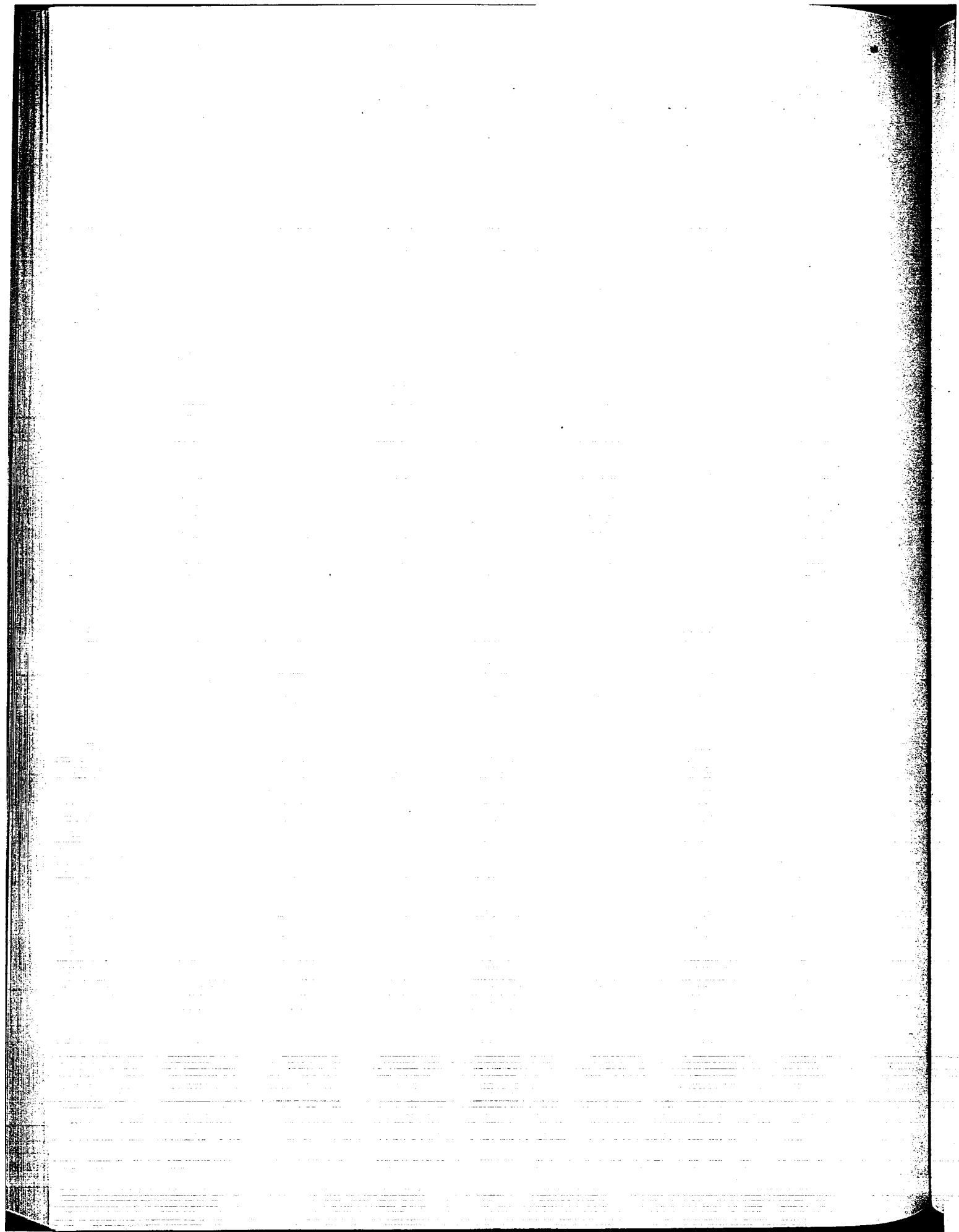
Gender	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
No response	0.5	-	0.2	0.5	-	0.4
Female	89.2	85.5	87.3	87.4	79.2	86.6
Male	10.3	14.5	12.5	12.2	20.8	13.0

**Table 12: Racial/Ethnic Background of Respondents (%)**

Race/Ethnicity	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
No response	0.7	2.5	1.6	0.2	2.1	0.4
North American or Alaska Native	0.9	1.5	1.2	0.1	-	0.1
Asian or Pacific Islander	0.5	2.5	1.5	3.0	5.2	3.2
Black or African American/Canadian	11.0	13.5	12.3	8.2	3.1	7.7
Caucasian	82.1	45.2	62.7	81.8	65.6	80.2
French Canadian/Indigenous to Canada	0.3	15.7	8.4	0.3	7.3	1.0
Hispanic/Latin American	2.9	0.9	1.9	3.5	2.1	3.4
Puerto Rican	0.2	-	0.1	1.1	-	1.0
Other	1.4	18.2	10.2	1.7	14.6	3.0

**Table 13: Age of Respondents (%)**

	U.S. Bach	Canada Bach	Combined Bach	U.S. Mast	Canada Mast	Combined Mast
18 and under	0.3	0.2	0.2	-	-	0.0
19-20	-	0.2	0.1	-	-	0.0
21-24	27.0	5.2	15.5	11.9	1.0	10.9
25-29	22.5	11.5	16.7	34.2	12.5	32.1
30-34	13.7	12.8	13.2	13.6	7.3	13.0
35-39	9.6	13.7	11.8	10.6	9.4	10.5
40-44	18.7	35.2	27.4	18.1	27.1	19.0
45-49	7.6	19.5	13.9	11.0	34.4	13.3
50-54	0.5	1.7	1.1	0.5	7.3	1.1
55-59	-	-	0.0	0.1	1.0	0.2
60-64						
65-69						
70 and over						



# Appendix E – Demographics

Survey Respondents  
Advanced Generalist and Clinical Levels Only

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**Table 1: Highest Social Work Degree Held (%)**

Highest Social Work Degree Held	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
No response	0.7	-	0.6	0.9	0.5	0.9
Bachelor's in Social Work	-	-	0.0	-	3.9	0.4
Master's in Social Work	98.7	97.1	98.5	98.1	95.1	97.8
Doctorate in Social Work	0.2	1.5	0.4	0.5	-	0.4
Other Social Work Degree	0.4	1.5	0.6	0.4	0.5	0.4
Other Social Work Degree*	-	-	-	-	-	-

\*Responses indicating no social work degree were considered unusable

**Table 2: Total Number of Years in Practice (%)**

Number of Years in Practice	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
No response	0.7	-	0.6	0.9	-	0.8
Have not practiced social work*	-	-	-	-	-	-
Less than 1 yr	0.2	-	0.2	-	-	0.0
At least 1 yr but less than 2 yrs	2.0	-	1.7	0.2	0.5	0.3
At least 2 yrs but less than 3 yrs	21.0	4.4	18.8	5.0	-	4.4
At least 3 yrs but less than 5 yrs	19.9	7.4	18.3	18.1	1.5	16.2
At least 5 yrs but less than 10 yrs	29.3	11.8	27.0	43.1	7.4	39.1
At least 10 yrs but less than 15 yrs	12.4	10.3	12.2	16.4	14.3	16.2
At least 15 yrs but less than 20 yrs	6.8	7.4	6.8	6.9	19.2	8.2
20 years or more	7.9	58.8	14.4	9.4	57.1	14.8

\*Responses indicating had not practiced social work were considered unusable

**Table 3: Length of Time in Practice Since Receiving Highest Social Work Degree (%)**

Length of Time in Practice Since Receiving Highest Degree	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
No response	-	-	0.0	-	-	0.0
Have not practiced social work	-	-	0.0	-	-	0.0
Less than 1 year	0.9	-	0.8	0.3	1.0	0.4
At least 1 yr but less than 2 yrs	4.1	1.5	3.8	0.7	1.0	0.7
At least 2 yrs but less than 3 yrs	41.3	13.2	37.6	10.9	1.5	9.8
At least 3 yrs but less than 5 yrs	27.3	14.7	25.7	30.8	4.9	27.9
At least 5 yrs but less than 10 yrs	17.5	14.7	17.1	41.4	14.8	38.4
At least 10 yrs but less than 15 yrs	4.1	10.3	4.9	7.3	23.6	9.1
At least 15 yrs but less than 20 yrs	1.7	10.3	2.9	3.9	14.8	5.1
20 years or more	3.1	35.3	7.2	4.7	38.4	8.5



**Table 4: Primary Practice Setting (%)**

Primary Practice Setting	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
No response	0.7	1.5	0.8	0.8	1.0	0.9
For-profit organization	16.2	1.5	14.3	12.8	2.0	7.2
Private practice	3.1	10.3	4.0	9.5	16.3	12.9
Not-for-profit organization	47.4	16.2	43.3	45.5	17.7	31.6
Public (local, county, state, federal or military)	29.7	60.3	33.7	27.2	60.6	44.1
Other	3.1	10.3	4.0	4.2	2.5	3.4

**Table 5: Primary Service Function of Respondent in Work Setting (%)**

Primary Service Function	US AdvG	Canada AdvG	Combined AdvG	US Clin	Canada Clin	Combined Clin
No response	2.8	5.9	3.2	2.6	4.4	3.5
Addiction services	2.6	1.5	2.5	3.6	3.9	3.8
Adult protective services	-	1.5	0.2	0.1	-	0.1
Business and industry	-	1.5	0.2	0.2	1.5	0.9
Child welfare or child protective services	10.3	17.6	11.2	3.9	3.9	3.9
Community organization	2.0	-	1.7	0.3	1.0	0.7
Correction services	1.3	1.5	1.3	1.2	-	1.1
Employee assistance services	0.2	2.9	0.6	1.1	6.4	1.7
Family and children's services	11.1	7.4	10.6	13.3	14.3	13.4
Higher education	0.9	4.4	1.3	0.7	2.0	0.8
Managed care	0.9	1.5	1.0	0.6	-	0.6
Medical, hospital, or health services	20.1	13.2	19.2	14.0	13.3	13.9
Mental health services	24.9	16.2	23.8	41.8	34.0	40.9
Mental retardation/developmental disability services	2.0	1.5	1.9	0.9	1.5	0.9
Public social services	2.2	1.5	2.1	0.9	1.0	0.9
School social work	9.8	8.8	9.7	8.2	2.5	7.6
Services for the aged	2.8	7.4	3.4	1.4	2.5	1.5
Other	6.1	5.9	6.1	5.2	7.9	5.5

**Table 6: Primary Role of Respondents (%)**

Primary Role	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
No response	2.2	1.5	2.1	1.1	2.0	1.2
Administrator/manager	12.7	19.1	13.5	9.5	13.8	10.0
Community organizer	0.9	-	0.8	0.2	-	0.2
Consultant	2.6	13.2	4.0	1.8	6.9	2.4
Direct service provider	62.2	38.2	59.1	73.1	66.0	72.3
Evaluator	1.3	5.9	1.9	1.2	1.5	1.2
Evaluator/researcher	0.9	1.5	1.0	0.6	0.5	0.6
Policy analyst/lobbyist	-	1.5	0.2	-	0.5	0.1
Program planner	1.3	-	1.1	0.7	1.0	0.8
Supervisor	8.1	8.8	8.2	6.3	3.9	6.0
Other	7.9	10.3	8.2	5.5	3.9	5.3

**Table 7: Employment Status of Respondents (%)**

Employment Status	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
No response	-	1.5	0.2	0.1	-	0.1
Full-time (30-40 hours per week)	88.6	73.5	86.7	84.3	75.4	83.3
Part-time (29 hours or fewer per week)	10.5	19.1	11.6	14.0	21.2	14.8
Not currently employed in social work	0.9	5.9	1.5	1.6	3.4	1.8

**Table 8: Primary Location of Respondents' Clients (%)**

Primary Location of Clients	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
No response	2.0	5.9	2.5	1.9	6.4	2.4
Major metropolitan area-city	34.9	36.8	35.2	33.0	39.9	33.8
Major metropolitan area-suburban	15.7	5.9	14.4	18.1	9.4	17.1
Mid-size metropolitan area	18.8	14.7	18.3	20.8	16.3	20.3
Small city or town	17.9	27.9	19.2	19.0	18.2	18.9
Rural	10.7	8.8	10.5	7.1	9.9	7.4

**Table 9: Respondents Currently Licensed/Certified/Registered & in Good Standing (%)**

U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
98.3	100.0	98.5	99.4	100.0	99.4

**Table 10: Level of Current Licensure/Certification/Registration (%)**

Level	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
Associate*	-	-	-	-	-	-
BSW	-	-	-	-	-	-
MSW (graduate)	-	-	-	-	-	-
MSW (2 or more yrs post-MSW experience)	100	100	100	-	-	-
MSW (2 or more yrs post-MSW clinical experience)	-	-	-	100	100	100

\* Responses which did not indicate level or indicated associate level were considered unusable

**Table 11: Gender of Respondents (%)**

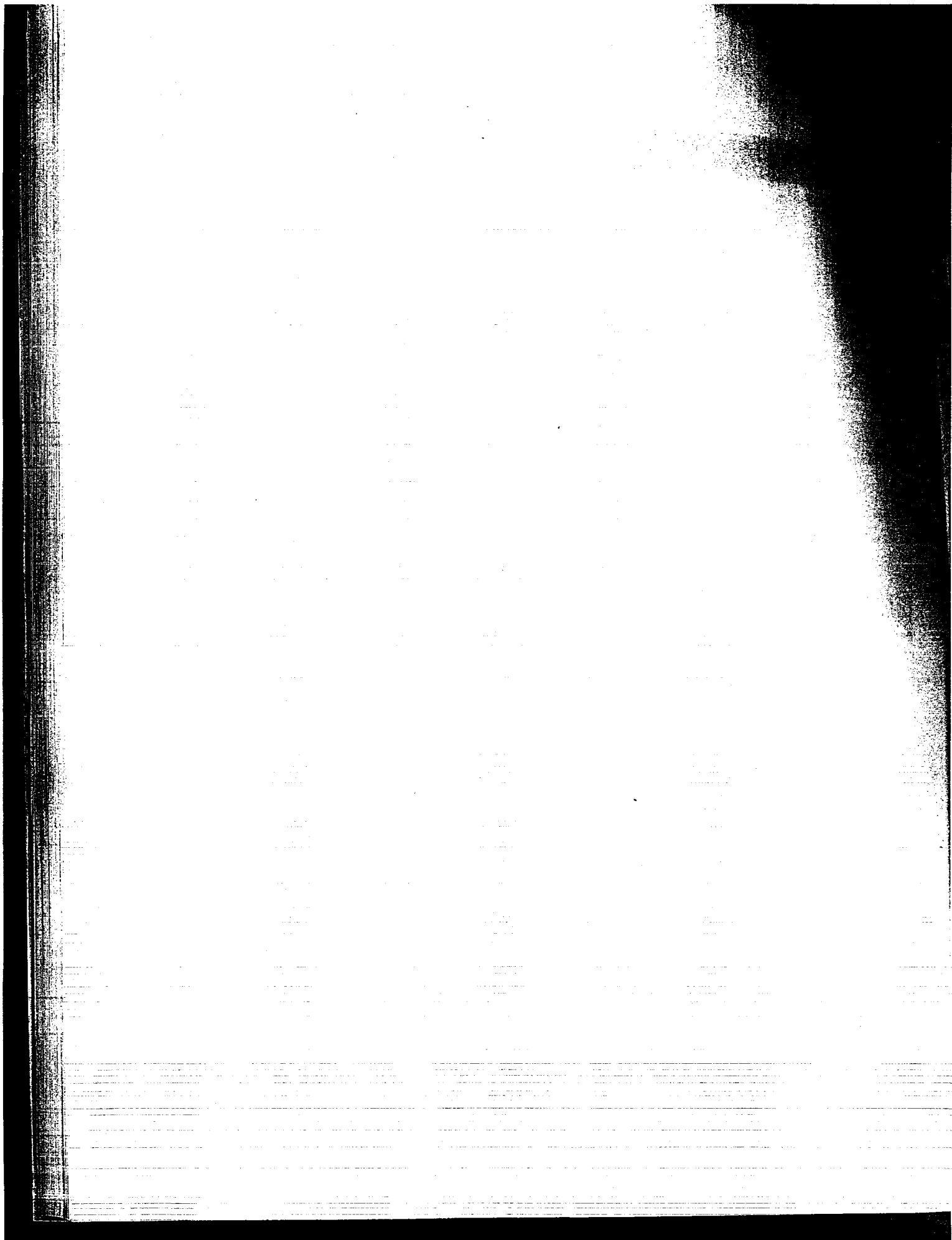
Gender	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
No response	0.7	-	0.6	0.4	-	0.4
Female	86.0	73.5	84.4	83.4	74.9	82.5
Male	13.3	26.5	15.0	16.1	25.1	17.1

**Table 12: Racial/Ethnic Background of Respondents (%)**

Race Ethnicity	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
No response	0.2	2.9	0.6	1.0	-	0.9
North American or Alaska Native	0.4	-	0.4	1.2	0.5	1.2
Asian or Pacific Islander	2.8	1.5	2.7	2.0	2.0	2.0
Black or African American/Canadian	10.0	4.4	9.3	4.9	3.0	4.7
Caucasian	79.9	76.5	79.5	85.5	76.8	84.5
French Canadian/Indigenous to Canada	0.2	5.9	1.0	0.5	8.4	1.4
Hispanic/Latin American	3.5	-	3.0	2.6	0.5	2.4
Puerto Rican	1.3	-	1.1	0.6	-	0.6
Other	1.5	8.8	2.5	1.6	8.4	2.4

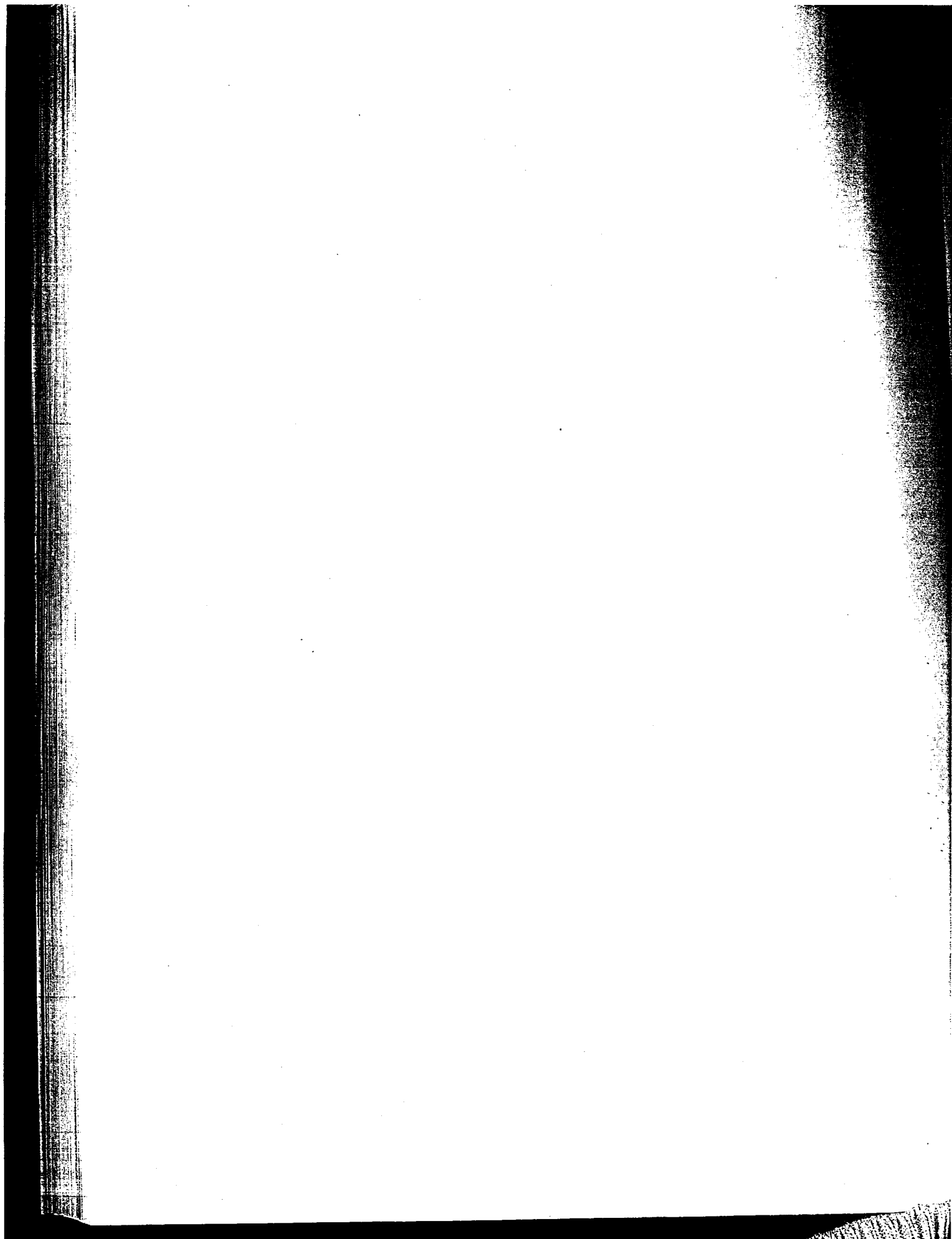
**Table 13: Age of Respondents (%)**

Age	U.S. AdvG	Canada AdvG	Combined AdvG	U.S. Clin	Canada Clin	Combined Clin
No response	-	-	0.0	0.4	-	0.3
Under 21	-	-	0.0	-	-	0.0
21-25	1.7	-	1.5	0.4	0.5	0.4
26-30	27.9	10.3	25.7	18.1	-	16.1
31-35	16.8	2.9	15.0	22.3	2.5	20.1
36-40	10.5	8.8	10.3	12.1	9.9	11.9
41-50	25.1	33.8	26.2	26.4	35.5	27.4
51-60	16.6	32.4	18.6	18.1	42.9	20.9
61-70	1.3	10.3	2.5	2.0	8.4	2.7
Over 70	-	1.5	0.2	0.1	0.5	0.2



# Appendix F

## Master Task List



## Master List of Tasks National Survey

### Assessment and Planning

1. Determine clients' eligibility for services.
2. Assess clients' needs and suitability for treatment for addictions.
3. Assess couples to determine strengths and dysfunctional behavior.
4. Assess suitability of individuals to be adoptive parents.
5. Interview clients to determine the nature and degree of problem.
6. Engage clients' participation in the assessment process.
7. Provide information to clients regarding their rights and responsibilities.
8. Assess the nature and severity of clients' crisis situations.
9. Provide information to clients about policies and services of the agency/practice.
10. Assess clients' use/abuse of alcohol, illegal drugs, or prescribed medication.
11. Perform a mental status examination.
12. Assess clients' risk of danger to self and others.
13. Assess clients' need for medical evaluation.
14. Obtain clients' biopsychosocial history.
15. Obtain clients' sexual history.
16. Assess the significance of cultural background to clients.
17. Assess the significance of sexual orientation to clients.
18. Assess the significance of spiritual beliefs to clients.
19. Gather and verify information about clients from collateral sources.
20. Assess individuals to determine strengths and dysfunctional behavior.
21. Identify clients' use of defense mechanisms.
22. Administer standardized instruments to measure clients' symptoms and behaviors.
23. Assess clients' symptoms using criteria from the current DSM.
24. Formulate a psychosocial assessment.
25. Assess needs for protective services.
26. Assess parenting skills and capacities.
27. Assess families to determine strengths and dysfunctional behavior.
28. Develop a treatment or service plan with clients based on diagnostic assessment.
29. Use information obtained about clients (employment, medical, psychological, or school reports, or other social history) in making client service plans.
30. Incorporate client cultural factors in developing treatment/service plans.
31. Develop measurable objectives to assess clients' change.
32. Develop a time frame for interventions with clients.
33. Assess clients' needs and suitability for financial assistance and other subsidies.
34. Conduct court-related/forensic evaluations.
35. Conduct child custody evaluations in divorce proceedings.
36. Conduct protective services investigations.
37. Assess the nature and severity of suspected abuse and neglect.
38. Determine appropriate action in cases of suspected abuse and neglect.
39. Assess clients' needs and suitability for out-of-home placement.
40. Assess suitability of individuals to be foster parents.
41. Assess clients' needs and suitability for adoptive placement.



42. Assess clients' needs and suitability for group services.
43. Assess the impact of addictions on the client's family.
44. Assess clients' needs and suitability for family treatment.
45. Assess clients' needs and suitability for marital or couples treatment.
46. Assess clients' needs and suitability for training and employment services.
47. Assess clients' needs and suitability for social action services.
48. Assess clients' needs and suitability for community organization or community development services.

### **Direct Service Delivery**

49. Assist clients to understand how environment influences human behavior.
50. Facilitate parents' understanding of child development.
51. Assist groups to mobilize their resources to reach goals.
52. Provide intensive case management for children.
53. Conduct on-line/computer-based practice (non-face-to-face assessment, interventions, etc.) with clients.
54. Engage the client in a social worker/client relationship.
55. Engage clients in planning and implementing services.
56. Assess the cultural/ethnic context of clients' communications.
57. Assist clients in partializing and prioritizing their problems into manageable parts.
58. Use results of standardized instruments in guiding interventions with clients.
59. Develop tasks with clients to achieve goals.
60. Facilitate clients' goal-setting.
61. Apply a range of interventions in providing services to a client.
62. Apply knowledge of developmental stages in providing services to clients.
63. Assist clients in developing greater self-awareness.
64. Assist clients to recognize their own feelings.
65. Provide support to clients to achieve positive self-image.
66. Interpret the significance of non-verbal communication in interviewing clients.
67. Help individuals understand their patterns of interaction.
68. Identify transference and countertransference.
69. Confront clients about their inappropriate behaviors.
70. Assist clients to develop the skills to communicate more effectively.
71. Assist clients to obtain needed resources.
72. Assist clients with issues related to employment.
73. Provide skill training to clients.
74. Provide psychoeducational services for clients.
75. Help clients understand the implications of medical or psychological reports.
76. Educate clients on the care of family members who have a physical or mental illness.
77. Apply knowledge of various disease processes in providing services.
78. Monitor clients' experience with medication and discuss with the prescribing physician.
79. Assist clients with separation issues.
80. Facilitate clients' grieving process.
81. Help couples understand their patterns of interaction.
82. Treat clients' sexual dysfunction.
83. Help families understand their patterns of interaction.

- 100. Monitor parental behavior following child abuse/neglect charges.
- 101. Assist groups to create, identify, and use helping networks.
- 102. Help group members understand their patterns of interaction.
- 103. Help clients advocate for their rights.
- 104. Help clients to address discrimination.
- 105. Provide outreach services to clients and potential clients.
- 106. Engage involuntary clients in treatment or other interventions.
- 107. Work with clients mandated for services.
- 108. Make home visits.
- 109. Make out-of-home placements.
- 110. Monitor out-of-home placements.
- 111. Provide intensive case management for adults.
- 112. Provide wraparound services for clients.
- 113. Facilitate clients' reentry and adjustment to the community.
- 114. Respond to community emergencies when requested.
- 115. Use self-awareness to enhance practice.
- 116. Model positive role behavior to enhance the intervention process.
- 117. Act as a mediator to resolve conflict.
- 118. Conduct telephone practice (non-face-to-face assessment, interventions, etc.) with clients.
- 119. Refer clients for services.
- 120. Follow up on referrals.
- 121. Provide feedback to clients about progress toward achieving their goals.
- 122. Provide services for clients under managed care.
- 123. Carry out activities within planned time frames.
- 124. Manage the intervention process to reach termination within allotted time.
- 125. Terminate services appropriately with clients.

### **Indirect Service Delivery**

- 110. Provide testimony in court hearings.
- 111. Advocate for resources to meet clients' needs.
- 112. Maintain information about resources and community services available to clients.
- 113. Collaborate with other professionals regarding resources available to clients.
- 114. Participate as a member of an interdisciplinary team.
- 115. Facilitate team meetings.
- 116. Use community resources as part of interventions.
- 117. Use coalitions to secure services for clients.
- 118. Respond to client and/or community complaints.
- 119. Provide testimony in legislative hearings on human service issues.
- 120. Provide testimony before community funding bodies.
- 121. Develop a system of agency/practice setting record keeping.
- 122. Maintain and monitor a system of agency/practice setting record keeping.
- 123. Maintain appropriate documentation and correspondence.
- 124. Prepare written and oral reports on clients.
- 125. Prepare reports summarizing work activities.
- 126. Complete documentation of services for billing purposes.
- 127. Prepare budget materials and documentation.

128. Participate in the development of agency/practice setting policy.
129. Advocate for policy and/or procedural changes.
130. Advocate for policies and services sensitive to ethnic and cultural differences.
131. Advocate for clients' rights.
132. Advocate for policies which would eliminate discriminatory practices.
133. Obtain cooperation and support from appropriate decision-makers.
134. Develop programs and services to meet community needs.
135. Develop and write proposals for funding.
136. Review program proposals for funding.
137. Market and promote agency/practice settings services.

### **Evaluation**

138. Develop measurable outcomes for evaluating interventions.
139. Review documents and contracts to monitor adherence to agency/practice setting policies.
140. Use appropriate research and evaluation strategies in decision-making.
141. Help clients assess the outcome of services.
142. Assess the appropriateness of clients' service or treatment plans.
143. Collect data on the quality and outcomes of current programs or services.
144. Conduct evaluations of practice effectiveness.
145. Monitor records and other available information to evaluate organizational effectiveness.
146. Analyze agency/practice setting records to plan and evaluate services.
147. Analyze outcome data to evaluate program or service effectiveness.
148. Analyze relative costs of service program alternatives.
149. Monitor programs to assess quality of services and compliance with guidelines.

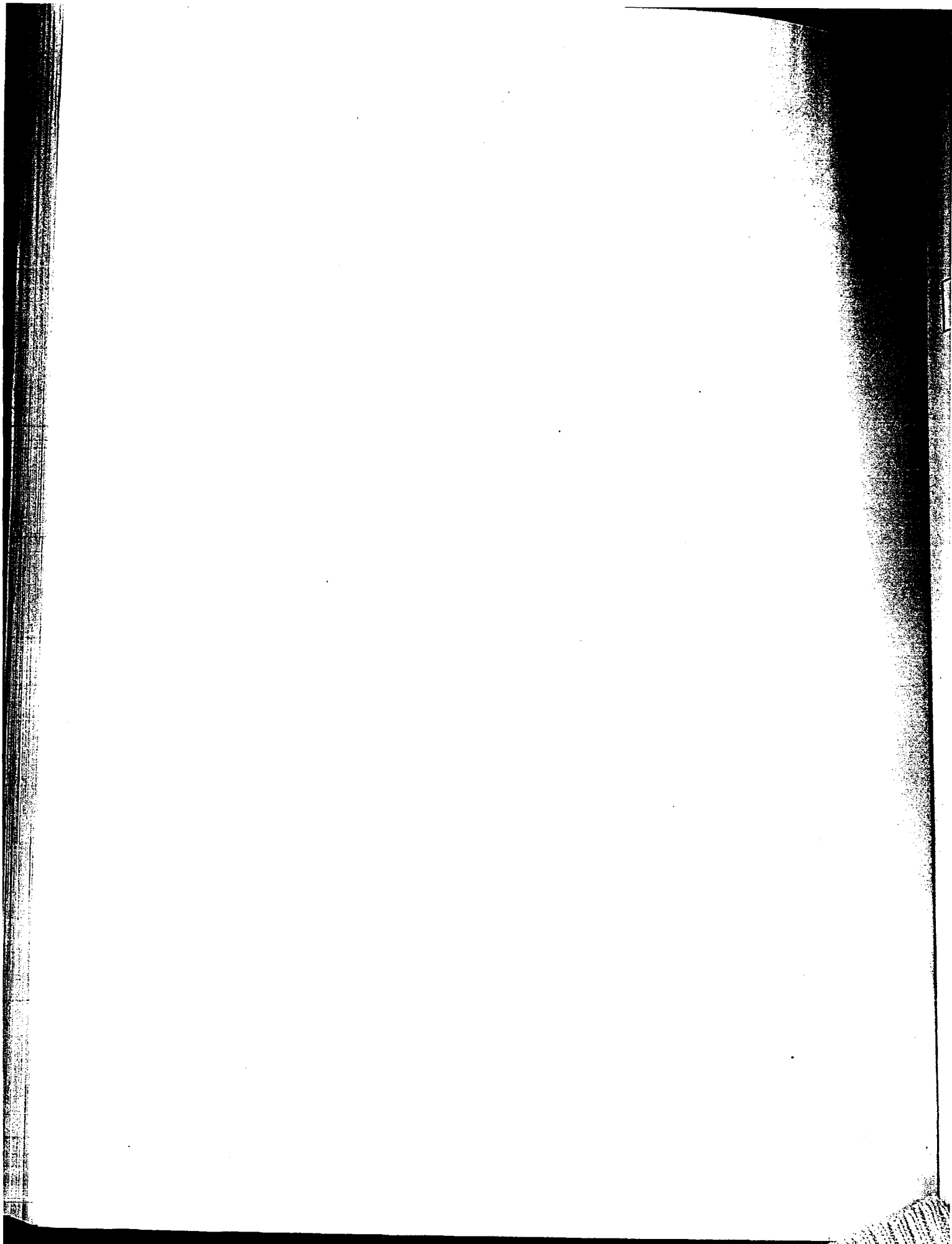
### **Supervision and Education**

150. Discuss intervention strategies with supervisees.
151. Receive supervision.
152. Improve practice through the use of courses, workshops, conference, and/or printed material.
153. Provide supervision to paid staff.
154. Supervise and evaluate social work students.
155. Teach social work knowledge, values, and skills.
156. Conduct performance evaluations of staff.
157. Recruit, interview, and/or hire staff.
158. Recruit and/or supervise volunteers.
159. Coordinate field education in agency/practice settings.
160. Conduct professional development activities.
161. Provide opportunities for staff development and continuing education.
162. Coordinate and allocate staff and material resources.
163. Monitor and enforce agency/practice setting rules and policies.
164. Provide feedback to staff about agency/practice setting plans and decisions.

### **Ethics and Values**

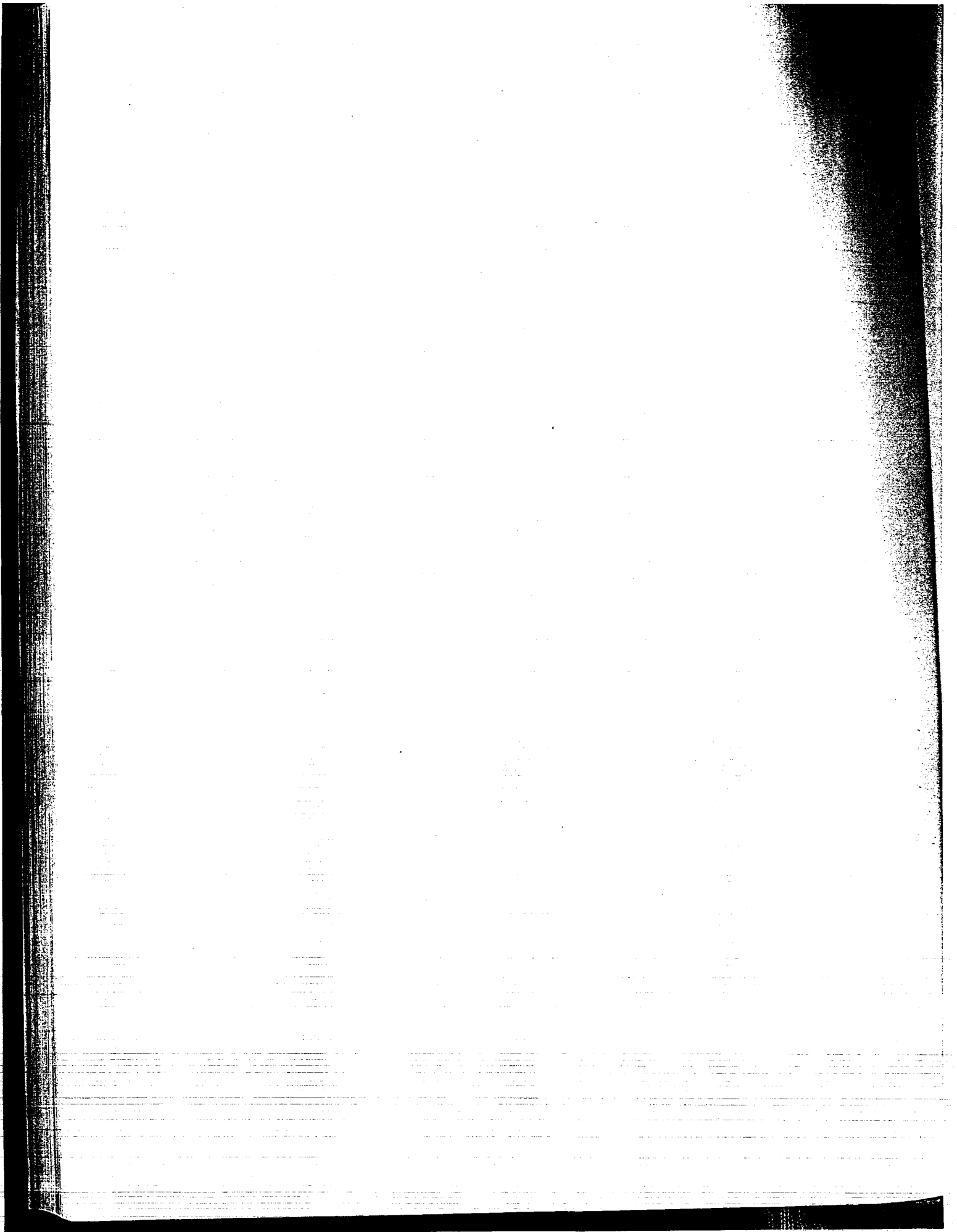
165. Support clients' right to make decisions for themselves.
166. Take appropriate action when ethical violations are identified.

6. Understand, respect, and adhere to clients' rights to confidentiality.
7. Obtain clients' permission to make a referral.
8. Report abuse and neglect in compliance with social work ethics and the law.
9. Maintain appropriate boundaries with clients.
10. Identify impaired professionals and take appropriate action.
11. Determine whether agency/practice setting policies, procedures, and materials are consistent with social work ethics.
12. Identify violations of social work ethics.
13. Consult social work ethics to resolve practice problems.
14. Resolve professional ethical dilemmas in providing service to clients.
15. Practice within regulations and laws affecting social work practice.



## Appendix G

### PATF Members Grouped by Level



# ASWB Practice Analysis Task Force

## List of Participants in the KSA and Test Blueprint Workshops, by Category

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\*Present for Blueprint Workshop only

\*\*Present for KSA Workshop only



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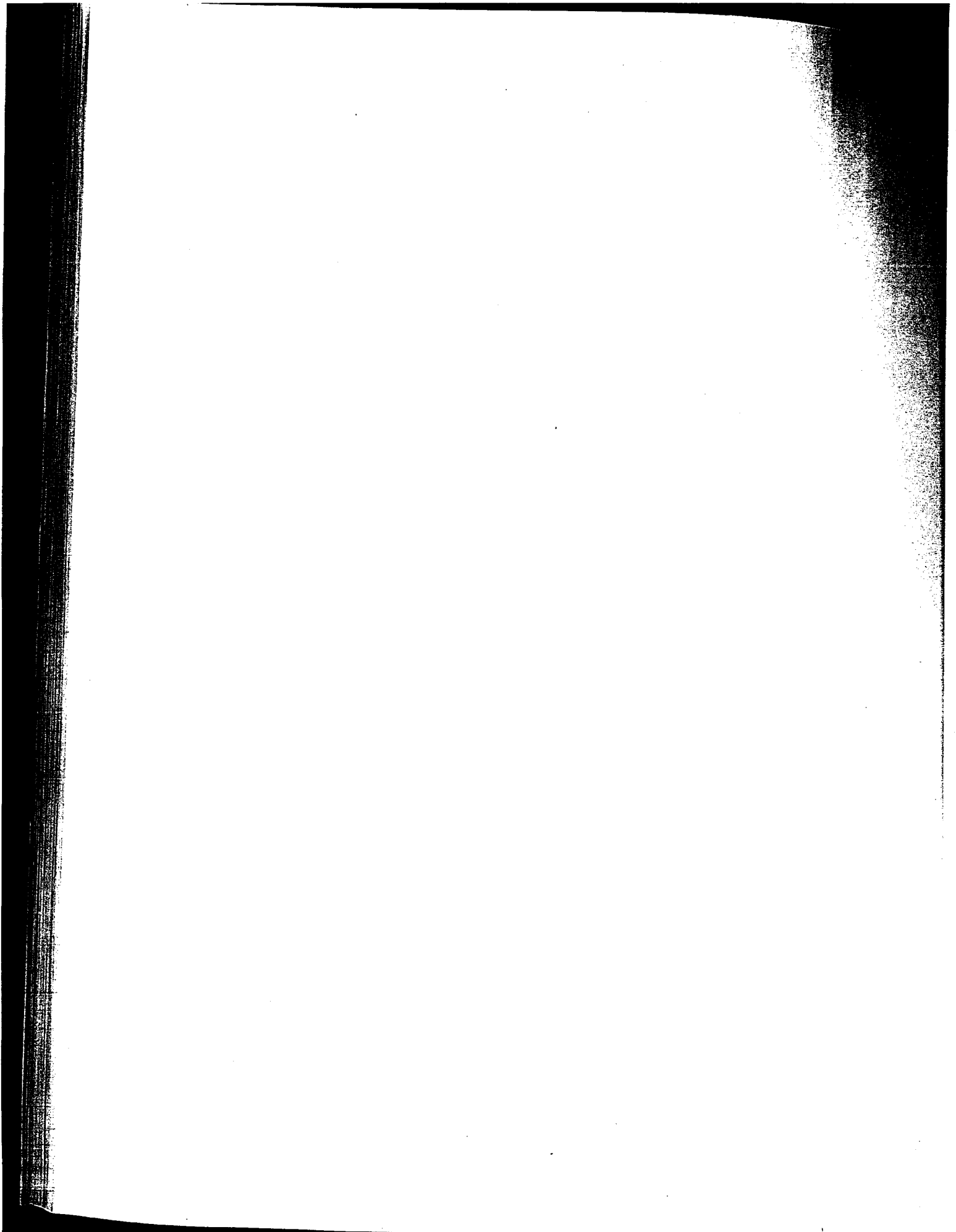
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\*Present for Blueprint Workshop only

\*\*Present for KSA Workshop only

# Appendix H

## North American Test Blueprints



## **Examiners Examination Content Outline**

### **I. Human Development and Behavior in the Environment—14%**

- A. Theoretical approaches to understanding individuals, families, groups, communities, and organizations
- B. Human growth and development
- C. Human behavior in the social environment
- D. Impact of crises and changes
- E. Addictive behaviors
- F. Dynamics of abuse and neglect

### **II. Issues of Diversity—7%**

### **III. Assessment in Social Work Practice—20%**

- A. Social history and collateral data
- B. Use of assessment instruments
- C. Problem identification
- D. Effects of the environment on client system behavior
- E. Assessment of client system's strengths and weaknesses
- F. Assessment of mental and behavioral disorders
- G. Indicators of abuse and neglect
- H. Indicators of danger to self and others
- I. Indicators of crisis

### **IV. Direct and Indirect Practice—21%**

- A. Models of practice
- B. Intervention techniques
- C. Components of the intervention process
- D. Matching intervention with client system needs
- E. Professional use of self
- F. Use of collaborative relationships in social work practice

### **V. Communication—10%**

- A. Communication principles
- B. Communication techniques

### **VI. Professional Relationships—5%**

- A. Relationship concepts
- B. Relationship in practice

## **Bachelors Examination Content Outline, page 2**

- VII. Professional Values and Ethics—13%**
  - A. Responsibility to the client system
  - B. Responsibility to the profession
  - C. Confidentiality
  - D. Self-determination
- VIII. Supervision in Social Work—2%**
  - A. Educational functions of supervision
  - B. Administrative functions of supervision
- IX. Practice Evaluation and the Utilization of Research—2%**
  - A. Methods of data collection
  - B. Research design and data analysis
- X. Service Delivery—5%**
  - A. Client system rights and entitlements
  - B. Implementation of organizational policies and procedures
- XI. Social Work Administration—1%**
  - A. Staffing and human resource management
  - B. Social work program management

# **Masters Examination Content Outline**

## **I. Human Development and Behavior in the Environment—18%**

- A. Theories and concepts
- B. Application of knowledge

## **II. Diversity and Social/Economic Justice—7%**

- A. Diversity
- B. Social/economic justice and oppression

## **III. Assessment, Diagnosis and Intervention Planning—11%**

- A. Biopsychosocial history and collateral data
- B. Assessment methods and techniques
- C. Assessment indicators, components, and characteristics
- D. Indicators of abuse and neglect
- E. Intervention planning

## **IV. Direct and Indirect Practice—22%**

- A. Intervention models and methods
- B. The intervention process
- C. Intervention techniques
- D. Intervention with couples and families
- E. Intervention with groups
- F. Intervention with communities and larger systems
- G. Consultation and interdisciplinary collaboration

## **V. Communication—7%**

- A. Communication principles
- B. Communication techniques

## **VI. Professional Relationships—5%**

- A. Relationship concepts
- B. Social worker and client roles
- C. Ethical issues within the relationship

## **VII. Professional Values and Ethics—11%**

- A. Professional values
- B. Legal and ethical issues
- C. Confidentiality

## **VIII. Supervision, Administration, and Policy—8%**

- A. Supervision and staff development
- B. Human resource management
- C. Finance and administration

## **Masters Examination, page 2**

- IX. Practice Evaluation and the Utilization of Research—2%**
  - A. Data collection
  - B. Data analysis
  - C. Utilization of research
- X. Service Delivery—9%**
  - A. Service delivery systems
  - B. Obtaining services
  - C. Effects of policies and procedures on service delivery

# **Advanced Generalist Examination Content Outline**

## **I. Human Development and Behavior in the Environment—10%**

- A. Theories and models
- B. Human growth and development
- C. Family functioning

## **II. Issues of Diversity—5%**

## **III. Assessment, Diagnosis and Intervention Planning—24%**

- A. Social history
- B. Use of assessment instruments
- C. Problem identification
- D. Effects of the environment on client behavior
- E. Impact of life stressors on systems
- F. Evaluation of client strengths and weaknesses
- G. Evaluation of mental and behavioral disorders
- H. Abuse and neglect
- I. Indicators of danger to self and others
- J. General assessment issues
- K. Intervention planning

## **IV. Direct and Indirect Practice—16%**

- A. Theories
- B. Methods and processes
- C. Intervention techniques
- D. Intervention with couples and families
- E. Intervention with groups
- F. Intervention with communities

## **V. Communication—7%**

- A. Communication principles
- B. Communication techniques

## **VI. Relationship Issues—5%**

- A. Concepts of social worker-client relationship
- B. Effects of social and psychological factors

## **VII. Professional Values and Ethics—12%**

- A. Values and ethics
- B. Confidentiality
- C. Self-determination

## **VIII. Supervision and Professional Development—3%**



## **Advanced Generalist Examination, page 2**

### **IX. Practice Evaluation and the Utilization of Research—4%**

- A. Data collection
- B. Data analysis and utilization

### **X. Service Delivery—11%**

- A. Service delivery systems and processes
- B. Effects of policies, procedures, and legislation
- C. Methods of social work advocacy
- D. Interdisciplinary collaboration

### **XI. Administration—3%**

- A. Management
- B. Human resource management
- C. Financial management

## **Clinical Examination Content Outline**

- I. Human Development and Behavior in the Environment—22%**
  - A. Theories of human development and behavior
  - B. Human development in the life cycle
  - C. Human behavior
  - D. Impact of crises and changes
  - E. Family functioning
  - F. Addictions
  - G. Abuse and neglect
- II. Issues of Diversity—6%**
  - A. Effects of culture, race, and/or ethnicity
  - B. Effects of sexual orientation and/or gender
  - C. Effects of age and/or disability
- III. Diagnosis and Assessment—16%**
  - A. Assessment
  - B. Information gathering
  - C. Diagnostic classifications
  - D. Indicators of abuse and neglect
  - E. Indicators of danger to self and others
- IV. Psychotherapy and Clinical Practice—16%**
  - A. Intervention theories and models
  - B. The intervention process
  - C. Treatment planning
  - D. Intervention techniques
  - E. Intervention with couples and families
  - F. Intervention with groups
- V. Communication—8%**
  - A. Communication principles
  - B. Communication techniques
- VI. The Therapeutic Relationship—7%**
  - A. Relationship theories
  - B. Relationship practice
- VII. Professional Values and Ethics—10%**
  - A. Value issues
  - B. Legal and ethical issues
  - C. Confidentiality

## **Clinical Examination, page 2**

### **VIII. Clinical Supervision, Consultation and Staff Development—4%**

- A. Social work supervision
- B. Consultation and interdisciplinary collaboration
- C. Staff development

### **IX. Practice Evaluation and the Utilization of Research—1%**

- A. Evaluation techniques
- B. Utilization of research

### **X. Service Delivery—5%**

- A. Policies and procedures of service delivery
- B. Processes of service delivery

### **XI. Clinical Practice and Management—5%**

- A. Advocacy
- B. Finance
- C. Management and human resource issues

