Comparing Social Work Program Specialization and Board Exam Pass Rates: Preparing Social Workers for Success

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Abstract: A critical yet contemporary step towards establishing one's identity as a social worker is through licensure. Professional licensure is a culminating result of education, practice experience, supervision, and a board exam. When evaluating board exam pass rates, we must consider the role that education has in preparing social workers for exam success. This study evaluates the relationship between MSW programs with an Advanced Generalist (AG) and/or Clinical and Direct Practice (CDP) specialization and 2022 board exam pass rates. Using data from the Council on Social Work Education (CSWE) and the Association of Social Work Boards (ASWB), 2022 exam pass rates were compared between a random sample of CSWE-accredited AG and CDP programs. Results indicate no significant difference in exam pass rates across social workers who complete an AG program and those who complete a CDP program. This applies to both the ASWB Master's Exam and the Clinical Exam. Study findings suggest that specialized programs based on a specific social work function may not be as impactful on exam preparation as might be assumed. Recommendations include re-merging micro- and macro-based social work education programming, streamlining exam options, and shifting educator discourse when discussing and promoting specializations.

Keywords: Social work licensure, social work education, professional board examination

The release of the social work board exam pass rates analysis from the Association of Social Work Boards (ASWB) in 2022 spurred considerable interest, evaluation, and conflicting opinions on how to move forward with the use of licensure within the profession of social work. This is not an entirely new phenomenon; social work licensure has been debated, for multiple reasons, for over three decades (e.g., Apgar, 2022b; Cherry et al., 1989; Thyer, 2011). Despite an increase in exam attempts by Persons of Color between 2011 and 2021, ASWB's (2022) analysis revealed disproportional exam pass rates between White individuals and individuals from "historically marginalized communities" (p. 11), with Black individuals receiving the lowest exam pass rates. Additionally, the analysis highlighted age-related disparities, as individuals between the ages of 18 and 29 typically have higher pass rates than those who are older, particularly those older than 50 (ASWB, 2022).

Historically, these disparities have often been attributed to a racially biased exam and questioning of the reliability and validity of the exam (Albright & Thyer, 2010; Castex et al., 2019; Woodcock, 2016). More recently, a three-part series of reports further analyzing the 2022 ASWB data by Kim and Joo (2024a, 2024b, 2024c) convey a multitude of individual, community, and institutional factors that may influence how one performs on the social work licensure exam. These reports suggest focusing beyond that of the reliability, validity, and bias of the exam itself to a systems-based approach to address these

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disparities. Hesitation of these findings is warranted, however, given that these reports were developed in collaboration with ASWB, de-emphasize the inherent disparities within the exam structure and its content, consider first-time pass rates only, and exclude data related to Native American/Indigenous Peoples. Concurrently, nonetheless, others have also considered systemic forces impacting exam success as critical to the conversation and solution (Apgar & Nienow, 2024; Bloxom & Anderson, 2023).

One key finding by Kim and Joo (2024c) is that the first-time Clinical Exam pass rate was associated with characteristics of the educational institution where test-takers received their Master of Social Work (MSW) degree. Test-takers who attended smaller MSW programs had lower exam pass rates than those who attended larger MSW programs. Also, test-takers who attended universities that primarily served students from lower socioeconomic backgrounds and had less restrictive admissions had lower board exam pass rates (Kim & Joo, 2024c). While these findings offer valuable considerations to the conversation regarding licensure, the reports acknowledge limited data from ASWB related to critical predictor variables. Thus, more detailed information about the MSW programs test-takers attend, such as program specialization and curriculum, can highlight additional insights. To learn more about program specialization impacts on board exam pass rates, we seek to answer this question: Are there significant differences in social work board exam pass rates across MSW programs that specialize in the areas of Advanced Generalist (AG), Clinical and Direct Practice (CDP), and combined AG/CDP programs?

Literature Review

Following Abraham Flexner's 1915 presentation "Is Social Work a Profession?" in which he questioned the professional conceptualization of social work, decades' worth of efforts to align social work practice with other professions emerged in multiple ways. One key strategy was to mirror regulated practice, which was already established among some professions (e.g., law) and began to emerge among others (e.g., psychology). The initial regulation of social work practice began in the 1940s; by 1992, all jurisdictions in the U.S. regulated the practice of social work (Cooper-Bolinskey, 2019). By 2004, more defined statutes that declare who can use the title of "social worker," an examination board, requirements for continuing education, and procedures for disciplinary hearings existed in all 50 states and D.C. (Dyeson, 2004).

Regulation historically occurs in one of three credentials: registration, certification, or licensure. According to Kim (2023), registration assesses provider qualifications but does not restrict the scope of practice. With certification, a provider's education is assessed, but their scope of practice is not restricted by the certification itself. Licensure, however, defines a scope of practice, includes practice restrictions, includes title protection, and serves as a gateway into the occupation. While licensure is the most contemporary, there is variation in social work licensure categories, and social work practice varies across State regulations (Cooper-Bolinskey, 2019). Assuming a traditional pathway to a professional license, the process includes four key components: education in social work, practice experience, social work supervision, and a board exam. Thus, education initiates the licensure process, and board examination typically concludes it.

Role of Social Work Education

Completing education is the first step towards obtaining a professional license to practice social work. Formal education serves as a prerequisite for licensure, while other requirements may occur concurrently with one another (e.g., practice experience and supervision). Through formal education, a degree in social work from a Council on Social Work Education (CSWE) accredited program is expected. According to CSWE (2024a), as of June 2024, there are 550 accredited baccalaureate programs and 340 master's programs. CSWE (2024d) states that accredited programs "… [provide] assurance that the program in which a student enrolls is committed to quality and educating students on social work competencies necessary to enter practice" (para. 2). Education sets the foundation for how social workers should practice (Apgar, 2021). Therefore, quality education serves as an initial determinant in one's professional competence and ultimate capacity for licensure.

Program Specialization

Continuing its professionalization, social work's broad scope of practice became more defined. To navigate this complexity and competing practices, social work programs developed and expanded possible specializations (sometimes referred to as an emphasis, track, or concentration) to offer students an option to pursue a specific function within the continuum of practice. Within the CSWE Directory of Accredited Programs, MSW programs self-identify one or more areas of specialized practice that align with its program focus and curriculum. According to CSWE (2024b), common MSW program specializations at the micro level include health social work; children, youth, and families; school social work; and clinical social work. Specializations at the macro level include administration, community development, leadership, research, and social policy. An additional area of program specialization is the advanced generalist emphasis, which embraces both the micro and macro components, understanding that these are inseparable. CSWE (2024b) identifies advanced generalist and clinical as the two most common program specializations.

Advanced Generalist Practice. Derezotes (1999) describes *advanced generalist practice* as an inclusive approach, grounded in ecology and diversity, that values both direct and indirect practices as interrelated processes. Acknowledging this intricate relationship, Dran (2014) depicts an advanced generalist as being prepared to tackle "chaos" in complex systems that may require one to work within multiple dimensions of practice simultaneously. Compared to a generalist, an advanced generalist social worker practices in a broader yet more in-depth manner, which prepares one for independent practice and leadership in organizations (Dakin et al., 2015). Programs utilizing advanced generalist models, then, educate students through a range of advanced courses focusing on assessment, intervention, research, policy, leadership, and aspects of diversity. This makes an advanced generalist more versatile in working with individuals, families, groups, communities, and organizations.

It is important to acknowledge that while categorized as a specialty, advanced generalist practice is more reflective of higher-level knowledge and skill that extends

beyond the generalist education achieved during the first year of a non-advanced standing MSW program. In other words, it is less indicative of a specific role or function within social work practice and is more broadly applicable across practice settings, as "…the advanced generalist goes beyond the problem at hand to see opportunities to solve other problems at other times and places" (Dran, 2014, p. 577). Thus, advanced generalist practice is, at times, difficult to differentiate and is therefore inconsistently regulated across jurisdictions. This is a stark comparison to clinical social work.

Clinical Practice. The National Association of Social Workers (NASW, 2024) defines *clinical social work* as a practice specialty that provides assessment, diagnosis, and treatment of behavioral health conditions (e.g., mental, emotional, behavioral), noting that common treatment interventions include individual, group, and family therapy. This is further supported by views from practitioners that mental health treatment is a core of clinical social work (Raine et al., 2023). Clinical social workers embrace an ecological, or person-in-environment, perspective and are present in several practice settings (NASW, 2025), which is similar to advanced generalists. This allows social work to bring a unique perspective to mental health services when compared to allied professions. Clinical practice is a healthcare profession, and clinical social workers represent the largest group of mental health providers in the U.S. (American Board of Clinical Social Work [ABCSW], 2022), highlighting the important role that clinical social workers hold in healthcare settings. Since it is a healthcare profession, clinical social work is consistently regulated across jurisdictions and primarily lends itself to micro practice.

Specialized Practice Controversy

Discourse exists within the academy and the larger social work community as to the overall usefulness of specialized practice that differentiates micro- and macro-oriented practices. For instance, specializations contribute to the fragmentation of roles and tasks. Harris and White (2018) describe this as a method of separating out specific social work tasks—especially at the micro and macro levels. This is markedly controversial among programs offering a clinical emphasis, as both advantages and disadvantages are evident when compared to advanced generalist practice.

ABCSW (2022) describes clinical social work as being "very different in their services and professional attainments [compared to other types of social work]" (para. 7). Although a micro practice specialty, concepts of anti-oppression and social justice remain capable of being integrated into clinical program curriculum (Kang, 2022). This demonstrates capacity to maintain key concepts, values, and ethical standards of social work as a whole, while still offering a unique, social work view and role in clinical practice.

Reisch and Andrews (2002), however, express concern about a trend in practice to emphasize clinical perspectives in social work. More recently, Cooper-Bolinskey (2019) iterates confusion that exists between advanced generalist and clinical practice and notes an ongoing debate about whether including the clinical function was ever helpful to social work. Blom (2004) discusses difficulties that occur when attempting to help people whose problems are complex and intertwined, yet a specialty limits the degree to which effective

support can be offered. Austin et al. (2016) furthermore argues that "decades of specialization have driven micro and macro practice further apart" (p. 271).

According to CSWE (2025) and several education programs (e.g., Baylor University, 2023; Mount Vernon Nazarene University [MVNU] Communications, 2024; Widener University, 2024), students should choose a program that offers a specialization aligning with specific functions of social work and career interests. However, Austin et al. (2016) states:

> For many students, choosing between specializing in micro or macro practice can be a painful choice when they seek a valued professional identity and want to become social workers capable of using multiple practice tools. They find themselves contending with licensing demands, getting ready for a changing job market, facing faculty and peer pressure, and planning for ways to manage their student debt. (p. 275)

Since social work practice is inherently neither one specialty nor another, the relationship between specialized programming and exam pass rates is unclear.

Role of Board Exam

Board examination is intended to assess knowledge, skills, and the overall competence of practitioners (ASWB, 2025b; Association of Marital & Family Therapy Regulatory Boards [AMFTRB], 2024; Association of State and Provincial Psychology Boards [ASPPB], n.d.; National Board for Certified Counselors [NBCC], 2025). The use of examination is not unique to social work, although the specific exams themselves are. For social work, ASWB owns and oversees the administration of board exams. This includes all five exam categories: (1) Associate; (2) Bachelor; (3) Master; (4) Advanced Generalist; and (5) Clinical.

ASWB exams contain 170 multiple choice questions, of which only 150 count towards the pass/fail outcome. According to ASWB (2025b), exams are grounded in a practice analysis, which surveys social workers in a range of settings and locations; these findings identify the knowledge and skills needed to be assessed through examination. The Bachelor Exam assesses generalist practice (Morrow, 2023). The Master Exam is intended for non-clinical practice and entry-level into the profession at the graduate level. The Advanced Generalist Exam is targeted towards those interested in pursuing practice areas in administration, policy, and other macro-oriented roles, and the Clinical Exam is intended to assess competence for independent clinical practice.

With practice analysis, ASWB exams reflect what social workers actually do in practice (Apgar, 2021). With educational programming being created by social work educators, programs focus on what social workers should do (Apgar, 2021). Thus, a gap exists between social work education content and exam content (Morrow, 2023). To contribute to a systematic understanding of pass rate disparities, our study approaches this gap from a perspective centered on the concept of social work specializations.

Methodology

We sought to determine if there are significant differences in social work board exam pass rates across MSW programs that specialize in the areas of Advanced Generalist (AG), Clinical and Direct Practice (CDP), and combined AG/CDP programs. We intended to examine whether there are differences in 2022 AG and Clinical pass rates across AG and CDP programs; however, AG pass rate data were limited, with data available for only 12 programs within our sample. Since AG exam data were largely absent across sampled programs, we were unable to use this data for consideration in our study. Instead, we utilized Master's Exam data, which reflects preparation for entry-level social work rather than advanced practice. Therefore, we decided to examine if there are differences in 2022 Clinical Exam pass rates and Master's Exam pass rates across AG, CDP, and combined AG/CDP programs.

Sample and Sampling Procedures

The study sample consisted of 57 CSWE accredited MSW programs with an AG area of specialization, 52 MSW programs with a CDP area of specialization, and nine programs that have both AG and CDP (AG/CDP) specializations. There were 332 total accredited MSW programs as of May 2024 in CSWE's directory of accredited programs (CSWE, 2024b), which is when the data were collected. We filtered the list of 332 programs to include only those that identified as having an AG and/or CDP area of specialization. One hundred thirty-six (136) programs identified as AG, 109 programs identified as CDP, and nine programs identified as having an AG/CDP area of specialization. Many programs identified other areas of specialization in addition to AG and/or CDP; however, we included the programs that identified AG or CDP as at least one of its specializations. Results of the search returned 254 programs specializing in AG, CDP, or AG/CDP.

To obtain a random sample, we divided the 254 programs into three lists by program type in Excel. For each list, programs were listed alphabetically by university name as they appeared in the CSWE directory (CSWE, 2024b). A sample size calculator was used to determine the appropriate sample size needed for each type of program. Using a confidence interval level of 95% and a 10% margin of error, a random sample identified 57 AG programs, 52 CDP programs, and nine AG/CDP programs, totaling 118 programs.

Data Collection and Analysis

ASWB (2025a) has an exam report depository on its website which contains a 2022 pass rate summary report for each social work program. Each program's report provides Bachelors, Master's, Clinical, and Advanced Generalist Exam pass rates for candidates who took any of these exams at any time during 2022. For each program in our sample, we pulled the Master's and Clinical first-time, repeat, and total exam pass rates from this report.

Data were input into SPSS Version 29 for analysis. Program type served as the independent variable and had three categories: AG, CDP, and AG/CDP, coded as 0, 1, and

2, respectively. Exam pass rate percentages (i.e., Master's first-time, Master's repeat, Master's total, Clinical first-time, Clinical repeat, Clinical total) served as the six dependent variables. Box plots showed non-normal distribution, and because there were only nine programs in the AG/CDP program type category, the assumptions needed for One-Way ANOVA were not met (Kent State University, 2024; Ostertagova et al., 2014). Instead, we ran Kruskal-Wallis tests to determine if there are significant differences in Master's and Clinical Exam pass rates across AG, CDP, and CDP/AG programs.

Results

Results of the Kruskal-Wallis tests indicated no significant differences in Master's and Clinical board exam pass rates across MSW programs with AG, CDP, and AG/CDP specializations (an alpha level of .05 was used). See Table 1.

Master's Exam

A Kruskal-Wallis test indicated that there was no significant difference in Master's first-time exam pass rates across the three MSW program specializations, $H(2) = 3.90$, p = .142. The mean rank first-time exam pass rates were 50.41% for AG programs, 62.31% for CDP programs, and 49.17% for AG/CDP programs. A Kruskal-Wallis test indicated that there was no significant difference in Master's repeat exam pass rates across the three program specializations, $H(2) = 2.03$, $p = .363$. The mean rank repeat exam pass rates were 48.33% for AG programs, 52.84% for CDP programs, and 37.88% for AG/CDP programs. A Kruskal-Wallis test indicated that there was no significant difference in Master's total exam pass rates across the three program specializations, $H(2) = 2.67$, $p = .264$. The mean rank total exam pass rates were 52.05% for AG programs, 61.54% for CDP programs, and 49.11% for AG/CDP programs.

Table 1. *Kruskal-Wallis Results and Mean Rank Across MSW Program Specializations*

	Master's			**Clinical**		
	First-time	Repeat	Total	First-time	Repeat	Total
Kruskal-Wallis (H)	3.90	2.03	2.67	3.08	1.55	2.35
df	2	2	2	2	2	2
Asymp. Sig	.142	.363	.264	.215	.460	.309
Mean Rank (%)						
AG	50.41	48.33	52.05	47.69	52.07	48.31
CDP	62.31	52.84	61.54	57.18	44.8	56.81
AG/CDP	49.17	37.88	49.11	62.29	47	60.36

Note. AG = Advanced Generalist, CDP = Clinical Direct Practice, AG/CDP = Combined Advanced Generalist and Clinical Direct Practice

Clinical Exam

A Kruskal-Wallis test indicated that there was no significant difference in Clinical first-time exam pass rates across the three MSW program specializations, $H(2) = 3.08$, p = .215.

The mean rank first-time exam pass rates were 47.69% for AG programs, 57.18% for CDP programs, and 62.29% for AG/CDP programs.

A Kruskal-Wallis test indicated that there was no significant difference in Clinical repeat exam pass rates across the three program specializations, $H(2) = 1.55$, $p = .460$. The mean rank repeat exam pass rates were 52.07% for AG programs, 44.8% for CDP programs, and 47% for AG/CDP programs.

A Kruskal-Wallis test indicated that there was no significant difference in Clinical total exam pass rates across the three program specializations, $H(2) = 2.35$, $p = .309$. The mean rank total exam pass rates were 48.31% for AG programs, 56.81% for CDP programs, and 60.36% for AG/CDP programs.

Discussion

Information on if and how master's level social work program specialization impacts board exam pass rates, and ultimately professional licensure, is absent from the literature. The results of our study add preliminary knowledge to help begin to close this gap. Our findings indicate that program specialization, at least those of an Advanced Generalist or Clinical specialization, has no significant effect on Master's and Clinical ASWB exam pass rates. These findings add support to how test-takers using Apgar's exam prep guides are advised to approach the Master's and Clinical exams. In her guides, Apgar (2015, 2024) advises test-takers to approach the exam without consideration for their specific role and setting. Rather, she recommends answering the questions as '"any social worker" would. For example, if a test-taker pursued a school social work practice specialization during their MSW program, they should not think like a school social worker, but as a social worker practicing in any setting regardless of function. Additionally, our findings underpin the debate regarding the absence of a linkage between social work program accreditation and exam pass rates (Apgar, 2022a; Apgar & Luquet, 2023; Morrow, 2023).

Our findings suggest that prospective students should give broader consideration when choosing an MSW program, rather than placing too much emphasis on exam preparation. For example, students may select a clinical program believing it will increase their chances of passing the Clinical Exam, only to find that it does not. Students can evaluate programs based on other factors that are important to them, such as geographic location, program cost, faculty demographics, and student resources that support the diverse needs of students; this may encourage students to choose a program that best fits their overall needs. This certainly is a warranted consideration, as cost is the top enrollment factor among prospective graduate students in general (Bryant, 2024), and geographic location was identified by Bowie et al. (2005) as the top enrollment factor among African American MSW students. However, ultimately, we support a way forward that prioritizes a social work educational experience that balances competent, ethical practice and exam preparation with other student considerations, such as cost and location.

A traditional pathway to licensure involves numerous key stakeholders, which further complicates the process and ability to address the "root of the problem." Key stakeholders on this topic include CSWE, ASWB, NASW, state governments, and social work programs.

With each bearing a critical role in the licensure process, the degree to which these parties engage in active and intentional collaboration is paramount to effectively resolving barriers to the profession. Although Apgar (2021) notes that some of these stakeholders "have worked hard to carefully respect and not intrude on each other's unique missions" (p. 519), the systematic breadth of this issue requires substantial partnership and joint efforts.

One important consideration that stems from our study is to what extent the complexity of social work education (i.e., multiple specializations and tracks within these specializations, specifically at the master's level) is necessary. Our findings suggest that specializations might not be sufficiently relevant at the master's level when considering how they impact exam pass rates. However, it is worth noting that, with the re-emergence of the practice doctorate in social work (DSW), specializations may serve another purpose in education and the practice continuum.

When ASWB and CSWE begin to work more collaboratively and with greater intention, alignment between curriculum, competencies, and exam preparation will likely affect program specialties. For instance, will clinical practice and clinical licensure remain the status quo? Can a fresh, and highly deserved, perspective on micro-to-macro practice be revitalized, more formally confronting this divide? If ASWB and CSWE collaboratively, alongside clinical practice and licensure processes, promote and prioritize advanced generalist practice and licensure, it could strengthen professional outcomes (e.g., exam pass rates, job role, pay, career prestige) for social workers primarily practicing in macro settings. This specifically has the potential to support Black and African American social workers, as they more often choose macro-oriented practice settings over their counterparts (Apgar, 2020).

As a next step in addressing licensure disparities, we call upon ASWB and CSWE to fund more research opportunities to strengthen the profession's understanding of best strategies to improve exam pass rates. One such opportunity may be to experiment with integrating exam and licensure preparation materials into social work curricula. This will assist in cross-system collaboration and joint efforts to more wholly fuse the four components of licensure so that each one builds upon and within the other.

Implications for Social Work

One primary distinction between state licensure requirements is the timeline by which exams are taken. For instance, some states require examination following degree conferral but prior to engaging in practice (e.g., Colorado), while others do not allow examination until all practice experience is completed (e.g., Washington State). The impact of this warrants consideration when discussing pathways to licensure and ASWB exam pass rates by program, as this may impose a greater expectation for social work education than it does for practice experience and supervision, unintentionally creating a hierarchy of what effectively prepares social workers for professional success.

Current discourse primarily focuses on master's level licensure and examination. With bachelor's-level and associate-level licensure grossly inconsistent across states, scholarship is warranted to further evaluate the role of examination on these respective

credentials. This includes the role of the Associate Exam, as it is intended for non-social workers (ASWB, 2017), and CSWE does not accredit non-social work degree programs. This raises uncertainty as to the relevance of the Associate Exam and benefits of ASWB investing resources into its development and administration. Divesting in the Associate Exam may offer ASWB additional opportunity and resources to focus more on addressing issues of equity pertaining to the other exams and working with CSWE to address education-to-examination pathways.

As demonstrated in our study, the overall lack of data on Advanced Generalist Exam pass rates by program raises concern for this exam's usefulness in evaluating social worker competence and preparation for licensed practice. This is further compounded by concerns such as Morrow (2023) reports, that the pass rate for the Advanced Generalist Exam is relatively low compared to the other exams; this is attributed, in part, to the exam not being solely reflective of macro practice. In a conversation that already lacks certainty around how to best prepare social workers for licensure, the use of three different graduate-level exams with similar formatting and delivery methods may no longer be warranted. Similar to the Associate Exam, ASWB may benefit from eliminating the Advanced Generalist Exam, acknowledging that the Master's Exam may be more reflective of one component of competence in advanced generalist practice. Streamlining the exams offered may, in turn, offer social work programs, practice settings, and supervisors an opportunity to be more intentional in preparing social workers for success in passing any necessary board examination.

Recent initiatives to develop a licensure compact introduce additional areas of inquiry. For instance, Apgar (2022b) states that proponents of interstate licensing identify completion of requisite examination as one of four criteria when considering who may be approved for compact participation. Thus, the development of a compact may be hindered if exam disparities are not resolved. With education serving as the preliminary step in the licensure process, resolution to exam disparities begins there.

Limitations

This study focuses on AG and CDP programs—the two largest categories of specialization. However, CSWE identifies 28 different areas of specialized practice. Social workers may not identify which graduate program they completed when taking the exam, preventing their pass status from being included in the respective program's data. At least one program sampled was not able to be located through ASWB resources, leading to its exclusion. Additionally, some programs have missing data or small numbers of graduates who completed specific exams. Within its directory, CSWE uses the term "clinical and direct practice" to describe one area of specialized practice; however, it is unclear the degree to which these are perceived as different categories. Lastly, programs self-identify their specializations during the initial accreditation and reaffirmation processes. Thus, if a program changes its curricular focus between reaffirmations, updates to specialization may not be immediately reflected in the CSWE directory.

Conclusion

Professional licensure is a controversial topic, more so in the field of social work than in its allied professions. The complexity of licensing warrants investigation of all components—education, practice, supervision, and examination. Finding no significant difference in how advanced generalist and clinical education supports social workers in passing board exams, this study suggests that streamlining an alignment between social work programs and ASWB exams offers one path forward in preparing social workers for success.

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