

# 2017 Analysis of the Practice of Social Work

FINAL REPORT

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## **EXECUTIVE SUMMARY**

This report describes the process and outcomes of the analysis of the practice of social work conducted between 2015 and 2016 by the Association of Social Work Boards (ASWB). This is the sixth such study for ASWB—the first analysis was completed in 1981 and subsequent studies were carried out approximately every five to seven years thereafter. The current approach involved gathering and integrating multiple sources of data about the social work profession to update the ASWB licensure exam blueprints in the Bachelors, Masters, Advanced Generalist, and Clinical categories. The practice analysis is critical for ensuring that the content of each exam is relevant to current professional practice and reflects the opinions and expertise of a diverse group of stakeholders.

The 2016 practice analysis involved surveying a representative sample of social workers in the United States and Canada and using the results to update the content and weighting of the licensure examination blueprints. This process was managed by two panels of social work professionals who collectively possess a substantial, diverse base of expertise and experience. Their knowledge of and insight into the social work profession, the licensure exam development process, and the challenges inherent in developing a valid licensure examination were tremendous contributions to this study.

A total of 32,077 social workers responded to the survey, as follows: 9,520 licensed in Canada, 22,266 licensed in the United States, 145 licensed in both countries, and 146 not indicating the jurisdiction where they are currently licensed/certified/registered. The number of useable responses received was the largest in the history of ASWB practice analyses. Statistical comparisons of the survey responses indicated minimal differences in ratings between the U.S. and Canada. Accordingly, the blueprints for all four categories of licensure exams reflect a valid, reliable interpretation of the social work profession across North America.

The changes made to the licensing exam blueprints based on this practice analysis include predominantly minor structural and editorial modifications for comprehensiveness and currency. The new blueprints represent a reordering and renaming of content areas to capture the similarities across examination categories and to preserve the features that make them unique. The most extensive changes were observed for the Advanced Generalist exam blueprint, which was restructured from five content areas to four. All other examination categories retained four content areas each. The content areas and the weights derived from the 2016 practice analysis are generally consistent with the previous practice analysis outcomes.

## **INTRODUCTION AND OVERVIEW**

This report documents the process, methodology, and outcomes of the analysis of the practice of social work conducted between 2015 and 2016 by the Association of Social Work Boards (ASWB). The primary aim of this study was to examine the current state of social work practice in the United States and Canada and use the results to update the licensure blueprints for the social work licensure exams maintained by ASWB. The study was carried out with the assistance of the Human Resources Research Organization (HumRRO), a nonprofit personnel research and consulting firm that served as ASWB's contractor for this process.

## The Association of Social Work Boards and Its Examinations

ASWB is the nonprofit organization of jurisdictional boards that regulate social work practice in the United States and Canada. The association was incorporated in 1979, and its primary mission is to strengthen protection of the public by providing support and services to the social work regulatory community to advance safe, competent, and ethical practices. The association's primary resources in service of this mission are the social work licensure examinations used by ASWB member jurisdictions as part of the criteria to determine a licensure candidate's minimum competence to practice social work.

During the administration of the practice analysis survey in 2016, ASWB's membership included 50 states, the District of Columbia, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and 10 Canadian provinces.

The licensure examinations measure the knowledge required for competent, entry-level social work practice and are offered in five categories: Associate, Bachelors, Masters, Advanced Generalist, and Clinical. Each exam is composed of 170 multiple-choice items, 150 of which count toward a candidate's score. The remaining 20 items are pretest questions for which statistics are gathered to evaluate their validity and reliability. The Associate and Bachelors examinations share the same items but have different passing scores. (In this report, all references to the Bachelors exam content and category include the Associate exam content and category.) The Bachelors, Masters, Advanced Generalist, and Clinical exams are distinct from one another in terms of the depth and breadth of content they cover.

ASWB has defined the intended purpose of each examination as follows:

- Associate. This examination has been developed for use as a licensure requirement by member boards that issue licenses to non-social work-degreed applicants.
- Bachelors. This examination has been developed for use as a licensure requirement by member boards that issue to BSWs, upon entry to practice, licenses for basic generalist practice of Baccalaureate Social Work.
- Masters. This examination has been developed for use as a licensure requirement by member boards that issue to MSWs, upon entry to practice, licenses for Master's Social Work practice. The practice of Master's Social Work includes the application of specialized knowledge and advanced practice skills.
- Advanced Generalist. This examination has been developed for use as a licensure requirement by member boards that issue, to MSWs with two or more years of experience in non-clinical settings, licenses for Advanced Generalist social work practice. Advanced Generalist social work occurs in non-clinical settings that may include macro-level practice.
- Clinical. This examination has been developed for use as a licensure requirement by member boards that issue, to MSWs with two or more years of experience in clinical settings, licenses for the practice of Clinical Social Work. The practice of Clinical Social Work requires the application of specialized clinical knowledge and advanced clinical skills.

## **The Current Analysis**

The approach used to update the blueprints in 2016 involved gathering and integrating multiple sources of data about the social work profession to ensure that the content of each exam (a) is relevant to current professional practice and (b) reflects the opinions and expertise of a diverse group of stakeholders. The primary sources of data included a web-based occupational survey administered to social work professionals across the U.S. and Canada and focus groups composed of social work subject matter experts (SMEs). These SMEs included social workers from a wide range of practice settings, demographics, and geographic locations.

## Why Analyze Practice?

A practice analysis is the primary link to a licensure examination's validity—that is, the degree to which the test measures what it is supposed to be measuring. Because licensure and certification examinations are designed to determine whether a test-taker has the knowledge and skills necessary to perform a job or practice a profession, 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 a licensure examination measures knowledge, skills, and abilities related to the job or profession for which the license grants entry is referred to as *content validity*. Establishing content validity requires a way of finding out what people in the profession are actually doing and how important—and even 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 is reflected. 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 that are 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 new practice analyses must be conducted to reexamine jobrelated knowledge, skills, and abilities. ASWB policy mandates that a practice analysis be conducted every five to seven years.

This is the sixth such study for ASWB. Prior analyses were done in 1980-81, 1987-88 (a Job Analysis Verification Study), 1995-96, 2001-03, and 2008-09.

#### The Results

The changes made to the licensing exam blueprints based on this practice analysis include predominantly minor structural and editorial modifications for comprehensiveness and currency. The most extensive changes were observed for the Advanced Generalist exam blueprint, which was restructured from five content areas to four. However, the typical modifications include (a) refining the individual knowledge statements to ensure they continue to provide a clear and accurate depiction of social work, and (b) fine-tuning the classification of statements into conceptually similar groups or areas. Once again, an emphasis was placed on ensuring that the

statements are easy for candidates to understand and meaningful for individuals involved in exam development activities.

## What Changed?

Appendix D presents the final examination blueprints as adopted by the ASWB Board of Directors on October 16, 2016. The new blueprints represent a reordering and renaming of content areas to capture the similarities across examination categories and to preserve the features that make them unique. The updates to the blueprints can generally be described as a touching up and refining of details, with only a few specific topics receiving more extensive adjustments.

As a result, the content areas and the weights derived from the 2015-16 practice analysis are generally consistent with the 2008-09 study outcomes. A summary of changes for each examination category is provided below.

#### Bachelors Examination Category

For the Bachelors licensure exams, the new weights for a given content area changed by no more than two percentage points from the 2008-09 weights. Content Area I. Human Development, Diversity, and Behavior in the Environment decreased slightly, from 27% to 25%. Content Area I.C. Diversity and I.D. Effects of the Environment on Client System Behavior were merged due to overlapping content. In Content Area II. Assessment, competency areas covering assessment techniques were combined and named Assessment Methods and Techniques. The overall weight for this content area rose by one percentage point. Content Area III. Direct and Indirect Practice was renamed Interventions with Clients/Client Systems, and overlap among the competency areas was reduced by grouping similar knowledge areas together. The weight for this content area did not change. The weight for Content Area IV. Professional Relationships, Values, and Ethics, however, increased by 1%, reflecting the importance of demonstrating competence in this area for safe and effective practice.

#### Masters Examination Category

For the Masters licensure exams, the new weights for a given content area changed by no more than three percentage points from the 2011 weights. Content Area I. Human Development, Diversity, and Behavior in the Environment decreased by 1%. Content Area II. Assessment and Intervention Planning remained constant at 24%. Content Area III. Direct and Indirect Practice was renamed Interventions with Clients/Client Systems, and the weight for this area increased by 3%. The competencies in this content area were also renamed to more accurately reflect the practice of social work with diverse clients and client systems. The weight for Content Area IV. Professional Relationships, Values, and Ethics increased by two percentage points, reflecting the importance of demonstrating competence in relationship-building, values, and ethics for safe and effective practice.

## Advanced Generalist Examination Category

As noted in the Executive Summary, the Advanced Generalist exam blueprint was restructured from five content areas to four. Competencies in Content Area II. Micro Assessment and Planning, Content Area III. Micro Practice and Social Work Relationships, and Content Area IV. Macro Practice were reassigned to two new sections: Content Area II. Intervention Processes and Techniques for Use across Systems and Content Area III. Intervention Processes and Techniques for Use with Larger Systems. Within the newly assigned content areas, some areas

containing overlapping or redundant statements were merged to eliminate overly narrow ranges of practice. For example, Supervision and Consultation was combined with Administration and Management. As a result, the total number of competencies on the Advanced Generalist blueprint was reduced by half, from 28 to 14. Content area weights were then redistributed to reflect the relative importance of the updated organization of knowledge: Content Area I. Human Development, Diversity, and Behavior in the Environment increased to 23% (from 18%); the newly created Content Area II. Intervention Processes and Techniques for Use across Systems was assigned a weight of 32%; the new Content Area III. Intervention Processes and Techniques for Use with Larger Systems was assigned a weight of 18%; and Content Area IV. Professional Relationships, Values, and Ethics (formerly Content Area V. Professional Values and Ethics) increased by three percentage points to 27%.

## Clinical Examination Category

Structurally, the updated Clinical blueprint remained quite similar to the previous iteration. However, changes to the distribution of content weight were noticeable for some of the content areas. The weight for Content Area I. Human Development, Diversity, and Behavior in the Environment decreased by seven percentage points to 24% and Content Area II. Assessment, Diagnosis, and Treatment Planning increased by four percentage points to 30%. Content Area III. Psychotherapy, Clinical Interventions, and Case Management was viewed as slightly more important, garnering 27% of the exam (up from 25% in 2011), and Content Area IV. Professional Values and Ethics gained one additional percentage point, reflecting the continued importance of knowledge of values and ethics within the social work profession.

#### The Goal

The purposes of the study were to:

- Obtain a picture of the current practice of social work from a representative sample of social workers in the United States (including the District of Columbia, the U.S. Virgin Islands, Puerto Rico, the U.S. Territory of Guam, and the U.S. Commonwealth of the Northern Mariana Islands) and the 10 provinces of Canada via an online survey of their practice.
- Compare the practice of social work in the United States and Canada to determine if each licensing exam can be based on the same test content outline—or blueprint—in each country.
- 3. Update the ASWB licensure test blueprints in the Bachelors, Masters, Advanced Generalist, and Clinical categories.

#### The Process

The study was conducted in four phases. In the first phase, a survey of the social work profession (i.e., practice analysis survey) was developed and pilot tested. In Phase II, the survey was administered to social workers in all U.S. states, the District of Columbia, the U.S. Virgin Islands, Puerto Rico, Guam, the Northern Mariana Islands, and all 10 Canadian provinces to collect data on the current state of social work practice. In Phase III, the results of the survey were used to update the examination blueprints for all categories of ASWB's social work licensure examinations. The last phase involved determining and finalizing content weighting for all blueprints.

## PHASE I: CREATING THE SURVEY

Phase I of the practice analysis process was focused on the development of an electronic survey instrument to assess elements of current social work practice in the United States and Canada. This phase involved a rigorous planning process that was supported by multiple subject matter expert (SME) groups, as well as examination development, psychometric, and programming expertise from ASWB and HumRRO staff.

## **Analysis of Current Exam Content Outlines**

The survey development process began with a careful analysis of the survey and exam blueprints from the 2008-09 practice analysis. To accomplish this, ASWB appointed an Oversight Panel of SMEs to provide guidance and direction as the project activities were carried out. The Oversight Panel (OP) consisted of five highly experienced social workers with backgrounds in social work education and/or clinical practice who were familiar with the social work examinations, exam development process, exam blueprints, and current professional issues. (See Appendix A for demographic and other details about the Oversight Panel.)

The Oversight Panel, ASWB staff, and staff from HumRRO performed a meticulous review and comparison of the blueprints for each examination category. The Oversight Panel noted several instances in which knowledge statements on multiple blueprints were either identical or shared similar phrasing. To reduce the redundancy and ensure that the survey contained the most current information about entry-level social work practice, these statements were combined into a single list. The Oversight Panel acknowledged that while some content should pertain uniquely to a particular examination category, the single-list approach provided respondents an opportunity to rate knowledge that they might not be expected to possess but do nonetheless.

## **Establishing Task and Knowledge Statements**

With a general direction for the survey set out by the OP, the ASWB Practice Analysis Task Force (TF) could begin its work. The Task Force was primarily charged with developing the survey content and establishing test specifications for the exam blueprints. Task Force selection criteria ensured that the 20 members were representative of the profession in terms of practice setting, specialty area, geographic location, and demographic characteristics. (See Appendix A for demographic and other details about the Task Force.)

The Task Force convened November 20–21, 2015, to participate in a focus group activity to review the content, wording, and format of the task and knowledge statements that would be included in the survey. During the meeting, Task Force members were split into four groups of five members each to review the task and knowledge statements as they pertain to each examination category. Staff from ASWB and HumRRO facilitated the group discussion. To elicit feedback and ensure a comprehensive review of the statements, the facilitators asked questions similar to those listed below:

- Is the list comprehensive in terms of the task/knowledge statements required to perform successfully at the entry level?
- What additional task/knowledge requirements contribute to successful performance at the entry level?

- Are any task/knowledge statements currently on the list not required to perform successfully at the entry level?
- Does the wording of each task/knowledge statement accurately reflect what is needed for the task to be performed successfully?
- Is the wording of each task/knowledge statement clear and succinct?
- Does the list reflect emerging practice areas?

At the end of this activity, the Task Force was reconvened as a large group to review the changes made by each small group. During this review, the Task Force corrected a few instances of redundancy and edited a few tasks/knowledge statements for grammatical consistency and clarity.

## Oversight Panel Review and Finalization

After the Task Force meeting, ASWB, HumRRO, and the Oversight Panel met on January 8, 2016, to perform additional cleanup of the tasks and knowledge statements. This step primarily entailed identifying any lingering syntactical and structural inconsistencies (e.g., whether to use "client" versus "client system") and sorting the tasks and knowledge statements into meaningful categories solely for the purpose of organizing them on the survey. The contents of the background questionnaire, task survey, and knowledge survey are presented in Appendix B.

#### Translation

Because the primary language of Québec is French and New Brunswick is bilingual (French and English), the entire survey, including the lists of tasks and knowledge statements, the background questionnaire, and all text appearing on the survey user interface (e.g., instructions, navigation), were translated into a Canadian-French version.

### Programming and Pilot Testing

The survey was programmed to run on HumRRO's survey platform, and several rounds of internal review and testing were conducted to identify any issues related to content, functionality, and overall look and feel. After the internal tests were completed, ASWB recruited Oversight Panel and Task Force members, additional ASWB staff, and representatives from Canadian provinces where the French version of the survey would be administered to pilot test the survey. Pilot test-takers were emailed an invitation that included a link to the survey. They were asked to complete and return a feedback form about their experience completing the survey. HumRRO reviewed the feedback and examined the raw survey responses for anomalies.

## Survey Design

It is important to note several differences between the current practice analysis study and the approach used in 2008-09.

First, the survey conducted in the prior study focused on social work job tasks/duties. In the current approach, the survey was split into two separate components—one concentrated on job tasks/duties and the other on job knowledge requirements. Whereas the aim of the task survey was to describe what is done on the job, the knowledge survey focused on the theoretical, procedural, and factual information needed by social workers to effectively perform their jobs. In the current study, the task

component consisted of 164 statements and the knowledge component contained 229 statements. The addition of the knowledge statements was beneficial because it allowed more in-depth information to be collected about the nature and scope of social work, and provided information more closely aligned with the content tested on the examinations.

Second, because this survey was expanded to two components, the sampling parameters were modified to ensure larger response numbers. To do this, the pool of survey invitees was broadened to include all social workers who had passed an ASWB examination within the past 10 years. The previous practice analysis surveyed only social workers who had passed an ASWB examination within the past three years (or within the past five years for the Advanced Generalist category, due to the smaller sample size available).

Finally, the two survey components were administered to different samples of social work professionals. Entry-level professionals were recruited to judge the importance and frequency of the tasks they perform; more experienced practitioners were asked to judge the knowledge required to perform successfully as an entry-level social worker. This approach balanced entry-level professionals' familiarity with what they do on a day-to-day basis with the wisdom and experience of more seasoned practitioners who are likely to be in a better position to identify the knowledge required to perform those tasks well. For the purposes of this practice analysis, entry level was defined as less than three years from initial licensure for respondents in the Bachelors, Masters, and Clinical examination categories. Due to the smaller population size for the Independent Generalist category (the category that serves as the basis for the Advanced Generalist examination), entry level was defined as less than five years from initial licensure.

## The Finalized Survey

The finalized survey was hosted on HumRRO's server and was designed to be accessible to any respondent with access to the Internet. The survey included two primary sections. The first section was a background questionnaire designed to elicit information about the demographic characteristics of the sample. This section was composed of multiple-choice or multiple-response type questions. All respondents were instructed to complete the background questionnaire.

The second section consisted of two components—a task survey and a knowledge survey. Each of these components consisted of a list of statements describing tasks or knowledge requirements and one or more Likert-type rating scales. Respondents were assigned to complete either the task survey or the knowledge survey based on years of experience (as noted above).

Respondents who completed the task survey were instructed to provide two types of ratings for every task statement—*frequency* of performance and *importance* for effective practice. The frequency rating scale ranged from 1 (Never) to 6 (More than once a day). The importance rating scale ranged from 1 (Unimportant) to 5 (Extremely important). Respondents who indicated they do not perform a given task were not asked to provide importance ratings for that task. An example of the task survey rating scales is shown below.

How often do Bachelors social workers perform this task within the first two years of practice?

- Never
- Annually
- Monthly
- Weekly
- Once a day
- More than once a day

How important is the performance of this task for effective social work practice?

- Not important
- Minimally important
- Important
- Very important
- Extremely important

Respondents who completed the knowledge requirements survey were instructed to provide a rating of the importance of the knowledge for entry-level practice. Importance ratings were collected via a Likert-type rating scale that ranged from 0 (Knowledge is not needed) to 5 (Extremely important). An example of the knowledge requirements survey rating scale is presented below.

How important is this knowledge for performing the job of a Bachelors social worker within the first two years of practice?

- Knowledge is not needed
- Not important
- Minimally important
- Important
- Very important
- Extremely important

The scales were customized for each examination category. For instance, some respondents were asked to rate the importance of the knowledge statements for performing the job of a Bachelors social worker while other respondents rated the statements from the perspective of a Masters, an Independent Generalist, or a Clinical social worker. Respondents were assigned to a particular survey based on their responses to two background questions.

The first question asked respondents to identify the length of time they have practiced with their current social work licensure, certification, or registration. As noted previously, entry-level social workers responded to the task survey and more experienced social workers responded to the knowledge survey. The second question determined the examination category of focus by asking respondents to identify which category best described their current social work practice: Bachelors, Masters, Independent Generalist, or Clinical.

## PHASE II: DISTRIBUTING THE SURVEY

Phase II of the practice analysis process was aimed at disseminating the survey and communicating the importance of social worker participation. The survey sample was identified using a mix of sources and methodologies. The names and contact information for all individuals who passed one of ASWB's licensure exams within the past 10 years were extracted from the ASWB licensure exam database. At the time of this study, this included 182,844 individuals from 49 U.S. states, the District of Columbia, and the USVI. Prior to 2016, California did not use ASWB's exams for licensing social workers. To ensure California social workers were included, a representative from the California Board of Behavioral Sciences advertised the survey on the board's website and in an electronic newsletter distributed to licensed social

workers. In addition, the representative emailed a small number of invitations to a select group of social workers who serve as subject matter experts for various board activities.

Two Canadian provincial boards, Prince Edward Island Social Work Registration Board (PEI) and Saskatchewan Association of Social Workers (SK), provided contact information for their members by way of a formal nondisclosure agreement with HumRRO. Contact information was provided for 315 social workers from PEI and 1,587 from SK. The remaining Canadian provincial boards opted to manage the sampling of their constituents "in-house." Thus, the exact number of social workers in these provinces who received an invitation is not known. However, based on estimates provided by ASWB, as many as 30,000 social workers in Canada may have received an email from their provincial board with a link to the survey. In total, it is estimated that between 184,746 and 234,549 invitations were sent to U.S. and Canadian regulated social workers.

The survey launched on April 4, 2016, and was initially scheduled to close on May 2—a deadline that was later extended until May 16 to encourage more responses. HumRRO sent survey invitations and reminders (at approximately one-week intervals) to recipients in the U.S. (excluding California), PEI, and SK. Canadian provinces that elected to manage their own sampling and distribution were provided with a distribution schedule and toolkit to encourage consistent messaging on the survey.

During the administration, an email domain was made available to respondents to submit requests for technical assistance or ask questions about the survey.

## **PHASE III: DATA ANALYSIS**

## **Planning and Preparation of Data Files**

A series of steps were carried out to clean and screen the raw survey data in preparation for the analysis. First, in an effort to ensure that only the most relevant data were used, HumRRO analysts examined the response patterns to eliminate surveys that indicated a lack of respondent attention or motivation. Next, ASWB, HumRRO, and the Oversight Panel met on June 2, 2016, and followed an iterative process to establish reasonable thresholds for flagging instances of unusable responses based on psychometric, structural, and substantive considerations. Finally, the data were examined to identify illogical responses to specific items and combinations of multiple demographic variables.

## Survey Response Data

Overall, 32,077 total responses were received, of which 23,343 were determined usable—a number considerably higher than the 5,452 responses used in the 2008-09 practice analysis. However, it is impossible to determine what these numbers represent in terms of a fixed response rate; instead, the rate must be represented as an estimate within a range. There are two reasons for this complication.

First, the number of social workers notified of the survey in eight Canadian provinces and California is unknown. ASWB estimates that 50,000 social workers may have been invited to participate in those jurisdictions not directly surveyed by HumRRO, but because a definitive number is not known it is impossible to estimate response rates for this population.

Second, because the invitations sent by HumRRO to participate in the survey were delivered via email, it is impossible to separate recipients who chose not to respond from recipients whose invitations were never received (e.g., blocked by spam filters). Of the surveys sent by HumRRO—that is, surveys sent to 49 U.S. jurisdictions, the District of Columbia, and the U.S. Virgin Islands as well as the Canadian provinces of Saskatchewan and Prince Edward Island—162,490 were considered delivered. In this context, "delivered" means that the email address was complete and current and the invitation was not immediately bounced back by the recipient's email server. Of these, 91,490 were opened.

Because of these considerations, overall response rates can only be estimated as falling within a range: from a "maximum" rate based solely on the surveys sent by HumRRO and determined to have been opened by recipients (26%), to a "minimum" that broadens the recipient pool to include the addition of the estimated 50,000 social workers notified of the survey in eight provinces and California (16%).

Table 1 displays usable response rates for each examination category and survey component for the 2016 practice analysis survey.

Table II deable Responded by Examination Gategory						
Evem Cotemany	Knowledge		Task		Total	
Exam Category	n	%	n	%	n	%
Total Responses						
Bachelors	3,004	26	1,989	17	4,993	21
Masters	2,720	24	4,259	36	6,979	30
Advanced Generalist	387	3	548	4	935	4
Clinical	5,324	47	5,112	43	10,436	45
Combined	11 435	100	11 908	100	23 343	100

Table 1. Usable Responses by Examination Category

## Sample Description

U.S. respondents were licensed in nearly every U.S. state or territory, with an average of 337 respondents per state/territory. The largest proportion of respondents was observed for New York (n=2,249) and the smallest for Puerto Rico (n=6). None of the respondents indicated being licensed in the Northern Mariana Islands or Guam. Ten Canadian provinces were represented, with the largest number of respondents indicating licensure in Ontario (n=2,599) and the smallest in Prince Edward Island (n=51). Summary tables displaying the full set of results of the background questionnaire are presented in Appendix C. Some highlights of respondent demographics are provided below.

- 88% of the respondents were female;12% were male
- 82% were employed full-time
- 78% of the respondents possessed a Master's degree in social work
- Just over half (53%) of all respondents indicated their primary role was direct service provider, such as clinician, therapist, or counselor

- One-third (33%) of the respondents indicated their primary practice/work setting was a not-for-profit organization
- The primary function of respondents' practice/work setting tended to be mental and/or behavioral health (54%); medical, hospital, or health services (28%); family and children's services (27%); and advocacy (24%).

It is important to note that a clerical error was made during the preparation of the background questionnaire that resulted in the omission of two Canadian racial/ethnic identification categories (i.e., "Black" and "Japanese"). To address this issue, ASWB conducted a follow-up survey of 4,088 Canadian respondents to obtain additional demographic information. The results of the follow-up analysis indicate that approximately 3.7% of the sample was Black and 0.4% was Japanese. These results are generally consistent with current census estimates for the entire population of Canada.

## Analysis of Task Survey Results

For each task statement, HumRRO computed the sample size (i.e., number of respondents who made a frequency and/or an importance rating), mean frequency and importance ratings, standard deviation, and response percentage (i.e., proportion of respondents indicating they perform the task at least annually). Because the purpose of the practice analysis is to identify tasks that are relevant to current professional practice, ASWB, HumRRO, and the Oversight Panel established the following decision rule to differentiate between statements: for a task to be considered relevant, it must be performed at least annually by at least 25% of respondents and must be considered important (i.e., average importance rating of 3.00 or higher). Statements that failed to meet one or both of these criteria were flagged for subsequent review by the Task Force. (See Phase 4 below.)

## Analysis of Knowledge Requirements Survey Results

Analysis of the knowledge requirements survey results was carried out in a similar manner as the task survey. For each knowledge statement, HumRRO computed the sample size (i.e., number of respondents who provided an importance rating), mean importance ratings, standard deviation, and response percentage (i.e., proportion of respondents reporting the knowledge is important). Once again, ASWB, HumRRO, and the Oversight Panel established a decision rule to differentiate between statements. In this analysis, the decision rule was the following: In order for a knowledge statement to be considered relevant, it must have received an average importance rating of 3.00 or higher. Statements that failed to meet this criterion were flagged for subsequent review by the Task Force. (See Phase 4 below.)

## Interrater Consistency and Agreement

An important assumption that underlies large-scale practice analysis surveys is that people within a profession tend to do similar tasks and are required to possess similar bodies of knowledge. As a result, they are expected to agree with one another more often than not about what they do and what they need to know. The level of agreement between how respondents rated the task and knowledge statements can be assessed by examining the extent to which their ratings were the same or trending in similar directions for similar tasks or knowledge statements. Due to the sheer number of respondents from the U.S. and Canada and the diversity of their backgrounds and professional experiences, some variation should be expected.

Two types of statistics were computed to assess the degree of consistency and agreement among the survey respondents. In this context, "consistency" refers to the relative similarity among the respondents' ratings (e.g., Task X is rated as more important than Task Y and less important than Task Z). "Agreement" indicates the extent to which the respondents' ratings are exactly the same (e.g., Rater A and Rater B rated Task X as Extremely important). Thus, agreement estimates are more stringent, requiring exact agreement across respondents.

Consistency and agreement statistics are reported in Table 2. The 1-Rater values can be interpreted as the level of consistency (or agreement) to be expected between the ratings provided by any single rater with any other randomly selected single rater. The *k*-Rater values indicate the degree of consistency (or agreement) to be expected between the sample of respondents in this study and another theoretical sample randomly selected from the population. In other words, if the study was repeated with another set of similarly sized samples, there is a strong expectation that the same results would be obtained. Because all the *k*-Rater estimates are near 1.00, it can be concluded that the data are highly consistent across raters and strengthen confidence in the results.

**Table 2. Estimates of Interrater Reliability and Agreement** 

D (1 0 1 / D		Type of ICC				
Rating Scale/Exam Category	Number of Items	Consistency		Agreement		
Suiting City	items	1-Rater	k-Raters	1-Rater	k-Raters	
Knowledge Importance						
Bachelors	229	.137	.997	.120	.997	
Masters	229	.170	.998	.145	.997	
Advanced Generalist	229	.155	.982	.134	.979	
Clinical	229	.215	.999	.177	.999	
Task Frequency						
Bachelors	164	.306	.998	.235	.997	
Masters	164	.277	.999	.217	.998	
Advanced Generalist	164	.275	.990	.216	.987	
Clinical	164	.290	.999	.225	.999	
Task Importance						
Bachelors	164	.240	.996	.194	.994	
Masters	164	.210	.998	.174	.997	
Advanced Generalist	164	.212	.982	.175	.977	
Clinical	164	.265	.999	.210	.998	

*Note: ICC* = intra-class correlation coefficient. Consistency and agreement ICCs are estimated for a single rater (1-Rater) and for the average number of raters (*k*-Raters)

#### Subgroup Comparisons

Because of the large proportion of responses received from social workers in Québec, additional statistical analyses were conducted to assess the potential effects of both a French language survey as well as country of origin (U.S. versus Canada). Accordingly, HumRRO performed additional analyses to detect potentially important group differences in the survey results by estimating the relative importance of each content area.

Table 3 displays the results of this analysis for content areas in each examination category and compares U.S. and Canadian statistics, including and excluding results from Québec. The table shows that neither country of origin nor language had a significant effect on the relative importance of the content areas.

**Table 3. Summary of Group Differences in Relative Importance Ratings** 

		Canada		
Examination Category/Content Areas	United States	Including Québec	Excluding Québec	
Bachelors				
Human Development, Diversity, and Behavior in the Environment	23.9	24.2	24.3	
Assessment and Intervention Planning	22.3	22.7	22.3	
Direct and Indirect Practice	43.4	42.9	43.1	
Professional Values and Ethics	10.4	10.2	10.3	
Masters				
Human Development, Diversity, and Behavior in the Environment	24.0	24.1	24.1	
Assessment and Intervention Planning	22.5	22.4	22.4	
Direct and Indirect Practice	43.4	43.3	43.4	
Professional Values and Ethics	10.1	10.2	10.2	
Advanced Generalist				
Human Development, Diversity, and Behavior in the Environment	23.8	24.4	24.4	
Assessment and Intervention Planning	22.4	22.3	22.3	
Direct and Indirect Practice	43.7	43.1	43.1	
Professional Values and Ethics	10.1	10.2	10.2	
Clinical				
Human Development, Diversity, and Behavior in the Environment	24.0	24.3	24.2	
Assessment and Intervention Planning	22.8	22.6	22.6	
Direct and Indirect Practice	43.0	42.8	42.8	
Professional Values and Ethics	10.2	10.3	10.4	

Note: Relative importance estimates calculated by dividing the sum of the mean ratings for each statement within a content area by the sum of the mean ratings across all statements.

## **Empirical Weight Computation**

HumRRO computed empirical weights for each examination blueprint based on the results of the practice analysis survey. The weights were computed by taking the sum of importance ratings for a given content area and dividing it by the sum of importance ratings across the entire set of knowledge statements. While important, empirical weights are only one factor to be considered in an overall evaluation of the weights that should be assigned to various content areas of an examination. The weights computed by HumRRO were provided to the Task Force after it established initial content weighting recommendations, and the weights served as a level-setting mechanism to aid the Task Force in their work.

## **Linkage Exercise**

As noted earlier, the lists of task and knowledge statements that appeared on the practice analysis survey were generated by the Task Force, with support from the Oversight Panel. While there is an assumed relationship between the tasks and knowledge requirements (i.e., for each task there is a corresponding set of knowledge requirements), an additional activity was carried out to establish a formal link between them. The activity, called a linkage exercise, provides additional content validity evidence for the social work licensure exams by ensuring that knowledge tested on the exams is necessary for the successful performance of critical tasks. Results of this exercise can also be used to guide item writers on the appropriate content to be assessed.

The task-to-knowledge linkage is typically obtained from SME ratings of the magnitude of the relationship. For this exercise, SMEs evaluated the link between individual knowledge statements and task categories (i.e., groups of related tasks) rather than individual task statements. This approach ensures that (a) information about the knowledge statements, which serve as the basis for exam development and item writing activities, is maximized, and (b) the level of effort required of each SME is minimized.

For the linkage exercise, 42 SMEs were recruited from the Task Force, Oversight Panel, and ASWB Exam Development volunteers. They represented a wide range of practice settings, demographics, and geographic locations. SMEs were instructed to work independently to judge the relationship between each knowledge requirement and the set of tasks listed in each task category. The task categories are listed below.

- Assessment
- Intervention Planning
- Direct Service
- Indirect Service
- Practice/Program Evaluation
- Supervision and Consultation
- Management and Administration
- Ethics and Values

The SMEs were asked: "To what degree do you need this knowledge when performing the tasks listed in this category?" They used the following scale to make their ratings:

- 1. To a trivial degree or no degree
- 2. To a moderate degree
- 3. To a large degree

Linkage estimates were computed for each knowledge statement based on the average ratings across SMEs. The results of this exercise indicated that the majority of the knowledge requirements used in the survey are necessary to carry out one or more of the tasks in each task category.

## PHASE IV: EXAM BLUEPRINT UPDATE

## **Blueprint Weighting**

The Task Force convened September 16-17, 2016, for a second time to review the practice analysis survey results and establish content weights for the examination blueprints. The review process included three steps. First, Task Force members were given a print version of the survey results (i.e., descriptive statistics including sample size, mean, standard deviation, and percentage value for each rating) and instructed to review them independently and make notes about unexpected ratings or potential anomalies in the data. Next, ASWB and HumRRO facilitated discussion with the Task Force to identify factors that may have influenced the results, such as trends in the profession (e.g., tasks that are becoming obsolete; emerging or evolving knowledge requirements). Finally, the Task Force was asked to make a judgment about the results to determine which tasks and knowledge requirements are critical for competent practice, paying particular attention to tasks and knowledge statements that bore ratings at or near the decision-rule threshold values discussed in the section titled "Analysis of Knowledge Requirements Survey Results" described earlier in this report.

During its review of knowledge statements, Task Force members also considered the decisions they had previously made for the task survey results. For example, if a task (or group of tasks) was omitted, the Task Force was asked to consider whether knowledge required to perform the task(s) should be included on the examination blueprint.

The final activity of the meeting was to establish new content weights for each examination blueprint. Working in small groups based on each examination category, Task Force members were instructed to independently assign a percentage value reflecting the portion of the exam that should be allocated for each of the primary content areas on the blueprint. When making their judgments, they were reminded to consider:

- the knowledge statements that were retained in each content area
- the results of the task survey
- the demographic questionnaire results
- their own experience and knowledge of the profession
- the depth and breadth of knowledge within each of the content areas (e.g., number of statements, level of specificity)

Next, Task Force members were instructed to assign percentage values to the subtopic areas within the primary content areas. For each of these steps, the percentage values were required to sum to 100. Judgments were submitted and entered into a spreadsheet that was projected for the group to see. Facilitators then led a discussion of the results, noting the range of points allocated to each content area and subtopic area and asking Task Force members to explain their rationales. In addition, the facilitators presented the empirical weights as a point of comparison.

Throughout the discussion, the Task Force was encouraged to strive for consensus but individual members were allowed to disagree if they felt strongly about a particular topic or issue. Once the discussion was complete, Task Force members were instructed to make a

second round of judgments to adjust their initial percentage values up or down, or keep them the same. Judgments were submitted and final weights were calculated based on the average of the percentage values allocated for each content area.

Following the Task Force meeting, the examination blueprints were shared with the Oversight Panel to give panel members an opportunity to evaluate the Task Force's recommended content weights and, if necessary, make adjustments based on their own professional judgment and experience with exam development.

## **ACKNOWLEDGMENTS**

A large number of people were instrumental in conceptualizing and completing the work described in this report. The study was carried out in partnership with the Human Resources Research Organization (HumRRO), the psychometric consulting firm retained by ASWB. HumRRO is a nonprofit personnel research and consulting firm dedicated to creating quality testing and training programs that improve human, occupational, and organizational effectiveness. HumRRO staff to the project: Kevin Bradley, Ph.D.; Joe Caramagno, MA; and Tom Kiger, Ph.D.

ASWB would like to acknowledge the members of the Oversight Panel, who provided invaluable guidance and strategic direction, and the Practice Analysis Task Force members, who volunteered their time and expertise to support the validity of the process. Administration of the survey would not have been possible without the support of representatives from all 10 Canadian provinces and the state of California. These individuals worked directly with ASWB to announce, promote, and administer the survey in their jurisdictions. In addition, translation of the entire survey from English to Canadian French was provided by a third-party translator who has supported ASWB in previous practice analyses. Finally, ASWB would like to thank the thousands of social workers who completed the practice analysis survey in support of this important effort.

#### APPENDIX A. SUBJECT MATTER EXPERT GROUPS

#### **Task Force Members**

Dana Calhoun Gadsen, Alabama

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Jenna Crawford

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**Bvnia Reed** 

Elkridge, Maryland

Monica Roth Day Duluth, Minnesota

Nancy Sidell

Mansfield, Pennsylvania

## **ASWB Practice Analysis Staff Members**

Brittany Haney Examination Development Coordinator

Lavina Harless Director of Examination Development

Jennifer Henkel Director of Member Services

Dwight Hymans Chief Operating Officer

## **Subject Matter Expert Demographics**

For the SMEs who reside in the United States, 14 reported their race as Caucasian American/White; four reported as African American/Black; three reported as Hispanic or Latino; one reported as Asian (non-Hispanic); and one reported as American Indian/Alaskan Native. For the SMEs who reside in Canada, two reported their race as Chinese.

**Table A.1. Subject Matter Expert Demographics** 

	n	%
Gender		
Male	6	24
Female	19	76
Age		
20–29	3	12
30–39	6	24
40–49	6	24
50–59	6	24
60 or older	4	16
Current Job Function/Role		
Social work educator	5	20
Social work practitioner	10	40
Both social work educator and social work practitioner	10	40
Current Social Work Licensure, Certification, or Registration		
Bachelors	1	4
Masters	9	36
Independent Generalist (2 or more years post-MSW nonclinical experience)	4	16
Clinical Practice (2 or more years post-MSW clinical experience)	11	44
Current Practice Designation		
Bachelors (direct or macro practice)	1	4
Masters (direct or macro practice)	8	32
Independent Generalist (2 or more years post-MSW nonclinical practice experience)	6	24
Clinical Practice (2 or more years post-MSW clinical practice experience)	10	40
Highest Social Work Degree Held		
Bachelor's in Social Work	1	4
Master's in Social Work	22	88
Doctorate in Social Work	2	8
Total Number of Years in Social Work Practice		
2–5 years	5	20
6–10 years	5	20
11–15 years	2	8
16–20 years	4	16
More than 20 years	9	36
Time spent in social work practice since receiving highest social work degree		
Less than 2 years	2	8
2–5 years	6	24
6–10 years	2	8
11–15 years	2	8
16–20 years	6	24
More than 20 years	7	28

# APPENDIX B. OCCUPATIONAL SURVEY (English and Canadian French versions)

## **ASWB Survey: English**

## **Background Questionnaire – Landing Page**

ASWB Practice Analysis Study

Thank you for agreeing to complete this survey. Your participation will provide valuable information regarding the competence required of entry-level social workers across the U.S. and Canada. Your responses are completely confidential and will be merged with those from other social workers and will only be used in aggregated form to develop a comprehensive and up-to-date picture of the knowledge and skills needed by those in our profession.

We recognize that you are willing to complete this survey because you understand the importance of this research to the profession, and ultimately to the public. To thank you for completing this survey, you will earn one hour of continuing education credit. A link to a separate ASWB web page will be provided at the end of the survey. Follow the link and complete a few additional steps to receive this credit.

## **Completing the Survey**

The average time to complete the survey is between 20 and 30 minutes. If you want to complete the survey in multiple sessions, click the "Continue Later" link in the upper right portion of the screen.

An access code will be displayed on screen (this code also appears at the bottom of each page of the survey). **Save this access code.** If you lose this code, you will **not** be able to regain access to your survey.

#### **Navigation Instructions**

Use the "Next" and "Previous" buttons at the bottom of the screen to advance to the next page or to move back to a previous page.

Caution: Do not use the "Back Arrow" or "Reload" buttons on your web browser as you proceed through the survey. Doing so will result in the loss of your responses!

If you have technical problems with the survey, please email socialworkstudy@humrro.org. If you have any questions regarding the project in general, please click the following link: paquestions@aswb.org.

When you finish, click the "Submit Survey" button to send your responses.

## **Background Questionnaire – Questions**

- 1. What is the highest social work degree you currently hold?
  - Bachelor's in Social Work
  - Master's in Social Work
  - Doctorate in Social Work
  - No social work degree
- 2. Indicate the total number of years you have practiced social work since receiving your highest degree.
  - I have not practiced social work since receiving my degree
  - Up to 3 years
  - 3–5 years
  - 6–10 years
  - 11–15 years
  - 16–20 years
  - More than 20 years
- 3. Indicate the total number of years you have been in social work practice.
  - Up to 3 years
  - 3–5 years
  - 6–10 years
  - 11–15 years
  - 16–20 years
  - More than 20 years
- 4. Which employment status best describes the amount of time you currently spend practicing social work?
  - Full time (30 or more hours per week)
  - Part-time (29 or fewer hours per week)
  - Not currently employed in social work/Retired
- 5. Which of the following best describes your current social work license/certification/registration? (If you have more than one, please select the response that best describes your primary social work license/certification/registration.)
  - Bachelors (direct or macro practice)
  - Masters (direct or macro practice)
  - Independent Generalist (2 or more years post-MSW experience)
  - Clinical (2 or more years post-MSW clinical experience)
  - Canadian licensure or registration
  - Canadian clinical specialist
- 6. How long have you been practicing with your current social work licensure/certification/registration?
  - Up to 3 years
  - 3–5 years
  - 6–10 years
  - 11–15 years
  - 16–20 years
  - More than 20 years

- 7. Which of the following categories best describes your current social work practice?
  - Bachelors (direct or macro practice)
  - Masters (direct or macro practice)
  - Independent Generalist (2 or more years post-MSW experience)
  - Clinical (2 or more years post-MSW clinical experience)
- 8. How familiar are you with the tasks/duties performed by entry-level social workers in the following categories of licensure/certification/registration?
  - Bachelors (direct or macro practice)
  - Masters (direct or macro practice)
  - Independent Generalist (2 or more years post-MSW experience)
  - Clinical (2 or more years post-MSW clinical experience)
- 9. In what U.S. jurisdiction(s) do you currently hold your primary license/certification/registration? Select all that apply.

Note: You will be able to indicate your Canadian jurisdictions on the next page.

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- District of Columbia (Washington)
- Delaware
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- lowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico

- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- U.S. Virgin Islands
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- 10. In what Canadian jurisdiction(s) do you currently hold your primary license/certification/registration? Select all that apply.
  - Alberta
  - British Columbia
  - Manitoba
  - Ontario
  - New Brunswick
  - Newfoundland and Labrador
  - Nova Scotia
  - Prince Edward Island
  - Quebec
  - Saskatchewan
- 11. Which of the following best describes your primary practice/work setting?
  - Private clinical practice
  - For profit organization
  - Not-for-profit organization
  - Public health facility (e.g., hospital, urgent care)
  - Local, county, tribal, or territorial government
  - State or provincial government
  - Federal government/Military
  - Other (Please specify)

- 12. Which of the following are functions of your primary practice/work setting? Select all that apply.
  - Adoption/Foster care services
  - Adult protective services
  - Advocacy
  - Child welfare and child protective services
  - Community organization
  - Domestic violence services
  - Elder services
  - Employee assistance services
  - Family and children's services
  - Higher/Postsecondary education
  - Homeless services
  - Hospice care
  - Intellectual/Developmental disability services
  - Law enforcement/Correction services
  - Managed care
  - Medical, hospital, or health services
  - Mental and/or behavioral health
  - Psychiatric services
  - Public social services
  - Rehabilitation services
  - Residential treatment services
  - School social services
  - Substance abuse/Addiction services
  - Veterans services
  - Other (Please specify)
- 13. What is your primary role?
  - Administrator/Program manager
  - Advocate
  - Community organizer
  - Consultant
  - Direct service provider (e.g., clinician, therapist, counselor)
  - Case Manager/Discharge planner
  - Educator/Academician
  - Evaluator/Researcher
  - Investigator
  - Policy analyst/Lobbyist
  - Service coordinator
  - Supervisor
  - Trainer/Instructor/Facilitator
  - Other (Please specify)
- 14. The services you provide primarily benefit clients from which of the following areas? Select all that apply.
  - Major metropolitan area (population 250,000 or more) city
  - Major metropolitan area (population 250,000 or more) suburban
  - Midsized metropolitan area (population 20,000 to 249,999)
  - Small city or town (population 2,500 to 19,999)
  - Rural (population less than 2,500)

- 15. What is your age?
  - Under 20 years
  - 20-29 years
  - 30-39 years
  - 40-49 years
  - 50-59 years
  - More than 60 years
  - I prefer not to respond
- 16. Which of the following best describes your gender?
  - Male
  - Female
  - Transgender
  - Other
  - · I prefer not to respond
- 17. If you are currently practicing in the U.S., select the racial and/or ethnic groups you identify with or consider yourself to be (groups based on the U.S. census categories). Select all that apply.

Note: You will be able to indicate your Canadian race/ethnicity categories on the next page.

- African American/Black (non-Hispanic)
- American Indian, Alaskan Native (non-Hispanic)
- Asian (non-Hispanic)
- Caucasian American/White (non-Hispanic)
- Hispanic or Latino (e.g. Mexican, Puerto Rican, Cuban)
- Native Hawaiian/Pacific Islander (non-Hispanic)
- Multiracial
- Other
- I prefer not to respond
- 18. If you are currently practicing in Canada, select the racial and/or ethnic groups you identify with or consider yourself to be (groups based on the Canadian census categories). Select all that apply.
  - Aboriginal/First Nations
  - Arab
  - Black
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Latin American
  - South Asian (e.g., East Indian, Pakistani, Sri Lankan)
  - Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)
  - West Asian (e.g., Iranian, Afghan)
  - White
  - Multiracial
  - Visible minority, not included elsewhere
  - I prefer not to respond

## Task Survey – Landing Page

Now you will review a list of statements that describe work tasks that are relevant to the social work profession. These statements are sorted into eight categories:

- Assessment
- Intervention Planning
- Direct Service
- Indirect Service
- Practice/Program Evaluation
- Supervision and Consultation
- Management and Administration
- Ethics and Values

For each statement, answer the following questions:

- 1. How often do **[INSERT EXAM CATEGORY]** social workers perform this task within the first two years of practice?
  - Never
  - Annually
  - Monthly
  - Weekly
  - Once a day
  - More than once a day
- 2. How important is the performance of this task for effective social work practice?
  - Not important
  - Minimally important
  - Important
  - Very important
  - Extremely important

If **[INSERT EXAM CATEGORY]** social workers do not perform the task within the first two years of practice, select "Never" and do NOT rate the importance of the task.

Some of the statements are followed by parentheses that contain examples of the task. These examples are provided for clarification only. They are not an inclusive list of all possible examples.

#### **Task Survey Statements**

#### Assessment

- 1. Provide information to clients/client systems about policies and services of the agency/practice setting.
- 2. Provide information to clients/client systems regarding their rights and responsibilities, including informed consent and confidentiality.
- 3. Obtain clients'/client systems' documented informed consent for services.
- 4. Engage clients/client systems in the intake/assessment process.
- 5. Determine clients'/client systems' eligibility for services.

- 6. Assess clients'/client systems' needs for services.
- 7. Assess clients/client systems to determine needs, resources, strengths, and challenges.
- 8. Interview clients/client systems to obtain biopsychosocial history.
- 9. Interview clients/client systems to obtain their perspectives on the presenting problem.
- 10. Assess the nature and severity of clients'/client systems' crisis situation(s).
- 11. Assess clients'/client systems' risk of danger to self and others.
- 12. Assess clients/client systems for indicators of abuse and/or neglect.
- 13. Perform a mental status examination.
- 14. Administer evaluation tools to assess and measure clients'/client systems' symptoms and behaviors.
- 15. Assess and formulate diagnoses using criteria from the current Diagnostic and Statistical Manual of Mental Disorders (DSM).
- 16. Assess clients'/client systems' cognitive functioning and capacity.
- 17. Assess clients'/client systems' needs for medical referral(s).
- 18. Assess clients'/client systems' use/abuse of alcohol, illegal drugs, or prescribed medication.
- 19. Assess the impact of addictions on clients/client systems.
- 20. Assess clients'/client systems' needs for training and employment services.
- 21. Assess clients'/client systems' needed level of care.
- 22. Assess clients'/client systems' needs for out-of-home placement.
- 23. Assess clients'/client systems' needs for supportive services.
- 24. Assess parenting skills and capacities.
- 25. Assess suitability of applicants to be adoptive/foster parents or kinship caregivers.
- 26. Assess clients'/client systems' ability to access available services.
- 27. Gather and verify information about clients/client systems from collateral sources.

#### Intervention Planning

- 28. Formulate and document outcomes of assessment data in client/client system records.
- 29. Assess clients'/client systems' motivation for engagement in service.
- 30. Develop a treatment or service plan with clients/client systems based on assessment outcomes.
- 31. Formulate measurable goals and objectives based on assessment outcomes.
- 32. Formulate a time frame for implementation of interventions with clients/client systems.
- 33. Review clients'/client systems' progress using data collected from assessment tools/measures.
- 34. Modify intervention methods in response to clients'/client systems' needs.
- 35. Assist clients/client systems in assessing the outcomes of services.
- 36. Promote consensus or compromise among key stakeholders.
- 37. Develop client/client system safety plan.
- 38. Develop social worker safety plan.

#### **Direct Service**

- 39. Identify individuals, families, groups, organizations, and/or communities needing services.
- 40. Engage with clients/client systems in implementing treatment or service plans.

- 41. Utilize translation/interpretation services (e.g., telephone interpreters, court interpreters, text translation) to provide service delivery to clients/client systems.
- 42. Communicate scope of practice to clients/client systems.
- 43. Define the relationship between the client/client system and social worker.
- 44. Educate clients/client systems on the boundaries of their relationship with the social worker.
- 45. Assist clients/client systems to obtain needed resources.
- 46. Collaborate with clients/client systems to create, identify, and use resources (e.g., networks, therapeutic modality, formal and informal supports) to reach established goals.
- 47. Provide crisis intervention services and resources to clients/client systems.
- 48. Mediate conflict.
- 49. Provide case management.
- 50. Provide clinical therapeutic services to clients/client systems.
- 51. Provide services for clients/client systems under managed care.
- 52. Provide feedback to, and receive feedback from, clients/client systems about progress toward achieving goals.
- 53. Review the results of evaluation reports (e.g., medical, psychological, educational) with clients/client systems.
- 54. Provide feedback to clients/client systems about the interaction between cognition, attitudes, values, culture, and behavior.
- 55. Provide psychoeducational information and services to clients/client systems.
- 56. Educate clients/client systems on the influence of the environment on human behavior.
- 57. Educate clients/client systems to recognize the presence and impact of discrimination.
- 58. Educate clients/client systems on conflict resolution skills.
- 59. Educate clients/client systems on the development of self-advocacy skills.
- 60. Educate caregivers on the stages of human development.
- 61. Educate clients/client systems on caregiving for individuals from vulnerable populations.
- 62. Identify the service delivery limitations related to clients/client systems (e.g., managed care, health, legal, education).
- 63. Facilitate clients'/client systems' integration and adjustment to the community.
- 64. Use technology to provide service delivery to clients/client systems.
- 65. Obtain clients'/client systems' consent prior to making service referrals.
- 66. Refer clients/client systems for services.
- 67. Follow up on referrals.
- 68. Advocate on behalf of clients/client systems.
- 69. Facilitate case conferences to coordinate care.
- 70. Facilitate meetings with stakeholders.
- 71. Make out-of-office visits to provide services to clients/client systems.
- 72. Complete court-ordered evaluations.
- 73. Complete child custody evaluations.
- 74. Complete protective services investigations.
- 75. Observe the behavior of children following child abuse/neglect allegations.
- 76. Provide testimony in court hearings.
- 77. Facilitate out-of-home placements.
- 78. Monitor out-of-home placements.
- 79. Develop discharge plans with clients/client systems.
- 80. Discharge clients/client systems.

#### Indirect Service

- 81. Maintain information about resources and community services available to clients/client systems.
- 82. Develop a system of record keeping applicable to the practice setting.
- 83. Maintain documentation and correspondence.
- 84. Prepare client/client system reports.
- 85. Complete documentation for billing purposes.
- 86. Collaborate with other professionals and/or community members about resources available to clients/client systems.
- 87. Participate as a member of an interdisciplinary team.
- 88. Participate in the development of policies and procedures for practice setting.
- 89. Facilitate administrative meetings (e.g., staff, committees, advisory boards, governing bodies).
- 90. Promote cooperation and support from key decision-makers to meet clients'/client systems' needs.
- 91. Engage in legislative advocacy (e.g., federal, state, provincial, local levels).
- 92. Advocate for resources, funding, or services.
- 93. Advocate for and influence policy and/or procedural changes that promote social justice to benefit clients/client systems.
- 94. Advocate for policies and services sensitive to diversity issues (e.g., spiritual, cultural, sexual orientation, gender identity, race, ethnicity, and ability).

## Practice/Program Evaluation

- 95. Obtain documented informed consent for participation in research and evaluation.
- 96. Assess the appropriateness of clients'/client systems' treatment or service plans.
- 97. Develop measurable outcomes for evaluating interventions.
- 98. Collect data on the quality and outcomes of current programs or services.
- 99. Conduct research and/or evaluations of the outcomes of interventions.
- 100. Make practice decisions using evidence-based research and evaluation.
- 101. Analyze organizational effectiveness.
- 102. Analyze outcome data to evaluate program or service effectiveness.
- 103. Review documents and/or contracts to monitor compliance with policies applicable to practice settings.
- 104. Monitor programs to assess compliance with policies and procedures.
- 105. Utilize technology to evaluate program effectiveness.
- 106. Communicate results of research and/or evaluations to stakeholders.

## Supervision and Consultation

- 107. Recruit staff.
- 108. Interview and/or hire staff.
- 109. Teach/train social work knowledge, values, skills, and ethics.
- 110. Manage employee performance.
- 111. Perform formal supervision meetings.
- 112. Discuss intervention strategies with supervisees.
- 113. Provide case consultation.
- 114. Provide consultation for ethical decision-making.
- 115. Provide opportunities for staff development and continuing education.
- 116. Facilitate leadership development (e.g., staff, volunteers, board).
- 117. Coordinate staff assignments and allocate resources.

- 118. Provide information regarding organizational and practice issues to staff.
- 119. Monitor compliance with internal policies and procedures.
- 120. Conduct performance evaluations of staff.
- 121. Determine when an employee is unfit for practice and take appropriate action.
- 122. Coordinate field education in practice settings.
- 123. Supervise and evaluate social work students.
- 124. Determine when a student is unfit for practice and take appropriate action.
- 125. Recruit volunteers.
- 126. Train volunteers.
- 127. Supervise volunteers.
- 128. Model ethical practice.
- 129. Participate in professional development activities.
- 130. Adjust personal social work practice based on supervisory feedback/instruction/consultation.

## Management and Administration

- 131. Conduct needs assessments (e.g., staff, client/client system, community, organization).
- 132. Develop programs and services to meet community needs.
- 133. Develop program or agency budgets.
- 134. Manage program or agency budgets.
- 135. Identify program objectives and outcomes.
- 136. Establish eligibility criteria for programs and services.
- 137. Determine fees and rates for programs and services.
- 138. Promote services through outreach, marketing, and education.
- 139. Manage agency risk, safety, and liability.
- 140. Develop agency personnel practices (e.g., compensation, benefits, evaluations, HR manual, grievances).
- 141. Implement agency personnel practices (e.g., compensation, benefits, evaluations, HR manual, grievances).
- 142. Manage quality improvement activities.
- 143. Identify and communicate with stakeholders about program needs and outcomes.
- 144. Identify and develop donor base and funding opportunities.
- 145. Develop partnerships, collaborations, and networks.
- 146. Write grants and/or respond to requests for proposals.
- 147. Develop succession plans.
- 148. Engage in organizational governance.
- 149. Create a strategic planning process.
- 150. Implement strategic planning.
- 151. Oversee strategic planning.
- 152. Manage contract development and reporting requirements.
- 153. Engage in board management and board development.
- 154. Facilitate and manage licensure and accreditation processes.

#### Ethics and Values

- 155. Consult ethical and legal guidelines to address ethical dilemmas or practice challenges.
- 156. Evaluate practice setting policies, procedures, and materials to assure adherence to social work ethics.
- 157. Advocate for clients'/client systems' right to autonomy and self-determination.

- 158. Protect clients'/client systems' right to confidentiality including information stored and transmitted.
- 159. Maintain appropriate boundaries with clients/client systems including electronic communications and social media.
- 160. Report possible abuse and neglect in compliance with laws and social work ethics.
- 161. Identify ethical violations and take appropriate action.
- 162. Identify professionals that are impaired or unfit for practice and take action.
- 163. Monitor and identify the need for own self-care.
- 164. Establish continuity of services to provide coverage when primary social worker is unavailable.

## **Knowledge Requirements Survey – Landing Page**

Now you will review a list of statements that describe knowledge that may be needed by entry-level social workers (i.e., less than 2 years of experience). These statements are sorted into four categories:

- Human Development, Diversity, and Behavior in the Environment
- Assessment and Intervention Planning
- Direct and Indirect Practice
- Professional Values and Ethics

For each statement, answer the following question:

- 4. How important is this knowledge for performing the job of a **[ENTER EXAM CATEGORY]** social worker within the first two years of practice?
  - Knowledge is not needed
  - Not important
  - Minimally important
  - Important
  - Very important
  - Extremely important

Please respond to all of the statements. If you believe the knowledge is not needed for entry-level **[ENTER EXAM CATEGORY]** social work practice, select "Knowledge is not needed."

Some of the statements are followed by parentheses that contain examples of the knowledge. These examples are provided for clarification only. They are not an inclusive list of all possible examples.

#### **Knowledge Requirements Survey Statements**

Human Development, Diversity, and Behavior in the Environment

- 1. Knowledge of theories of human development throughout the lifespan (e.g., physical, social, emotional, cognitive, behavioral)
- 2. Knowledge of the indicators of normal and abnormal physical, cognitive, emotional, and sexual development throughout the lifespan
- 3. Knowledge of theories of sexual development throughout the lifespan

- 4. Knowledge of theories of spiritual development throughout the lifespan
- 5. Knowledge of theories of racial, ethnic, and cultural development throughout the lifespan
- 6. Knowledge of the effects of physical, mental, and cognitive disabilities throughout the lifespan
- 7. Knowledge of the interplay of biological, psychological, social, and spiritual factors
- 8. Knowledge of basic human needs
- 9. Knowledge of basic principles of human genetics
- 10. Knowledge of the family life cycle
- 11. Knowledge of the principles of attachment and bonding
- 12. Knowledge of family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
- 13. Knowledge of theories of couples development
- 14. Knowledge of the impact of physical and mental illness on family dynamics
- 15. Knowledge of psychological defense mechanisms and their effects on behavior and relationships
- 16. Knowledge of the effect of disability on biopsychosocial functioning throughout the lifespan
- 17. Knowledge of the effect of aging on biopsychosocial functioning
- 18. Knowledge of the impact of aging parents on adult children
- 19. Knowledge of gerontology
- 20. Knowledge of the effect of culture, race, and ethnicity on behaviors, attitudes, and identity
- 21. Knowledge of the effects of discrimination and stereotypes on behaviors, attitudes, and identity
- 22. Knowledge of the influence of sexual orientation on behaviors, attitudes, and identity
- 23. Knowledge of the impact of transgender and transitioning process on behaviors, attitudes, identity, and relationships
- 24. Knowledge of systemic (institutionalized) discrimination (e.g., racism, sexism, ageism)
- 25. Knowledge of the impact of social institutions on society
- 26. Knowledge of the indicators of psychosocial stress
- 27. Knowledge of the impact of stress, trauma, and violence
- 28. Knowledge of theories of trauma-informed care
- 29. Knowledge of indicators and dynamics of abuse and neglect throughout the lifespan
- 30. Knowledge of the effects of physical, sexual, and psychological abuse on individuals, families, groups, organizations, and communities
- 31. Knowledge of the indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, sexual trafficking)
- 32. Knowledge of the characteristics of perpetrators of abuse, neglect, and exploitation
- 33. Knowledge of addiction theories and concepts
- 34. Knowledge of the effects of addiction and substance abuse on individuals, families, groups, organizations, and communities
- 35. Knowledge of the effect of poverty on individuals, families, groups, organizations, and communities
- 36. Knowledge of the impact of the environment (e.g., social, physical, cultural, political, economic) on individuals, families, groups, organizations, and communities
- 37. Knowledge of person in environment (PIE) theory
- 38. Knowledge of systems and ecological perspectives and theories

- 39. Knowledge of personality theories
- 40. Knowledge of role theories
- 41. Knowledge of theories of conflict
- 42. Knowledge of Feminist theory
- 43. Knowledge of communication theories and styles
- 44. Knowledge of theories of group development and functioning
- 45. Knowledge of theories of social change and community development
- 46. Knowledge of social and economic justice
- 47. Knowledge of criminal justice systems
- 48. Knowledge of the impact of globalization on clients/client systems
- 49. Knowledge of the impact of immigration, refugee, or undocumented status on service delivery
- 50. Knowledge of psychotherapies
- 51. Knowledge of the basic terminology of professions other than social work (e.g., legal, educational)
- 52. Knowledge of basic medical terminology
- 53. Knowledge of the dynamics of power and transparency in the social workerclient/client system relationship
- 54. Knowledge of the principles of culturally competent social work practice

#### Assessment and Intervention Planning

- 55. Knowledge of methods to assess the client's/client system's strengths, resources, and challenges (e.g., individual, family, group, organization, community)
- 56. Knowledge of techniques and instruments used to assess clients/client systems
- 57. Knowledge of the use of the Diagnostic and Statistical Manual of the American Psychiatric Association
- 58. Knowledge of methods to incorporate the results of psychological and educational tests into assessment
- 59. Knowledge of the components and function of the mental status examination
- 60. Knowledge of the components of the social worker-client/client system relationship
- 61. Knowledge of the principles and techniques for building and maintaining a helping relationship
- 62. Knowledge of the factors and processes used in problem formulation
- 63. Knowledge of methods of involving clients/client systems in problem identification
- 64. Knowledge of the client's/client system's role in the problem-solving process
- 65. Knowledge of the indicators of motivation, resistance, and readiness to change
- 66. Knowledge of methods to assess motivation, resistance, and readiness to change
- 67. Knowledge of problem-solving models and approaches
- 68. Knowledge of methods to involve clients/client systems in intervention planning
- 69. Knowledge of cultural considerations in the creation of an intervention plan
- 70. Knowledge of methods to assess clients'/client systems' communication skills
- 71. Knowledge of client/client system competence and self-determination (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)
- 72. Knowledge of client/client system self-monitoring techniques
- 73. Knowledge of the components of a biopsychosocial assessment
- 74. Knowledge of methods to assess ego strengths
- 75. Knowledge of methods to assess clients'/client systems' coping abilities
- 76. Knowledge of the indicators of behavioral dysfunction
- 77. Knowledge of the indicators of addiction and substance abuse
- 78. Knowledge of the indicators of somatization

- 79. Knowledge of the indicators of feigning illness
- 80. Knowledge of the indicators of mental and emotional illness throughout the lifespan
- 81. Knowledge of co-occurring disorders and conditions
- 82. Knowledge of the indicators of clients'/client systems' strengths and challenges
- 33. Knowledge of factors influencing self-image (e.g., culture, race, religion/spirituality, age, disability, trauma)
- 84. Knowledge of body image and its impact (e.g., identity, self-esteem, relationships, habits)
- 85. Knowledge of biopsychosocial responses to illness and disability
- 86. Knowledge of symptoms of neurologic and organic disorders
- 87. Knowledge of biopsychosocial factors related to mental health
- 88. Knowledge of sexual orientation concepts
- 89. Knowledge of gender and gender identity concepts
- 90. Knowledge of the indicators of sexual dysfunction
- 91. Knowledge of the effects of life events, stressors, and crises on individuals, families, groups, organizations, and communities
- 92. Knowledge of crisis intervention theories
- 93. Knowledge of methods used to assess trauma
- 94. Knowledge of the indicators of traumatic stress and violence
- 95. Knowledge of the impact of domestic, intimate partner, and other violence on the helping relationship
- 96. Knowledge of the dynamics of interpersonal relationships
- 97. Knowledge of the impact of the political environment on policymaking
- 98. Knowledge of placement options based on assessed level of care
- 99. Knowledge of the impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
- 100. Knowledge of the impact of out-of-home displacement (e.g., natural disaster, homelessness, immigration) on clients/client systems
- 101. Knowledge of the criteria used in the selection of intervention/treatment modalities (e.g., client/client system abilities, culture, life stage)
- 102. Knowledge of the components of intervention, treatment, and service plans
- 103. Knowledge of discharge, aftercare, and follow-up planning
- 104. Knowledge of the indicators of client/client system readiness for termination
- 105. Knowledge of methods to create, implement, and evaluate policies and procedures that minimize risk for individuals, families, groups, organizations, and communities

#### **Direct and Indirect Practice**

- 106. Knowledge of the concept of acceptance and empathy in the social workerclient/client system relationship
- 107. Knowledge of the dynamics of diversity in the social worker-client/client system relationship
- 108. Knowledge of the effect of the client's developmental level on the social workerclient relationship
- 109. Knowledge of the phases of intervention and treatment
- 110. Knowledge of common psychotropic and non-psychotropic prescriptions and over the counter medications and their side effects
- 111. Knowledge of the principles of active listening and observation
- 112. Knowledge of verbal and nonverbal communication techniques
- 113. Knowledge of methods to engage and motivate clients/client systems
- 114. Knowledge of methods to engage and work with involuntary clients/client systems
- 115. Knowledge of the concept of congruence in communication

- 116. Knowledge of methods to obtain and provide feedback
- 117. Knowledge of limit setting techniques
- 118. Knowledge of the technique of role play
- 119. Knowledge of role modeling techniques
- 120. Knowledge of methods to clarify the roles and responsibilities of the social worker and client/client system in the intervention process
- 121. Knowledge of the social worker's role in the problem-solving process
- 122. Knowledge of the impact of transference and countertransference in the social worker-client/client system relationship
- 123. Knowledge of the principles and techniques of interviewing (e.g., supporting, clarifying, confronting, validating, feedback, reflecting, language differences, use of interpreters
- 124. Knowledge of methods to obtain sensitive information (e.g., substance abuse, sexual abuse)
- 125. Knowledge of the indicators and risk factors of the client's/client system's danger to self and others
- 126. Knowledge of techniques for harm reduction for self and others
- 127. Knowledge of methods to create, implement, and evaluate policies and procedures for social worker safety
- 128. Knowledge of methods to teach coping and other self-care skills to clients/client systems
- 129. Knowledge of methods and approaches to trauma-informed care
- 130. Knowledge of crisis intervention and treatment approaches
- 131. Knowledge of anger management techniques
- 132. Knowledge of stress management techniques
- 133. Knowledge of cognitive and behavioral interventions
- 134. Knowledge of psychoanalytic and psychodynamic approaches
- 135. Knowledge of strengths-based and empowerment strategies and interventions
- 136. Knowledge of client/client system contracting and goal-setting techniques
- 137. Knowledge of partializing techniques
- 138. Knowledge of assertiveness training
- 139. Knowledge of task-centered approaches
- 140. Knowledge of psychoeducation methods
- 141. Knowledge of methods of conflict resolution
- 142. Knowledge of risk assessment methods
- 143. Knowledge of group work techniques and approaches (e.g., developing and managing group processes and cohesion)
- 144. Knowledge of models of family life education in social work practice
- 145. Knowledge of family therapy models, interventions, and approaches
- 146. Knowledge of couples interventions and treatment approaches
- 147. Knowledge of parenting skills and capacities
- 148. Knowledge of permanency planning
- 149. Knowledge of the impact of caregiving on families
- 150. Knowledge of the dynamics and effects of loss, separation, and grief
- 151. Knowledge of strengths-based and resilience theories
- 152. Knowledge of mindfulness and complementary therapeutic approaches
- 153. Knowledge of the components of case management
- 154. Knowledge of time management approaches
- 155. Knowledge of techniques used for follow-up
- 156. Knowledge of the principles of case recording, documentation, and management of practice records
- 157. Knowledge of the elements of client/client system reports

- 158. Knowledge of the types of information available from employment, medical, psychological, and school records
- 159. Knowledge of the elements of a case presentation
- 160. Knowledge of the principles and processes for developing formal documents (e.g., proposals, reports, evaluations)
- 161. Knowledge of consultation approaches
- 162. Knowledge of methods of networking
- 163. Knowledge of the process of co-therapy
- 164. Knowledge of the process of interdisciplinary and intra-disciplinary team collaboration
- 165. Knowledge of methods of service delivery
- 166. Knowledge of social worker self-care principles and techniques
- 167. Knowledge of burnout, secondary trauma, and compassion fatigue
- 168. Knowledge of concepts of social policy development and analysis
- 169. Knowledge of techniques to inform and influence organizational and social policy
- 170. Knowledge of theories and methods of advocacy for policies, services, and resources to meet clients'/client systems' needs
- 171. Knowledge of methods to assess the availability of community resources
- 172. Knowledge of methods to establish service networks or community resources
- 173. Knowledge of community organizing and social planning methods
- 174. Knowledge of techniques for mobilizing community participation
- 175. Knowledge of methods to develop and evaluate measurable objectives for client/client system intervention, treatment, and/or service plans
- 176. Knowledge of methods, techniques, and instruments used to evaluate social work practice
- 177. Knowledge of evidence-based practice
- 178. Knowledge of techniques used to evaluate a client's/client system's progress
- 179. Knowledge of the principles and features of objective and subjective data
- 180. Knowledge of basic and applied research design and methods
- 181. Knowledge of data collection and analysis methods
- 182. Knowledge of methods to assess reliability and validity in social work research
- 183. Knowledge of methods to establish program objectives and outcomes
- 184. Knowledge of methods to evaluate agency programs (e.g., needs assessment, formative/summative assessment, cost-effectiveness, cost-benefit analysis, outcomes assessment)
- 185. Knowledge of the effects of program evaluation findings on services
- 186. Knowledge of theories of organizational development and structure
- 187. Knowledge of the effects of policies, procedures, regulations, and legislation on social work practice and service delivery
- 188. Knowledge of methods to assess organizational functioning
- 189. Knowledge of methods used for strategic planning
- 190. Knowledge of the components of a safe and positive work environment
- 191. Knowledge of leadership and management techniques
- 192. Knowledge of models of supervision and consultation (e.g., individual, peer, group)
- 193. Knowledge of employee recruitment, training, retention, performance appraisal, evaluation, and discipline
- 194. Knowledge of educational components, techniques, and methods of supervision
- 195. Knowledge of the supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing, etc.)
- 196. Knowledge of methods to identify learning needs and develop learning objectives for supervisees
- 197. Knowledge of case recording for practice evaluation or supervision

- 198. Knowledge of the impact of transference and countertransference within supervisory relationships
- 199. Knowledge of models used to create a budget
- 200. Knowledge of fiscal management techniques
- 201. Knowledge of fundraising and development
- 202. Knowledge of asset-building approaches (e.g., collaborative relationships, human capital, fiscal capital)
- 203. Knowledge of methods to develop, review, and implement crisis plans
- 204. Knowledge of quality assurance including program reviews and audits by external sources
- 205. Knowledge of governance structures
- 206. Knowledge of the relationship between formal and informal power structures in the decision-making process
- 207. Knowledge of accreditation and/or licensing requirements
- 208. Knowledge of primary, secondary, and tertiary prevention strategies

#### Professional Values and Ethics

- 209. Knowledge of professional values and principles (e.g., competence, social justice, integrity, dignity and worth of the person)
- 210. Knowledge of the influence of the social worker's own values and beliefs on the social worker-client/client system relationship
- 211. Knowledge of professional objectivity in the social worker-client/client system relationship
- 212. Knowledge of self-disclosure principles and applications
- 213. Knowledge of professional boundaries in the social worker-client/client system relationship (e.g., power differences, conflicts of interest, etc.)
- 214. Knowledge of ethical issues related to dual relationships
- 215. Knowledge of the client's/client system's right to refuse services (e.g., medication, medical treatment, counseling, placement, etc.)
- 216. Knowledge of techniques for protecting and enhancing client/client system selfdetermination
- 217. Knowledge of the principles and processes of obtaining informed consent
- 218. Knowledge of the use of client/client system records
- 219. Knowledge of legal and/or ethical issues regarding documentation
- 220. Knowledge of legal and/or ethical issues regarding confidentiality, including electronic information security
- 221. Knowledge of legal and/or ethical issues regarding mandatory reporting (e.g., abuse, threat of harm, impaired professionals, etc.)
- 222. Knowledge of legal and/or ethical issues regarding termination
- 223. Knowledge of legal and/or ethical issues related to death and dying
- 224. Knowledge of ethical issues in supervision and management
- 225. Knowledge of research ethics (e.g., institutional review boards, use of human subjects, informed consent)
- 226. Knowledge of techniques to identify and resolve ethical dilemmas
- 227. Knowledge of legal and/or ethical issues related to the practice of social work, including responsibility to clients/client systems, colleagues, the profession, and society
- 228. Knowledge of the influence of the social worker's own values and beliefs on interdisciplinary collaboration
- 229. Knowledge of professional development activities to improve practice and maintain current professional knowledge (e.g., in-service training, licensing requirements, reviews of literature, workshops)

## **ASWB Survey: French**

## Étude de l'ASWB sur l'analyse de la pratique

Merci d'avoir accepté de participer à cette enquête. Vos réponses nous donneront de précieux renseignements sur les compétences que doivent avoir les travailleurs sociaux débutants aux États-Unis et au Canada. Vos réponses resteront confidentielles et seront combinées à celles d'autres travailleurs sociaux. Elles seront utilisées uniquement sous une forme agrégée pour dresser un portrait complet et à jour des connaissances et des compétences nécessaires dans notre profession.

Nous savons que vous souhaitez participer à cette enquête parce que vous comprenez l'importance de cette recherche pour la profession et, en dernier ressort, pour le public. Afin de vous remercier de votre participation, vous bénéficierez d'un crédit d'une heure de formation continue. Un lien vers une page Web distincte de l'ASWB se trouve à la fin du questionnaire. Cliquez sur ce lien et suivez quelques étapes additionnelles pour recevoir votre crédit.

### Pour naviguer dans le questionnaire

Utilisez les boutons *Suivant* et *Précédent* au bas de l'écran pour passer à la page suivante ou revenir à la page précédente.

Attention : N'utilisez pas la flèche vers l'arrière ou le bouton *Recharger* de votre navigateur Web pendant que votre répondez au questionnaire; vous perdriez vos réponses!

Si vous choisissez de répondre au questionnaire en plusieurs fois, cliquez sur le lien *Continuer plus tard* dans le coin supérieur droit de l'écran. Un code d'accès s'affichera à l'écran. Sauvegardez ce code d'accès! Il vous permettra d'ouvrir une session et de reprendre le questionnaire ultérieurement. Si vous perdez ce code, vous n'aurez plus accès au questionnaire.

Si vous rencontrez des problèmes techniques, veuillez envoyer un courriel à <u>socialworkstudy@humrro.org</u>. Pour toute question sur le projet, cliquez sur le lien suivant : <u>paquestions@aswb.org</u>.

Lorsque vous aurez terminé, cliquez sur le bouton *Soumettre le questionnaire* pour envoyer vos réponses.

## **Background Questionnaire – Questions**

- 1. Quel est le diplôme en **travail social** le plus élevé que vous possédez?
  - Baccalauréat en travail social
  - Maîtrise en travail social
  - Doctorat en travail social
  - Aucun diplôme en travail social
- 2. Indiquez le nombre total d'années de pratique en travail social depuis que vous avez obtenu votre diplôme le plus élevé.
  - Je n'ai pas pratiqué le travail social depuis que j'ai obtenu mon diplôme
  - Jusqu'à 3 ans
  - De 3 à 5 ans
  - De 6 à 10 ans
  - De 11 à 15 ans
  - De 16 à 20 ans
  - Plus de 20 ans
- 3. Indiquez le nombre total d'années de pratique du travail social.
  - Jusqu'à 3 ans
  - De 3 à 5 ans
  - De 6 à 10 ans
  - De 11 à 15 ans
  - De 16 à 20 ans
  - Plus de 20 ans
- 4. Quel statut d'emploi décrit le mieux le nombre d'heures que vous consacrez actuellement au travail social?
  - Temps plein (30 heures ou plus par semaine)
  - Temps partiel (29 heures ou moins par semaine)
  - Je ne travaille pas actuellement en travail social/Je suis à la retraite
- 5. Lequel des énoncés ci-dessous décrit le mieux votre permis d'exercice? Si plusieurs réponses s'appliquent, veuillez sélectionner la réponse qui décrit le mieux votre principal permis d'exercice.
  - Baccalauréat (pratique directe ou macro pratique)
  - Maîtrise (pratique directe ou macro pratique)
  - Généraliste indépendant (deux ans d'expérience ou plus après la maîtrise en travail social)
  - Travailleur du service social clinique (deux ans d'expérience clinique ou plus après la maîtrise en travail social)
  - Permis d'exercice canadien ou immatriculation au Canada
  - Spécialiste clinique canadien

- 6. Depuis combien de temps pratiquez-vous le travail social avec votre permis d'exercice actuel?
  - Jusqu'à 3 ans
  - De 3 à 5 ans
  - De 6 à 10 ans
  - De 11 à 15 ans
  - De 16 à 20 ans
  - Plus de 20 ans
- 7. Laquelle des catégories ci-dessous décrit le mieux votre pratique actuelle du travail social?
  - Baccalauréat (pratique directe ou macro pratique)
  - Maîtrise (pratique directe ou macro pratique)
  - Généraliste indépendant (deux ans d'expérience ou plus après la maîtrise en travail social)
  - Travailleur du service social clinique (deux ans d'expérience clinique ou plus après la maîtrise en travail social)
- 8. Dans quelle mesure connaissez-vous les tâches et les obligations des travailleurs sociaux débutants dans les catégories suivantes de permis d'exercice?
  - Baccalauréat (pratique directe ou macro pratique)
  - Maîtrise (pratique directe ou macro pratique)
  - Généraliste indépendant (deux ans d'expérience ou plus après la maîtrise en travail social)
  - Travailleur du service social clinique (deux ans d'expérience clinique ou plus après la maîtrise en travail social)
- 9. Dans quel(s) État(s) des États-Unis votre principal permis d'exercice vous a-t-il été délivré? Sélectionnez toutes les réponses qui s'appliquent.

Note : Vous pourrez indiquer le nom de votre province canadienne d'exercice en page suivante.

- Alabama
- Alaska
- Arizona
- Arkansas
- Californie
- Colorado
- Connecticut
- District fédéral de Columbia (Washington)
- Delaware
- Floride
- Géorgie
- Guam
- Hawaï
- Idaho
- Illinois

- Indiana
- lowa
- Kansas
- Kentucky
- Louisiane
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- Nouveau-Mexique
- New York
- Caroline du Nord
- Dakota du Nord
- Mariannes du Nord
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- U.S. Virgin Islands
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- 10. Dans quelle(s) province(s) canadienne(s) votre principal permis d'exercice vous a-t-il été délivré? Sélectionnez toutes les réponses qui s'appliquent.
  - Alberta
  - Colombie-Britannique
  - Manitoba
  - Ontario
  - Nouveau-Brunswick
  - Terre-Neuve et Labrador

- Nouvelle-Écosse
- Île-du-Prince-Édouard
- Québec
- Saskatchewan
- 11. Lequel des énoncés suivants décrit le mieux votre pratique ou votre cadre de travail principal?
  - Pratique clinique privée
  - Organisme à but lucratif
  - Organisme sans but lucratif
  - Établissement de santé publique (hôpital, soins d'urgence)
  - Administration locale, de comté, tribale ou territoriale
  - Gouvernement d'un État ou provincial
  - Gouvernement fédéral/forces armées
  - Autre (préciser)
- 12. Lesquels des énoncés ci-dessous décrivent des fonctions de votre pratique ou de votre cadre de travail principal? Sélectionnez toutes les réponses qui s'appliquent.
  - Services d'adoption ou de placement familial
  - Services de protection des adultes
  - Groupe de défense des droits
  - Services de bien-être et de protection de l'enfance
  - Organisme communautaire
  - Services de lutte contre la violence conjugale
  - Services aux aînés
  - Services d'aide aux employés
  - Services à l'enfance et à la famille
  - Enseignement supérieur et postsecondaire
  - Services aux sans-abri
  - Soins palliatifs
  - Services aux personnes atteintes de déficience intellectuelle
  - Services de police ou correctionnels
  - Soins intégrés
  - Services médicaux, hospitaliers ou de santé
  - Services de santé mentale ou comportementale
  - Services psychiatriques
  - Services sociaux publics
  - Services de réadaptation
  - Services d'intervention résidentiels
  - Services sociaux scolaires
  - Services aux toxicomanes
  - Services aux anciens combattants
  - Autre (préciser)

- 13. Quelles sont vos principales fonctions?
  - Administrateur, gestionnaire, directeur
  - Avocat
  - Organisateur communautaire
  - Consultant
  - Fournisseur de services (clinicien, thérapeute, conseiller)
  - Gestionnaire de cas/planification des sorties
  - Éducateur/universitaire
  - Évaluateur/chercheur
  - Enquêteur
  - Analyste des politiques/lobbyiste
  - Coordonnateur des services
  - Superviseur
  - Formateur/instructeur/animateur
  - Autre (préciser)
- 14. Les services que vous offrez s'adressent essentiellement à des clients qui se trouvent dans laquelle des régions suivantes? Sélectionnez toutes les réponses qui s'appliquent.
  - Grande région métropolitaine urbaine (population de 250 000 personnes ou plus)
  - Grande région métropolitaine de banlieue (population de 250 000 personnes ou plus)
  - Région métropolitaine de taille moyenne (population de 20 000 à 249 999 personnes)
  - Petite ville ou grande ville (population de 2 500 à 19 999 personnes)
  - Zone rurale (population inférieure à 2 500 personnes)
- 15. Quel âge avez-vous?
  - Moins de 20 ans
  - De 20 à 29 ans
  - De 30 à 39 ans
  - De 40 à 49 ans
  - De 50 à 59 ans
  - Plus de 60 ans
  - Je préfère ne pas répondre
- 16. Lequel des énoncés ci-dessous décrit le mieux votre genre?
  - Homme
  - Femme
  - Transgenre
  - Autre (préciser)
  - Je préfère ne pas répondre

17. Si vous pratiquez actuellement aux États-Unis, sélectionnez les groupes raciaux ou ethniques auxquels vous vous identifiez ou auxquels vous considérez appartenir (groupes définis d'après les catégories du recensement aux États-Unis). Sélectionnez toutes les réponses qui s'appliquent.

Note : Vous pourrez indiquer les catégories canadiennes correspondantes en page suivante.

- Afro-américain/Noir (non hispanique)
- Autochtone de l'Amérique du Nord ou de l'Alaska (non hispanique)
- Asiatique (non hispanique)
- Américain blanc (non hispanique)
- Hispanique ou latino-américain (Mexicain, Portoricain, Cubain)
- Autochtone d'Hawaï/des îles du Pacifique (non hispanique)
- Multiracial
- Autre
- Je préfère ne pas répondre
- 18. Si vous pratiquez actuellement au Canada, sélectionnez les groupes raciaux ou ethniques auxquels vous vous identifiez ou auxquels vous considérez appartenir (groupes définis d'après les catégories du recensement canadien). Sélectionnez toutes les réponses qui s'appliquent.
  - Autochtone/Première Nation
  - Arabe
  - Chinois
  - Philippin
  - Coréen
  - Latino-américain
  - Asiatique du sud (ressortissant des Indes orientales, Pakistanais, Sri-Lankais)
  - Asiatique du Sud-Est (Vietnamien, Cambodgien, Malaysien, Laotien)
  - Asiatique occidental (Iranien, Afghan)
  - Blanc
  - Multiracial
  - Minorité visible n'entrant dans aucune autre catégorie
  - Je préfère ne pas répondre

# Task Survey - Landing Page

Nous allons maintenant vous demander de prendre connaissance d'une liste d'énoncés décrivant des tâches qui relèvent du travail social. Ces énoncés sont répartis en huit catégories:

- 1. Évaluation
- 2. Planification des interventions
- 3. Service direct
- 4. Service indirect
- 5. Évaluation de la pratique et des programmes
- 6. Supervision et consultation

- 7. Gestion et administration
- 8. Éthique et valeurs

### Pour chaque énoncé, répondez aux questions suivantes:

- A. À quelle fréquence les travailleurs sociaux titulaires d'un baccalauréat s'acquittent-ils de cette tâche au cours de leurs deux premières années de pratique?
  - 1. Jamais
  - 2. Chaque année
  - 3. Chaque mois
  - 4. Chaque semaine
  - 5. Une fois par jour
  - 6. Plus d'une fois par jour
- B. Quelle est l'importance de cette tâche pour une pratique efficace du travail social?
  - 1. Cette tâche est sans importance
  - 2. Cette tâche a une importance minimale
  - 3. Cette tâche est importante
  - 4. Cette tâche est très importante
  - 5. Cette tâche est extrêmement importante

Si les travailleurs sociaux titulaires d'un baccalauréat ne s'acquittent pas de cette tâche au cours de leurs deux premières années de pratique, sélectionnez l'option Jamais et N'ÉVALUEZ PAS l'importance de la tâche.

Certains énoncés sont suivis de parenthèses qui contiennent des exemples de la tâche en question. Ces exemples sont fournis à titre de clarification uniquement. Il ne s'agit aucunement d'une liste exhaustive de toutes les possibilités envisageables.

## **Task Survey Statements**

- 1. Fournir de l'information aux clients ou aux systèmes clients sur les politiques et les services de l'organisme et du milieu de pratique.
- 2. Fournir de l'information aux clients ou aux systèmes clients sur leurs droits et leurs responsabilités, y compris le consentement éclairé et la confidentialité.
- 3. Obtenir le consentement éclairé et documenté des clients ou des systèmes clients pour la prestation des services.
- 4. Faire participer les clients ou les systèmes clients au processus d'admission et d'évaluation.
- 5. Déterminer l'admissibilité des clients ou des systèmes clients aux services.
- 6. Évaluer les besoins en services des clients ou des systèmes clients.
- 7. Évaluer les clients ou les systèmes clients pour déterminer les besoins, les ressources, les points forts et les difficultés.
- 8. Interviewer les clients ou les systèmes clients pour obtenir leurs antécédents biopsychosociaux.
- 9. Interviewer les clients ou les systèmes clients pour obtenir leur point de vue sur le problème en cours.
- 10. Évaluer la nature et la gravité des situations de crise des clients ou des systèmes clients
- 11. Évaluer les risques de danger pour soi et les autres chez les clients ou les systèmes clients.

- 12. Évaluer les indicateurs de mauvais traitements ou de négligence chez les clients ou les systèmes clients.
- 13. Procéder à un examen de l'état mental du client.
- 14. Administrer les outils d'évaluation pour mesurer les symptômes et les comportements des clients ou des systèmes clients.
- 15. Évaluer et formuler des diagnostics à l'aide de critères tirés de la version actuelle du Manuel diagnostique et statistique des troubles mentaux (DSM).
- 16. Évaluer la capacité et le fonctionnement cognitifs des clients ou des systèmes clients.
- 17. Évaluer les besoins d'aiguillage médical des clients ou des systèmes clients.
- 18. Évaluer la consommation ou l'abus d'alcool, de drogues illégales ou des médicaments prescrits des clients ou des systèmes clients.
- 19. Évaluer l'incidence de la toxicomanie sur les clients ou les systèmes clients.
- Évaluer les besoins en formation et en services d'emploi des clients ou des systèmes clients.
- 21. Évaluer le niveau de soins requis des clients ou des systèmes clients.
- 22. Évaluer les besoins en placement familial des clients ou des systèmes clients.
- 23. Évaluer les besoins en services de soutien des clients ou des systèmes clients.
- 24. Évaluer les compétences et les capacités parentales.
- 25. Évaluer la capacité des demandeurs de faire office de parents adoptifs, de famille d'accueil ou de fournisseurs de soins parentaux.
- 26. Évaluer la capacité des clients ou des systèmes clients d'accéder aux services offerts.
- 27. Recueillir et vérifier l'information sur les clients ou les systèmes client à partir de sources parallèles.
- 28. Formuler et documenter les résultats des données d'évaluation dans les dossiers des clients ou des systèmes clients.
- 29. Évaluer la motivation des clients ou des systèmes clients quant à une éventuelle participation au service.
- 30. Élaborer un plan d'intervention avec les clients ou les systèmes clients selon les résultats de l'évaluation.
- 31. Formuler des buts et des objectifs mesurables selon les résultats de l'évaluation.
- 32. Formuler un échéancier pour l'implantation des interventions avec les clients ou les systèmes clients.
- 33. Analyser les progrès des clients ou des systèmes clients à l'aide des données issues des outils et des mesures d'évaluation.
- 34. Modifier les méthodes d'intervention en réponse aux besoins des clients ou des systèmes clients.
- 35. Aider les clients ou les systèmes clients à évaluer les résultats des services.
- 36. Promouvoir les consensus et les compromis chez les partenaires clés.
- 37. Élaborer un plan de sécurité pour les clients ou les systèmes clients.
- 38. Élaborer un plan de sécurité pour le travailleur social.
- 39. Identifier les personnes, les familles, les groupes, les organisations ou les communautés qui ont besoin de services.
- 40. Faire participer les clients ou les systèmes clients à l'implantation de plans d'intervention.
- 41. Utiliser des services de traduction ou d'interprétation (interprètes par téléphone, interprètes judiciaires, traducteurs) pour livrer les services aux clients ou aux systèmes clients.
- 42. Communiquer l'ampleur de la pratique aux clients ou aux systèmes clients.
- 43. Définir la relation entre le client ou le système client et le travailleur social.
- 44. Informer les clients ou les systèmes clients des limites de leurs relations avec le travailleur social
- 45. Aider les clients ou les systèmes clients à obtenir les ressources nécessaires.

- 46. Collaborer avec les clients ou les systèmes clients pour créer, déterminer et utiliser les ressources nécessaires (réseaux, modalité thérapeutique, soutiens formels et informels) et atteindre les buts fixés.
- 47. Fournir des services et des ressources d'intervention de crise aux clients ou aux systèmes clients.
- 48. Assurer la médiation en cas de conflit.
- 49. Fournir des services de prise en charge des cas.
- 50. Fournir des services thérapeutiques cliniques aux clients ou aux systèmes clients.
- 51. Fournir des services aux clients ou aux systèmes clients dans le cadre des soins intégrés.
- 52. Faire des commentaires aux clients ou aux systèmes clients et en recevoir de leur part sur les progrès enregistrés pour atteindre les buts fixés.
- 53. Analyser les résultats des rapports d'évaluation (médicaux, psychologiques, scolaires) avec les clients ou les systèmes clients.
- 54. Faire des commentaires aux clients ou aux systèmes clients sur les interactions entre la cognition, les attitudes, les valeurs, la culture et le comportement.
- 55. Fournir de l'information et des services psychoéducatifs aux clients ou aux systèmes clients.
- 56. Expliquer aux clients ou aux systèmes clients l'influence de l'environnement sur le comportement humain.
- 57. Expliquer aux clients ou aux systèmes clients comment détecter la présence de discrimination et son incidence.
- 58. Aider les clients ou les systèmes clients à acquérir des aptitudes en matière de résolution de conflits.
- 59. Montrer aux clients ou aux systèmes clients comment acquérir les aptitudes nécessaires pour défendre leurs droits.
- 60. Enseigner les différentes étapes du développement humain aux fournisseurs de soins.
- 61. Montrer aux clients ou aux systèmes clients comment prodiguer des soins à des personnes issues de populations vulnérables.
- 62. Définir les limites de la prestation de services liée aux clients ou aux systèmes clients (soins intégrés, santé, aspects juridiques, éducation).
- 63. Faciliter l'intégration et l'adaptation des clients ou des systèmes clients à la communauté.
- 64. Utiliser la technologie pour offrir les services aux clients ou aux systèmes clients.
- 65. Obtenir le consentement des clients ou des systèmes clients avant de procéder à des aiguillages.
- 66. Recommander les clients ou les systèmes clients pour recevoir des services.
- 67. Assurer le suivi des aiguillages.
- 68. Défendre les droits des clients ou des systèmes clients.
- 69. Faciliter les discussions de cas pour coordonner les soins.
- 70. Faciliter les rencontres avec les partenaires.
- 71. Faire des visites en dehors du bureau pour fournir des services aux clients ou aux systèmes clients.
- 72. Procéder aux évaluations ordonnées par le tribunal.
- 73. Procéder aux évaluations de garde d'enfant.
- 74. Procéder aux enquêtes des services de protection.
- 75. Observer le comportement des enfants à la suite d'allégations de mauvais traitements ou de négligence.
- 76. Témoigner aux audiences des tribunaux.
- 77. Faciliter le placement des clients.
- 78. Surveiller le placement des clients.
- 79. Élaborer des plans de sortie avec les clients ou les systèmes clients.

- 80. Assurer la sortie des clients ou des systèmes clients.
- 81. Tenir à jour l'information sur les ressources et les services communautaires accessibles aux clients ou aux systèmes clients.
- 82. Mettre au point un système de tenue des dossiers applicable au milieu de pratique.
- 83. Tenir à jour la documentation et la correspondance.
- 84. Préparer les rapports des clients ou des systèmes clients.
- 85. Remplir les documents à des fins de facturation.
- 86. Collaborer avec les autres professionnels ou les membres de la communauté pour définir les ressources accessibles aux clients ou aux systèmes clients.
- 87. Participer au travail d'une équipe interdisciplinaire.
- 88. Participer à l'élaboration des politiques et des procédures applicables au milieu de pratique.
- 89. Faciliter les rencontres administratives (personnel, comités, conseils consultatifs, organes directeurs).
- 90. Promouvoir la collaboration et le soutien des principaux décideurs pour répondre aux besoins des clients ou des systèmes clients.
- 91. Participer à des procédures juridiques de défense des droits (au niveau fédéral, de l'État, provincial ou local).
- 92. Plaider pour l'obtention de ressources, de financement ou de services.
- 93. Militer pour le changement de politiques ou de procédures favorisant la justice sociale au bénéfice des clients ou des systèmes clients.
- 94. Militer pour l'adoption de politiques et de services tenant compte des questions de diversité (aspects spirituel et culturel, orientation sexuelle, identité de genre, race, origine ethnique et aptitudes.)
- 95. Obtenir le consentement documenté et éclairé des clients ou des systèmes clients pour participer à des recherches et à des évaluations.
- 96. Évaluer la pertinence des plans d'intervention des clients ou des systèmes clients.
- 97. Miser sur des résultats mesurables pour évaluer les interventions.
- 98. Colliger les données sur la qualité et les résultats des programmes et des services actuels.
- 99. Procéder à des recherches ou à des évaluations des résultats des interventions.
- 100. Prendre des décisions liées à la pratique axées sur des données probantes en matière de recherche et d'évaluation.
- 101. Analyser l'efficacité organisationnelle.
- 102. Analyser les données sur les résultats pour évaluer l'efficacité du programme ou du service.
- 103. Analyser les documents ou les contrats pour en garantir la conformité aux politiques en vigueur applicables au milieu de pratique.
- 104. Surveiller les programmes pour en évaluer la conformité avec les politiques et les procédures.
- 105. Utiliser la technologie pour évaluer l'efficacité du programme.
- 106. Communiquer les résultats des recherches ou des évaluations aux partenaires.
- 107. Recruter du personnel.
- 108. Interviewer ou embaucher du personnel.
- 109. Enseigner les connaissances, les valeurs, les aptitudes et l'éthique propres au travail social.
- 110. Gérer le rendement des employés.
- 111. Organiser des réunions officielles de supervision.
- 112. Discuter des stratégies d'intervention avec les personnes supervisées.
- 113. Fournir des services de consultation clinique.
- 114. Fournir des services de consultation favorisant un processus décisionnel éthique.

- 115. Fournir au personnel des possibilités de perfectionnement professionnel et de formation continue.
- 116. Faciliter le perfectionnement en matière de leadership (personnel, bénévoles, membres du conseil).
- 117. Coordonner les affectations du personnel et allouer les ressources.
- 118. Donner de l'information au personnel sur les questions organisationnelles et liées à la pratique.
- 119. Veiller à la conformité aux politiques et aux procédures internes.
- 120. Évaluer le rendement du personnel.
- 121. Déterminer le moment où un employé devient inapte à la pratique du travail social et prendre les mesures qui s'imposent.
- 122. Coordonner la formation sur le terrain dans le milieu de pratique.
- 123. Superviser et évaluer les étudiants en travail social.
- 124. Déterminer le moment où un étudiant devient inapte à la pratique du travail social et prendre les mesures qui s'imposent.
- 125. Recruter des bénévoles.
- 126. Former des bénévoles.
- 127. Superviser des bénévoles.
- 128. Faire office de modèle en matière de pratique éthique.
- 129. Participer à des activités de perfectionnement professionnel.
- 130. Adapter sa pratique du travail social selon les commentaires, les instructions ou les conseils du superviseur.
- 131. Évaluer les besoins (personnel, client ou système client, communauté, organisation).
- 132. Élaborer des programmes et des services pour répondre aux besoins de la communauté.
- 133. Élaborer les programmes ou les budgets de l'organisme.
- 134. Gérer les programmes ou les budgets de l'organisme.
- 135. Définir les objectifs du programme et les résultats escomptés.
- 136. Établir des critères d'admissibilité pour les programmes et les services.
- 137. Déterminer des frais et des tarifs pour les programmes et les services.
- 138. Promouvoir les services par le biais d'activités de sensibilisation, de marketing et d'information.
- 139. Gérer les risques, la sécurité et la responsabilité pour l'organisme.
- 140. Élaborer les pratiques touchant le personnel (rémunération, avantages sociaux, évaluations, manuel des RH, griefs).
- 141. Implanter les pratiques régissant le personnel de l'organisme (rémunération, avantages sociaux, évaluations, manuel des RH, griefs).
- 142. Gérer les activités d'amélioration de la qualité.
- 143. Définir les besoins et les résultats liés aux programmes et les communiquer aux partenaires.
- 144. Définir et élaborer une base de donateurs et de possibilités de financement.
- 145. Mettre sur pied des partenariats, des collaborations et des réseaux.
- 146. Rédiger des demandes de subvention ou répondre à des demandes de propositions.
- 147. Planifier la relève.
- 148. Participer à la gouvernance organisationnelle.
- 149. Créer un processus de planification stratégique.
- 150. Implanter la planification stratégique.
- 151. Superviser la planification stratégique.
- 152. Gérer l'élaboration de contrats et les exigences en matière de déclaration.
- 153. Participer à la gestion et au développement du conseil.
- 154. Faciliter et gérer les processus d'agrément et d'octroi des permis d'exercice.

- 155. Consulter les directives éthiques et juridiques pour régler les dilemmes éthiques ou les difficultés liées à la pratique.
- 156. Évaluer les politiques, les procédures et les documents régissant le milieu de pratique pour en garantir la conformité à l'éthique du travail social.
- 157. Défendre le droit à l'autonomie et à l'autodétermination des clients ou des systèmes clients.
- 158. Protéger le droit à la confidentialité (y compris pour les renseignements enregistrés et transmis) des clients ou des systèmes clients.
- 159. Maintenir les limites appropriées avec les clients ou les systèmes clients, y compris pour les communications électroniques et dans les médias sociaux.
- 160. Déclarer les mauvais traitements et la négligence éventuels, conformément aux lois et à l'éthique du travail social.
- 161. Repérer les violations des règles d'éthique et prendre les mesures qui s'imposent.
- 162. Identifier les professionnels qui sont inaptes à la pratique du travail social et prendre les mesures qui s'imposent.
- 163. Surveiller et définir les besoins pour ses propres soins autoadministrés.
- 164. Assurer la continuité du service pour assurer une présence lorsque le travailleur social principal n'est pas disponible.

## **Knowledge Requirements Survey – Landing Page**

Nous allons maintenant vous demander de prendre connaissance d'une liste d'énoncés décrivant les connaissances dont peuvent avoir besoin les travailleurs sociaux débutants (qui ont moins de deux ans d'expérience). Ces énoncés sont répartis en quatre catégories:

- 1. Développement humain, diversité et comportement dans l'environnement
- 2. Évaluation et planification des interventions
- 3. Pratique directe et indirecte
- 4. Valeurs et éthique professionnelles

## Pour chaque énoncé, répondez à la question suivante:

Quelle est l'importance de cette connaissance pour un travailleur social titulaire d'un baccalauréat au cours de ses deux premières années de pratique?

- 1. Cette connaissance n'est pas nécessaire
- 2. Cette connaissance n'est pas importante
- 3. Cette connaissance est minimalement importante
- 4. Cette connaissance est importante
- 5. Cette connaissance est très importante
- 6. Cette connaissance est extrêmement importante

Certains énoncés sont suivis de parenthèses qui contiennent des exemples de la tâche en question. Ces exemples sont fournis à titre de clarification uniquement. Il ne s'agit aucunement d'une liste exhaustive de toutes les possibilités envisageables.

Veuillez répondre à tous les énoncés. Si vous croyez qu'un travailleur social débutant titulaire d'un **baccalauréat** n'a pas besoin de cette connaissance dans sa pratique, sélectionnez l'option *Cette connaissance n'est pas nécessaire*.

## **Knowledge Requirements Survey Statements**

- 1. Connaissance des théories du développement humain tout au long de la vie (volets physique, social, émotionnel, cognitif, comportemental)
- 2. Connaissance des indicateurs d'un développement physique, cognitif, émotionnel et sexuel normal et anormal tout au long de la vie
- 3. Connaissance des théories du développement sexuel tout au long de la vie
- 4. Connaissance des théories du développement spirituel tout au long de la vie
- 5. Connaissances des théories du développement racial, ethnique et culturel tout au long de la vie
- Connaissances des effets d'une incapacité physique, mentale et cognitive tout au long de la vie
- 7. Connaissance de l'interaction des facteurs biologiques, psychologiques, sociaux et spirituels
- 8. Connaissance des besoins humains de base
- 9. Connaissance des principes de base de la génétique humaine
- 10. Connaissance du cycle de la vie familiale
- 11. Connaissance des principes de l'attachement et de la création de liens affectifs
- 12. Connaissance de la dynamique et du fonctionnement familiaux ainsi que de leurs effets sur les personnes, les familles, les groupes, les organisations et les communautés
- 13. Connaissance des théories du développement du couple
- 14. Connaissance de l'incidence de la maladie physique et mentale sur la dynamique familiale
- 15. Connaissance des mécanismes de défense psychologiques et de leurs effets sur le comportement et les relations
- 16. Connaissance de l'effet d'une incapacité sur le fonctionnement biopsychosocial tout au long de la vie
- 17. Connaissance de l'effet du vieillissement sur le fonctionnement biopsychosocial
- 18. Connaissance de l'incidence du vieillissement des parents sur des enfants adultes
- 19. Connaissance de la gérontologie
- 20. Connaissances des effets de la culture, de la race et de l'origine ethnique sur les comportements, les attitudes et l'identité
- 21. Connaissance des effets de la discrimination et des stéréotypes sur les comportements, les attitudes et l'identité
- 22. Connaissance de l'influence de l'orientation sexuelle sur les comportements, les attitudes et l'identité
- 23. Connaissance de l'incidence des personnes transgenres et du processus de transition sur les comportements, les attitudes, l'identité et les relations
- 24. Connaissance de la discrimination systémique institutionnalisée (racisme, sexisme, âgisme)
- 25. Connaissance de l'incidence des institutions sociales sur la société
- 26. Connaissance des indicateurs du stress psychosocial
- 27. Connaissance de l'incidence du stress, des traumatismes et de la violence
- 28. Connaissance des théories des soins tenant compte des traumatismes subis
- 29. Connaissance des indicateurs et de la dynamique des mauvais traitements et de la négligence tout au long de la vie
- 30. Connaissance des effets de mauvais traitements physiques, sexuels et psychologiques sur les personnes, les familles, les groupes, les organisations et les communautés

- 31. Connaissance des indicateurs, de la dynamique et de l'incidence de l'exploitation tout au long de la vie (situation financière, statut d'immigration, traite des personnes à des fins sexuelles)
- 32. Connaissance des caractéristiques des auteurs de mauvais traitements, de négligence et d'exploitation
- 33. Connaissance des théories et des concepts sur la toxicomanie
- 34. Connaissance des effets de la toxicomanie sur les personnes, les familles, les groupes, les organisations et les communautés
- 35. Connaissance de l'effet de la pauvreté sur les personnes, les familles, les groupes, les organisations et les communautés
- 36. Connaissance de l'incidence de l'environnement (social, physique, culturel, politique, économique) sur les personnes, les familles, les groupes, les organisations et les communautés
- 37. Connaissance de la théorie de la personne dans son environnement
- 38. Connaissance des systèmes ainsi que des points de vue et des théories écologiques
- 39. Connaissance des théories sur la personnalité
- 40. Connaissance des théories sur le rôle
- 41. Connaissance des théories sur le conflit
- 42. Connaissance de la théorie sur le féminisme
- 43. Connaissance des théories sur la communication et des styles de communication
- 44. Connaissance des théories du développement et du fonctionnement du groupe
- 45. Connaissance des théories du changement social et du développement communautaire
- 46. Connaissance de la justice économique et sociale
- 47. Connaissance des systèmes de justice pénale
- 48. Connaissance de l'incidence de la mondialisation sur les clients ou les systèmes clients
- 49. Connaissance de l'incidence de l'immigration, des réfugiés ou d'un statut non documenté sur la prestation de services
- 50. Connaissances des psychothérapies
- 51. Connaissance de la terminologie de base utilisée dans les professions autres que le travail social (domaines du droit et de l'éducation, par exemple)
- 52. Connaissance de la terminologie médicale de base
- 53. Connaissance de la dynamique du pouvoir et de la transparence dans la relation entre le travailleur social et le client ou le système client
- 54. Connaissance des principes d'une pratique en travail social pertinente sur le plan culturel
- 55. Connaissance des méthodes d'évaluation des points forts, des ressources et des difficultés du client ou du système client (personne, famille, groupe, organisation, communauté)
- 56. Connaissance des techniques et des instruments utilisés pour évaluer les clients ou les systèmes clients
- 57. Connaissance de l'utilisation du Manuel diagnostique et statistique des troubles mentaux (DSM) de l'American Psychiatric Association
- 58. Connaissance des méthodes utilisées pour intégrer les résultats des tests psychologiques et scolaires à l'évaluation
- 59. Connaissance des éléments et de la fonction de l'examen de l'état mental
- 60. Connaissance des éléments de la relation entre le travailleur social et le client ou le système client
- 61. Connaissance des principes et des techniques qui permettent de nouer et de maintenir une relation aidante

- 62. Connaissance des facteurs et des processus utilisés dans la formulation des problèmes
- 63. Connaissance des méthodes qui permettent de faire participer les clients ou les systèmes clients à la définition des problèmes
- 64. Connaissance du rôle des clients ou des systèmes clients dans le processus de résolution des problèmes
- 65. Connaissance des indicateurs liés à la motivation, à la résistance au changement et à l'acceptation du changement
- 66. Connaissance des méthodes d'évaluation de la motivation, de la résistance au changement et de l'acceptation du changement
- 67. Connaissance des modèles et des approches de résolution de problèmes
- 68. Connaissance des méthodes destinées à impliquer les clients ou les systèmes clients dans la planification de l'intervention
- 69. Connaissance de l'importance des considérations culturelles dans la création d'un plan d'intervention
- 70. Connaissance des méthodes d'évaluation des aptitudes à communiquer des clients et des systèmes clients
- 71. Connaissance de la compétence et de l'autodétermination du client ou du système client (décisions financières, décisions relatives à l'intervention, émancipation, âge du consentement, planification de la permanence)
- 72. Connaissance des techniques d'autosurveillance du client ou du système client
- 73. Connaissance des éléments d'une évaluation biopsychosociale
- 74. Connaissance des méthodes d'évaluation de la force de l'ego
- 75. Connaissance des méthodes d'évaluation de la capacité d'adaptation des clients ou des systèmes clients
- 76. Connaissance des indicateurs d'un dysfonctionnement comportemental
- 77. Connaissance des indicateurs de toxicomanie
- 78. Connaissance des indicateurs de somatisation
- 79. Connaissance des indicateurs d'une maladie feinte
- 80. Connaissance des indicateurs d'une maladie mentale et émotionnelle tout au long de la vie
- 81. Connaissance des troubles concomitants
- 82. Connaissance des indicateurs des points forts et des difficultés des clients ou des systèmes clients
- 83. Connaissance des facteurs conditionnant l'image de soi (culture, race, religion, spiritualité, âge, incapacité, traumatisme)
- 84. Connaissance de l'image corporelle et de son impact (identité, estime de soi, relations, habitudes)
- 85. Connaissance des réactions biopsychosociales à la maladie et à l'incapacité
- 86. Connaissance des symptômes de troubles neurologiques et organiques
- 87. Connaissance des facteurs biopsychosociaux liés à la santé mentale
- 88. Connaissance des concepts liés à l'orientation sexuelle
- 89. Connaissance des concepts liés au genre et à l'identité de genre
- 90. Connaissance des indicateurs d'un dysfonctionnement sexuel
- 91. Connaissance des effets des événements de la vie, des facteurs de stress et des crises sur les personnes, les familles, les groupes, les organisations et les communautés
- 92. Connaissance des théories sur les interventions de crise
- 93. Connaissance des méthodes utilisées pour évaluer un traumatisme
- 94. Connaissance des indicateurs de stress traumatique et de violence
- 95. Connaissance de l'incidence de la violence conjugale, de la part d'un partenaire intime ou d'un autre type de violence sur la relation d'aide

- 96. Connaissance de la dynamique des relations interpersonnelles
- 97. Connaissance de l'incidence de l'environnement politique sur le processus décisionnel
- 98. Connaissance des options de placement d'après l'évaluation du niveau de soins
- 99. Connaissance de l'incidence du placement (hospitalisation, foyer d'accueil, soins résidentiels, système de justice pénale) sur les clients ou les systèmes clients
- 100. Connaissance de l'incidence d'un déplacement à l'extérieur du foyer (désastre naturel, itinérance, immigration) sur les clients ou les systèmes clients
- 101. Connaissance des critères utilisés dans la sélection des modalités d'intervention (capacités du client ou du système client, culture, étape de la vie)
- 102. Connaissance des éléments d'un plan d'intervention
- 103. Connaissance de la planification des sorties et du suivi
- 104. Connaissance des facteurs indiquant que le client est prêt à mettre fin à l'intervention
- 105. Connaissance des méthodes destinées à créer, implanter et évaluer les politiques et les procédures de réduction des risques pour les personnes, les familles, les groupes, les organisations et les communautés
- 106. Connaissance du concept d'acceptation et d'empathie dans la relation entre le travailleur social et le client ou le système client
- 107. Connaissance de la dynamique de la diversité dans la relation entre le travailleur social et le client ou le système client
- 108. Connaissance de l'effet du niveau de développement du client sur la relation entre le travailleur social et le client
- 109. Connaissance des étapes de l'intervention
- 110. Connaissance des médicaments psychotropes et non psychotropes prescrits sur ordonnance et en vente libre ainsi que leurs effets secondaires
- 111. Connaissance des principes de l'écoute active et de l'observation
- 112. Connaissance des techniques de communication verbale et non verbale
- 113. Connaissance des méthodes destinées à faire participer et à motiver les clients ou les systèmes clients
- 114. Connaissance des méthodes destinées à faire participer des clients ou des systèmes clients en cure obligatoire
- 115. Connaissance du concept de cohérence en communication
- 116. Connaissance des méthodes utilisées pour obtenir et faire des commentaires
- 117. Connaissance des techniques utilisées pour fixer des limites
- 118. Connaissance des techniques de jeux de rôles
- 119. Connaissance des techniques de modèle de comportement
- 120. Connaissance des méthodes destinées à clarifier les rôles et les responsabilités du travailleur social et du client ou du système client dans le processus d'intervention
- 121. Connaissance du rôle du travailleur social dans le processus de résolution de problème
- 122. Connaissance de l'incidence du transfert et du contre-transfert dans la relation entre le travailleur social et le client ou le système client
- 123. Connaissance des principes et des techniques d'entrevue (soutien, clarification, confrontation, validation, rétroaction, réflexion, différences linquistiques, recours à des interprètes)
- 124. Connaissance des méthodes destinées à obtenir de l'information sensible (toxicomanie, abus sexuel)
- 125. Connaissance des indicateurs et des facteurs de risque liés au danger pour soi et pour les autres du client ou du système client
- 126. Connaissance des techniques de réduction des dommages pour soi et les autres
- 127. Connaissance des méthodes destinées à créer, à implanter et à évaluer les politiques et les procédures garantissant la sécurité du travailleur social
- 128. Connaissance des méthodes destinées à enseigner des modes d'adaptation et d'autres capacités liées à l'autonomie aux clients ou aux systèmes clients

- 129. Connaissance des méthodes et des approches liées aux soins tenant compte des traumatismes
- 130. Connaissance des interventions de crise et des approches connexes
- 131. Connaissance des techniques de gestion de la colère
- 132. Connaissance des techniques de gestion du stress
- 133. Connaissance des interventions cognitives et comportementales
- 134. Connaissance des approches psychoanalytiques et psychodynamiques
- 135. Connaissance des stratégies et des interventions axées sur les points forts et l'autonomisation
- 136. Connaissance des techniques de conclusion de contrat et de définition d'objectifs
- 137. Connaissance des techniques de partialisation
- 138. Connaissance de la formation sur l'affirmation de soi
- 139. Connaissance des approches axées sur la tâche
- 140. Connaissance des méthodes de psychoéducation
- 141. Connaissance des méthodes de résolution des conflits
- 142. Connaissance des méthodes d'évaluation des risques
- 143. Connaissance des techniques et des approches du travail en groupe (élaboration et gestion des processus collectifs et cohésion du groupe)
- 144. Connaissance des modèles d'enseignement de la vie familiale dans la pratique du travail social
- 145. Connaissance des modèles, des interventions et des approches en matière de thérapie familiale
- 146. Connaissance des approches d'intervention auprès du couple
- 147. Connaissances des aptitudes et des capacités parentales
- 148. Connaissance de la planification de la permanence
- 149. Connaissance de l'incidence de la prestation de soins sur les familles
- 150. Connaissance de la dynamique et des effets de la perte, de la séparation et du deuil
- 151. Connaissance des théories axées sur les points forts et la résilience
- 152. Connaissance de la pleine conscience et des approches thérapeutiques complémentaires
- 153. Connaissance des éléments de la prise en charge des cas
- 154. Connaissance des approches de gestion du temps
- 155. Connaissance des techniques utilisées pour le suivi
- 156. Connaissance des principes de l'enregistrement des cas, de la documentation et de la gestion des dossiers de pratique
- 157. Connaissance des éléments des rapports du client ou du système client
- 158. Connaissance des types d'information accessibles dans les dossiers d'emploi, médicaux, psychologiques et scolaires
- 159. Connaissances des éléments de la présentation d'un cas
- 160. Connaissance des principes et des processus de création de documents officiels (propositions, rapports, évaluations)
- 161. Connaissance des approches de consultation
- 162. Connaissance des méthodes de réseautage
- 163. Connaissance du processus de cothérapie
- 164. Connaissance du processus de collaboration dans des équipes interdisciplinaires et intradisciplinaires
- 165. Connaissance des modes de prestation de services
- 166. Connaissance des principes et des techniques de soins autoadministrés du travailleur social
- 167. Connaissance de l'épuisement professionnel, des traumatismes secondaires et de l'usure de compassion
- 168. Connaissance des concepts de développement et d'analyse de la politique sociale

- 169. Connaissance des techniques destinées à contribuer à la politique organisationnelle et sociale et à l'influencer
- 170. Connaissance des théories et des méthodes de défense des politiques, des services et des ressources pour répondre aux besoins des clients ou des systèmes clients
- 171. Connaissance des méthodes d'évaluation de l'accessibilité aux ressources communautaires
- 172. Connaissance des méthodes destinées à établir des réseaux de service ou des ressources communautaires
- 173. Connaissance des méthodes communautaires d'organisation et de planification sociales
- 174. Connaissance des techniques de mobilisation communautaire
- 175. Connaissance des méthodes d'élaboration et d'évaluation d'objectifs mesurables pour les plans d'intervention du client ou du système client
- 176. Connaissance des méthodes, des techniques et des instruments utilisés pour évaluer la pratique du travail social
- 177. Connaissance de la pratique axée sur des données probantes
- 178. Connaissance des techniques utilisées pour évaluer les progrès d'un client ou d'un système client
- 179. Connaissance des principes et des caractéristiques de données objectives et subjectives
- 180. Connaissance du modèle de recherche appliquée et des méthodes connexes
- 181. Connaissance des méthodes de collecte et d'analyse des données
- 182. Connaissance des méthodes d'évaluation de la fiabilité et de la validité de la recherche en travail social
- 183. Connaissance des méthodes destinées à définir les objectifs et les résultats du programme
- 184. Connaissance des méthodes d'évaluation des programmes de l'organisme (évaluation des besoins, évaluation formative et sommative, rentabilité, analyse coût-avantage, évaluation des résultats)
- 185. Connaissance des effets des résultats de l'évaluation du programme sur les services
- 186. Connaissance des théories du développement et de la structure organisationnels
- 187. Connaissance des effets des politiques, des procédures, des règlements et des lois sur la pratique du travail social et de la prestation de services
- 188. Connaissance des méthodes d'évaluation du fonctionnement organisationnel
- 189. Connaissance des méthodes utilisées pour la planification stratégique
- 190. Connaissance des éléments qui constituent un milieu de travail sécuritaire et positif
- 191. Connaissance des techniques de leadership et de gestion
- 192. Connaissance des modèles de supervision et de consultation (individu, pair, groupe)
- 193. Connaissance des méthodes de recrutement, de formation, de fidélisation, d'évaluation du rendement et de discipline des employés
- 194. Connaissance des éléments, des techniques et des méthodes de supervision éducative
- 195. Connaissance du rôle de la personne supervisée dans une relation de supervision (définir les besoins d'apprentissage, auto-évaluation, établissement de priorités, etc.)
- 196. Connaissance des méthodes destinées à définir les besoins d'apprentissage et à élaborer des objectifs d'apprentissage pour les personnes supervisées
- 197. Connaissance de l'enregistrement des cas pour l'évaluation de la pratique ou la supervision
- 198. Connaissance de l'incidence du transfert et du contre-transfert dans une relation de supervision
- 199. Connaissance des modèles utilisés pour créer un budget
- 200. Connaissance des techniques de gestion financière
- 201. Connaissance des techniques de collecte de fonds et de développement

- 202. Connaissance des approches de constitution du patrimoine (relations de collaboration, capital humain, capital fiscal)
- 203. Connaissance des méthodes destinées à développer, à analyser et à implanter les plans de crise
- 204. Connaissance de l'assurance de la qualité, y compris l'analyse des programmes et la vérification par des experts indépendants
- 205. Connaissance des structures de gouvernance
- 206. Connaissance de la relation entre des structures de pouvoir formelles et informelles dans le processus décisionnel
- 207. Connaissance des exigences en matière d'agrément ou de permis d'exercice
- 208. Connaissance des stratégies de prévention primaires, secondaires et tertiaires
- 209. Connaissances des valeurs et des principes professionnels (compétence, justice sociale, intégrité, dignité et valeur de la personne)
- 210. Connaissance de l'influence du système de valeurs et de croyances du travailleur social sur la relation entre le travailleur social et le client ou le système client
- 211. Connaissance de l'objectivité professionnelle dans le cadre de la relation entre le travailleur social et le client ou le système client
- 212. Connaissance des principes et des applications de la divulgation de renseignements personnels
- 213. Connaissance des limites professionnelles dans la relation entre le travailleur social et le client ou le système client (différences en matière de pouvoir, conflits d'intérêts, etc.)
- 214. Connaissance des questions éthiques liées à des relations duelles
- 215. Connaissance du droit du client ou du système client de refuser des services (médication, traitement médical, conseils, placement, etc.)
- 216. Connaissance des techniques de protection et de bonification de l'autodétermination du client ou du système client
- 217. Connaissance des principes et des processus d'obtention d'un consentement éclairé
- 218. Connaissance de l'utilisation des dossiers du client ou du système client
- 219. Connaissance des questions juridiques et éthiques liées à la documentation
- 220. Connaissance des questions juridiques et éthiques liées à la confidentialité, y compris à la sécurité des données électroniques
- 221. Connaissance des questions juridiques et éthiques liées à la déclaration obligatoire (mauvais traitements, menace de préjudices, professionnels incompétents, etc.)
- 222. Connaissance des questions juridiques et éthiques liées à la fin d'une intervention
- 223. Connaissance des questions juridiques et éthiques liées à la mort et au décès
- 224. Connaissance des questions éthiques liées à la supervision et à la gestion
- 225. Connaissance de l'éthique de la recherche (commissions d'examen institutionnelles, utilisation de sujets humains, consentement éclairé)
- 226. Connaissance des techniques utilisées pour repérer et résoudre des dilemmes éthiques
- 227. Connaissance des questions juridiques et éthiques liées à la pratique du travail social, y compris la responsabilité envers les clients ou les systèmes clients, les collègues, la profession et la société
- 228. Connaissance de l'influence du système de valeurs et de croyances du travailleur social sur la collaboration interdisciplinaire
- 229. Connaissance des activités de perfectionnement professionnel destinées à améliorer la pratique et à maintenir à jour les connaissances professionnelles (formation en cours d'emploi, exigence en matière de permis d'exercice, analyse de la littérature, ateliers)

# APPENDIX C. BACKGROUND QUESTIONNAIRE RESULTS

	BA MA		А	G	CL		Tota	1		
	n	%	n	%	n	%	n	%	n	%
What is the highest social work degree you currently hold?										
Bachelor's in Social Work	4,842	97	38	<1	9	<1	46	<1	4,935	21
Master's in Social Work	147	3	6,919	99	891	95	10,278	98	18,235	78
Doctorate in Social Work	4	<1	22	<1	35	4	112	1	173	<1
Indicate the total number of years you have practiced social work since receivi	ng your hi	ghest	degree.							
Up to 3 years	1,184	24	2,708	39	153	16	912	9	4,957	21
3–5 years	768	15	1,300	19	217	23	2,167	21	4,452	19
6-10 years	968	19	1,506	22	277	30	3,724	36	6,475	28
11–15 years	688	14	640	9	123	13	1,896	18	3,347	14
16–20 years	529	11	314	4	58	6	706	7	1,607	7
More than 20 years	856	17	511	7	107	11	1,031	10	2,505	11
Indicate the total number of years you have been in social work practice.										
Up to 3 years	943	19	1,559	22	64	7	414	4	2,980	13
3–5 years	735	15	1,237	18	137	15	1,421	14	3,530	15
6–10 years	1,021	20	1,720	25	262	28	3,287	31	6,290	27
11–15 years	731	15	1,036	15	180	19	2,315	22	4,262	18
16–20 years	589	12	601	9	118	13	1,275	12	2,583	11
More than 20 years	974	20	826	12	174	19	1,724	17	3,698	16
Which employment status best describes the amount of time you currently spe	end practic	ing so	cial work	?						
Full time (30 or more hours per week)	4,050	81	5,881	84	690	74	8,573	82	19,194	82
Part-time (29 or fewer hours per week)	666	13	732	10	169	18	1,484	14	3,051	13
Not currently employed in social work/Retired	277	6	366	5	76	8	379	4	1,098	5
Which of the following best describes your current social work license/certification	tion/regist	ration?	?							
Bachelors (direct or macro practice)	4,552	91	75	1	6	<1	25	<1	4,658	20
Masters (direct or macro practice)	79	2	5,837	84	177	19	674	6	6,767	29
Independent Generalist (2 or more years post-MSW experience)	2	<1	91	1	494	53	113	1	700	3
Clinical (2 or more years post-MSW clinical experience)	17	<1	670	10	176	19	9,182	88	10,045	43
Canadian licensure or registration	321	6	281	4	73	8	346	3	1,021	4
Canadian clinical specialist	11	<1	12	<1	6	<1	88	<1	117	<1
How long have you been practicing with your current social work licensure/cert	tification/re	egistra	ition?							
Up to 3 years	1,654	33	3,408	49	301	32	3,496	33	8,859	38
3–5 years	904	18	1,421	20	247	26	2,587	25	5,159	22
6-10 years	953	19	1,178	17	220	24	2,617	25	4,968	21
11–15 years	556	11	382	5	57	6	764	7	1,759	8
16–20 years	387	8	242	3	43	5	380	4	1,052	5
More than 20 years	539	11	348	5	67	7	592	6	1,546	7

	BA	\	MA	A	Α	G	CL		Tota	
	n	%	n	%	n	%	n	%	n	%
Which of the following categories best describes your current social work prac	tice?									
Bachelors (direct or macro practice)	4,993	100							4,993	21
Masters (direct or macro practice)			6,979	100					6,979	30
Independent Generalist (2 or more years post-MSW experience)					935	100			935	4
Clinical (2 or more years post-MSW clinical experience)							10,436	100	10,436	45
How familiar are you with the tasks/duties performed by entry-level										
Bachelors (direct or macro practice) social workers?										
Not familiar	0	<1	697	10	99	11	1,355	13	2,151	9
Somewhat familiar	260	5	1,472	21	218	23	2,713	26	4,663	20
Moderately familiar	1,295	26	2,284	33	274	29	3,422	33	7,275	31
Intimately familiar	3,438	69	2,526	36	344	37	2,946	28	9,254	40
Masters (direct or macro practice) social workers?										
Not familiar	1,194	24	0	<1	15	2	194	2	1,403	6
Somewhat familiar	1,531	31	366	5	92	10	920	9	2,909	12
Moderately familiar	1,736	35	1,961	28	279	30	3,402	33	7,378	32
Intimately familiar	532	11	4,652	67	549	59	5,920	57	11,653	50
Independent Generalist (2 or more years post-MSW experience) social work	cers?									
Not familiar	2,472	50	1,925	28	0	<1	1,738	17	6,135	26
Somewhat familiar	1,556	31	1,998	29	75	8	2,171	21	5,800	25
Moderately familiar	792	16	2,181	31	290	31	3,385	32	6,648	28
Intimately familiar	173	3	875	13	570	61	3,142	30	4,760	20
Clinical (2 or more years post-MSW clinical experience) social workers?										
Not familiar	2,130	43	871	12	51	5	0	<1	3,052	13
Somewhat familiar	1,641	33	1,797	26	220	24	237	2	3,895	17
Moderately familiar	983	20	2,830	41	386	41	1,787	17	5,986	26
Intimately familiar	239	5	1,481	21	278	30	8,412	81	10,410	45
In what U.S. jurisdiction(s) do you currently hold your primary license/certificat	ion/registr	ation?								
Alabama	72	1	116	2	23	2	87	<1	298	1
Alaska	8	<1	14	<1	2	<1	35	<1	59	<1
Arizona	9	<1	116	2	13	1	105	1	243	1
Arkansas	11	<1	39	<1	10	1	58	<1	118	<1
California	1	<1	72	1	11	1	330	3	414	2
Colorado	1	<1	57	<1	16	2	235	2	309	1
Connecticut	2	<1	68	<1	6	<1	239	2	315	1
Delaware	0	<1	5	<1	1	<1	44	<1	50	<1
District of Columbia (Washington)	1	<1	74	1	10	1	141	1	226	<1
Florida	2	<1	30	<1	6	<1	253	2	291	1
Georgia	0	<1	151	2	27	3	215	2	393	2
Guam	0	<1	0	<1	0	<1	0	<1		<1
Hawaii	3	<1	41	<1	7	<1	66	<1	117	<1
Idaho	62	1	60	<1	4	<1	98	<1	224	<1
Illinois	10	<1	223	3	29	3	603	6	865	4
Indiana	12	<1	112	2	14	1	266	3	404	2

	ВА		MA	\	A	G _	CL		Tota	1
	n	%	n	%	n	%	n	%	n	%
Iowa	20	<1	70	1	15	2	92	<1	197	<1
Kansas	36	<1	100	1	9	<1	61	<1	206	<1
Kentucky	22	<1	104	1	11	1	136	1	273	1
Louisiana	2	<1	150	2	20	2	171	2	343	1
Maine	47	<1	24	<1	1	<1	111	1	183	<1
Maryland	21	<1	235	3	48	5	458	4	762	3
Massachusetts	69	1	257	4	77	8	633	6	1,036	4
Michigan	66	1	211	3	9	<1	464	4	750	3
Minnesota	144	3	121	2	39	4	189	2	493	2
Mississippi	49	<1	97	1	7	<1	51	<1	204	<1
Missouri	5	<1	145	2	5	<1	232	2	387	2
Montana	0	<1	0	<1	1	<1	48	<1	49	<1
Nebraska	3	<1	8	<1	0	<1	36	<1	47	<1
Nevada	29	<1	35	<1	2	<1	46	<1	112	<1
New Hampshire	0	<1	6	<1	2	<1	48	<1	56	<1
New Jersey	1	<1	278	4	40	4	291	3	610	3
New Mexico	12	<1	65	<1	12	1	83	<1	172	<1
New York	9	<1	909	13	109	12	1,222	12	2,249	10
North Carolina	4	<1	71	1	9	<1	382	4	466	2
North Dakota	31	<1	16	<1	3	<1	20	<1	70	<1
Northern Mariana Islands	0	<1	0	<1	0	<1	0	<1	0	<1
Ohio	135	3	134	2	41	4	181	2	491	2
Oklahoma	1	<1	18	<1	3	<1	67	<1	89	<1
Oregon	2	<1	23	<1	4	<1	199	2	228	<1
Pennsylvania	5	<1	363	5	63	7	427	4	858	4
Puerto Rico	0	<1	1	<1	1	<1	4	<1	6	<1
Rhode Island	2	<1	25	<1	10	1	73	<1	110	<1
South Carolina	20	<1	123	2	5	<1	109	1	257	1
South Dakota	13	<1	22	<1	6	<1	15	<1	56	<1
Tennessee	7	<1	91	1	6	<1	154	1	258	1
Texas	115	2	499	7	24	3	346	3	984	4
U.S. Virgin Islands	0	<1		<1	0	<1	340	<1	7	<1
Utah	58		3 47		-	<1	-			
Vermont	0	1 <1		<1	2		94 37	<1	201 44	<1
	-		6	<1	1	<1		<1		<1
Virginia	1	<1	64	<1	10	1	304	3	379	2
Washington	1	<1	26	<1	8	<1	194	2	229	<1
West Virginia	28	<1	27	<1	11	1	24	<1	90	<1
Wisconsin	147	3	198	3	12	1	161	2	518	2
Wyoming	3	<1	4	<1	0	<1	34	<1	41	<1
In what Canadian jurisdiction(s) do you currently hold your primary license/certi										
Alberta	462	9	193	3	33	4	189	2	877	4
British Columbia	267	5	162	2	23	2	143	1	595	3
Manitoba	281	6	53	<1	9	<1	58	<1	401	2
Newfoundland and Labrador	152	3	31	<1	1	<1	26	<1	210	<1

	ВА		MA		A	G	CL		Tota	l
	n	%	n	%	n	%	n	%	n	%
New Brunswick	119	2	15	<1	0	<1	14	<1	148	<1
Nova Scotia	27	<1	13	<1	3	<1	14	<1	57	<1
Ontario	643	13	974	14	100	11	882	8	2,599	11
Prince Edward Island	22	<1	14	<1	3	<1	12	<1	51	<1
Québec	1,631	33	170	2	10	1	158	2	1,969	8
Saskatchewan	163	3	38	<1	8	<1	34	<1	243	1
Which of the following best describes your primary practice/work setting?										
Not-for-profit organization	1,249	25	2,616	37	316	34	3,448	33	7,629	33
Public health facility	1,812	36	1,213	17	114	12	1,481	14	4,620	20
State or provincial government	1,027	21	836	12	83	9	758	7	2,704	12
For profit organization	291	6	846	12	114	12	1,099	11	2,350	10
Private clinical practice	108	2	221	3	78	8	1,545	15	1,952	8
Federal government/Military	38	<1	173	2	51	5	837	8	1,099	5
Local, county, tribal, or territorial government	215	4	406	6	35	4	420	4	1,076	5
School system <sup>a</sup>	51	1	275	4	33	4	359	3	718	3
Academia <sup>a</sup>	28	<1	153	2	53	6	161	2	395	2
Volunteer <sup>a</sup>	2	<1	2	<1	0	<1	3	<1	7	<1
Multiple (written in)	1	<1	1	<1	2	<1	9	<1	13	<1
Which of the following are functions of your primary practice/work setting?										
Mental and/or behavioral health	1,750	35	3,174	45	425	45	7,273	70	12,622	54
Medical, hospital, or health services	1,221	24	2,182	31	279	30	2,900	28	6,582	28
Family and children's services	1,421	28	1,761	25	243	26	2,906	28	6,331	27
Advocacy	1,195	24	1,843	26	270	29	2,220	21	5,528	24
Substance abuse/Addiction services	782	16	1,264	18	185	20	2,772	27	5,003	21
Psychiatric services	531	11	1,012	15	117	13	2,567	25	4,227	18
Elder services	1,267	25	1,181	17	175	19	1,184	11	3,807	16
Child welfare and child protective services	958	19	1,053	15	137	15	1,011	10	3,159	14
Homeless services	602	12	889	13	123	13	1,205	12	2,819	12
Public social services	992	20	863	12	131	14	821	8	2,807	12
School social services	397	8	956	14	119	13	1,314	13	2,786	12
Community organization	720	14	945	14	137	15	868	8	2,670	11
Domestic violence services	486	10	647	9	109	12	1,123	11	2,365	10
Intellectual/Developmental	670	13	640	9	87	9	856	8	2,253	10
Hospice care	453	9	660	9	79	8	728	7	1,920	8
Rehabilitation services	581	12	579	8	66	7	641	6	1,867	8
Managed care	315	6	500	7	74	8	764	7	1,653	7
Adoption/Foster care services	499	10	550	8	72	8	523	5	1,644	7
Residential treatment services	363	7	400	6	50	5	683	7	1,496	6
Veterans services	106	2	316	5	77	8	984	9	1,483	6
Adult protective services	540	11	412	6	49	5	427	4	1,428	6
Employee assistance services	182	4	255	4	66	7	672	6	1,175	5
Law enforcement/Correction services	168	3	283	4	41	4	417	4	909	4
Higher/Postsecondary education	78	2	272	4	78	8	376	4	804	3
Other (written in)	465	9	576	8	128	14	695	7	1,864	8

	ВА		MA		А	G _	CL		Tota	l
	n	%	n	%	n	%	n	%	n	%
What is your primary role?										
Direct service provider (e.g., clinician, therapist, counselor)	2,069	41	3,094	44	345	37	6,921	66	12,429	53
Case Manager/Discharge planner	1,267	25	1,463	21	162	17	907	9	3,799	16
Administrator/Program manager	233	5	748	11	137	15	935	9	2,053	9
Supervisor	165	3	361	5	38	4	688	7	1,252	5
Service coordinator	333	7	333	5	49	5	220	2	935	4
Consultant	108	2	124	2	38	4	161	2	431	2
Advocate	102	2	119	2	25	3	74	<1	320	1
Educator/Academician	42	<1	111	2	47	5	92	<1	292	1
Trainer/Instructor/Facilitator	67	1	105	2	17	2	64	<1	253	1
Investigator	112	2	78	1	7	<1	27	<1	224	<1
Social worker <sup>a</sup>	91	2	74	1	8	<1	42	<1	215	<1
Evaluator/Researcher	44	<1	68	<1	14	1	42	<1	168	<1
Community organizer	41	<1	28	<1	8	<1	4	<1	81	<1
Policy analyst/Lobbyist	6	<1	21	<1	5	<1	6	<1	38	<1
Speakera	28	<1	1	<1	0	<1	1	<1	30	<1
Liaison <sup>a</sup>	4	<1	7	<1	1	<1	8	<1	20	<1
Assessor <sup>a</sup>	4	<1	5	<1	0	<1	3	<1	12	<1
Foster care worker <sup>a</sup>	8	<1	1	<1	0	<1	0	<1	9	<1
Forensic interviewer <sup>a</sup>	3	<1	4	<1	0	<1	1	<1	8	<1
Mediator <sup>a</sup>	4	<1	0	<1	0	<1	2	<1	6	<1
Community support <sup>a</sup>	4	<1	0	<1	1	<1	0	<1	5	<1
Mentor <sup>a</sup>	1	<1	1	<1	0	<1	0	<1	2	<1
Multiple roles (written in)	25	<1	33	<1	5	<1	57	<1	120	<1
The services you provide primarily benefit clients from which of the following a							0.		120	
Major metropolitan area (population 250,000 or more)	2.353	47	4,877	70	661	71	7,019	67	14,910	64
City	1,698	34	3,502	50	463	50	4,745	45	10,408	45
Suburb	655	13	1,375	20	198	21	2,274	22	4,502	19
Midsized metropolitan area (population 20,000 to 249,999)	1,717	34	2,218	32	346	37	3,637	35	7,918	34
Small city or town (population 2,500 to 19,999)	1,479	30	1,561	22	243	26	2,496	24	5,779	25
Rural (population less than 2,500)	874	18	912	13	152	16	1.444	14	3,382	14
What is your age?	07-4	10	312	10	102	10	1,777	- 17	3,302	
Under 20 years	1	<1	5	<1	0	<1	0	<1	6	<1
20–29 years	1,019	20	1,687	24	134	14	1,031	10	3,871	17
30–39 years	1,436	29	2,576	37	323	35	4,286	41	8,621	37
40–49 years				18	200	21		21		21
40–49 years 50–59 years	1,156 1,016	23	1,250 953		151		2,237 1,734	17	4,843 3,854	
		20		14	106	16				17
More than 60 years	322 38	6	442 65	6		11 2	1,075	10	1,945	8
I prefer not to respond	38	<1	СО	<1	21		73	<1	197	<1
Which of the following best describes your gender?	4 4 4 6	0.0	0.400	0.0	000		0.044	0.0	00.447	
Female	4,448	89	6,186	89	802	86	9,011	86	20,447	88
Male	488	10	706	10	112	12	1,265	12	2,571	11
I prefer not to respond	34	<1	46	<1	10	1	89	<1	179	<1

	BA MA		Α	G	CL		Total			
	n	%	n	%	n	%	n	%	n	%
Transgender	4	<1	6	<1	3	<1	12	<1	25	<1
Non-binary <sup>a</sup>	1	<1	2	<1	3	<1	12	<1	18	<1
Queer <sup>a</sup>	0	<1	0	<1	0	<1	2	<1	2	<1
Differently gendered <sup>a</sup>	0	<1	0	<1	0	<1	1	<1	1	<1
If you are currently practicing in the U.S., select the racial and/or ethnic groups	you ident	ify wit	h or cons	ider y	ourself	to be?				
Caucasian American/White (non-Hispanic)	1,189	94	3,933	74	563	76	7,137	80	12,822	79
African American/Black (non-Hispanic)	143	11	884	17	117	16	1,000	11	2,144	13
Hispanic or Latino (e.g., Mexican, Puerto Rican, Cuban)	108	9	459	9	51	7	569	6	1,187	7
Multiracial	50	4	188	4	31	4	287	3	556	3
Asian (non-Hispanic)	40	3	204	4	29	4	254	3	527	3
I prefer not to respond	63	5	131	2	23	3	234	3	451	3
American Indian, Alaskan Native (non-Hispanic)	35	3	68	1	15	2	142	2	260	2
[other]	48	4	74	1	14	2	118	1	254	2
Native Hawaiian/Pacific Islander (non-Hispanic)	5	<1	23	<1	3	<1	34	<1	65	<1
If you are currently practicing in Canada, select the racial and/or ethnic groups	you ident	ify witl	n or cons	ider yo	ourself	to be?				
White	3,128	84	1,342	82	146	77	1,374	91	5,990	85
Aboriginal/First Nations	326	9	96	6	16	8	94	6	532	8
Multiracial	217	6	108	7	17	9	96	6	438	6
Visible minority, not included elsewhere	169	5	120	7	13	7	82	5	384	5
South Asian (e.g., East Indian, Pakistani, Sri Lankan)	85	2	117	7	16	8	72	5	290	4
Chinese	83	2	80	5	9	5	49	3	221	3
Latin American	91	2	47	3	5	3	30	2	173	2
Filipino	70	2	43	3	4	2	26	2	143	2
Arab	71	2	31	2	5	3	25	2	132	2
Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian	51	1	34	2	2	1	25	2	112	2
West Asian (e.g., Iranian, Afghan)	46	1	34	2	3	2	23	2	106	2
Korean	32	<1	32	2	3	2	24	2	91	1
Black*	0	0	0	0	0	0	0	0	72	<1
Japanese*	0	0	0	0	0	0	0	0	7	<1
I prefer not to respond	180	5	153	9	22	12	160	11	515	7

*Note*: The denominator used to compute percentage estimates for racial/ethnic group affiliation is based on the number of respondents who indicated their primary practice jurisdiction is in the U.S. (BA=1,270; MA=5,346; IG=740; CL=8,977) or Canada (BA=3,723; MA=1,635; IG=190; CL=1,506). Respondents who indicated primary jurisdiction in the U.S. and Canada were counted twice when computing the denominator values.

<sup>&</sup>lt;sup>a</sup> Descriptive label derived from content analysis of write-in responses.

<sup>\*</sup>These groups were not in the original survey; data were gathered in a follow-up demographic survey of 4,088 Canadian respondents.

# **APPENDIX D. FINAL EXAM BLUEPRINTS**

# **Bachelors Exam Content Outline**

I. Human Development, Diversity, and Behavior in the Environment Human Growth and Development Human Behavior in the Social Environment Diversity, Social/Economic Justice, and Oppression	Percentage of Exam 25%
II. Assessment Biopsychosocial History and Collateral Data Assessment Methods and Techniques Concepts of Abuse and Neglect	29%
III. Interventions with Clients/Client Systems Indicators and Effects of Crisis and Change Intervention Processes and Techniques Use of Collaborative Relationships Documentation	26%
IV. Professional Relationships, Values, and Ethics Professional Values and Ethical Issues Confidentiality Professional Development and Use of Self	20%
Total	100%

# **Masters Exam Content Outline**

I. Human Development, Diversity, and Behavior in the Environment Human Growth and Development Concepts of Abuse and Neglect Diversity, Social/Economic Justice, and Oppression	Percentage of Exam 27%
II. Assessment and Intervention Planning Biopsychosocial History and Collateral Data Assessment Methods and Techniques Intervention Planning	24%
III. Interventions with Clients/Client Systems Intervention Processes and Techniques for Use across Systems Intervention Processes and Techniques for Use with Larger Systems	24%
IV. Professional Relationships, Values, and Ethics Professional Values and Ethical Issues Confidentiality Professional Development and Use of Self	25%
Total	100%

# **Advanced Generalist Exam Content Outline**

I. Human Development, Diversity, and Behavior in the Environment Human Growth and Development Functioning of Various Systems Effects of the Environment on Systems Behavior Diversity, Discrimination, and Stereotypes	Percentage of Exam 23%
II. Intervention Processes and Techniques for Use across Systems Biopsychosocial History and Collateral Data Assessment Methods and Techniques Intervention Planning and Implementation	32%
III. Intervention Processes and Techniques for Use with Larger System Program Development and Research Methods for Social Change Supervision and Administration Record Keeping and Reporting	ems 18%
IV. Professional Relationships, Values, and Ethics Professional Values and Ethical Issues Confidentiality Professional Development and Use of Self	27%
Total	100%

# **Clinical Exam Content Outline**

I. Human Development, Diversity, and Behavior in the Environment Human Growth and Development Human Behavior in the Social Environment Diversity and Discrimination	Percentage of Exam 24%
II. Assessment, Diagnosis, and Treatment Planning Biopsychosocial History and Collateral Data Assessment and Diagnosis Treatment Planning	30%
III. Psychotherapy, Clinical Interventions, and Case Management Therapeutic Relationship The Intervention Process Service Delivery and Management of Cases Consultation and Interdisciplinary Collaboration	27%
IV. Professional Values and Ethics Professional Values and Ethical Issues Confidentiality Professional Development and Use of Self	19%
Total	100%

## APPENDIX E. KNOWLEDGE, SKILLS, AND ABILITIES

# **Bachelors Examination**

### I. HUMAN DEVELOPMENT, DIVERSITY, AND BEHAVIOR IN THE ENVIRONMENT

#### IA. HUMAN GROWTH AND DEVELOPMENT

This section of the exam may include questions on the following topics:

- Theories of human development throughout the lifespan (e.g., physical, social, emotional, cognitive, behavioral)
- The indicators of normal and abnormal physical, cognitive, emotional, and sexual development throughout the lifespan
- Theories of sexual development throughout the lifespan
- Theories of spiritual development throughout the lifespan
- Theories of racial, ethnic, and cultural development throughout the lifespan
- The effects of physical, mental, and cognitive disabilities throughout the lifespan
- The interplay of biological, psychological, social, and spiritual factors
- Basic human needs
- The principles of attachment and bonding
- The effect of aging on biopsychosocial functioning
- The impact of aging parents on adult children
- Gerontology
- Personality theories
- Theories of conflict
- Factors influencing self-image (e.g., culture, race, religion/spirituality, age, disability, trauma)
- Body image and its impact (e.g., identity, self-esteem, relationships, habits)
- Parenting skills and capacities

### IB. HUMAN BEHAVIOR IN THE SOCIAL ENVIRONMENT

This section of the exam may include questions on the following topics:

- The family life cycle
- Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
- Theories of couples development
- The impact of physical and mental illness on family dynamics
- Psychological defense mechanisms and their effects on behavior and relationships
- Addiction theories and concepts
- Systems and ecological perspectives and theories
- Role theories
- Theories of group development and functioning
- Theories of social change and community development
- The dynamics of interpersonal relationships
- Models of family life education in social work practice
- Strengths-based and resilience theories

## IC. DIVERSITY, SOCIAL/ECONOMIC JUSTICE, AND OPPRESSION

This section of the exam may include questions on the following topics:

- Feminist theory
- The effect of disability on biopsychosocial functioning throughout the lifespan
- The effect of culture, race, and ethnicity on behaviors, attitudes, and identity
- The effects of discrimination and stereotypes on behaviors, attitudes, and identity
- The influence of sexual orientation on behaviors, attitudes, and identity
- The impact of transgender and transitioning process on behaviors, attitudes, identity, and relationships
- Systemic (institutionalized) discrimination (e.g., racism, sexism, ageism)
- The principles of culturally competent social work practice
- Sexual orientation concepts
- Gender and gender identity concepts
- The impact of social institutions on society
- The effect of poverty on individuals, families, groups, organizations, and communities
- The impact of the environment (e.g., social, physical, cultural, political, economic) on individuals, families, groups, organizations, and communities
- Person-in-Environment (PIE) theory
- Social and economic justice
- Criminal justice systems
- The effects of life events, stressors, and crises on individuals, families, groups, organizations, and communities
- The impact of the political environment on policy-making

#### II. ASSESSMENT

#### IIA. BIOPSYCHOSOCIAL HISTORY AND COLLATERAL DATA

This section of the exam may include questions on the following topics:

- The components of a biopsychosocial assessment
- The components and function of the mental status examination
- Biopsychosocial responses to illness and disability
- Biopsychosocial factors related to mental health
- The indicators of psychosocial stress
- Basic medical terminology
- The indicators of mental and emotional illness throughout the lifespan
- The types of information available from other sources (e.g., agency, employment, medical, psychological, legal, or school records)

## IIB. ASSESSMENT METHODS AND TECHNIQUES

- The factors and processes used in problem formulation
- Methods of involving clients/client systems in problem identification (e.g., gathering collateral information)
- Techniques and instruments used to assess clients/client systems
- Methods to incorporate the results of psychological and educational tests into assessment
- Communication theories and styles
- The concept of congruence in communication

- Risk assessment methods
- Methods to assess the client's/client system's strengths, resources, and challenges (e.g., individual, family, group, organization, community)
- The indicators of motivation, resistance, and readiness to change
- Methods to assess motivation, resistance, and readiness to change
- Methods to assess the client's/client system's communication skills
- Methods to assess the client's/client system's coping abilities
- The indicators of the client's/client system's strengths and challenges
- Methods used to assess trauma
- Placement options based on assessed level of care
- The effects of addiction and substance abuse on individuals, families, groups, organizations, and communities
- The indicators of addiction and substance abuse
- Co-occurring disorders and conditions
- The Diagnostic and Statistical Manual of the American Psychiatric Association
- The indicators of behavioral dysfunction
- The indicators of somatization
- The indicators of feigning illness
- Common psychotropic and non-psychotropic prescriptions and over-the-counter medications and their side effects

#### IIC. CONCEPTS OF ABUSE AND NEGLECT

This section of the exam may include questions on the following topics:

- Indicators and dynamics of abuse and neglect throughout the lifespan
- The effects of physical, sexual, and psychological abuse on individuals, families, groups, organizations, and communities
- The indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, sexual trafficking)
- The characteristics of perpetrators of abuse, neglect, and exploitation

#### III. INTERVENTIONS WITH CLIENTS/CLIENT SYSTEMS

## IIIA. INDICATORS AND EFFECTS OF CRISIS AND CHANGE

- The impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
- The impact of stress, trauma, and violence
- Theories of trauma-informed care
- Crisis intervention theories
- The indicators of traumatic stress and violence
- The impact of out-of-home displacement (e.g., natural disaster, homelessness, immigration) on clients/client systems
- The indicators and risk factors of the client's/client system's danger to self and others
- Methods and approaches to trauma-informed care
- The impact of caregiving on families
- The dynamics and effects of loss, separation, and grief

## IIIB. INTERVENTION PROCESSES AND TECHNIQUES

- The principles and techniques of interviewing (e.g., supporting, clarifying, focusing, confronting, validating, feedback, reflecting, language differences, use of interpreters, redirecting)
- Methods to involve clients/client systems in intervention planning
- Cultural considerations in the creation of an intervention plan
- The criteria used in the selection of intervention/treatment modalities (e.g., client/client system abilities, culture, life stage)
- The components of intervention, treatment, and service plans
- Psychotherapies
- The impact of immigration, refugee, or undocumented status on service delivery
- Discharge, aftercare, and follow-up planning
- The phases of intervention and treatment
- The principles and techniques for building and maintaining a helping relationship
- The client's/client system's role in the problem-solving process
- Problem-solving models and approaches (e.g., brief, solution-focused methods or techniques)
- Methods to engage and motivate clients/client systems
- Methods to engage and work with involuntary clients/client systems
- Methods to obtain and provide feedback
- The principles of active listening and observation
- Verbal and nonverbal communication techniques
- Limit setting techniques
- The technique of role play
- Role modeling techniques
- Methods to obtain sensitive information (e.g., substance abuse, sexual abuse)
- Techniques for harm reduction for self and others
- Methods to teach coping and other self-care skills to clients/client systems
- Client/client system self-monitoring techniques
- Methods to develop, review, and implement crisis plans
- Methods of conflict resolution
- Crisis intervention and treatment approaches
- Anger management techniques
- Stress management techniques
- Cognitive and behavioral interventions
- Strengths-based and empowerment strategies and interventions
- Client/client system contracting and goal-setting techniques
- Partializing techniques
- Assertiveness training
- Task-centered approaches
- Psychoeducation methods (e.g., acknowledging, supporting, normalizing)
- Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
- Family therapy models, interventions, and approaches

- Permanency planning
- Mindfulness and complementary therapeutic approaches
- The components of case management
- Techniques used for follow-up
- The elements of a case presentation
- Methods of service delivery
- Concepts of social policy development and analysis
- Theories and methods of advocacy for policies, services, and resources to meet clients'/client systems' needs
- Community organizing and social planning methods
- Techniques for mobilizing community participation
- Methods to develop and evaluate measurable objectives for client/client system intervention, treatment, and/or service plans
- Techniques used to evaluate a client's/client system's progress
- Primary, secondary, and tertiary prevention strategies
- Methods to create, implement, and evaluate policies and procedures that minimize risk for individuals, families, groups, organizations, and communities
- The impact of domestic, intimate partner, and other violence on the helping relationship
- The indicators of client/client system readiness for termination
- Methods, techniques, and instruments used to evaluate social work practice
- Evidence-based practice

#### IIIC. USE OF COLLABORATIVE RELATIONSHIPS

This section of the exam may include questions on the following topics:

- The basic terminology of professions other than social work (e.g., legal, educational)
- The effect of the client's developmental level on the social worker-client relationship
- Methods to clarify the roles and responsibilities of the social worker and client/client system in the intervention process
- Consultation approaches (e.g., referrals to specialists)
- Methods of networking
- The process of interdisciplinary and intradisciplinary team collaboration
- Methods to assess the availability of community resources
- Methods to establish service networks or community resources
- The effects of policies, procedures, regulations, and legislation on social work practice and service delivery
- The relationship between formal and informal power structures in the decisionmaking process

#### IIID. DOCUMENTATION

- The principles of case recording, documentation, and management of practice records
- The elements of client/client system reports
- The principles and processes for developing formal documents (e.g., proposals, letters, brochures, pamphlets, reports, evaluations)
- The principles and features of objective and subjective data

## IV. PROFESSIONAL RELATIONSHIPS, VALUES, AND ETHICS

## IVA. PROFESSIONAL VALUES AND ETHICAL ISSUES

This section of the exam may include questions on the following topics:

- Legal and/or ethical issues related to the practice of social work, including responsibility to clients/client systems, colleagues, the profession, and society
- Professional values and principles (e.g., competence, social justice, integrity, dignity and worth of the person)
- The influence of the social worker's own values and beliefs on the social workerclient/client system relationship
- The dynamics of diversity in the social worker-client/client system relationship
- Techniques to identify and resolve ethical dilemmas
- Client/client system competence and self-determination (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)
- Techniques for protecting and enhancing client/client system self-determination
- The client's/client system's right to refuse services (e.g., medication, medical treatment, counseling, placement, etc.)
- The dynamics of power and transparency in the social worker-client/client system relationship
- Professional boundaries in the social worker-client/client system relationship (e.g., power differences, conflicts of interest, etc.)
- Ethical issues related to dual relationships
- Legal and/or ethical issues regarding mandatory reporting (e.g., abuse, threat of harm, impaired professionals, etc.)
- Legal and/or ethical issues regarding documentation
- Legal and/or ethical issues regarding termination
- Legal and/or ethical issues related to death and dying
- Research ethics (e.g., institutional review boards, use of human subjects, informed consent)
- Ethical issues in supervision and management
- Methods to create, implement, and evaluate policies and procedures for social worker safety

#### IVB. CONFIDENTIALITY

This section of the exam may include questions on the following topics:

- The principles and processes of obtaining informed consent
- The use of client/client system records
- Legal and/or ethical issues regarding confidentiality, including electronic information security

#### IVC. PROFESSIONAL DEVELOPMENT AND USE OF SELF

- The components of the social worker-client/client system relationship
- The social worker's role in the problem-solving process
- The concept of acceptance and empathy in the social worker-client/client system relationship
- The impact of transference and countertransference in the social worker-client/client system relationship

- Social worker self-care principles and techniques
- Burnout, secondary trauma, and compassion fatigue
- The components of a safe and positive work environment
- Professional objectivity in the social worker-client/client system relationship
- Self-disclosure principles and applications
- The influence of the social worker's own values and beliefs on interdisciplinary collaboration
- Governance structures
- Accreditation and/or licensing requirements
- Time management approaches
- Models of supervision and consultation (e.g., individual, peer, group)
- The supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing, etc.)
- The impact of transference and countertransference within supervisory relationships
- Professional development activities to improve practice and maintain current professional knowledge (e.g., in-service training, licensing requirements, reviews of literature, workshops)

# **Masters Examination**

## HUMAN DEVELOPMENT, DIVERSITY, AND BEHAVIOR IN THE ENVIRONMENT

## IA. HUMAN GROWTH AND DEVELOPMENT

- Theories of human development throughout the lifespan (e.g., physical, social, emotional, cognitive, behavioral)
- The indicators of normal and abnormal physical, cognitive, emotional, and sexual development throughout the lifespan
- Theories of sexual development throughout the lifespan
- Theories of spiritual development throughout the lifespan
- Theories of racial, ethnic, and cultural development throughout the lifespan
- The effects of physical, mental, and cognitive disabilities throughout the lifespan
- The interplay of biological, psychological, social, and spiritual factors
- Basic human needs
- The principles of attachment and bonding
- The effect of aging on biopsychosocial functioning
- The impact of aging parents on adult children
- Gerontology
- Personality theories
- Theories of conflict
- Factors influencing self-image (e.g., culture, race, religion/spirituality, age, disability, trauma)
- Body image and its impact (e.g., identity, self-esteem, relationships, habits)
- Parenting skills and capacities
- The effects of addiction and substance abuse on individuals, families, groups, organizations, and communities
- Feminist theory
- The impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
- Basic principles of human genetics
- The family life cycle
- Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
- Theories of couples development
- The impact of physical and mental illness on family dynamics
- Psychological defense mechanisms and their effects on behavior and relationships
- Addiction theories and concepts
- Systems and ecological perspectives and theories
- Role theories
- Theories of group development and functioning
- Theories of social change and community development
- The dynamics of interpersonal relationships
- Models of family life education in social work practice
- Strengths-based and resilience theories

- The impact of stress, trauma, and violence
- Crisis intervention theories
- Theories of trauma-informed care
- The impact of the environment (e.g., social, physical, cultural, political, economic) on individuals, families, groups, organizations, and communities
- The effects of life events, stressors, and crises on individuals, families, groups, organizations, and communities
- Person-in-Environment (PIE) theory
- Communication theories and styles
- Psychoanalytic and psychodynamic approaches
- The impact of care giving on families
- The dynamics and effects of loss, separation, and grief

# IB. CONCEPTS OF ABUSE AND NEGLECT

This section of the exam may include questions on the following topics:

- Indicators and dynamics of abuse and neglect throughout the lifespan
- The effects of physical, sexual, and psychological abuse on individuals, families, groups, organizations, and communities
- The indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, sexual trafficking)
- The characteristics of perpetrators of abuse, neglect, and exploitation

## IC. DIVERSITY, SOCIAL/ECONOMIC JUSTICE, AND OPPRESSION

- The effect of disability on biopsychosocial functioning throughout the lifespan
- The effect of culture, race, and ethnicity on behaviors, attitudes, and identity
- The effects of discrimination and stereotypes on behaviors, attitudes, and identity
- The influence of sexual orientation on behaviors, attitudes, and identity
- The impact of transgender and transitioning process on behaviors, attitudes, identity, and relationships
- Systemic (institutionalized) discrimination (e.g., racism, sexism, ageism)
- The principles of culturally competent social work practice
- Sexual orientation concepts
- Gender and gender identity concepts
- Social and economic justice
- The effect of poverty on individuals, families, groups, organizations, and communities
- The impact of social institutions on society
- Criminal justice systems
- The impact of globalization on clients/client systems (e.g., interrelatedness of systems, international integration, technology, environmental or financial crises, epidemics)

## II. ASSESSMENT AND INTERVENTION PLANNING

## IIA. BIOPSYCHOSOCIAL HISTORY AND COLLATERAL DATA

This section of the exam may include questions on the following topics:

- The components of a biopsychosocial assessment
- The components and function of the mental status examination
- Biopsychosocial responses to illness and disability
- Biopsychosocial factors related to mental health
- The indicators of psychosocial stress
- Basic medical terminology
- The indicators of mental and emotional illness throughout the lifespan
- The types of information available from other sources (e.g., agency, employment, medical, psychological, legal, or school records)
- Methods to obtain sensitive information (e.g., substance abuse, sexual abuse)
- The indicators of addiction and substance abuse
- The indicators of somatization
- Co-occurring disorders and conditions
- Symptoms of neurologic and organic disorders
- The indicators of sexual dysfunction
- Methods used to assess trauma
- The indicators of traumatic stress and violence
- Common psychotropic and non-psychotropic prescriptions and over-the-counter medications and their side effects

#### IIB. ASSESSMENT METHODS AND TECHNIQUES

- The factors and processes used in problem formulation
- Methods of involving clients/client systems in problem identification (e.g., gathering collateral information)
- Techniques and instruments used to assess clients/client systems
- Methods to incorporate the results of psychological and educational tests into assessment
- Risk assessment methods
- The indicators and risk factors of the client's/client system's danger to self and others
- Methods to assess the client's/client system's strengths, resources, and challenges (e.g., individual, family, group, organization, community)
- Methods to assess motivation, resistance, and readiness to change
- Methods to assess the client's/client system's communication skills
- Methods to assess the client's/client system's coping abilities
- The indicators of the client's/client system's strengths and challenges
- Methods to assess ego strengths
- Placement options based on assessed level of care
- The use of the Diagnostic and Statistical Manual of the American Psychiatric Association
- The indicators of behavioral dysfunction
- Methods to develop, review, and implement crisis plans
- The principles and features of objective and subjective data

- · Basic and applied research design and methods
- Data collection and analysis methods
- Methods to assess reliability and validity in social work research

## IIC. INTERVENTION PLANNING

This section of the exam may include questions on the following topics:

- Methods to involve clients/client systems in intervention planning
- The indicators of motivation, resistance, and readiness to change
- Cultural considerations in the creation of an intervention plan
- The criteria used in the selection of intervention/treatment modalities (e.g., client/client system abilities, culture, life stage)
- The components of intervention, treatment, and service plans
- Psychotherapies
- The impact of immigration, refugee, or undocumented status on service delivery
- Discharge, aftercare, and follow-up planning

#### III. INTERVENTIONS WITH CLIENTS/CLIENT SYSTEMS

## IIIA. INTERVENTION PROCESSES AND TECHNIQUES FOR USE ACROSS SYSTEMS

- The principles and techniques of interviewing (e.g., supporting, clarifying, focusing, confronting, validating, feedback, reflecting, language differences, use of interpreters, redirecting)
- The phases of intervention and treatment
- Problem-solving models and approaches (e.g., brief, solution-focused methods or techniques)
- Methods to engage and motivate clients/client systems
- Methods to engage and work with involuntary clients/client systems
- Methods to obtain and provide feedback
- The principles of active listening and observation
- Verbal and nonverbal communication techniques
- The concept of congruence in communication
- Limit setting techniques
- The technique of role play
- Role modeling techniques
- Techniques for harm reduction for self and others
- Methods to teach coping and other self-care skills to clients/client systems
- Client/client system self-monitoring techniques
- Methods of conflict resolution
- Crisis intervention and treatment approaches
- Methods and approaches to trauma-informed care
- Anger management techniques
- Stress management techniques
- Cognitive and behavioral interventions
- Strengths-based and empowerment strategies and interventions
- Client/client system contracting and goal-setting techniques
- Partializing techniques

- Assertiveness training
- Task-centered approaches
- Psychoeducation methods (e.g., acknowledging, supporting, normalizing)
- Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
- Family therapy models, interventions, and approaches
- Couples interventions and treatment approaches
- The impact of out-of-home displacement (e.g., natural disaster, homelessness, immigration) on clients/client systems
- Permanency planning
- Mindfulness and complementary therapeutic approaches
- The components of case management
- Techniques used for follow-up
- The elements of a case presentation
- Methods to develop and evaluate measurable objectives for client/client system intervention, treatment, and/or service plans
- Techniques used to evaluate a client's/client system's progress
- Primary, secondary, and tertiary prevention strategies
- The indicators of client/client system readiness for termination
- Methods, techniques, and instruments used to evaluate social work practice
- Evidence-based practice
- Case recording for practice evaluation or supervision
- Consultation approaches (e.g., referrals to specialists)
- The process of interdisciplinary and intradisciplinary team collaboration
- The basic terminology of professions other than social work (e.g., legal, educational)
- The principles of case recording, documentation, and management of practice records

# IIIB. INTERVENTION PROCESSES AND TECHNIQUES FOR USE WITH LARGER SYSTEMS

- Methods to establish program objectives and outcomes
- Methods to assess the availability of community resources
- Methods of service delivery
- Theories and methods of advocacy for policies, services, and resources to meet clients'/client systems' needs
- Methods to create, implement, and evaluate policies and procedures that minimize risk for individuals, families, groups, organizations, and communities
- Concepts of social policy development and analysis
- Techniques to inform and influence organizational and social policy
- The principles and processes for developing formal documents (e.g., proposals, letters, brochures, pamphlets, reports, evaluations)
- Methods to establish service networks or community resources
- Community organizing and social planning methods
- Methods of networking
- Techniques for mobilizing community participation
- Governance structures

- Theories of organizational development and structure
- The effects of policies, procedures, regulations, and legislation on social work practice and service delivery
- Quality assurance, including program reviews and audits by external sources
- The impact of the political environment on policy-making
- Leadership and management techniques
- Fiscal management techniques
- Educational components, techniques, and methods of supervision
- Methods to identify learning needs and develop learning objectives for supervisees
- The effects of program evaluation findings on services
- Methods to evaluate agency programs (e.g., needs assessment, formative/summative assessment, cost effectiveness, cost-benefit analysis, outcomes assessment)

# IV. PROFESSIONAL RELATIONSHIPS, VALUES, AND ETHICS

## IVA. PROFESSIONAL VALUES AND ETHICAL ISSUES

- Legal and/or ethical issues related to the practice of social work, including responsibility to clients/client systems, colleagues, the profession, and society
- Professional values and principles (e.g., competence, social justice, integrity, and dignity and worth of the person)
- Techniques to identify and resolve ethical dilemmas
- Client/client system competence and self-determination (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)
- Techniques for protecting and enhancing client/client system self-determination
- The client's/client system's right to refuse services (e.g., medication, medical treatment, counseling, placement, etc.)
- Professional boundaries in the social worker-client/client system relationship (e.g., power differences, conflicts of interest, etc.)
- Self-disclosure principles and applications
- Legal and/or ethical issues regarding documentation
- Legal and/or ethical issues regarding termination
- Legal and/or ethical issues related to death and dving
- Research ethics (e.g., institutional review boards, use of human subjects, informed consent)
- Models of supervision and consultation (e.g., individual, peer, group)
- Ethical issues in supervision and management
- Methods to create, implement, and evaluate policies and procedures for social worker safety
- The supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing, etc.)
- Accreditation and/or licensing requirements
- Professional development activities to improve practice and maintain current professional knowledge (e.g., in-service training, licensing requirements, reviews of literature, workshops)

## IVB. CONFIDENTIALITY

This section of the exam may include questions on the following topics:

- The elements of client/client system reports
- The principles and processes of obtaining informed consent
- The use of client/client system records
- Legal and/or ethical issues regarding confidentiality, including electronic information security
- Legal and/or ethical issues regarding mandatory reporting (e.g., abuse, threat of harm, impaired professionals, etc.)

## IVC. PROFESSIONAL DEVELOPMENT AND USE OF SELF

- The components of the social worker-client/client system relationship
- The client's/client system's role in the problem-solving process
- The social worker's role in the problem-solving process
- Methods to clarify the roles and responsibilities of the social worker and client/client system in the intervention process
- The principles and techniques for building and maintaining a helping relationship
- The concept of acceptance and empathy in the social worker-client/client system relationship
- The dynamics of power and transparency in the social worker-client/client system relationship
- Ethical issues related to dual relationships
- The impact of transference and countertransference in the social worker-client/client system relationship
- The impact of domestic, intimate partner, and other violence on the helping relationship
- The dynamics of diversity in the social worker-client/client system relationship
- The effect of the client's developmental level on the social worker-client relationship
- Social worker self-care principles and techniques
- Burnout, secondary trauma, and compassion fatigue
- The components of a safe and positive work environment
- Professional objectivity in the social worker-client/client system relationship
- The influence of the social worker's own values and beliefs on the social workerclient/client system relationship
- Time management approaches
- The impact of transference and countertransference within supervisory relationships
- The influence of the social worker's own values and beliefs on interdisciplinary collaboration

# **Advanced Generalist Examination**

## HUMAN DEVELOPMENT, DIVERSITY, AND BEHAVIOR IN THE ENVIRONMENT

#### IA. HUMAN GROWTH AND DEVELOPMENT

This section of the exam may include questions on the following topics:

- Theories of human development throughout the lifespan (e.g., physical, social, emotional, cognitive, behavioral)
- The indicators of normal and abnormal physical, cognitive, emotional, and sexual development throughout the lifespan
- Theories of sexual development throughout the lifespan
- Theories of spiritual development throughout the lifespan
- Theories of racial, ethnic, and cultural development throughout the lifespan
- The effects of physical, mental, and cognitive disabilities throughout the lifespan
- Basic human needs
- The principles of attachment and bonding
- The effect of aging on biopsychosocial functioning
- The impact of aging parents on adult children
- Gerontology
- Personality theories
- Theories of conflict
- Factors influencing self-image (e.g., culture, race, religion/spirituality, age, disability, trauma)
- Parenting skills and capacities
- Feminist theory
- Addiction theories and concepts
- Systems and ecological perspectives and theories
- Strengths-based and resilience theories
- Crisis intervention theories
- Psychoanalytic and psychodynamic approaches
- Indicators and dynamics of abuse and neglect throughout the lifespan

# IB. FUNCTIONING OF VARIOUS SYSTEMS

This section of the exam may include questions on the following topics:

- The family life cycle
- Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
- Models of family life education in social work practice
- Theories of couples development
- Theories of group development and functioning

#### IC. EFFECTS OF THE ENVIRONMENT ON SYSTEMS' BEHAVIOR

- Person-in-Environment (PIE) theory
- The interplay of biological, psychological, social, and spiritual factors
- The dynamics of interpersonal relationships
- Psychological defense mechanisms and their effects on behavior and relationships
- The indicators of psychosocial stress

- The effect of poverty on individuals, families, groups, organizations, and communities
- The impact of the environment (e.g., social, physical, cultural, political, economic) on individuals, families, groups, organizations, and communities
- Role theories
- Social and economic justice
- The impact of globalization on clients/client systems (e.g., interrelatedness of systems, international integration, technology, environmental or financial crises, epidemics)

# ID. DIVERSITY, DISCRIMINATION, AND STEREOTYPES

This section of the exam may include questions on the following topics:

- The effect of disability on biopsychosocial functioning throughout the lifespan
- The effect of culture, race, and ethnicity on behaviors, attitudes, and identity
- The effects of discrimination and stereotypes on behaviors, attitudes, and identity
- The influence of sexual orientation on behaviors, attitudes, and identity
- The impact of transgender and transitioning process on behaviors, attitudes, identity, and relationships
- Systemic (institutionalized) discrimination (e.g., racism, sexism, ageism)
- The principles of culturally competent social work practice
- Sexual orientation concepts
- Gender and gender identity concepts

#### II. INTERVENTION PROCESSES AND TECHNIQUES FOR USE ACROSS SYSTEMS

# IIA. BIOPSYCHOSOCIAL HISTORY AND COLLATERAL DATA

- The components of a biopsychosocial assessment
- The components and function of the mental status examination
- Biopsychosocial responses to illness and disability
- Biopsychosocial factors related to mental health
- Basic medical terminology
- The indicators of mental and emotional illness throughout the lifespan
- Co-occurring disorders and conditions
- Symptoms of neurologic and organic disorders
- The types of information available from other sources (e.g., agency, employment, medical, psychological, legal, or school records)
- The impact of caregiving on families
- The dynamics and effects of loss, separation, and grief
- The impact of physical and mental illness on family dynamics
- The indicators of behavioral dysfunction
- The indicators of feigning illness
- The indicators of somatization
- Body image and its impact (e.g., identity, self-esteem, relationships, habits)
- The indicators of traumatic stress and violence
- The effects of life events, stressors, and crises on individuals, families, groups, organizations, and communities
- The impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems

- The impact of out-of-home displacement (e.g., natural disaster, homelessness, immigration) on clients/client systems
- The indicators and risk factors of the client's/client system's danger to self and others
- The impact of stress, trauma, and violence
- The effects of physical, sexual, and psychological abuse on individuals, families, groups, organizations, and communities
- The indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, sexual trafficking)
- The characteristics of perpetrators of abuse, neglect, and exploitation
- The indicators of addiction and substance abuse
- The effects of addiction and substance abuse on individuals, families, groups, organizations, and communities
- Criminal justice systems
- Common psychotropic and non-psychotropic prescriptions and over-the-counter medications and their side effects

# IIB. ASSESSMENT METHODS AND TECHNIQUES

This section of the exam may include questions on the following topics:

- The factors and processes used in problem formulation
- Methods of involving clients/client systems in problem identification (e.g., gathering collateral information)
- Techniques and instruments used to assess clients/client systems
- Methods to incorporate the results of psychological and educational tests into assessment
- Methods to assess ego strengths
- Methods to assess organizational functioning (e.g., agency assessments)
- Methods to obtain sensitive information (e.g., substance abuse, sexual abuse)
- Communication theories and styles
- Risk assessment methods
- Methods to assess the client's/client system's strengths, resources, and challenges (e.g., individual, family, group, organization, community)
- The indicators of motivation, resistance, and readiness to change
- Methods to assess motivation, resistance, and readiness to change
- Methods to assess the client's/client system's communication skills
- Methods to assess the client's/client system's coping abilities
- The indicators of the client's/client system's strengths and challenges
- Methods used to assess trauma
- Placement options based on assessed level of care
- The use of the Diagnostic and Statistical Manual of the American Psychiatric Association

# IIC. INTERVENTION PLANNING AND IMPLEMENTATION

- The principles and techniques of interviewing (e.g., supporting, clarifying, focusing, confronting, validating, feedback, reflecting, language differences, use of interpreters, redirecting)
- Methods to involve clients/client systems in intervention planning

- Cultural considerations in the creation of an intervention plan
- The criteria used in the selection of intervention/treatment modalities (e.g., client/client system abilities, culture, life stage)
- The components of intervention, treatment, and service plans
- Psychotherapies
- The impact of immigration, refugee, or undocumented status on service delivery
- Discharge, aftercare, and follow-up planning
- The phases of intervention and treatment
- The client's/client system's role in the problem-solving process
- Problem-solving models and approaches (e.g., brief, solution-focused methods or techniques)
- Methods to engage and motivate clients/client systems
- Methods to engage and work with involuntary clients/client systems
- Methods to obtain and provide feedback
- The principles of active listening and observation
- Verbal and nonverbal communication techniques
- The concept of congruence in communication
- Limit setting techniques
- The technique of role play
- Role modeling techniques
- Techniques for harm reduction for self and others
- Methods to teach coping and other self-care skills to clients/client systems
- Client/client system self-monitoring techniques
- Methods of conflict resolution
- Crisis intervention and treatment approaches
- Theories of trauma-informed care
- Methods and approaches to trauma-informed care
- Anger management techniques
- Stress management techniques
- Cognitive and behavioral interventions
- Strengths-based and empowerment strategies and interventions
- Client/client system contracting and goal-setting techniques
- Partializing techniques
- Assertiveness training
- Task-centered approaches
- Psychoeducation methods (e.g., acknowledging, supporting, normalizing)
- Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
- Family therapy models, interventions, and approaches
- Couples interventions and treatment approaches
- Permanency planning
- Mindfulness and complementary therapeutic approaches
- Techniques used for follow-up
- Techniques used to evaluate a client's/client system's progress
- The indicators of client/client system readiness for termination
- Consultation approaches (e.g., referrals to specialists)
- Methods to assess the availability of community resources

## III. INTERVENTION PROCESSES AND TECHNIQUES FOR USE WITH LARGER SYSTEMS

# IIIA. PROGRAM DEVELOPMENT AND RESEARCH

This section of the exam may include questions on the following topics:

- Methods to establish program objectives and outcomes
- Methods of service delivery
- Methods to establish service networks or community resources
- The effects of program evaluation findings on services
- Methods to evaluate agency programs (e.g., needs assessment, formative/summative assessment, cost effectiveness, cost-benefit analysis, outcomes assessment)
- The principles and features of objective and subjective data
- Basic and applied research design and methods
- Data collection and analysis methods
- Methods to assess reliability and validity in social work research
- Methods to develop and evaluate measurable objectives for client/client system intervention, treatment, and/or service plans
- Methods, techniques, and instruments used to evaluate social work practice
- Evidence-based practice

#### IIIB. METHODS FOR SOCIAL CHANGE

This section of the exam may include questions on the following topics:

- Theories of social change and community development
- Community organizing and social planning methods
- Techniques for mobilizing community participation
- The impact of social institutions on society
- The impact of the political environment on policy-making
- Concepts of social policy development and analysis
- Techniques to inform and influence organizational and social policy
- Theories and methods of advocacy for policies, services, and resources to meet clients'/client systems' needs
- Primary, secondary, and tertiary prevention strategies

# IIIC. SUPERVISION AND ADMINISTRATION

- Governance structures
- Theories of organizational development and structure
- The effects of policies, procedures, regulations, and legislation on social work practice and service delivery
- Leadership and management techniques
- Fiscal management techniques
- Fund-raising and development
- Asset-building approaches (e.g., collaborative relationships, human capital, resources)
- The relationship between formal and informal power structures in the decision-making process
- Educational components, techniques, and methods of supervision
- Methods to identify learning needs and develop learning objectives for supervisees

- Case recording for practice evaluation or supervision
- Methods to create, implement, and evaluate policies and procedures for social worker safety
- Models of supervision and consultation (e.g., individual, peer, group)
- The supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing, etc.)
- Employee recruitment, training, retention, performance appraisal, evaluation, and discipline
- The impact of transference and countertransference within supervisory relationships
- The components of a safe and positive work environment
- The components of case management
- The elements of a case presentation
- Time management approaches
- Methods of networking
- The process of interdisciplinary and intradisciplinary team collaboration
- The basic terminology of professions other than social work (e.g., legal, educational)
- Methods to create, implement, and evaluate policies and procedures that minimize risk for individuals, families, groups, organizations, and communities
- Methods to develop, review, and implement crisis plans
- Quality assurance, including program reviews and audits
- Accreditation and/or licensing requirements
- Professional development activities to improve practice and maintain current professional knowledge (e.g., in-service training, licensing requirements, reviews of literature, workshops)

# IIID. RECORD-KEEPING AND REPORTING

This section of the exam may include questions on the following topics:

- The principles of case recording, documentation, and management of practice records
- The elements of client/client system reports
- The principles and processes for developing formal documents (e.g., proposals, letters, brochures, pamphlets, reports, evaluations)

## IV. PROFESSIONAL RELATIONSHIPS, VALUES, AND ETHICS

#### IVA. PROFESSIONAL VALUES AND ETHICAL ISSUES

- Legal and/or ethical issues related to the practice of social work, including responsibility to clients/client systems, colleagues, the profession, and society
- Professional values and principles (e.g., competence, social justice, integrity, and dignity and worth of the person)
- Techniques to identify and resolve ethical dilemmas
- Client/client system competence and self-determination (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)
- Techniques for protecting and enhancing client/client system self-determination
- The client's/client system's right to refuse services (e.g., medication, medical treatment, counseling, placement, etc.)
- Professional boundaries in the social worker-client/client system relationship (e.g., power differences, conflicts of interest, etc.)

- Ethical issues related to dual relationships
- Professional objectivity in the social worker-client/client system relationship
- Self-disclosure principles and applications
- Legal and/or ethical issues regarding documentation
- Legal and/or ethical issues regarding termination
- Legal and/or ethical issues related to death and dying
- Research ethics (e.g., institutional review boards, use of human subjects, informed consent)
- Ethical issues in supervision and management

## IVB. CONFIDENTIALITY

This section of the exam may include questions on the following topics:

- The principles and processes of obtaining informed consent
- The use of client/client system records
- Legal and/or ethical issues regarding confidentiality, including electronic information security
- Legal and/or ethical issues regarding mandatory reporting (e.g., abuse, threat of harm, impaired professionals, etc.)

#### IVC. PROFESSIONAL DEVELOPMENT AND USE OF SELF

- The components of the social worker-client/client system relationship
- The social worker's role in the problem-solving process
- Methods to clarify the roles and responsibilities of the social worker and client/client system in the intervention process
- The principles and techniques for building and maintaining a helping relationship
- The concept of acceptance and empathy in the social worker-client/client system relationship
- The dynamics of power and transparency in the social worker-client/client system relationship
- The impact of transference and countertransference in the social worker-client/client system relationship
- The impact of domestic, intimate partner, and other violence on the helping relationship
- The dynamics of diversity in the social worker-client/client system relationship
- The effect of the client's developmental level on the social worker-client relationship
- Social worker self-care principles and techniques
- Burnout, secondary trauma, and compassion fatigue
- The influence of the social worker's own values and beliefs on the social workerclient/client system relationship
- The influence of the social worker's own values and beliefs on interdisciplinary collaboration

# **Clinical Examination**

# I. HUMAN DEVELOPMENT, DIVERSITY, AND BEHAVIOR IN THE ENVIRONMENT

## IA. HUMAN GROWTH AND DEVELOPMENT

This section of the exam may include questions on the following topics:

- Theories of human development throughout the lifespan (e.g., physical, social, emotional, cognitive, behavioral)
- The indicators of normal and abnormal physical, cognitive, emotional, and sexual development throughout the lifespan
- Theories of sexual development throughout the lifespan
- Theories of spiritual development throughout the lifespan
- Theories of racial, ethnic, and cultural development throughout the lifespan
- The effects of physical, mental, and cognitive disabilities throughout the lifespan
- The interplay of biological, psychological, social, and spiritual factors
- Basic human needs
- The principles of attachment and bonding
- The effect of aging on biopsychosocial functioning
- Gerontology
- Personality theories
- Factors influencing self-image (e.g., culture, race, religion/spirituality, age, disability, trauma)
- Body image and its impact (e.g., identity, self-esteem, relationships, habits)
- Parenting skills and capacities
- Basic principles of human genetics
- The family life cycle
- Models of family life education in social work practice
- The impact of aging parents on adult children
- Systems and ecological perspectives and theories
- Strengths-based and resilience theories
- The dynamics and effects of loss, separation, and grief

# IB. HUMAN BEHAVIOR IN THE SOCIAL ENVIRONMENT

- Person-in-Environment (PIE) theory
- Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
- The dynamics of interpersonal relationships
- Indicators and dynamics of abuse and neglect throughout the lifespan
- The effects of physical, sexual, and psychological abuse on individuals, families, groups, organizations, and communities
- The characteristics of perpetrators of abuse, neglect, and exploitation
- The effects of life events, stressors, and crises on individuals, families, groups, organizations, and communities

- The impact of stress, trauma, and violence
- Crisis intervention theories
- The effect of poverty on individuals, families, groups, organizations, and communities
- The impact of the environment (e.g., social, physical, cultural, political, economic) on individuals, families, groups, organizations, and communities
- Social and economic justice
- Theories of social change and community development
- The impact of social institutions on society
- The impact of globalization on clients/client systems (e.g., interrelatedness of systems, international integration, technology, environmental or financial crises, epidemics)
- Criminal justice systems
- The impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
- Theories of couples development
- The impact of physical and mental illness on family dynamics
- Co-occurring disorders and conditions
- The impact of caregiving on families
- Psychological defense mechanisms and their effects on behavior and relationships
- Addiction theories and concepts
- The effects of addiction and substance abuse on individuals, families, groups, organizations, and communities
- The indicators of addiction and substance abuse
- Role theories
- Feminist theory
- Theories of group development and functioning
- Communication theories and styles
- Theories of conflict

#### IC. DIVERSITY AND DISCRIMINATION

- The effect of disability on biopsychosocial functioning throughout the lifespan
- The effect of culture, race, and ethnicity on behaviors, attitudes, and identity
- The effects of discrimination and stereotypes on behaviors, attitudes, and identity
- The influence of sexual orientation on behaviors, attitudes, and identity
- The impact of transgender and transitioning process on behaviors, attitudes, identity, and relationships
- Systemic (institutionalized) discrimination (e.g., racism, sexism, ageism)
- The principles of culturally competent social work practice
- Sexual orientation concepts
- Gender and gender identity concepts

## II. ASSESSMENT, DIAGNOSIS, AND TREATMENT PLANNING

#### IIA. BIOPSYCHOSOCIAL HISTORY AND COLLATERAL DATA

This section of the exam may include questions on the following topics:

- The components of a biopsychosocial assessment
- Techniques and instruments used to assess clients/client systems
- The types of information available from other sources (e.g., agency, employment, medical, psychological, legal, or school records)
- Methods to obtain sensitive information (e.g., substance abuse, sexual abuse)
- The principles of active listening and observation
- The indicators of sexual dysfunction
- Symptoms of neurologic and organic disorders

#### IIB. ASSESSMENT AND DIAGNOSIS

- The factors and processes used in problem formulation
- Methods of involving clients/client systems in problem identification (e.g., gathering collateral information)
- The components and function of the mental status examination
- Methods to incorporate the results of psychological and educational tests into assessment
- The indicators of psychosocial stress
- The indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, sexual trafficking)
- The indicators of traumatic stress and violence
- Methods used to assess trauma
- Risk assessment methods
- The indicators and risk factors of the client's/client system's danger to self and others
- Methods to assess the client's/client system's strengths, resources, and challenges (e.g., individual, family, group, organization, community)
- The indicators of motivation, resistance, and readiness to change
- Methods to assess motivation, resistance, and readiness to change
- Methods to assess the client's/client system's communication skills
- Methods to assess the client's/client system's coping abilities
- The indicators of the client's/client system's strengths and challenges
- Methods to assess ego strengths
- The use of the Diagnostic and Statistical Manual of the American Psychiatric Association
- The indicators of mental and emotional illness throughout the lifespan
- Biopsychosocial factors related to mental health
- Biopsychosocial responses to illness and disability
- Common psychotropic and non-psychotropic prescriptions and over-the-counter medications and their side effects
- The indicators of somatization
- The indicators of feigning illness
- Basic medical terminology
- The indicators of behavioral dysfunction

- Placement options based on assessed level of care
- Methods to assess organizational functioning (e.g., agency assessments)
- Data collection and analysis methods

#### IIC. TREATMENT PLANNING

This section of the exam may include questions on the following topics:

- Methods to involve clients/client systems in intervention planning
- Cultural considerations in the creation of an intervention plan
- The criteria used in the selection of intervention/treatment modalities (e.g., client/client system abilities, culture, life stage)
- The components of intervention, treatment, and service plans
- Theories of trauma-informed care
- Methods and approaches to trauma-informed care
- The impact of immigration, refugee, or undocumented status on service delivery
- Methods to develop, review, and implement crisis plans
- Discharge, aftercare, and follow-up planning
- Techniques used to evaluate a client's/client system's progress
- Methods, techniques, and instruments used to evaluate social work practice
- The principles and features of objective and subjective data
- · Basic and applied research design and methods
- Methods to assess reliability and validity in social work research

# III. PSYCHOTHERAPY, CLINICAL INTERVENTIONS, AND CASE MANAGEMENT

## IIIA. THERAPEUTIC RELATIONSHIP

- The components of the social worker-client/client system relationship
- The principles and techniques for building and maintaining a helping relationship
- The dynamics of power and transparency in the social worker-client/client system relationship
- The social worker's role in the problem-solving process
- Methods to clarify the roles and responsibilities of the social worker and client/client system in the intervention process
- The concept of acceptance and empathy in the social worker-client/client system relationship
- The dynamics of diversity in the social worker-client/client system relationship
- The effect of the client's developmental level on the social worker-client relationship
- The impact of domestic, intimate partner, and other violence on the helping relationship
- Verbal and nonverbal communication techniques
- The concept of congruence in communication
- Methods to obtain and provide feedback

## IIIB. THE INTERVENTION PROCESS

- The principles and techniques of interviewing (e.g., supporting, clarifying, focusing, confronting, validating, feedback, reflecting, language differences, use of interpreters, redirecting)
- The phases of intervention and treatment
- Problem-solving models and approaches (e.g., brief, solution-focused methods or techniques)
- The client's/client system's role in the problem-solving process
- Methods to engage and motivate clients/client systems
- Methods to engage and work with involuntary clients/client systems
- Limit setting techniques
- The technique of role play
- Role modeling techniques
- Techniques for harm reduction for self and others
- Methods to teach coping and other self-care skills to clients/client systems
- Client/client system self-monitoring techniques
- Methods of conflict resolution
- Crisis intervention and treatment approaches
- Anger management techniques
- Stress management techniques
- The impact of out-of-home displacement (e.g., natural disaster, homelessness, immigration) on clients/client systems
- Methods to create, implement, and evaluate policies and procedures that minimize risk for individuals, families, groups, organizations, and communities
- Psychotherapies
- Psychoanalytic and psychodynamic approaches
- Cognitive and behavioral interventions
- Strengths-based and empowerment strategies and interventions
- Client/client system contracting and goal-setting techniques
- Partializing techniques
- Assertiveness training
- Task-centered approaches
- Psychoeducation methods (e.g., acknowledging, supporting, normalizing)
- Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
- Family therapy models, interventions, and approaches
- Couples interventions and treatment approaches
- Permanency planning
- Mindfulness and complementary therapeutic approaches
- Techniques used for follow-up
- Time management approaches
- Community organizing and social planning methods
- Methods to develop and evaluate measurable objectives for client/client system intervention, treatment, and/or service plans

- Primary, secondary, and tertiary prevention strategies
- The indicators of client/client system readiness for termination

# IIIC. SERVICE DELIVERY AND MANAGEMENT OF CASES

This section of the exam may include questions on the following topics:

- The effects of policies, procedures, regulations, and legislation on social work practice and service delivery
- The impact of the political environment on policy-making
- Theories and methods of advocacy for policies, services, and resources to meet clients'/client systems' needs
- Methods of service delivery
- The components of case management
- The principles of case recording, documentation, and management of practice records
- Methods to establish service networks or community resources
- Employee recruitment, training, retention, performance appraisal, evaluation and discipline
- Case recording for practice evaluation or supervision
- Methods to evaluate agency programs (e.g., needs assessment, formative/summative assessment, cost effectiveness, cost-benefit analysis, outcomes assessment)
- The effects of program evaluation findings on services
- Quality assurance, including program reviews and audits by external sources

# IIID. CONSULTATION AND INTERDISCIPLINARY COLLABORATION

- Leadership and management techniques
- Models of supervision and consultation (e.g., individual, peer, group)
- Educational components, techniques, and methods of supervision
- The supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing, etc.)
- Methods to identify learning needs and develop learning objectives for supervisees
- The elements of client/client system reports
- The elements of a case presentation
- The principles and processes for developing formal documents (e.g., proposals, letters, brochures, pamphlets, reports, evaluations)
- Consultation approaches (e.g. referrals to specialists)
- Methods of networking
- The process of interdisciplinary and intradisciplinary team collaboration
- The basic terminology of professions other than social work (e.g., legal, educational)
- Techniques to inform and influence organizational and social policy
- Methods to assess the availability of community resources
- Techniques for mobilizing community participation
- Methods to establish program objectives and outcomes
- Governance structures
- The relationship between formal and informal power structures in the decision-making process
- Accreditation and/or licensing requirements

## IV. PROFESSIONAL VALUES AND ETHICS

#### IVA. PROFESSIONAL VALUES AND ETHICAL ISSUES

This section of the exam may include questions on the following topics:

- Legal and/or ethical issues related to the practice of social work, including responsibility to clients/client systems, colleagues, the profession, and society
- Techniques to identify and resolve ethical dilemmas
- The client's/client system's right to refuse services (e.g., medication, medical treatment, counseling, placement, etc.)
- Professional boundaries in the social worker-client/client system relationship (e.g., power differences, conflicts of interest, etc.)
- Ethical issues related to dual relationships
- Self-disclosure principles and applications
- The principles and processes of obtaining informed consent
- Legal and/or ethical issues regarding documentation
- Legal and/or ethical issues regarding termination
- Legal and/or ethical issues related to death and dying
- Research ethics (e.g., institutional review boards, use of human subjects, informed consent)
- Ethical issues in supervision and management
- Methods to create, implement, and evaluate policies and procedures for social worker safety

## IVB. CONFIDENTIALITY

This section of the exam may include questions on the following topics:

- The use of client/client system records
- Legal and/or ethical issues regarding confidentiality, including electronic information security
- Legal and/or ethical issues regarding mandatory reporting (e.g., abuse, threat of harm, impaired professionals, etc.)

#### IVC. PROFESSIONAL DEVELOPMENT AND USE OF SELF

- Professional values and principles (e.g., competence, social justice, integrity, and dignity and worth of the person)
- Professional objectivity in the social worker-client/client system relationship
- Techniques for protecting and enhancing client/client system self-determination
- Client/client system competence and self-determination (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)
- The influence of the social worker's own values and beliefs on the social workerclient/client system relationship
- The influence of the social worker's own values and beliefs on interdisciplinary collaboration
- The impact of transference and countertransference in the social worker-client/client system relationship
- The impact of transference and countertransference within supervisory relationships
- The components of a safe and positive work environment
- Social worker self-care principles and techniques

- Burnout, secondary trauma, and compassion fatigue
- Evidence-based practice
- Professional development activities to improve practice and maintain current professional knowledge (e.g., in-service training, licensing requirements, reviews of literature, workshops)