



Examination Guidebook

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Using the ASWB Examination Guidebook

Congratulations on your efforts to become a licensed social worker. As you work through the requirements involved in applying for and receiving your state or provincial license or registration, remember that what you are doing is important, both to you and to the people you will serve.

The Association of Social Work Boards believes in the social work profession and the people who devote their lives to helping others. We believe that the public deserves access to competent, ethical social workers—that's why we own and maintain the examination you'll be taking. And we want to do everything we can to ensure that the examination is a fair measure of your social work knowledge, skills, and abilities.

The examination you will be taking as part of your state or provincial licensure requirements is part of making sure everyone practicing social work is competent to enter practice. And passing the exam is critical to the advancement of your social work career. Preparing for your exam day will help you confidently use your knowledge to demonstrate your competence.

The ASWB Examination Guidebook is designed to give you the tools you need to apply for your license and register for and schedule your exam. It will also help you understand exactly what to expect on your exam day. It gives you the single most comprehensive look at the exam, from knowing how the exams are developed and what content will be tested to getting your exam on the calendar and understanding the testing environment.

We believe that when this guidebook is used in combination with the [ASWB online practice test](#), a test-taker gets the most complete picture possible of how the examination works, what an actual exam is like, and how it is administered. Do these resources provide you with everything you need to know to pass the examination? No, your social work knowledge comes from your social work education and experience. But we can help you understand where to improve your knowledge and how to put that knowledge to use in demonstrating your competence through an exam.

Take some time to read this guidebook and become familiar with its contents. You'll learn the steps for taking the exam, discover the ways the questions are written and what the questions expect of you, and get familiar with what content your examination tests.

A note on sample questions

The sample questions in this guidebook include letters at the beginning of each multiple-choice option to provide clarity in discussing the correct answers. Letters are not used before each answer option on the actual exam in the test center.

Part 1: Understanding the social work licensing examinations

This overview offers a quick look at the examination's background and format and details the process for taking the exam.

Examination basics

The licensing examination is part of the idea of protecting the public, or in other words, the consumers of social work services. Because state and provincial governments — as well as members of the social work profession — recognized the need to establish a way to verify that a social worker has the skills and knowledge necessary to provide a safe level of practice, regulations were created. These regulations almost always include licensing or registration components.

Regulations were developed to establish baseline standards for one or more categories of social work practice, often with the help of social workers interested in ensuring responsible practice. The ASWB examinations are just one part of determining whether a social worker meets these standards — education and, often, supervised experience also weigh heavily in licensing decisions.

Although the regulation of social work began with the need to protect the public, the social work profession itself has been helped by licensing. Regulation of social work amounts to a governmental acknowledgment of the importance of the profession and the essential role social workers play in public health. Licensing also establishes social work practice as a separate and distinct branch of mental health services and defines the services that social workers are uniquely qualified to provide.

Licensing also helps the profession advance. Because the ability to engage in licensed social work practice is limited to those who can meet entry-level standards, the profession benefits from the added assurance that people who are licensed to practice social work share certain competencies. And once licensed, social workers are required to comply with rules and regulations that can include ethics, continuing education, and proper billing procedures. Licensing helps the social work profession remain consistent in its delivery of services.

The ASWB examinations are not used in connection with various professional certifications, such as credentials from the National Association of Social Workers Academy of Certified Social Workers or the American Board of Clinical Social Work. These certifications are developed outside legal regulations and do not take the place of licensure. They are advanced credentials, and their requirements may include holding a license.

Understanding licensing and regulation

When you are licensed to practice social work, you are responsible for complying with your jurisdiction’s regulations and remaining in good standing with the social work regulatory body in your state or province. In the United States, regulation is performed by a board, and in Canada, it is carried out by a college or as part of the professional association.

Typically, the regulatory body, which is established by provisions in a jurisdiction’s social work law, sets up the rules and regulations for professional practice, grants the licenses, manages continuing education and renewal requirements, investigates complaints against social workers, and administers disciplinary actions including license revocations.

Sometimes, these bodies are independent, meaning that a state or province may have a board of social work, a board of social work examiners, or a college of social workers. Usually, these bodies are composed of licensed social workers as well as one or more public members who represent social work consumers.

In other jurisdictions, social work regulation is one function of a composite regulatory body. These groups are sometimes charged with administering licensing programs in several related professions and go by titles such as board of mental health examiners, board of behavioral science examiners, or board of clinical social work, marriage and family therapy, and mental health counseling. In composite bodies, licensed social workers make up a part of the regulatory body, sometimes functioning as a subcommittee of the larger entity. In some jurisdictions, the regulatory body may be a committee that is advisory to a larger regulatory division.

What is the Association of Social Work Boards?

Incorporated in 1979 by representatives of licensing boards in the United States, the Association of Social Work Boards was formed to help regulatory boards fulfill their missions. ASWB membership began with a handful of states and grew to include every U.S. state, the District of Columbia, the U.S. Virgin Islands, the U.S. Territory of Guam, the U.S. Commonwealth of Northern Mariana Islands, and all 10 Canadian provinces. Today, ASWB provides support and services to the social work regulatory community to advance safe, competent, and ethical practice to strengthen public protection.

ASWB began offering social work examinations in 1983. As social work licensure laws expanded across the country, so did the use of the examinations. More than 65,000 ASWB social work examinations are now administered annually.

The association’s services have grown, too. The association offers many services to its members, including approval of continuing education courses and providers, educational programming, and provision of licensing services. Through ASWB, boards and colleges share information, helping promote consistency in licensing requirements.

SOCIAL WORK BOARD IN YOUR STATE OR PROVINCE	ASWB
<ul style="list-style-type: none">Regulates the practice of social workDetermines eligibilityIssues your licenseHandles license renewal	<ul style="list-style-type: none">Develops the licensing examsRegisters candidates to take the examsIssues score transfers

Why an examination at all?

Whether it's a driver's license test, the bar exam for attorneys, or a licensing exam for social workers, an examination serves to objectively measure competence and determine whether an individual has the minimum knowledge, skills, and abilities necessary to safely perform a set of tasks. Exams offer a reliable and cost-effective way to make this determination.

A branch of psychology called psychometrics is focused specifically on the development, evaluation, and interpretation of tests. Psychometrics offers ways to assess an examination to determine whether it measures what it's supposed to measure. In meeting these standards, an examination is proved to be valid and reliable.

Exam format

Each ASWB examination contains 170 multiple-choice questions; 20 of these questions are being pretested for possible inclusion as scored questions on a future ASWB examination. Your performance on the pretest questions will not affect your score on the examination — only the 150 remaining questions will count toward your score. The pretest and scored questions are mixed together on the examination.

You will have four hours to complete the examination, which is administered on a PSI computer. The testing program allows the test-taker to move freely through the exam, change answers, flag questions for later attention, skip questions, highlight text, and review questions.

Exam categories

The state or province informs ASWB about the exam category that you are approved to take based on ASWB policy.

Category	Requirements	Purpose
Associate	None	For use in jurisdictions that issue licenses to applicants who do not possess a social work degree
Bachelors	Bachelor's degree in social work	Basic generalist practice of baccalaureate social work
Masters	Master's degree in social work	Practice of master's social work including the application of specialized knowledge and advanced practice skills
Advanced Generalist	Master's degree in social work; two years (or commensurate experience as defined by the jurisdiction) of experience in nonclinical settings	Practice of advanced generalist social work that occurs in nonclinical settings and may include macro-level practice
Clinical	Master's degree in social work; two years (or commensurate experience as defined by the jurisdiction) of experience in clinical settings	Practice of clinical social work requiring the application of specialized clinical knowledge and advanced clinical skills

Tip

Some boards require additional examinations as part of the licensure process. Check with the [social work board in your state or province](#) to find out whether the ASWB examination is the only exam you need to take.

Examination construction

To anyone taking an ASWB examination, the long process by which a question comes to be placed on the exam is invisible. You see only the 170 questions that met rigorous standards, not the hundreds of questions that weren't approved or the many people involved in developing the exams. Knowing how the questions get to the exam may help you understand how the exams measure competence.

At the most basic level, two things matter in the construction of a licensing examination: its validity and its reliability. A licensing exam must measure what it is supposed to measure, meaning that it is valid, and do so consistently—that is, reliably.

Validity and reliability result from a long and costly process. ASWB provides valid and reliable licensing exams through the work of its staff, paid question writers, and volunteer social workers.

The practice analysis

The social work licensing exams follow nationally recognized test development standards to ensure validity, reliability, and fairness. These testing industry standards are set by the American Psychological Association, the Joint Commission on Standards for Educational and Psychological Testing, the American Educational Research Association, and the National Council on Measurement in Education. These standards require that the exams be based on a practice analysis and that such a study be conducted every five to ten years.

The entire ASWB examination program is anchored in this practice analysis.

The practice analysis is a survey of social work practice in a wide variety of settings and geographic locations. It shapes the questions that appear on the examinations and indicates whether a particular examination is needed at a particular category of practice. ASWB uses its analysis of the practice of social work to identify what social workers do and what skills and knowledge they need at entry to practice.

The practice analysis survey lists a series of tasks social workers perform and then asks participants to rate performance, importance, and frequency. In other words, for each task social workers rate:

- Whether the ability to perform the task is a necessary entry-level skill at their category of practice
- How critical knowledge of the task is regardless of how often it's performed
- How often they perform each task

The results give ASWB an accurate profile of social work and help the association to establish the categories of examinations offered.

The practice analysis survey for the current ASWB examinations, completed in 2016, was the largest ever conducted by the association and yielded four times the responses from the previous practice analysis in 2009. ASWB sent approximately 212,000 surveys to licensed or registered social workers across the United States and Canada and received 23,343 usable responses. The next practice analysis will form the basis for the next version of the exams, to be released in 2026. It is being reenvisioned as the Social Work Census,

a far more inclusive survey with the goal of obtaining demographic and task analysis responses from thousands of social workers.

Practitioners in a wide range of practice settings respond to the survey, reflecting diversity in race, ethnicity, age, and gender. A full description of the demographics of respondents and other details about the 2016 practice analysis are available in the ASWB publication [Analysis of the Practice of Social Work, 2017](#).

Creating an outline for the examinations

After ASWB receives the survey responses, social work content experts sift through the ratings from the survey respondents to identify those tasks that are critical to entry-level practice. As a reminder, licensing exams measure the minimum level of competence to practice, not skills that may be acquired as one moves through a social work career.

With the important tasks identified, the content experts establish the broad content and competency areas that are essential to performing a particular task.

Here's an example from the 2018 blueprint, based on the 2016–2017 ASWB practice analysis for the Masters examination.

EXAMPLE

Major content area: I. Human Development, Diversity, and Behavior in the Environment

Competency area within the Human Development, Diversity, and Behavior in the Environment content area: IB. Concepts of Abuse and Neglect

KSAs for Concepts of Abuse and Neglect:

- 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

Each of the ASWB examination content outlines follows this model: Four or five broad content areas, indicated by Roman numerals; with each content area broken out into a set of competencies, indicated by letters; and each competency in turn supported by a set of knowledge, skills, and abilities statements that help to bring more focus to the competencies listed. Beside each broad content area is a percentage, which indicates how much content on the exam will be related to that content area.

Each examination is constructed according to its content outline. For example, the Clinical examination will have 24 percent of the questions testing I. Human Development, Diversity, and Behavior in the Environment and 30 percent of the questions testing II. Assessment, Diagnosis, and Treatment Planning. Working out the percentages based on a 150-question test, that means 36 questions on the Clinical exam will be on Human Development, Diversity, and Behavior in the Environment and 45 questions will deal with Assessment, Diagnosis, and Treatment Planning.

Creating the examination questions

With the content outlines in place, the next step is to fill those outlines with high-quality, relevant exam questions. ASWB maintains a bank of questions coded to specific content areas for each category of examination—Associate/Bachelors, Masters, Advanced Generalist, and Clinical. The Associate and Bachelors examinations share the same questions.

Social work practitioners from across the United States and Canada who are content experts in various areas of practice write the questions. ASWB selects question writers to ensure an accurate representation of practice, racial, ethnic, and geographic diversity and trains them in the fine points of question writing. Licensed social workers may learn about becoming a question writer and work under contract with the association.

The Examination Committee, a volunteer group appointed by the ASWB Board of Directors, is made up of proficient question writers and is balanced for racial, ethnic, and geographic diversity. At each of its meetings, the committee reviews questions at various stages of development. Members look at newly written and edited questions to determine whether the questions are suitable for pretesting. The committee may revise troublesome questions that have already gone through the pretesting process but that come back with statistics indicating the need for additional work.

Pretesting and question monitoring

The Examination Committee's approval means that the question is ready for pretest. Pretest questions included on the examinations have no effect on final scores — instead, psychometric experts use statistical tracking of responses to determine whether each question measures competence effectively and fairly. Exams are built using only scored questions that have met these rigorous standards. All questions continue to be monitored by psychometric experts to prevent any scored questions from being used that do not meet standards for fairness.

Pretesting helps the ASWB Examination Committee identify and fix—or delete—poorly performing questions. A poorly performing question is one that does not differentiate between test-takers who know the material and those who do not or, in practical terms, between those who do well on the rest of the exam and those who do not. Another problem that pretesting might reveal is DIF, or differential item (question) functioning, a situation in which a question performs differently for different demographic groups. Any question that shows DIF is deleted.

Pretesting is an important element in ensuring that the ASWB examinations remain valid and reliable. Pretest questions have met all other standards for use as scored questions; now they must be proven to meet psychometric statistical standards. Only after a pretest question has demonstrated that it performs acceptably can it be designated as a scored question on a future exam.

Questions are coded for placement on the examinations according to the content outline. The association maintains enough questions in its bank that it can administer different versions of its examinations, called forms. That means the test you take may contain different questions from the test your colleague takes. Still, both of you are taking an examination that follows the same content outline, tests the same knowledge, and reflects the same overall level of difficulty.

Measuring competence fairly

ASWB ensures that each examination question is a fair measure of competence, regardless of the race or gender of the test-taker. Every question undergoes a statistical analysis; if the analysis demonstrates the potential for race or gender bias, the question is deleted. ASWB works to ensure the fairness of each of its exam questions but acknowledges that there may be differences in exam performance outcomes for members of different demographic groups because exam performance is influenced by many factors external to the exams. ASWB has committed to [contributing to the conversation](#) around diversity, equity, and inclusion by investing in a robust analysis of examination pass rate data.

Part 2: Taking your ASWB social work licensing examination

It is not difficult to register and schedule an appointment for an ASWB examination, but it is important that you follow the specific instructions of both your licensing board or college and ASWB.

Step 1: APPLY for a license with the board in your state or province

Information: [Getting your first license](#)

- Obtain and submit an application for license
- Pay license application fee
- Receive approval to register for the exam

Step 2: REGISTER and pay for the exam with the Association of Social Work Boards (ASWB)

Information: [ASWB exam candidates](#)

- Receive Authorization to Test
- Order online practice test

Information: [Nonstandard testing arrangements](#)

- Request nonstandard testing arrangements if you have needs that prevent you from taking your exam under standard testing conditions or if you have a disability or other health condition
- Request English as a second language arrangements

Contact: exampc@aswb.org

- Request 90-day waiver
- Request excused absence
- Request an extension of your expiration date

Step 3: SCHEDULE your testing appointment with PSI

Information: [Schedule your exam with PSI](#)

- Schedule your testing appointment (You must have your ASWB Authorization to Test email to schedule your testing appointment.)
- Receive confirmation of your appointment
- Cancel or reschedule an appointment

STEP 1: Apply for a license with your social work board

Make sure you are eligible

Before you may register for the exam, you must apply for your license and receive approval from your state or provincial regulatory board. Your board will inform you of your eligibility to sit for an ASWB examination. The ways that boards establish eligibility to take the exam may vary. Most jurisdictions require application and/or licensing fees that are not part of the examination fees you pay to ASWB. Instead, you pay these fees to the licensing board at different points in the licensing process, depending on the state or province. Communicating with your board is essential.

Nonstandard testing arrangements

If you have a disability, health condition, or other need, or if English is not your primary language, you may be eligible to receive nonstandard testing arrangements.

Documented disabilities generally apply to a person who has a physical or mental impairment that substantially limits a major life activity. The state or provincial social work board and ASWB will cooperate in making any necessary determinations under all applicable federal, state, provincial, and local legislation, including but not limited to the Americans with Disabilities Act.

Other needs that require you to request nonstandard testing arrangements may include:

- Monitoring device for conditions such as diabetes
- Ambulatory arrangements for a broken bone
- Additional breaks because of pregnancy
- Use of a breast pump by a lactating individual

If you believe you are eligible for nonstandard testing arrangements, submit a [Request for Nonstandard Testing Arrangements](#) to ASWB and receive approval before registering to take the examination.

American Sign Language

Individuals who need arrangements for American Sign Language must use the [Request for Nonstandard Testing Arrangements](#).

English as a second language

Some states and provinces allow nonstandard testing arrangements for test-takers whose primary language is not English. Check with your board to see if such arrangements are allowed. You must be approved for ESL arrangements **before** registering with ASWB for the examination. [Request English as a second language arrangements](#).

Tip

Requests for nonstandard testing arrangements must be submitted and approved before the test-taker registers and pays for the exam with ASWB.

Nonstandard testing arrangements cannot be added to a testing appointment after the appointment has been scheduled.

STEP 2: Register and pay for your exam with ASWB

When you [register for the exam](#) with ASWB, you will answer a series of questions, including demographic questions and questions about your education. The information you provide helps ASWB verify your eligibility and supplies the association with important demographic data that will assist in the continued maintenance and improvement of the examinations and other ASWB programs. ASWB uses information provided about gender and race/ethnicity to help ensure exam fairness for all groups. Your information will be kept private.

Make sure the name you use to register for the exam matches the first and last names on the identification you will use at the test center. The test center does not verify middle names or initials.

Payment of fees

ASWB accepts Mastercard, Visa, and Discover credit cards. All fees are nonrefundable.

Associate, Bachelors, or Masters exam registration: US\$230

Advanced Generalist or Clinical exam registration: US\$260

Authorization to Test

After you register, ASWB will send you an Authorization to Test email within two business days. The email will contain information you need to schedule a testing appointment. Keep your Authorization to Test for future reference.

The Authorization to Test also qualifies you to purchase the [ASWB online practice test](#) (US\$85), which we suggest you use as a companion to your personalized study plan.

If you have been approved for nonstandard testing arrangements, details will be included in the Authorization to Test.

Authorization to Test expiration date

Your Authorization to Test is good for one examination only and may be valid for up to one year. An earlier expiration date may be required by your state or province. If your Authorization to Test contains a board-imposed expiration date, you may not take the examination after this expiration date. If circumstances prevent you from testing before your Authorization to Test expires, you may be eligible for an extension.

STEP 3: Schedule your testing appointment with PSI

ASWB has contracted with PSI for exam administration. There are no set times or dates for taking an ASWB exam. You may choose an available time and location that works for you and schedule your individual testing appointment with PSI.

To schedule your testing appointment with PSI, you will need your Authorization to Test email.

Because of the volume of professional and other types of examinations administered through the test centers, it is wise to schedule your examination as soon as you can. You will have the best opportunity to schedule your preferred date if you schedule four to six weeks prior to your preferred date. This will help to ensure that you get the location, date, and time that you want and are able to take the exam within the time limits of your authorization. If you do not take your exam by the expiration date listed on your Authorization to Test email, you will forfeit your exam fee.

Test centers

Candidates for the ASWB examinations may access a network of PSI test centers worldwide. Most test centers are open Monday through Friday during business hours, and many centers are open on Saturday. You may take the exam outside the jurisdiction where you are approved.

Schedule a testing appointment

Test-takers may schedule testing appointments online or by phone. You must have your Authorization to Test email to complete the scheduling process; it contains instructions for scheduling. Test-takers approved for nonstandard testing arrangements must schedule by phone. If you don't have your Authorization to Test email, contact the [ASWB Candidate Services Center](#).

Confirmation email

Whether you schedule online or by phone, you will receive an email confirmation of the appointment from PSI within 24 hours. If you do not receive this confirmation email, you did not complete the process correctly. It is your responsibility to contact PSI immediately and request that it be sent again.

Canceling or rescheduling a testing appointment

If you need to cancel or reschedule your testing appointment, you must follow these cancellation/rescheduling guidelines to avoid forfeiting your examination fee.

If your appointment is scheduled at a test center in the United States, Canada, or the U.S. territories, you may cancel or reschedule your appointment at least 24 hours before the appointment time at the [ASWB portal on the PSI website](#) or by calling the PSI Candidate Services Center at 800.367.1565, ext. 6750, Monday through Friday, 9:00 a.m.–6:00 p.m. Eastern Time. If your testing appointment was made with nonstandard testing arrangements, please see your Authorization to Test email regarding canceling and rescheduling your appointment. You will need to cancel or reschedule by calling the PSI Candidate Services Center at 800.367.1565, ext. 6750, Monday through Friday, 9:00 a.m.–6:00 p.m. Eastern Time.

If your nonstandard testing arrangements include assistive personnel (reader, scribe, or American Sign Language interpreter), we request that you provide two business days' notice to cancel or reschedule your appointment.

If you are scheduled to test on a Monday or Tuesday, you must call to cancel or reschedule your appointment before 6:00 p.m. Eastern Time on the Friday before your appointment.

If you cancel or reschedule your testing appointment online, please be sure to complete all steps and receive a summary of your transaction. You will receive an email confirmation of the appointment cancellation/rescheduling from PSI within 24 hours. **If you do not receive this confirmation email, it is your responsibility to contact PSI immediately and request that it be sent again.**

When you cancel or reschedule your testing appointment, it is your responsibility to keep the confirmation email you receive from PSI after making changes online or to keep a record of the date, time, and name of the representative you spoke to when making changes by phone.

Tip

When you follow the guidelines for canceling or rescheduling an appointment, you will not pay additional fees to reschedule your testing appointment.

On exam day

Knowing what to expect on exam day is the best way to be ready and confident. In this section, you'll find detailed information about every part of your examination appointment, from arriving and checking in to taking the exam and next steps.

Examination security

The ASWB social work licensing examinations are high-stakes exams that can affect a person's ability to practice social work. Violating exam security is a serious offense, and ASWB strictly enforces security measures at its examination sites. Many of the rules and procedures that follow, including identification requirements and the prohibition against taking exam questions in and out of the testing room, exist to protect the content and administration of the social work licensing exams. By enforcing these security procedures, ASWB can provide a secure testing environment and a reliable examination program. [Watch a video about examination security.](#)

Test center arrival

Remember, it is your responsibility to locate the test center and arrive on time. Late arrivals are treated as no-shows. If you are late, you'll lose your exam fee. Your confirmation email from PSI includes testing appointment information. Locate your test center a few days before your testing appointment to prevent unwelcome surprises on test day.

On the day you are scheduled to test, plan to arrive 30 minutes before your appointment time to give yourself plenty of time to check in and become familiar with the surroundings.

Tip

Locate your test center a few days before your testing appointment to prevent unwelcome surprises on your exam day.

No-shows, late arrivals, and late cancellations

If you do not arrive at the scheduled time for your examination and have not canceled or rescheduled your appointment, you will be considered a no-show and will forfeit your examination fee. You will not be permitted to schedule another examination date until you have first reregistered with ASWB and paid for another examination.

Tip

You will not be seated if you arrive late for your appointment. Late arrivals are treated as no-shows.

Excused absences

If you missed your examination appointment or did not cancel your appointment within the guidelines, ASWB may excuse your absence. To be considered for an excused absence, you will need to complete the Excused Absence Form within 30 days of your missed appointment.

Excused absence requests are reviewed and processed on a case-by-case basis. In some cases, there may be a fee associated with this process. For further information visit [Exam Appointments](#).

All requests are processed in the order they are received. It typically takes two weeks from the date of receipt to process the request. You will receive an email with the determination after your request is processed. If you have not received a determination after two weeks, or have additional questions, contact ASWB at exampc@aswb.org. Be sure to check junk and spam folders.

Do not register and pay for your next examination until you have received the determination for your excused absence request. ASWB registration fees are nonrefundable.

Inclement weather/natural disasters

During severe weather, natural disasters, or other emergencies, test centers may be closed or may experience delays. PSI will email and call in the event of a test center closure. For information on test center closings, contact ASWB at exampc@aswb.org.

Test-takers may reschedule examination appointments that the test center cancels in such circumstances at no cost. If the test center is open and you do not arrive for your appointment, you may forfeit your exam fee. Please use your own judgment and prioritize your safety. If you are unable to attend your appointment, you may [request an excused absence](#). For further information visit [Exam Appointments](#).

Checking in at the test center

[Watch a video about the testing experience at a PSI test center.](#)

Identification

When you arrive at the test center, you must present two original forms of identification to test—one from the primary list and one from the secondary list. You will not be allowed to test without proper identification.

The first and last names on both IDs must match the name on your Authorization to Test from ASWB. The test center does not verify middle names or initials.

You will need to keep your photo ID with you at all times during your testing session.

Tip

If you do not have proper identification, you will not be able to test and will lose your examination fee.

PRIMARY ID

Must be an unexpired government-issued ID that includes your first and last names, a permanently affixed photo, and a visible signature

- Driver's license
- Passport
- Military ID
- Permanent resident visa/Green card
- Other government-issued ID

SECONDARY ID

Must be unexpired and include your first and last names and visible signature

- Any form of ID on the primary list
- Credit or debit card
- Social Security card (U.S.)
- Social Insurance card (Canada)
- Professional license ID card
- Work ID
- Student ID

Name changes

Your name must be updated by your jurisdiction before ASWB can make a change to your Authorization to Test. If your name has changed since you registered for an exam, you must present the original marriage certificate, divorce decree, or court order with the primary ID at the test center. Copies will not be accepted.

Procedures

- Because you paid for the examination when you registered with ASWB, no further payment will be required at check-in.
- You will be required to sign the PSI security procedures agreement.
Note: Testing can be denied if you do not sign the PSI security procedures agreement.
- After you have checked in and stored any personal items, the test administrator may ask you to:
 - Pull up your sleeves and pant legs
 - Turn out your pockets
 - Remove bulky outer garments
 - Remove glasses for inspection
 - Have ears checked for hidden devices

Personal items

A personal item is any item a candidate brings to the test center that is not preapproved as a nonstandard testing arrangement. These items are not allowed for security reasons.

Test-takers may take only their primary ID, preapproved items, and [comfort aids](#) into the testing room. Other personal items must be locked according to test center procedures or remain in the test-taker's vehicle.

Personal belongings that must be stored

The following are examples of items that are not allowed in the testing room. Test-takers may be required to store other items not listed here.

- **Outerwear (coats or jackets):** No outerwear may be worn in the testing room. This includes overcoats, windbreakers, down jackets, rain jackets, and slickers.
- **Scarves:** Scarves are not permitted in the testing room except for religious or medical reasons.
- **Head coverings (hats, hair clips, etc.):** No hats or other head coverings of any kind are allowed inside the testing room except for religious or medical reasons. Small, thin barrettes and hair clips that measure less than 1/4 inch (1/2 centimeter) are permitted. Headbands and hair bands that measure less than 1/2 inch (1 centimeter) wide are permitted.
- **Jewelry:** Jewelry that is wider than 1/4 inch (1/2 centimeter) is not permitted.
- **Mobile phones, pagers, tablets, or any other electronic device:** Candidates must turn off electronic devices and store according to test center procedures. Medical devices are permitted only with an approved nonstandard testing arrangement.
- **Purses, wallets, watches, backpacks, bags, etc.:** All bags must be stored according to test center procedures or left in the test-taker's vehicle.
- **Drink:** A drink in a spill-proof container may be stored in the check-in area and consumed in the waiting area.
- **Food:** A snack may be stored in the check-in area. Test-takers may consume it in the waiting area. In choosing and consuming the snack, care must be taken to avoid creating a disturbance or distraction or making a mess.
- **Weapons of any kind (guns, knives, realistic toy weapons, etc.):** Weapons are not allowed on test center premises.

Permitted personal items

- **Layered indoor clothing:** The following items are examples of permitted layered indoor clothing: sweaters, sweatshirts, blazers, suit coats, saris.
- **Comfort aids:** See [comfort aids](#) list.

Religious apparel

Religious apparel is defined as articles of clothing worn as part of the doctrinal or traditional observance of the religious faith practiced by an adherent.

Religious apparel is allowed in the testing room after being visually inspected.

Jewelry and other items bearing religious inscriptions or otherwise indicating religious affiliations are not considered religious apparel and are always subject to the standard clothing and jewelry restrictions. Test-takers should store these items according to test center procedures.

The testing room

Next, you will be escorted into the testing room at your reserved time. This room will contain several stations, each with a computer monitor, keyboard, and mouse. Test center staff will seat you. Other test-takers will be in the testing room with you, and they may enter and leave the room while you are taking

your exam. These individuals may be taking an ASWB examination or other examinations administered by PSI.

Exam security is taken very seriously, and your behavior at the test center will be monitored via video and/or audio recording. Surveillance cameras run continuously in the testing room and in other areas of the test center. Test center personnel may walk through the testing room to monitor the room while you are taking the exam.

Access to the testing room is restricted to test center personnel and test-takers.

You will not be allowed to eat, drink, or chew gum in the testing room. You may eat and drink only in the waiting area of the test center.

Test center staff will supply you with an erasable note board and marker. You may not write anything on the note board before the exam begins. You must return the booklet and marker when you complete the exam. If you do not return these items, your exam score will be invalidated. ASWB will be notified, and your actions may be reported to your board.

You will not be allowed to bring anything other than permitted personal items into the testing room or take materials from the testing room. You will not be allowed to consult any study materials at any point during the exam.

Tip

Earplugs and/or noise-reducing headsets are available.

Test center staff will report any suspected violations of these rules and other irregularities to PSI and ASWB for investigation. Test-takers who are found to have violated security measures will have their examination scores invalidated, will be reported to their board, and may face a range of administrative, civil, and criminal charges.

Information screens

You will begin by reviewing information screens that explain the operation of the testing software and the tools that are available to you during the exam. These information screens are not a part of your four-hour testing time. The testing clock starts when you begin the exam.

Confidentiality Statement

When you take an ASWB examination, you agree to the [Confidentiality Statement](#).

Your agreement means you will not disclose information about exam questions and answers in any format, including on social media. You may not talk about questions with your colleagues, supervisors, mentors, or teachers.

The examination

Questions appear on the screen one at a time, and test-takers select their answer. You may skip questions and go back to them later, flag questions for review, highlight text, and go back and change answers. There is also a feature called *answer eliminator* which appears under Tools. Using it will allow you to strike out answer options you think are incorrect. The software also allows users to zoom in and make text appear larger.

Breaks

You may take breaks of up to ten minutes during the four-hour exam at your discretion.

- Testing time does not stop for breaks.
- You may leave the testing room during breaks only to use the closest restroom and to access a drink and snack.
- You will sign the break log when leaving and when returning from a break.
- Test center staff will perform a visual inspection when you return from a break.
- Take your photo ID with you on breaks.
- Be courteous to other test-takers at the center.
- You will not be allowed to leave the building during your exam.

Difficulties and remedies

Although rare, software problems and power outages do occur. If you experience a problem at the test facility or with testing the software or the computer or other equipment during the exam, report the problem to PSI test center staff at the time the problem occurs. Test center staff must confirm the problem and be given the opportunity to resolve it. If you do not notify the test center staff of a problem at the time it occurs, ASWB will not be able to verify the problem and you will have no recourse.

Test-takers must allow test center staff at least 30 minutes to correct any exam delivery, administration, or environmental difficulties. If the problem continues for more than 30 minutes, **you** have the choice to stay until the problem is corrected or to have your appointment rescheduled. You must report concerns to ASWB within **two** business days of the occurrence. If you do not notify ASWB within this time frame, you will have no recourse.

Tip

In addition to reporting a problem to PSI staff, you must notify ASWB Candidate Services using the [Examination Incident Report](#) within two business days of the occurrence.

ASWB and PSI make every effort to ensure that all aspects of examination registration and administration are handled properly and that the result of each examination reflects the performance of the test-taker. In the unlikely event that an error occurs in registration, administration (including disruptions at the test center that lead to delays), or reporting, ASWB and/or PSI will correct the error, if possible, within a reasonable time period. If the problem cannot be corrected within a reasonable time, ASWB and/or PSI may permit the affected candidate to retest at no additional cost. If retesting is determined to be the most appropriate remedy, the examination will be administered in its entirety. No credit will be given for any portion of the previous examination administration. **These are the exclusive remedies available to test-takers.**

Test day tips

Arrive early. Arrive 30 minutes before your scheduled appointment time. Although appointment times have time built in to allow time to check in, read test-taking information screens, complete a survey, and check out, it is wise to allow yourself some extra time. If you are late, you will not be allowed to test and will forfeit the exam fee.

Know where the test center is. It is a good idea to visit the test center location before your test day to be sure you know where it is and how long it will take to get there. Remember that rush-hour traffic, road construction, and weather conditions can increase travel time.

Wear comfortable clothes, and dress in layers. Test center temperatures can vary, sometimes even while you are taking your exam. Dressing in layers will allow you to remain as comfortable as possible.

Consider leaving personal items (including watches) at home. Outerwear must be locked according to test center procedures. Test center staff may ask you to remove large jewelry and store that as well.

Be prepared to stay inside the test center. Although you are allowed to take short breaks, the clock continues to run and you will not be allowed to leave the building during your exam. Trips to your car or another building are not allowed. This behavior will be reported to ASWB and could result in the shutdown of your exam or invalidation of your score.

Pay attention to the information screens. Before you begin your exam, you will review information screens on the operation of the testing software. These screens do not affect the amount of time you have to take the exam. Make sure you are familiar with the computer before you begin your examination.

After the exam

After you have completed your exam, you'll take a brief exit survey. Your exam result will appear on the screen and be emailed to you. It will be available in your PSI account 48 hours after you test. Your unofficial score report will remain in your candidate PSI account indefinitely.

Exam scoring

All ASWB examination scores are reported as pass/fail, with the number of questions needed to pass the exam and the number of questions answered correctly shown. If you fail the exam, your score report will include a breakdown of the number of questions you answered correctly and the total number of questions in each content area. Your passing or failing score is valid in all states and provinces for the same examination category.

Because individual exam questions may have minor differences in difficulty, and because questions change from one exam administration to the next, statistical adjustments are made to account for the small differences in the overall difficulty of individual examinations. These adjustments result in slight increases and decreases in the number of questions that must be answered correctly to pass each version of an ASWB exam. This process ensures that all exams have equal overall difficulty. Making these statistical adjustments ensures that the overall ability that test-takers must demonstrate remains the same from exam form to exam form. In other words, no test-taker receives an advantage or disadvantage because of the version of exam received.

Examination scores cannot be altered by ASWB, PSI, or a social work board. You must wait at least 90 days to retake any ASWB examination. You may [request a waiver of the waiting period](#) if your score was within 10 points of passing and your jurisdiction allows waivers.

Your official exam results will be forwarded to ASWB and the social work board or college in the state or province in which you are applying for licensure. It may take between two weeks and two months for the licensing board to process your score.

Monitoring test results

To ensure the validity of each individual examination, ASWB and PSI conduct continual systematic statistical reviews of exam scores. Data forensics are used to detect irregularities that raise questions about the validity of each score.

If there is any indication of irregularity, your official score report may be delayed, pending further review and investigation. If further investigation finds evidence that your behavior during the exam was unacceptable or your results are invalid, ASWB reserves the right to invalidate your score and inform the state or province for which you tested. Test-takers who are found to have violated security measures may face a range of administrative, civil, and criminal charges.

Sharing exam information

Do not discuss exam questions with others, including in study groups, in person, via email, or by posting on Internet forums or social media. These actions violate the [Confidentiality Statement](#) you signed before taking the exam.

ASWB security tip line

Unauthorized possession, reproduction, publication, or disclosure of any examination materials, including storing examination questions or disclosing them to any person or entity by any means before, during, or after the examination is prohibited by copyright laws. A violation of this type can result in civil prosecution, criminal prosecution, and/or ASWB informing all social work licensing boards.

If you are aware of or have observed an attempt to compromise the confidentiality of the examination, please contact ASWB at security@aswb.org or by phone at 800.225.6880, ext. 3042. All emails and calls will be handled discreetly.

The unsuccessful attempt

While most social workers pass the ASWB licensing examinations on their first try, some do not. It is disappointing to score below the passing mark, but it is possible to succeed on a subsequent attempt.

You won't be able to review your exam. The examination itself cannot be used as a study aid for test-takers to use in preparing for a later attempt. And because test-takers receive a different version of the exam on their next attempt, it is highly unlikely that the same questions would appear again. Your unofficial score report, however, provides diagnostic information about how well you did on each content area, a valuable resource for preparing to retake the exam.

All ASWB examination questions are monitored to ensure that there is nothing in the content that would provide an advantage to one demographic group over another. This evaluation occurs during the pretest phase—before questions are included in the scored question bank—and continues while they are used as scored questions. Visit [Valid, Reliable, and Fair Assessments](#) to learn more.

Preparation materials may create inaccurate expectations. Preparation companies want to convince you that they have special insight into the ASWB examination process, but no company has special access to

the ASWB examinations. Some may supply practice questions that bear little resemblance to actual ASWB examination questions, leading to an unhappy surprise on exam day.

The goal of educational degree programs is to prepare students for practice throughout their social work careers. Social work degree programs and the licensing examinations have overlapping but separate objectives. Graduating from an accredited social work program does not guarantee a passing score on the licensing exam. Likewise, passing the licensing examination is not a demonstration of all knowledge gained during a complete education in social work. Licensing exams have a public protection purpose: They assess whether an individual is ready to begin practicing social work safely, ethically, and competently.

ASWB recognizes the important role social work programs have in preparing students for practice. And the association and its members are committed to diversity, equity, and inclusion. To increase access to [exam resources](#) for all, the association is offering educators a collection of resources on the exam and on candidate performance. These resources include:

- Free aggregate examination performance data on graduates, including subscore data on performance on the major content areas to help programs understand where their graduates are excelling and where more education may be needed
- An online training for educators on how to develop questions like those on the ASWB examinations
- An updated list of core references based on a survey of social work educators across the United States and Canada
- The Educator Guide to the Social Work Exams with group review practice questions, designed so educators can help students understand exam questions

Examination scores and administration policies cannot be adjusted. ASWB does not adjust examination scores to account for individual circumstances, nor does the association alter policies around test administration, including issues such as proper identification, appointment times, and how technical problems are addressed.

You need to obtain a passing score for the entire examination. There is no option to combine the content areas that you scored well on to obtain a passing score. Similarly, there is no option to retake only certain portions of the examination.

With board approval, you may be able to retake the exam.

To retake the exam, you must:

- Wait 90 days before your next testing appointment. Test-takers who are within 10 points of the passing score may [request a waiver of the standard 90-day waiting period](#).
- [Contact the ASWB Candidate Services Center](#) at to find out whether you need further approval from your social work board to retake the exam.
- If you have nonstandard testing arrangements, the candidate services representative can tell you whether the arrangements are still valid.
- Wait seven to ten days after your last exam before registering again.
- Register with ASWB and pay the exam fee.

Note: Some licensing boards limit the number of times a test-taker may retake an ASWB exam.

Learn more about [next steps after an unsuccessful attempt at an ASWB exam](#).

Part 3: A better way to prepare

You are most likely preparing to take an ASWB licensing examination because you have earned a social work degree and, if needed, completed your supervised experience. To obtain a social work license, you now need to demonstrate that you are competent to practice social work safely and ethically the first day on the job.

The purpose of this section of the ASWB Examination Guidebook is to help you understand exam construction, question wording, and the content and skills that will be tested. You'll bring together your social work knowledge and your understanding of the examination to demonstrate competence via a 170-question, multiple-choice examination.

It may seem reasonable to think that the best way to prepare is to review hundreds of practice questions, to memorize a test preparation company's list of terms and concepts, and to uncover tricks that will help you pass.

We think there's a better way to prepare.

We suggest that you use this section to create and carry out a personalized study plan and follow up by taking the ASWB online practice test. We are not giving you a collection of secrets or tricks because secrets and tricks don't really exist. Instead, we're offering you the tools you need to create and follow a study plan that is right for you.

Understanding examination questions

To help you understand how the ASWB examination works, we offer here a primer in exam question structure. When you know more about the questions themselves, you'll be better prepared to take your exam.

Note: The exam may contain both three- and four-option questions.

Examination question basics

Every ASWB question uses a three- or four-option multiple-choice format with these parts:

- **Stem:** The main body of the question that poses the problem to be answered
- **Options:** The possible answers
- **Key:** The correct answer
- **Distractors:** The incorrect answers

EXAMPLE

STEM What is the capital of Ohio?

DISTRACTOR A Cincinnati

DISTRACTOR B Lexington

DISTRACTOR C Philadelphia

KEY D Columbus

While a question might have distractors that sound plausible or may be appropriate in other situations, only one answer is correct.

ASWB examinations never use options like All of the above, None of the above, or combinations like Both A and B.

Question writing style

ASWB question writers receive specialized training in how to write good test questions. They are required to follow a writing guide to ensure that every question has the same basic characteristics. This means every ASWB social work licensing exam question:

- Is as simply worded as possible
- Has only one correct answer
- Includes nothing in the question designed to purposely trick a test-taker into making an incorrect choice
- Contains only content relevant to competent social work practice rather than testing trivia or obscure jargon

Readability

In 2019, ASWB commissioned a readability study of its examinations. The study found that the examinations read at the same level as 10th grade textbooks except, of course, for terms of art related to the social work profession. The study gave ASWB confidence that its exams test social work knowledge, not reading ability.

Qualifiers

Capitalized and bolded words in the stem provide important information to test-takers. Pay close attention to qualifiers like **BEST**, **FIRST**, **NEXT**, and **MOST**.

QUALIFIER EXAMPLE

A social worker meets with a client in a domestic violence shelter. The client tells the social worker that a decision has been made to return home to an abusive partner. What should the social worker do **FIRST**?

- A. Help the client develop a safety plan
- B. Refer the client for counseling services
- C. Encourage the client to remain in the shelter

KEY: A

While the actions described in (B) could be appropriate for the social worker to take later, ensuring the client's safety is the **FIRST** action to be done (KEY A). Encouraging the client to remain in the shelter (C) does not honor the client's right to self-determination.

Two kinds of questions

Stems have either a direct question or incomplete statement, or they contain a vignette — a short scenario or situation that leads to the question itself.

The incomplete statement or direct question

Direct questions or incomplete statements usually require the test-taker to remember specific information.

Incomplete statement example

Alcohol is a:

- A. Hallucinogen
- B. Stimulant
- C. Depressant
- D. Hypnotic

KEY: C

DIRECT QUESTION EXAMPLE

What drug is classified as a depressant?

- A. Cocaine
- B. Caffeine
- C. LSD
- D. Alcohol

KEY: D

The vignette

A stem with a vignette introduces a scenario and then asks the test-taker to choose the correct answer as it is applied to that scenario. Often, the vignette ends by asking the test-taker to identify an action to take.

Even though a vignette may describe a specific practice setting — an agency, a school, or a hospital, for example — the correct answer is the same, no matter where practice occurs. Every question is designed to test knowledge, skills, and abilities that apply to all social work practice.

VIGNETTE EXAMPLE

A social worker meets with a family experiencing stress because one member recently became unemployed. What should the social worker do **FIRST**?

- A. Begin family counseling
- B. Assess the family's needs
- C. Refer for financial services

KEY: B

Though it's possible that the interventions in (A) and (C) would be appropriate, they can't begin until the social worker **FIRST** determines what the family needs.

Cognitive levels

Just as it's important to understand the basic anatomy of an ASWB exam question, it is also helpful to understand what kinds of thinking you'll be required to do to answer a question. Many questions require more than remembering a piece of information or fact you learned in your social work education. The ASWB examinations are designed to test your social work knowledge across a range of kinds of thinking, or cognitive levels.

In performing your social work tasks, you'll rely on several thinking processes. Those same cognitive skills are defined and applied to ASWB test questions. They are divided into three basic cognitive levels: recall, application, and reasoning. Recall is considered the most basic kind of thinking process. Reasoning is considered the most advanced. Application is somewhere between the two.

A social work task may require:

- **Recall.** This is simply remembering something—for example, information you learned in school or from a seminar or text.
- **Application.** This means using what you've learned in a particular situation.
- **Reasoning.** This involves sorting through what you've learned, along with considering the situation and other relevant information.

You will encounter all three cognitive levels in the examination, but the mix will depend on the category of the examination you're taking. The ASWB Examination Committee uses the cognitive levels in approving and assigning questions for the examinations. Each ASWB exam contains recall, application, and reasoning questions. The Associate and Bachelors exams have a larger proportion of recall questions and a smaller proportion of application and reasoning questions compared to the Masters, Advanced Generalist, and Clinical exams.

Level one: Recall

Recall is a description or definition without application to a situation. It requires remembering learned material and may involve the recall of a wide range of information—from specific facts to complete theories. It also requires grasping the meaning of material, shown by translating it from one form to another, explaining or summarizing it, or predicting future trends, consequences, or effects.

Answering recall questions correctly depends only on remembering information. The questions may ask about abstract ideas without the context of a particular situation. Sometimes, as in example 1, recall questions include a particular setting, but they still require only straightforward recall of knowledge.

RECALL EXAMPLE 1

A social worker at a substance use treatment center meets with an adolescent client who expresses remorse about engaging in sexual activity while drunk. The social worker tells the client that sexual promiscuity while intoxicated may indicate alcohol use disorder. What **BEST** describes the social worker's approach?

- A. Education
- B. Confrontation
- C. Summarization
- D. Clarification

KEY: A

RECALL EXAMPLE 2

The termination process is **MOST** often associated with:

- A. Evaluating goals and accomplishments
- B. Implementing a plan of action
- C. Setting limits
- D. Developing a contract

KEY: A

RECALL EXAMPLE 3

What part of the helping process is **MOST** important in developing a therapeutic alliance?

- A. Contracting for service
- B. Intervention planning
- C. Establishing rapport

KEY: C

Level two: Application

Application is the use of information in a specific situation. Answering application questions involves using learned material in concrete situations and may also require the application of rules, methods, concepts, principles, laws, or theories.

APPLICATION EXAMPLE 1

A social worker facilitates a treatment group for juveniles who are court mandated to attend. During the first session, a 13-year-old brags to the others about vandalism committed in the neighborhood. What should the social worker do **FIRST**?

- A. Discuss the client's behavior with the parents
- B. Confront the client about the behavior
- C. Encourage the client to talk about possible motivation for the behavior
- D. Report the client to the court

KEY: C

APPLICATION EXAMPLE 2

A student's family is referred to a school social worker because the student has been disruptive in the classroom. At the intake interview, the parents tell the social worker they are preoccupied with finding employment and may lose their housing. What should the social worker do **NEXT**?

- A. Tell the parents the student must behave better in school
- B. Arrange an assessment interview with the student
- C. Assess needs related to the issues affecting the family
- D. Help the student talk to the parents about the reasons for the behavior

KEY: C

APPLICATION EXAMPLE 3

Residents of a neighborhood are concerned about increasing crime rates. The residents ask a social worker for help. To help the residents work together to improve their safety, what process should the social worker use?

- A. Program development
- B. Community organizing
- C. Social reform

KEY: B

In these examples, the test-taker reads a short vignette about a particular situation. To answer the questions correctly, the test-taker must do two things: recall information and then apply the knowledge to the scenario. When you answered the questions, you probably performed the two operations seamlessly.

The first example requires recalling information about human development at various stages and about the dynamics of group processes. The second example tests understanding the importance of the environment. The third example requires knowledge of community development models and understanding the stated needs of the neighborhood residents. To answer each, the test-taker must apply those pieces of knowledge to the scenario.

Level three: Reasoning

Reasoning requires using information in a certain context, with more information and options available. Individual judgment may also be used. Questions may involve breaking material into its parts to understand the organizational structure. Reasoning questions may also include the identification of the parts, analysis of the relationship between the parts, or recognition of the organizational principles involved. Reasoning also involves putting parts together to form a new whole.

REASONING EXAMPLE 1

A social worker at an inpatient psychiatric facility meets with a 40-year-old patient and the patient's family to discuss discharge planning. The patient has a diagnosis of schizophrenia and a history of assaultive behavior and substance use disorder. The patient's parents want the patient to move into their home. What factor should the social worker evaluate **FIRST**?

- A. History of medication compliance
- B. Potential danger to the family
- C. Likelihood of exposure to illegal substances
- D. Opportunities for outpatient treatment

KEY: B

REASONING EXAMPLE 2

A social worker meets with a patient who has been in a psychiatric hospital for three weeks. The patient's diagnoses include depression and substance use disorder. The patient is prescribed psychotropic medication and an anticonvulsant for a seizure disorder. For several days the patient has experienced drowsiness, stumbling, and slurring of speech. What should the social worker do **FIRST**?

- A. Consult with a behavior therapist for a behavior management plan
- B. Review the patient's discharge plan
- C. Evaluate the patient for hidden substance use
- D. Consult with the psychiatrist for a medication evaluation

KEY: D

REASONING EXAMPLE 3

A school social worker answers a call from a parent asking for help with a teenager's behavior. The parent tells the social worker the teenager is frequently defiant and aggressive toward a younger sibling and family pets. What is the social worker's **MOST** appropriate response to the parent's request?

- A. Suggest new discipline strategies for the parent to use
- B. Recommend the teenager receive a mental health assessment
- C. Explain that the teenager's behaviors are normal for this age
- D. Consult with the psychiatrist for a medication evaluation

KEY: B

These questions require the test-taker to pull together relevant information and knowledge from a variety of sources, including professional experience. Often, these questions will include qualifiers like **BEST**, **FIRST**, **MOST** appropriate, and **MOST** likely to focus your reasoning process. More than one option in a reasoning question may reflect good social work practice, but the context and qualifier will lead to only one correct answer.

In the second reasoning example, it may be acceptable to evaluate the patient for surreptitious substance use. But that should be done only after a medication evaluation has been conducted; the question asked for the **FIRST** action.

Reasoning questions use recall and application operations and are therefore more complex. Because answering a reasoning question correctly depends on a combination of knowledge sources, reasoning questions are used more frequently in the Masters, Advanced Generalist, and Clinical examinations. Associate and Bachelors examinations contain reasoning questions, but the proportion is much smaller.

Answering the questions

The social work licensing examinations are based on the actual tasks of social workers. The settings may vary, but the experiences are shared.

The questions aren't designed to trick you or to present basic social work ideas in confusing ways. The exams are designed to measure your social work skills and knowledge. Understanding the multiple-choice format can help test-takers choose the correct answer to each question.

Use the information in the question

For many of the questions on the ASWB examinations, you will likely know the correct answer with near certainty. Your social work education and your professional experience have prepared you. Other questions might seem more challenging. In those cases, a key skill is keeping focused on the question itself.

Each question on the exam is written as a self-contained unit—you may be asked to rely on your reasoning and application skills, but you will never be expected to add information to the stem. Read each question carefully and respond to the question as it appears, not as it may be affected by factors not included in the stem. Make sure to answer only the question you're reading, **and not the question you've created through assumption or second-guessing**.

Steps for choosing the correct answer

Going through a series of steps as you answer each question may help you arrive at the correct answer.

1. Without looking at the options, anticipate the correct answer.

After you've read the question stem, anticipate the correct response. You may not use the exact terminology or phrasing that the exam does, but thinking ahead about what the response should be will help you select the correct answer or narrow down the choices.

2. Go back and reread the stem. Take it apart.

Maybe you've anticipated a response, but you don't see an option that corresponds. Or maybe you couldn't make a good guess. Go back to the stem and read it carefully. In your mind, pull out the most important details of the question, paying attention to specific terminology. Examine exactly what you're being asked to do without adding any information. Here we demonstrate how to take apart the stem.

EXAMPLE

A social worker interviews a client with a history of resistance to treatment and hostility toward agency staff. To involve the client and establish a therapeutic alliance, what should the social worker do **FIRST**?

- A. Conduct a mood assessment with the client
- B. Engage the client in a discussion of the presenting problem
- C. Review the history of services with the client
- D. Refer the client to an anger management group

To reread and take apart the stem, follow these steps.

1. Pull out the most important points from the first sentence:
 - Situation is a client interview in an agency
 - Client has a history of resistance and hostility toward the agency
2. Identify what the question is asking for:
 - What is the first thing for the social worker to do to involve the client and establish a therapeutic alliance?
3. Select the **FIRST** action the social worker should take to involve the client and ensure forming a therapeutic alliance.

Although (A), (C), and (D) may be acceptable social work practices, and even appropriate for this client at some point, they are not the **FIRST** thing that a social worker would do to involve the client and ensure forming a therapeutic alliance. Only (KEY B) fits those criteria because engagement is an important part of involving the client and forming a therapeutic alliance.

The words in bold caps — **MOST**, **FIRST**, **NEXT**, **BEST**, etc. — are extremely important in determining the correct answer, but always be sure to pay close attention to what comes after that word. **MOST** what? **FIRST** what? These words are just as important as the capitalized words.

4. Eliminate the answers that are obviously wrong.

Even a question that you find difficult will have one or two distractors that you know are incorrect. The testing software allows you to turn on the answer eliminator to dismiss those distractors so you can focus on the ones that aren't so easy to eliminate. Then repeat the earlier steps to see if that helps.
5. Select an answer for every question.

When you feel unsure about an answer, it's better to select an option than to not select one. When your examination is scored, a question without an answer will always be counted as incorrect. Some standardized exams deduct additional points when an incorrect answer is selected, but on the ASWB exams, additional points are not deducted for incorrect answers. That means that if you randomly guess, you'll have a chance of receiving credit. If you can eliminate one or two options before you select an answer, your chances of selecting the correct answer increase.

Tricks won't work

Some manuals on test preparation offer tips on how to pass multiple-choice tests. Some of the strategies are very useful, but some advice might hurt your score on the ASWB examinations. Passing this multiple-choice examination relies on demonstrating knowledge and competence, not memorizing tricks or patterns.

There are no patterns to the answers. Correct answers are not more likely to be assigned to a particular letter.

There are no patterns to the questions. Questions do not, for example, start from the easiest and proceed to the most difficult. And while each examination will always follow the content outlines included in this guidebook, the order of the outline does not dictate the order of the questions on the test. The questions are delivered in random order on every exam.

Exam preparation

Because the ASWB examinations are designed to measure entry-level practice competencies, exam content reflects what a social worker is expected to know and what professional social workers within a given scope of practice are already doing. This does not mean that preparation for the examination is unnecessary, but most test-takers find that preparation for the ASWB examinations involves reviewing areas of practice that they might not use frequently, rather than learning something completely unfamiliar.

Creating a review program that's right for you

By now, you should have a solid understanding of test and question construction. You know why the exams exist, how they're put together, and the basics of how actual exam questions work.

Now you need to know what content the exam will test. Familiarizing yourself with the test content outlines and knowledge, skills, and abilities statements—or KSAs—will do more to prepare you for the examination than reviewing stacks of test preparation companies' review questions that may not resemble the style or content of ASWB examination questions.

As you organize your study plan, think about what kind of studying worked best for you in college or graduate school. Create a customized plan, grounded in the content areas and references included in this guidebook, that will meet your timeline and your learning preferences.

Take your time

Include time goals as you create your study plan so that no matter how much time you have before your exam day, you'll know what material to review and when to review it. Following a structured plan will reacquaint you with the content you'll be tested on and help reduce anxiety that might get in the way of optimum performance.

Planning your review

Begin by reviewing the content outline for the examination you will be taking, found at the end of this guidebook.

The outline organizes the topics—or knowledge, skills, and abilities statements (KSAs)—that guide question writers. Every question on an ASWB examination must relate to a KSA. The better understanding you have of the KSAs, the clearer idea you'll have of what will be asked on your examination.

Study plan template

An effective approach is to separate what you know very well from what you need to review. That way, you can make a prioritized list going from least familiar to most familiar.

We recommend that you read over the exam content outline for the exam you are taking, listed at the end of this guidebook. In areas where you want to spend additional study time, consult with references on the list that appears after the section. We've included space next to each content area for you to note or rate your familiarity with each KSA. We also created a study plan template to help you use the content outlines and references to make a personalized review plan. The template includes a section where you can set up a regular review schedule, helping you break down your work into manageable units and pace yourself.

Tip

Many test-takers do well when working with others, so they find or establish a study group.

Other preparation courses

Some test-takers pay for preparation courses and materials sold by private companies. Some of these companies may give you the impression that they are affiliated with or approved by ASWB or that they have some special connection to ASWB. Any such claim is untrue: ASWB has no relationship with any test preparation company or course.

An important consideration—confidentiality

Many seek more information on the ASWB examinations through the internet and social media, and there are numerous places online that are centered on the social work licensing examinations. Some sources will be responsible and ethical, while others violate exam security. ASWB monitors online information sources and has taken legal steps against people who engage in activities that violate test security. The association's efforts alone, however, are not enough to prevent unethical and illegal sites from emerging.

You must consider the ethical and legal implications around licensing examination preparation. Examination content is confidential and protected by copyright and other laws. Test-takers who violate this confidentiality can face serious criminal and administrative repercussions that can jeopardize their ability to become licensed. Be wary of email groups, message boards, and other offerings that hint at providing you with inside knowledge of the ASWB exams. An unethical choice could prevent you from following your chosen career path.

The importance of confidentiality continues through exam day and after. You will be required to agree to the PSI security procedures agreement and the Confidentiality Statement before you start the exam. The Confidentiality Statement verifies that you are taking the exam for the purposes of licensure and that you will not share exam content with others.

Gathering materials

With the content outlines and reference lists as a guide, pull together materials you think will make your review more efficient. Consider gathering class notes, syllabi, and curricula from your social work education as well as textbooks and print and online resources listed at the end of this guidebook.

Study plan template

Exam category: _____

My exam date: _____

Content area/ KSA	How well do I understand the KSA? (scale 1–5)	What resources contain this information?	Where can I find the resource?	What key terms and concepts do I need to study?	When will I study this content?	Date completed
Human behavior in the social environment/ role theories	2	Encyclopedia of Social Work	University library	Social norms, role conflict	January 2023	1.24.2023

Review tips

As you get to the work of reviewing for the examination, it may help to keep these tips in mind:

- No one answers every question correctly on the licensing examination.
- Don't get overwhelmed by your review. Take things in manageable units and organize your approach in a way that will help you keep your focus.
- Think about your own learning preferences and plan accordingly.
- Your social work education means your main task in reviewing will likely involve accessing the considerable knowledge you've gained in school and in practice.

ASWB's online practice test

This guidebook is best used in conjunction with ASWB's online practice test, available for the Bachelors, Masters, and Clinical examinations. These practice tests are full-scale, 170-question tests composed of actual retired exam questions. The software keeps time, although you can check in and out of the test over the course of your 30-day subscription. This simulation test also provides you with a score on your performance and a review feature with explanations and rationales for the correct answer to each question.

The [ASWB online practice tests](#) are available for US\$85. Only those who have registered to take an ASWB examination may purchase an online practice test. No practice test is available for the Advanced Generalist exam.

Test-takers registered for the Associate exam may purchase the Bachelors online practice test, which shares the same content outline. However, the passing score for the Bachelors practice test will be applied.

Test-takers who have been approved for extra time as a nonstandard testing arrangement for a disability, health condition, or other need may take the practice test with standard time, time and a half, or double time.

Test-taking tips

Pay attention to pacing

Nearly all test-takers use less than the full amount of time allowed. The exam allows 240 minutes to answer 170 questions, so you'll have nearly a minute and a half for each question. Because some questions are simple recall questions, they'll take much less time, giving you more time for application and reasoning questions. Some test-takers find that ASWB's online practice tests help them get a sense of the pace at which they should move through the exam.

Consider making a series of passes through the examination

The exam administration software lets test-takers highlight text, so you can easily go through the exam more than once. Some test-takers like to move fairly quickly through the examination, answering the questions they are sure of and flagging the others for later review. Then they go back and make a second and third sweep, taking more time on each question.

Don't take too long on any one question—instead, flag it for review

Once you've made one or two passes, begin answering the questions that you're less confident about. Still, be aware of when you seem to be lingering too long over a question. You can easily flag these for review. Once you've gone completely through the exam, return to these questions and spend more time with them.

Don't be afraid to change your answers

Many questions involve more than a straightforward recalling of facts. To answer these questions, you need to rely on your application and reasoning skills; so the answer may not feel obvious. If you find yourself having second thoughts, take them into consideration, perhaps after you've finished answering the questions you're sure of.

Check your work

You may find that you've completed the examination well ahead of the four-hour time limit. If you do, spend the extra time checking over your work.

Practice self-care

Part of your social work education has been learning about techniques for managing stress. Be sure to apply them to your own preparation. Get a good night's sleep. Don't cram. Reflect on your successes in your education and other areas.

Content outlines, suggested references, and sample items

Now that you have a good idea of how the exam is constructed, how the content is developed, and what content areas will be included, it's time to look at exactly what content will be tested.

Connecting exam questions and content areas

Each exam question is created for a specific topic or knowledge, skills, or abilities statement, presented in the outline at its lowest level. Your exam may contain questions testing the KSAs listed in the outline for your exam.

The sample question below tests the KSA Methods of involving clients/client systems in problem identification (e.g., gathering collateral information).

The KSA is found in section IIB of the Bachelors exam content outline, the competency Assessment methods and techniques. That competency is part of the major content area Assessment.

KSA SAMPLE QUESTION

During an intake session, a client is unable to provide several details needed to complete a psychosocial history. The social worker obtains the client's consent to contact family members for additional information. What term **BEST** describes the type of information that will be obtained?

- A. Diagnostic
- B. Inferential
- C. Objective
- D. Collateral

KEY: D

Rationale: In this scenario, the social worker has obtained permission from the client to gather needed information from family members to supplement what has already been provided. The information from family members is **BEST** described as collateral (KEY D) information, or information about the client provided by others. Diagnostic information (A) is generally provided by trained professionals, and inferential information (B) is typically statistical data drawn from conclusions based on reasoning. Objective information (C) is factual; the information from the family may be factual, but it may also be subjective, based on opinion. The **BEST** answer is collateral (KEY D), information about the client provided by others.

KSA tested: II. Assessment>IIB. Assessment methods and techniques>Methods of involving clients/client systems in problem identification (e.g., gathering collateral information)

Connecting exam questions and references

When each question is written, the writer includes a specific reference, most of which were taken from a resource that appears on the lists that follow.

To compile the list of suggested references, we looked at two years of exam question writer data to determine the most frequently used references. We also sent a survey to social work educators in the United States and Canada to determine what references they use in the classroom. Next, we convened a panel of social work educators and consultants to review the exam question writer data and compare it to the educator survey data to develop the reference lists here.

We have included more references than will likely be necessary because the content of the references overlaps. It may be most useful to choose one or two references from a content area to review. And though the resources are listed for certain sections of exam content, many are general resources that could be used to study for more than one content area.

The materials listed are not all-inclusive, and other references may be substituted. Generally, the most recent editions of books are listed, although older editions of those books will likely include information that may appear on the examination.

A good source for additional study material may be course outlines from your social work education program, continuing education courses, and professional training.

Open educational resources are another source for study material. Be aware, however, that while some have passed through an external review and are grounded in practice or research, others may not be reliable. If you use open educational resources, choose those from colleges or universities, governmental organizations, or peer-reviewed publications. A librarian can help you identify credible open educational resources. You can find more than 60 open textbooks relevant to social work education here: www.opensocialwork.org/textbooks/.

Finally, inclusion of a reference here is neither an endorsement of the author or publication nor an indication that the material will appear in the same or similar format on the examinations.

Bachelors and Associate exam

Bachelors/Associate exam general references

Barker, R. L. (2013). *The social work dictionary* (6th ed.). NASW Press.

Corcoran, K., & Roberts, A. R. (Eds.). (2015). *Social workers' desk reference* (3rd ed.). Oxford University Press.

Mizrahi, T., & Davis, L. E. (Eds.). (2020). *Encyclopedia of social work* (20th ed.). National Association of Social Workers and Oxford University Press. <https://oxfordre.com/socialwork> (Online version has some free, current resources that can be accessed by selecting or typing in a keyword.)

Bachelors/Associate exam content outline with references

I. HUMAN DEVELOPMENT, DIVERSITY, AND BEHAVIOR IN THE ENVIRONMENT (25% of exam)

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

IB. HUMAN BEHAVIOR IN THE SOCIAL ENVIRONMENT

- ☐ 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

- ☐ 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

<input type="checkbox"/>	Person-in-Environment (PIE) theory
<input type="checkbox"/>	Social and economic justice
<input type="checkbox"/>	Criminal justice systems
<input type="checkbox"/>	The effects of life events, stressors, and crises on individuals, families, groups, organizations, and communities
<input type="checkbox"/>	The impact of the political environment on policy-making

Ashford, J., LeCroy, C. W., & Williams, L. R. (2018). *Human behavior in the social environment: A multidimensional perspective* (6th ed.). Cengage.

Hutchison, E. D., & Wood Charlesworth, L. (2021). *Essentials of human behavior: Integrating person, environment, and the life course* (3rd ed). Sage.

Jansson, B. S. (2018). *Becoming an effective policy advocate: From policy practice to social justice* (8th ed.). Cengage.

Kirst-Ashman, K. K., & Hull, G. H. (2019). *Human behavior in the macro social environment: An empowerment approach to understanding communities, organizations, and groups* (5th ed.). Cengage.

Marsiglia, F. F., Kulis, S. S., & Lechuga-Pena, S. (2021). *Diversity, oppression, and change: Culturally grounded social work* (3rd ed.). Oxford University Press.

National Association of Social Workers. (2015). *Standards and Indicators for cultural competence in social work practice*. National Association of Social Workers.

Rogers, A. T. (2019). *Human behavior in the social environment: Perspectives on development and the life course* (5th ed.). Routledge.

Sue, D. W., Rasheed, M. N., & Rasheed J. M. (2016). *Multicultural social work practice: A Competency-Based Approach to Diversity and Social Justice* (2nd ed.). John Wiley & Sons.

Zastrow, C., Kirst-Ashman, K. K., & Hessenauer, S. L. (2019). *Understanding human behavior and the social environment* (11th ed.). Cengage.

II. ASSESSMENT (29% of exam)

IIA. BIOPSYCHOSOCIAL HISTORY AND COLLATERAL DATA

<input type="checkbox"/>	The components of a biopsychosocial assessment
<input type="checkbox"/>	The components and function of the mental status examination
<input type="checkbox"/>	Biopsychosocial responses to illness and disability
<input type="checkbox"/>	Biopsychosocial factors related to mental health
<input type="checkbox"/>	The indicators of psychosocial stress
<input type="checkbox"/>	Basic medical terminology
<input type="checkbox"/>	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

- ☐ 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

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

Collins, D., Jordan, C., & Coleman, H. (2016). *An introduction to family social work* (4th ed.). Brooks/Cole.

Corey, M. S., Corey, G., & Corey, C. (2018). *Groups: Process and practice* (10th ed.). Cengage.

Dziegielewska, S., & Holliman, D. C. (2020). *The changing face of health care social work: Opportunities and challenges for professional practice* (4th ed.). Springer.

Hepworth, D. H., Strom-Gottfried, K., Rooney, R. V., & Rooney, G. D. (2017). *Direct social work practice: Theory and skills* (10th ed.). Cengage.

Kirst-Ashman, K. K., & Hull, G. H. (2018). *Understanding generalist practice* (8th ed.). Cengage.

Kirst-Ashman, K. K. (2017). *Introduction to social work and social welfare: Critical thinking perspectives* (5th ed.). Brooks/Cole.

Miley, K., O'Melia, M., & DuBois, B. (2017). *Generalist social work practice: An empowering approach* (8th ed.). Pearson.

Netting, F. E., Kettner, P. M., McMurtry, S. L., & Thomas, M. L. (2017). *Social work macro practice* (6th ed.). Pearson.

Segal, E. A., Gerdes, K., & Steiner, S. (2019). *An introduction to the profession of social work: Becoming a change agent* (6th ed.). Cengage.

Sue, D. W., Rahseed, M. N., & Rasheed, J. M. (2016). *Multicultural social work practice: A competency-based approach to diversity and social justice* (2nd ed.). Jossey-Bass.

III. INTERVENTIONS WITH CLIENTS/CLIENT SYSTEMS (26% of exam)

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

<input type="checkbox"/>	Methods to develop, review, and implement crisis plans
<input type="checkbox"/>	Methods of conflict resolution
<input type="checkbox"/>	Crisis intervention and treatment approaches
<input type="checkbox"/>	Anger management techniques
<input type="checkbox"/>	Stress management techniques
<input type="checkbox"/>	Cognitive and behavioral interventions
<input type="checkbox"/>	Strengths-based and empowerment strategies and interventions
<input type="checkbox"/>	Client/client system contracting and goal-setting techniques
<input type="checkbox"/>	Partializing techniques
<input type="checkbox"/>	Assertiveness training
<input type="checkbox"/>	Task-centered approaches
<input type="checkbox"/>	Psychoeducation methods (e.g., acknowledging, supporting, normalizing)
<input type="checkbox"/>	Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
<input type="checkbox"/>	Family therapy models, interventions, and approaches
<input type="checkbox"/>	Permanency planning
<input type="checkbox"/>	Mindfulness and complementary therapeutic approaches
<input type="checkbox"/>	The components of case management
<input type="checkbox"/>	Techniques used for follow-up
<input type="checkbox"/>	The elements of a case presentation
<input type="checkbox"/>	Methods of service delivery
<input type="checkbox"/>	Concepts of social policy development and analysis
<input type="checkbox"/>	Theories and methods of advocacy for policies, services, and resources to meet clients'/client systems' needs
<input type="checkbox"/>	Community organizing and social planning methods
<input type="checkbox"/>	Techniques for mobilizing community participation
<input type="checkbox"/>	Methods to develop and evaluate measurable objectives for client/client system intervention, treatment, and/or service plans
<input type="checkbox"/>	Techniques used to evaluate a client's/client system's progress
<input type="checkbox"/>	Primary, secondary, and tertiary prevention strategies
<input type="checkbox"/>	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

- ☐ 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 decision-making process

IIID. DOCUMENTATION

- ☐ 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)
- ☐ The principles and features of objective and subjective data

Barusch, A. S. (2018). *Foundations of social policy: Social justice in human perspective* (6th ed.). Cengage.

Berg-Weger, M., Adams, D., & Birkenmaier, J. (2020). *The practice of generalist social work* (5th ed.). Routledge.

Brueggemann, W. G. (2014). *The practice of macro social work* (4th ed.). Cengage.

Cavaiola, A. A., & Colford, J. E. (2018). *Crisis intervention: A practical guide*. Sage Publications.

DeCarlo, M., Cummings, C., & Agnelli, K. (2020). *Scientific inquiry in social work*. Open Source Library. <https://open.umn.edu/opentextbooks/textbooks/591>

Dziegielewski, S. F., & Jacinto, G. A. (2016). *Social work practice and psychopharmacology: A person-in-environment approach* (3rd ed.). Springer.

Gitterman, A. (2014). *Handbook of social work practice with vulnerable and resilient populations*. (3rd ed.). Columbia University Press.

Kadushin, A., & Harkness, D. (2014). *Supervision in social work* (5th ed.). Columbia University Press.

Kirst-Ashman, K. K., & Hull, G. H. (2018). *Generalist practice with organizations and communities* (7th ed.). Cengage.

Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.

Rubin, A., & Babbie, E. R. (2018). *Research methods for social work* (9th ed.). Cengage.

Shulman, L. (2020). *The skills of helping individuals, families, groups, and communities* (8th ed.). Cengage.

Sheafor, B. W., & Horejsi, C. R. (2015). *Techniques and guidelines for social work practice* (10th ed.). Pearson.

Sidell, N. L. (2015). *Social work documentation: A guide to strengthening your case recording* (2nd ed.). NASW Press.

Toseland, R. W., & Rivas, R. F. (2018). *An introduction to group work practice* (8th ed.). Pearson.

Walsh, J. (2014). *Theories for direct social work practice* (3rd ed.). Cengage.

IV. PROFESSIONAL RELATIONSHIPS, VALUES, AND ETHICS (20% of exam)

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, dignity and worth of the person)
- ☐ The influence of the social worker's own values and beliefs on the social worker-client/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

- ☐ 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)

- Barsky, A. E. (2019). *Ethics and values in social work: An integrated approach for a comprehensive curriculum* (2nd ed.). Oxford University Press.
- Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux. (2005). *Code of ethics*. Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux.
- Dolgoff, R., Loewenberg, F. M., & Harrington, D. (2012). *Ethical decisions for social work practice* (9th ed). Cengage.
- Kadushin, A., & Harkness, D. (2014). *Supervision in social work* (5th ed.). Columbia University Press.
- National Association of Social Workers. (2021). *Code of ethics*. National Association of Social Workers.
- National Association of Social Workers & Association of Social Work Boards (2013). *Best practice standards in social work supervision*. National Association of Social Workers and Association of Social Work Boards.
- National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education & Clinical Social Work Association (2017). *Standards for technology and social work practice*. National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association.
- Reamer, F. G. (2018). *Social work values and ethics* (5th ed.). Columbia University Press.
- Reamer, F. G. (2015). *Risk management in social work: Preventing malpractice, liability, and disciplinary action* (3rd ed.). Columbia University Press.

Bachelors/Associate exam sample questions

RECALL SAMPLE QUESTION 1

What action by the social worker is **MOST** likely to facilitate rapport between a social worker and a client who is anxious about receiving services?

- A. Assessing mutuality in the relationship
- B. Acknowledging the client's difficulty in resolving the presenting problem
- C. Disclosing to the client that the social worker has similar feelings
- D. Validating the client's feelings with a nonjudgmental attitude

KEY: D

Rationale: Each of these options are actions that a social worker might take while working with an anxious client, but (KEYD) is the only option that directly addresses the importance of using a nonjudgmental attitude in relationship building. While it may be important for the social worker to evaluate mutuality in the relationship (A), assessing mutuality will not facilitate rapport building with the client. Acknowledging the client's difficulty in resolving the problem (B) or self-disclosing similar feelings (C) may be helpful, but validating the anxious feelings in a nonjudgmental way will **MOST** likely help with establishing rapport.

KSA tested: III. Interventions with clients/client systems>IIIB. Intervention processes and techniques>The principles and techniques of interviewing

RECALL SAMPLE QUESTION 2

When may a social worker disclose client information without client consent?

- A. The client's family has requested the information.
- B. The insurance company needs documentation.
- C. A legally binding request has been received.

KEY: C

Rationale: This item requires knowledge of the ethical responsibilities surrounding privacy and confidentiality. It is unethical to share client information with family members without the client's consent (A) or when communicating with the client's insurance company (B). Information may be disclosed without first obtaining the client's consent when the social worker receives a legally binding request, such as a subpoena (KEY C).

KSA tested: IV. Professional relationships, Values, and Ethics.>IVB. Confidentiality>Legal and/or ethical issues regarding confidentiality

APPLICATION SAMPLE QUESTION 1

A social worker meets with a couple to discuss options for assisted living. During the session, one partner begins to cry and expresses fear about dying. What should the social worker do **FIRST**?

- A. Assess the couple's concerns relative to their stage in the family life cycle
- B. Refer the couple to a therapist who specializes in gerontology
- C. Ask the couple's children for their recommendations
- D. Plan for the couple to move into an assisted living unit

KEY: A

Rationale: All options are possible actions that a social worker might take, but this item asks what should happen **FIRST**. It is premature for the social worker to refer the couple to another therapist (B). Similarly, the social worker would not first contact the couple's children for their recommendations (C). Planning for a move to assisted living (D) does not consider the reactions that are being expressed. By **FIRST** assessing the concerns relative to the family life cycle stages (KEY A), the social worker will be guided on what action to take next.

KSA tested: I. Human development, diversity, and behavior in the environment>IA. Human growth and development>Theories of human development throughout the lifespan

APPLICATION SAMPLE QUESTION 2

A social worker meets with a client who is concerned about frequently leaving tasks unfinished. This behavior has resulted in family conflict and job loss. To further assess this behavior, what should the social worker do **NEXT**?

- A. Discuss options that might diminish the behavior
- B. Explore factors that have contributed to the behavior
- C. Help the client identify personal strengths for problem-solving
- D. Evaluate the client's motivation for changing the behavior

KEY: B

Rationale: To better understand the client's behavior, the social worker should **NEXT** explore what has contributed to the behavior (KEY B). Only after the social worker has a clear understanding of these factors can the process move from assessment to goal setting. Discussing options to decrease the behavior (A), helping identify problem-solving strengths (C), and evaluating the client's motivation for change (D) are important steps in setting goals, but a thorough assessment of the behavior must be completed before these actions can occur.

KSA tested: I. Human development, diversity, and behavior in the environment>IC. Diversity, social/economic justice, and oppression>The impact of the environment (e.g., social, physical, cultural, political, economic) on individuals, families, groups, organizations, and communities

REASONING SAMPLE QUESTION 1

A school social worker meets with a student for the first time. It is believed the student is being abused in a relationship with another student. During the meeting, the student is quiet and reluctant to answer the social worker's questions. How should the social worker respond to the student's silence?

- A. Confront the student by focusing on the lack of cooperation
- B. Acknowledge the hesitancy, encouraging the student to talk when ready
- C. Allow the student's silence while explaining the danger of abusive relationships

KEY: B

Rationale: This question requires recognizing how to manage reluctance and silence in an initial interview where a student may be involved in an abusive relationship. By acknowledging the student's hesitancy and encouraging the student to talk when ready (KEY B), the social worker is respecting the student's need for more time. Confronting the student about not cooperating (A) is inappropriate and potentially harmful to establishing a helping relationship. Allowing the silence while explaining the danger of abusive relationships (C) assumes that the abusive relationship is a fact when it has only been suspected.

KSA tested: III. Interventions with clients/client systems>IIIB. Intervention processes and techniques>The principles and techniques of interviewing

REASONING SAMPLE QUESTION 2

A hospital social worker meets with a patient to recommend an assisted living placement at discharge. The patient declines the recommendation and asks the social worker not to discuss it with the patient's adult children. The patient has mild cognitive impairment but has not been declared incompetent. What is the **BEST** action for the social worker to take?

- A. Report the patient as a vulnerable adult to the jurisdictional authorities
- B. Discuss community services that could help meet the patient's increasing needs
- C. Remind the patient about limits of confidentiality when there is risk of harm
- D. Determine other supportive people the patient would want informed of the needs

KEY: B

Rationale: Because the patient is considered legally competent, the patient has the ability to make all decisions, including where to live and whom to confide in. The patient's right to self-determination is best honored by engaging in a discussion about community services that might help the patient stay independent, as desired (KEY B). Because the patient has only mild impairment, filing a report with jurisdictional authorities (A) is not indicated. There is nothing to indicate risk of harm, so reminders about limits of confidentiality (C) are premature. The patient has the right to determine other people to be informed of any needs (D). Doing this for the patient is not action for a social worker to take.

KSA tested: IV. Professional relationships, Values, and Ethics>IVB. Confidentiality>Legal and/or ethical issues regarding confidentiality

REASONING SAMPLE QUESTION 3

A social worker is providing case management for clients in an affordable housing complex. The social worker observes pervasive hopelessness that prevents many clients from following through on workforce referrals. What is the **BEST** action for the social worker to take to empower these clients?

- A. Implement incentive programs for following through on referrals
- B. Counsel the clients on the benefits of employment
- C. Discuss how barriers affect the clients in achieving their goals

KEY: C

Rationale: Pervasive feelings of hopelessness can be a major barrier to goal attainment. Educating clients about the impact of barriers on reaching goals (KEY C) is the **BEST** way for a social worker to empower clients to change. Offering incentive programs (A) would not empower the clients to improve their situation. There is nothing to suggest that clients do not value the benefits of being employed; counseling them about this (B) may not be a barrier that needs to be addressed.

KSA tested: I. Human development, diversity, and behavior in the environment>IC. Diversity, social/economic justice, and oppression>The impact of the environment (e.g., social, physical, cultural, political, economic) on individuals, families, groups, organizations, and communities

Masters exam

Masters exam general references

Barker, R. L. (2013). *The social work dictionary* (6th ed.). NASW Press.

Corcoran, K., & Roberts, A. R. (Eds.). (2015). *Social workers' desk reference* (3rd ed.). Oxford University Press.

Mizrahi, T., & Davis, L. E. (Eds.). (2020). *Encyclopedia of social work* (20th ed.). National Association of Social Workers and Oxford University Press. <https://oxfordre.com/socialwork> (Online version has some free, current resources that can be accessed by selecting or typing in a keyword.)

Masters exam content outline with references

I. HUMAN DEVELOPMENT, DIVERSITY, AND BEHAVIOR IN THE ENVIRONMENT (27% of exam)

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

- ☐ The family life cycle
- ☐ 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)

Ashford, J., LeCroy, C. W., & Williams, L. R. (2018). *Human behavior in the social environment: A multidimensional perspective* (6th ed.). Cengage.

Hutchison, E. D., & Wood Charlesworth, L. (2021). *Essentials of human behavior: Integrating person, environment, and the life course* (3rd ed). Sage.

Kirst-Ashman, K. K., & Hull, G. H. (2019). *Human behavior in the macro social environment: An empowerment approach to understanding communities, organizations, and groups* (5th ed.). Cengage.

Marsiglia, F. F., Kulis, S. S., & Lechuga-Pena, S. (2021). *Diversity, oppression, and change: Culturally grounded social work* (3rd ed.). Oxford University Press.

National Association of Social Workers. (2015). *Standards and Indicators for cultural competence in social work practice*. National Association of Social Workers.

Rogers, A. T. (2019). *Human behavior in the social environment: Perspectives on development and the life course* (5th ed.). Routledge.

Sue, D. W., Rasheed, M. N., & Rasheed J. M. (2016). *Multicultural social work practice: A competency-based approach to diversity and social justice* (2nd ed.). John Wiley & Sons.

Zastrow, C., Kirst-Ashman, K. K., & Hessenauer, S. L. (2019). *Understanding human behavior and the social environment* (11th ed.). Cengage.

II. ASSESSMENT AND INTERVENTION PLANNING (24% of exam)

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
- ☐ 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

	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

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).

Collins, D., Jordan, C., & Coleman, H. (2016). *An introduction to family social work* (4th ed.). Brooks/Cole.

Corcoran, J., & Walsh, J. (2016). *Clinical assessment and diagnosis in social work practice* (3rd ed.). Oxford University Press.

Corey, M. S., Corey, G., & Corey, C. (2018). *Groups: Process and practice* (10th ed.). Cengage.

Cummings, L. K., & Sevel, J. A. (2018). *Social work skills for beginning direct practice* (4th ed.). Pearson.

Dziegielewska, S., & Holliman, D. C. (2020). *The changing face of health care social work: Opportunities and challenges for professional practice* (4th ed.). Springer.

Hepworth, D. H., Strom-Gottfried, K., Rooney, R. V., & Rooney, G. D. (2017). *Direct social work practice: Theory and skills* (10th ed.). Cengage.

Kadushin, A., & Kadushin G. (2013). *The social work interview* (5th ed.). Columbia University Press.

Kirst-Ashman, K. K., & Hull, G. H. (2018). *Understanding generalist practice* (8th ed.). Cengage.

Netting, F. E., Kettner, P. M., McMurtry, S. L., & Thomas, M. L. (2017). *Social work macro practice* (6th ed.). Pearson.

Sue, D. W., Rasheed, M. N., & Rasheed, J. M (2016). *Multicultural social work practice: A competency-based approach to diversity and social justice* (2nd ed.). Jossey-Bass.

III. INTERVENTIONS WITH CLIENTS/CLIENT SYSTEMS (24% of exam)

IIIA. INTERVENTIONS 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

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

Barusch, A. S. (2018). *Foundations of social policy: Social justice in human perspective* (6th ed.). Cengage.

Berg-Weger, M., Adams, D., & Birkenmaier, J. (2020). *The practice of generalist social work* (5th ed.). Routledge.

Brueggemann, W. G. (2014). *The practice of macro social work* (4th ed.). Cengage.

- Cavaiola, A. A., & Colford, J. E. (2018). *Crisis intervention: A practical guide*. Sage Publications.
- DeCarlo, M., Cummings, C., & Agnelli, K. (2020). *Scientific inquiry in social work*. Open Source Library. <https://open.umn.edu/opentextbooks/textbooks/591>
- Dziegielewska, S. F., & Jacinto, G. A. (2016). *Social work practice and psychopharmacology: A person-in-environment approach* (3rd ed.). Springer.
- Gitterman, A. (2014). *Handbook of social work practice with vulnerable and resilient populations*. (3rd ed.). Columbia University Press.
- James, R. K., & Gilliland, B. E. (2020). *Crisis intervention strategies*. (8th ed.). Brooks/Cole.
- Jansson, B. S. (2018). *Becoming an effective policy advocate: From policy practice to social justice* (8th ed.). Cengage.
- Johnson, S. L. (2018). *Therapist's guide to clinical intervention: The 1-2-3's of treatment planning* (3rd ed.). Elsevier.
- Kadushin, A., & Harkness, D. (2014). *Supervision in social work* (5th ed.). Columbia University Press.
- Kirst-Ashman, K. K., & Hull, G. H. (2018). *Generalist practice with organizations and communities* (7th ed.). Cengage.
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.
- Rubin, A., & Babbie, E. R. (2018). *Research methods for social work* (9th ed.). Cengage.
- Shulman, L. (2020). *The skills of helping individuals, families, groups, and communities* (8th ed.). Cengage.
- Sheafor, B. W., & Horejsi, C. R. (2015). *Techniques and guidelines for social work practice* (10th ed.). Pearson.
- Sidell, N. L. (2015). *Social work documentation: A guide to strengthening your case recording* (2nd ed.). NASW Press.
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice* (8th ed.). John Wiley & Sons.
- Toseland, R. W., & Rivas, R. F. (2018). *An introduction to group work practice* (8th ed.). Pearson.
- Walsh, J. (2014). *Theories for direct social work practice* (3rd ed.). Cengage.

IV. PROFESSIONAL RELATIONSHIPS, VALUES, AND ETHICS (25% of exam)

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 dying
- ☐ 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

IVB. CONFIDENTIALITY

- ☐ 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

<input type="checkbox"/>	Ethical issues related to dual relationships
<input type="checkbox"/>	The impact of transference and countertransference in the social worker-client/client system relationship
<input type="checkbox"/>	The impact of domestic, intimate partner, and other violence on the helping relationship
<input type="checkbox"/>	The dynamics of diversity in the social worker-client/client system relationship
<input type="checkbox"/>	The effect of the client's developmental level on the social worker-client relationship
<input type="checkbox"/>	Social worker self-care principles and techniques
<input type="checkbox"/>	Burnout, secondary trauma, and compassion fatigue
<input type="checkbox"/>	The components of a safe and positive work environment
<input type="checkbox"/>	Professional objectivity in the social worker-client/client system relationship
<input type="checkbox"/>	The influence of the social worker's own values and beliefs on the social worker-client/client system relationship
<input type="checkbox"/>	Time management approaches
<input type="checkbox"/>	The impact of transference and countertransference within supervisory relationships
<input type="checkbox"/>	The influence of the social worker's own values and beliefs on interdisciplinary collaboration

Barsky, A. E. (2019). *Ethics and values in social work: An integrated approach for a comprehensive curriculum* (2nd ed.). Oxford University Press.

Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux. (2005). *Code of ethics*. Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux.

Dolgoff, R., Loewenberg, F. M., & Harrington, D. (2012). *Ethical decisions for social work practice* (9th ed). Cengage.

Kadushin, A., & Harkness, D. (2014). *Supervision in social work* (5th ed.). Columbia University Press.

National Association of Social Workers. (2021). *Code of ethics*. National Association of Social Workers.

National Association of Social Workers & Association of Social Work Boards. (2013). *Best practice standards in social work supervision*. National Association of Social Workers and Association of Social Work Boards.

National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education & Clinical Social Work Association. (2017). *Standards for technology and social work practice*. National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association.

Reamer, F. G. (2018). *Social work values and ethics* (5th ed.). Columbia University Press.

Reamer, F. G. (2015). *Risk management in social work: Preventing malpractice, liability, and disciplinary action* (3rd ed.). Columbia University Press.

Masters exam sample questions

RECALL SAMPLE QUESTION 1

What is the PRIMARY purpose of contracting between a social worker and a client?

- A. To ensure that the client will follow the social worker's plan
- B. To define who will be responsible for which assigned task
- C. To meet the requirement of agency policies for documentation

KEY: B

Rationale: This question requires an understanding of the purpose of contracting with a client. A contract's primary purpose is to provide clarity on tasks to be accomplished and who will be responsible for each task's completion (KEY B). While some agencies may require contracting as part of their documentation policies (C), it is not its PRIMARY purpose. The treatment plan should be considered a joint plan, not a social worker's plan that a client must follow (A).

KSA tested: III. Interventions with clients/client systems>IIIA. Intervention processes and techniques for use across symptoms>Client/client system contracting and goal setting techniques

RECALL SAMPLE QUESTION 2

What group is privileged communication designed to protect?

- A. Clients
- B. The public
- C. Agencies
- D. Administrators

KEY: A

Rationale: Privileged communication between a social worker and client means that information shared by a client will not be shared with others without the client's express permission, except in cases of risk or potential harm. It is not designed to protect the public (B), agencies (C), or administrators (D). Clients (KEY A) and the information they share are protected by privileged communication.

KSA tested: IV. Professional relationships, values, and ethics>IVB. Confidentiality>Legal and/or ethical issues regarding confidentiality

RECALL SAMPLE QUESTION 3

A social worker at a health clinic receives a referral for a family with an infant who has been diagnosed with nonorganic failure to thrive. When assessing the family, what should the social worker consider **FIRST**?

- A. Quality of prenatal services received
- B. Family history of the condition
- C. Substance use by the parents
- D. Possibility of child neglect

KEY: D

Rationale: Nonorganic failure to thrive is a condition in infants and young children where there is no known medical reason for not growing. It is commonly caused by psychosocial problems such as child neglect or poverty. Thus, during an assessment, a social worker should evaluate the possibility of child neglect (KEY D). Prenatal services (A) and family history (B) are not typically factors in this condition. Parental substance use (C) may be a factor in child neglect but is not directly linked to nonorganic failure to thrive.

KSA tested: I. Human development, diversity, and behavior in the environment>IB. Concepts of abuse and neglect>Indicators and dynamics of abuse and neglect throughout the lifespan

APPLICATION SAMPLE QUESTION 1

During an initial session with a social worker, an adult who was sexually abused as a child is fearful and hesitant to respond to a request for specific information about the abuse. What should the social worker do **FIRST**?

- A. Change the subject to one more comfortable for the client
- B. Confront the client about these fears
- C. Acknowledge the client's reluctance to discuss these experiences
- D. Ask whether the client would prefer to end the session

KEY: C

Rationale: This question requires recognizing how to manage fear and hesitancy in response to a specific request for sensitive information such as sexual abuse. By **FIRST** acknowledging the client's hesitancy to discuss these experiences (KEY C), the social worker is respecting the client's difficulty in sharing this information and validating the reaction. Changing the subject to a more comfortable one (A) does not address the client's emotional reaction. Confronting the client about the fears (B) is inappropriate and potentially harmful to establishing a helping relationship. Asking the client about ending the session (D) may be action taken after acknowledging the client's reluctance but would not happen **FIRST**.

KSA tested: I. Human development, diversity, and behavior in the environment>IB. Concepts of abuse and neglect>Indicators and dynamics of abuse and neglect throughout the lifespan

APPLICATION SAMPLE QUESTION 2

A former client emails a social worker to invite the social worker on a date at a restaurant three months after treatment has been terminated. What is the social worker's **BEST** response?

- A. Explain ethical boundaries to the client
- B. Avoid responding to the client
- C. Obtain consultation from a supervisor

KEY: A

Rationale: Being asked on a date by a former client three months after treatment ends requires some sort of response; ignoring it by not responding (B) could be harmful to the client. A social worker might obtain consultation (C) but should know what the ethical code requires in this situation. Explaining the concept of ethical boundaries to the client (KEY A) is the social worker's **BEST** response.

KSA tested: IV. Professional relationships, values, and ethics>IVA. Professional values and ethics>Professional values and principles (e.g., competence, social justice, integrity, and dignity and worth of the person)

APPLICATION SAMPLE QUESTION 3

A previously motivated client seems ambivalent during recent meetings with the social worker. The social worker attempts to discuss the ambivalence, but the client responds with anger and denial. After exploring the client's emotions, what should the social worker do **NEXT**?

- A. Refer the client to an anger management group
- B. Refer the client to a different social worker
- C. Review the client's goals to determine any needed changes
- D. Recommend termination to the client

KEY: C

Rationale: Because the client has been motivated in the past and is now reacting when the ambivalence is pointed out, it is important to explore the resulting emotional reactions. After that occurs, the **NEXT** course of action is to review the client's goals to determine whether any changes are needed (KEY C). Referring the client to an anger management group (A), referring to another social worker (B), or recommending termination (D) may be actions that will need to occur at to some point, but not until goals have been reviewed with the client.

KSA tested: II. Assessment and intervention planning>IIC. Intervention planning>The indicators of motivation, resistance, and readiness to change

REASONING SAMPLE QUESTION 1

A social worker meets with an adolescent who is in an emergency department for a dog bite. During the mental status exam, the adolescent discloses abusing the dog and reports hearing internal commands to hurt a teacher. What should the social worker do **FIRST**?

- A. Assess the adolescent's understanding of cause and effect
- B. Assess whether the adolescent has a specific plan for harming the teacher
- C. Determine whether the adolescent has told the teacher about these thoughts
- D. Determine whether the parents are aware of the adolescent's impulses

KEY: B

Rationale: Abusing an animal and hearing internal commands to cause harm to a specific individual are warning signs that require the social worker to assess for the potential of serious harm occurring. The social worker must **FIRST** assess whether there is a specific plan for harming the teacher (KEY B). After this has been evaluated, it is reasonable to then determine whether the teacher is aware of these thoughts (C) or whether the parents have knowledge of them (D). Assessing the child's understanding of cause and effect (A) may be appropriate but would not be done before assessing for a specific plan.

KSA tested: IV. Professional relationships, values, and ethics>IVB. Confidentiality>Legal and/or ethical issues regarding confidentiality

REASONING SAMPLE QUESTION 2

A social worker who provides family therapy realizes that one of the children in a family receiving services reminds him of his own child who died. The social worker notices that he aligns with the child in the family sessions. What should the social worker do **NEXT**?

- A. Attempt to dissociate the feelings during sessions
- B. Refer the family to another social worker
- C. Obtain supervision

KEY: C

Rationale: Being self-aware of one's reactions to clients is an ongoing task of social workers providing therapeutic services and relates to the social work ethical principle of competence. The social worker shows insight in recognizing his reaction to the child who reminds him of his own deceased child. Trying to dissociate from the feelings (A) does not address them and may be harmful to the social worker in the long term. It is premature to refer the family to another social worker (B). After noticing that he is aligning with the child, the social worker would **NEXT** obtain supervision (KEY C) to discuss the situation and develop a plan.

KSA tested: IV. Professional relationships, values, and ethics>IVA. Professional values and ethics>Professional values and principles (e.g., competence, social justice, integrity, and dignity and worth of the person)

REASONING SAMPLE QUESTION 3

A social worker facilitates a treatment group for clients with dual diagnoses of major depressive disorder and substance use disorder. The social worker wants to use role play to help clients recognize triggers for depressive symptoms. What action by the social worker is **MOST** likely to engage participants in role play?

- A. Meet with significant others to obtain informed consent before using role play
- B. Ask reluctant group members to not attend group when role play is used
- C. Plan extra time in the schedule to explain role play to group members
- D. Determine each member's capacity to participate in role play

KEY: D

Rationale: This question requires knowledge of dual diagnoses, group techniques, and ways to engage clients. Each client in the treatment program will react individually; some may not be able to engage in a technique that requires cognitively imagining themselves and acting as another person in front of an audience of other group members. The **MOST** likely way to engage participants in the technique is to determine each member's capacity to participate in role play (KEY D). Nothing in the stem suggests that group members cannot provide their own informed consent if it was necessary, so meeting with significant others to obtain consent (A) is not appropriate. It would not be beneficial from a group perspective to ask some members to not attend group when the technique is being used (B). These group members will not be engaged if asked to not attend group. While planning extra time in the schedule to explain the technique (C) may be necessary, it is not the **MOST** likely way to engage group members.

KSA tested: III. Interventions with clients/client systems>IIIA. Intervention processes and techniques for use across systems>Group work techniques and approaches (e.g., developing and managing group processes and cohesion)

Advanced Generalist exam

Advanced Generalist exam general references

Barker, R. L. (2013). *The social work dictionary* (6th ed.). NASW Press.

Corcoran, K., & Roberts, A. R. (Eds.). (2015). *Social workers' desk reference* (3rd ed.). Oxford University Press.

Mizrahi, T., & Davis, L. E. (Eds.). (2020). *Encyclopedia of social work* (20th ed.). National Association of Social Workers and Oxford University Press. <https://oxfordre.com/socialwork> (Online version has some free, current resources that can be accessed by selecting or typing in a keyword.)

Advanced Generalist exam content outline with references

Note: For Advanced Generalist sample questions, refer to the Masters and Clinical sections for similar sample questions.

I. HUMAN DEVELOPMENT, DIVERSITY, AND BEHAVIOR IN THE ENVIRONMENT (23% of exam)

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
- ☐ 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

- ☐ 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

- ☐ 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

Ashford, J., LeCroy, C. W., & Williams, L. R. (2018). *Human behavior in the social environment: A multidimensional perspective* (6th ed.). Cengage.

Hutchison, E. D., & Wood Charlesworth, L. (2021). *Essentials of human behavior: Integrating person, environment, and the life course* (3rd ed). Sage.

Kirst-Ashman, K. K., & Hull, G. H. (2019). *Human behavior in the macro social environment: An empowerment approach to understanding communities, organizations, and groups* (5th ed.). Cengage.

Marsiglia, F. F., Kulis, S. S., & Lechuga-Pena, S. (2021). *Diversity, oppression, and change: Culturally grounded social work* (3rd ed.). Oxford University Press.

National Association of Social Workers. (2015). *Standards and Indicators for cultural competence in social work practice*. National Association of Social Workers.

Rogers, A. T. (2019). *Human behavior in the social environment: Perspectives on development and the life course* (5th ed.). Routledge.

Sue, D. W., Rasheed, M. N., & Rasheed J. M. (2016). *Multicultural social work practice: A competency-based approach to diversity and social justice* (2nd ed.). John Wiley & Sons.

Zastrow, C., Kirst-Ashman, K. K., & Hessenauer, S. L. (2019). *Understanding human behavior and the social environment* (11th ed.). Cengage.

II. INTERVENTION PROCESSES AND TECHNIQUES FOR USE ACROSS SYSTEMS (32% of exam)

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

<input type="checkbox"/>	The indicators of behavioral dysfunction
<input type="checkbox"/>	The indicators of feigning illness
<input type="checkbox"/>	The indicators of somatization
<input type="checkbox"/>	Body image and its impact (e.g., identity, self-esteem, relationships, habits)
<input type="checkbox"/>	The indicators of traumatic stress and violence
<input type="checkbox"/>	The effects of life events, stressors, and crises on individuals, families, groups, organizations, and communities
<input type="checkbox"/>	The impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
<input type="checkbox"/>	The impact of out-of-home displacement (e.g., natural disaster, homelessness, immigration) on clients/client systems
<input type="checkbox"/>	The indicators and risk factors of the client's/client system's danger to self and others
<input type="checkbox"/>	The impact of stress, trauma, and violence
<input type="checkbox"/>	The effects of physical, sexual, and psychological abuse on individuals, families, groups, organizations, and communities
<input type="checkbox"/>	The indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, sexual trafficking)
<input type="checkbox"/>	The characteristics of perpetrators of abuse, neglect, and exploitation
<input type="checkbox"/>	The indicators of addiction and substance abuse
<input type="checkbox"/>	The effects of addiction and substance abuse on individuals, families, groups, organizations, and communities
<input type="checkbox"/>	Criminal justice systems
<input type="checkbox"/>	Common psychotropic and non-psychotropic prescriptions and over-the-counter medications and their side effects

IIB. ASSESSMENT METHODS AND TECHNIQUES

<input type="checkbox"/>	The factors and processes used in problem formulation
<input type="checkbox"/>	Methods of involving clients/client systems in problem identification (e.g., gathering collateral information)
<input type="checkbox"/>	Techniques and instruments used to assess clients/client systems
<input type="checkbox"/>	Methods to incorporate the results of psychological and educational tests into assessment
<input type="checkbox"/>	Methods to assess ego strengths
<input type="checkbox"/>	Methods to assess organizational functioning (e.g., agency assessments)
<input type="checkbox"/>	Methods to obtain sensitive information (e.g., substance abuse, sexual abuse)

<input type="checkbox"/>	Communication theories and styles
<input type="checkbox"/>	Risk assessment methods
<input type="checkbox"/>	Methods to assess the client's/client system's strengths, resources, and challenges (e.g., individual, family, group, organization, community)
<input type="checkbox"/>	The indicators of motivation, resistance, and readiness to change
<input type="checkbox"/>	Methods to assess motivation, resistance, and readiness to change
<input type="checkbox"/>	Methods to assess the client's/client system's communication skills
<input type="checkbox"/>	Methods to assess the client's/client system's coping abilities
<input type="checkbox"/>	The indicators of the client's/client system's strengths and challenges
<input type="checkbox"/>	Methods used to assess trauma
<input type="checkbox"/>	Placement options based on assessed level of care
<input type="checkbox"/>	The use of the Diagnostic and Statistical Manual of the American Psychiatric Association

IIC. INTERVENTION PLANNING AND IMPLEMENTATION

<input type="checkbox"/>	The principles and techniques of interviewing (e.g., supporting, clarifying, focusing, confronting, validating, feedback, reflecting, language differences, use of interpreters, redirecting)
<input type="checkbox"/>	Methods to involve clients/client systems in intervention planning
<input type="checkbox"/>	Cultural considerations in the creation of an intervention plan
<input type="checkbox"/>	The criteria used in the selection of intervention/treatment modalities (e.g., client/client system abilities, culture, life stage)
<input type="checkbox"/>	The components of intervention, treatment, and service plans
<input type="checkbox"/>	Psychotherapies
<input type="checkbox"/>	The impact of immigration, refugee, or undocumented status on service delivery
<input type="checkbox"/>	Discharge, aftercare, and follow-up planning
<input type="checkbox"/>	The phases of intervention and treatment
<input type="checkbox"/>	The client's/client system's role in the problem-solving process
<input type="checkbox"/>	Problem-solving models and approaches (e.g., brief, solution-focused methods or techniques)
<input type="checkbox"/>	Methods to engage and motivate clients/client systems
<input type="checkbox"/>	Methods to engage and work with involuntary clients/client systems
<input type="checkbox"/>	Methods to obtain and provide feedback
<input type="checkbox"/>	The principles of active listening and observation
<input type="checkbox"/>	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

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- Cavaola, A. A., & Colford, J. E. (2018). *Crisis intervention: A practical guide*. Sage Publications.
- Collins, D., Jordan, C., & Coleman, H. (2016). *An introduction to family social work* (4th ed.). Brooks/Cole.
- Corcoran, J., & Walsh, J. (2016). *Clinical assessment and diagnosis in social work practice* (3rd ed.). Oxford University Press.
- Corey, M. S., Corey, G., & Corey, C. (2018). *Groups: Process and practice* (10th ed.). Cengage.
- Cummings, L. K., & Sevel, J. A. (2018). *Social work skills for beginning direct practice* (4th ed.). Pearson.
- Dziegielewski, S. & Holliman, D. C. (2020). *The changing face of health care social work: Opportunities and challenges for professional practice* (4th ed.). Springer.
- Dziegielewski, S. F., & Jacinto, G. A. (2016). *Social work practice and psychopharmacology: A person-in-environment approach* (3rd ed.). Springer.
- Hepworth, D. H., Strom-Gottfried, K., Rooney, R. V., & Rooney, G. D. (2017). *Direct social work practice: Theory and skills* (10th ed.). Cengage.
- James, R. K., & Gilliland, B. E. (2020). *Crisis intervention strategies*. (8th ed.). Brooks/Cole.
- Kadushin, A., & Kadushin G. (2013). *The social work interview* (5th ed.). Columbia University Press.
- Kirst-Ashman, K. K., & Hull, G. H. (2018). *Understanding generalist practice* (8th ed.). Cengage.
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.
- Netting, F. E., Kettner, P. M., McMurtry, S. L., & Thomas, M. L. (2017). *Social work macro practice* (6th ed.). Pearson.
- Sue, D. W., Rasheed, M. N., & Rasheed, J. M (2016). *Multicultural social work practice: A competency-based approach to diversity and social justice* (2nd ed.). Jossey-Bass.
- Toseland, R. W., & Rivas, R. F. (2018). *An introduction to group work practice* (8th ed.). Pearson.

III. INTERVENTION PROCESSES AND TECHNIQUES FOR USE WITH LARGER SYSTEMS (18% of exam)

IIIA. PROGRAM DEVELOPMENT AND RESEARCH

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Methods to establish program objectives and outcomes |
| <input type="checkbox"/> | Methods of service delivery |
| <input type="checkbox"/> | The effects of program evaluation findings on services |
| <input type="checkbox"/> | Methods to evaluate agency programs (e.g., needs assessment, formative/summative assessment, cost effectiveness, cost-benefit analysis, outcomes assessment) |
| <input type="checkbox"/> | The principles and features of objective and subjective data |
| <input type="checkbox"/> | Basic and applied research design and methods |
| <input type="checkbox"/> | 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

- ☐ 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)

<input type="checkbox"/>	The supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing, etc.)
<input type="checkbox"/>	Employee recruitment, training, retention, performance appraisal, evaluation, and discipline
<input type="checkbox"/>	The impact of transference and countertransference within supervisory relationships
<input type="checkbox"/>	The components of a safe and positive work environment
<input type="checkbox"/>	The components of case management
<input type="checkbox"/>	The elements of a case presentation
<input type="checkbox"/>	Time management approaches
<input type="checkbox"/>	Methods of networking
<input type="checkbox"/>	The process of interdisciplinary and intradisciplinary team collaboration
<input type="checkbox"/>	The basic terminology of professions other than social work (e.g., legal, educational)
<input type="checkbox"/>	Methods to create, implement, and evaluate policies and procedures that minimize risk for individuals, families, groups, organizations, and communities
<input type="checkbox"/>	Methods to develop, review, and implement crisis plans
<input type="checkbox"/>	Quality assurance, including program reviews and audits
<input type="checkbox"/>	Accreditation and/or licensing requirements
<input type="checkbox"/>	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

<input type="checkbox"/>	The principles of case recording, documentation, and management of practice records
<input type="checkbox"/>	The elements of client/client system reports
<input type="checkbox"/>	The principles and processes for developing formal documents (e.g., proposals, letters, brochures, pamphlets, reports, evaluations)

Barusch, A. S. (2018). *Foundations of social policy: Social justice in human perspective* (6th ed.). Cengage.

Berg-Weger, M., Adams, D., & Birkenmaier, J. (2020). *The practice of generalist social work* (5th ed.). Routledge.

Brueggemann, W. G. (2014). *The practice of macro social work* (4th ed.). Cengage.

DeCarlo, M., Cummings, C., & Agnelli, K. (2020). *Scientific inquiry in social work*. Open Source Library. <https://open.umn.edu/opentextbooks/textbooks/591>

Gitterman, A. (2014). *Handbook of social work practice with vulnerable and resilient populations*. (3rd ed.). Columbia University Press.

Jansson, B. S. (2018). *Becoming an effective policy advocate: From policy practice to social justice* (8th ed.). Cengage.

Kadushin, A., & Harkness, D. (2014). *Supervision in social work* (5th ed.). Columbia University Press.

Kirst-Ashman, K. K., & Hull, G. H. (2018). *Generalist practice with organizations and communities* (7th ed.). Cengage.

Rubin, A., & Babbie, E. R. (2018). *Research methods for social work* (9th ed.). Cengage.

Sheafor, B. W., & Horejsi, C. R. (2015). *Techniques and guidelines for social work practice* (10th ed.). Pearson.

Shulman, L. (2020). *The skills of helping individuals, families, groups, and communities* (8th ed.). Cengage.

Sidell, N. L. (2015). *Social work documentation: A guide to strengthening your case recording* (2nd ed.). NASW Press.

Walsh, J. (2014). *Theories for direct social work practice* (3rd ed.). Cengage.

IV. PROFESSIONAL RELATIONSHIPS, VALUES AND ETHICS (27% of exam)

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

- ☐ 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 worker-client/client system relationship
- ☐ The influence of the social worker's own values and beliefs on interdisciplinary collaboration

Barsky, A. E. (2019). *Ethics and values in social work: An integrated approach for a comprehensive curriculum* (2nd ed.). Oxford University Press.

Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux. (2005). *Code of ethics*. Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux.

Dolgoff, R., Loewenberg, F. M., & Harrington, D. (2012). *Ethical decisions for social work practice* (9th ed). Cengage.

Kadushin, A., & Harkness, D. (2014). *Supervision in social work* (5th ed.). Columbia University Press.

National Association of Social Workers. (2021). *Code of ethics*. National Association of Social Workers.

National Association of Social Workers & Association of Social Work Boards. (2013). *Best practice standards in social work supervision*. National Association of Social Workers and Association of Social Work Boards.

National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education & Clinical Social Work Association. (2017). *Standards for technology and social work practice*. National

Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association.

Reamer, F. G. (2018). *Social work values and ethics* (5th ed.). Columbia University Press.

Reamer, F. G. (2015). *Risk management in social work: Preventing malpractice, liability, and disciplinary action* (3rd ed.). Columbia University Press.

Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice* (8th ed.). John Wiley & Sons.

Clinical exam

Clinical exam general references

Barker, R. L. (2013). The social work dictionary (6th ed.). NASW Press.

Corcoran, K., & Roberts, A. R. (Eds.). (2015). Social workers' desk reference (3rd ed.). Oxford University Press.

Mizrahi, T., & Davis, L. E. (Eds.). (2020). Encyclopedia of social work (20th ed.). National Association of Social Workers and Oxford University Press. <https://oxfordre.com/socialwork> (Online version has some free, current resources that can be accessed by selecting or typing in a keyword.)

Clinical exam content outline and references

I. HUMAN DEVELOPMENT, DIVERSITY, AND BEHAVIOR IN THE ENVIRONMENT (24% of exam)

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
- ☐ 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

<input type="checkbox"/>	The effects of addiction and substance abuse on individuals, families, groups, organizations, and communities
<input type="checkbox"/>	The indicators of addiction and substance abuse
<input type="checkbox"/>	Role theories
<input type="checkbox"/>	Feminist theory
<input type="checkbox"/>	Theories of group development and functioning
<input type="checkbox"/>	Communication theories and styles
<input type="checkbox"/>	Theories of conflict

IC. DIVERSITY AND DISCRIMINATION

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

Ashford, J., LeCroy, C. W., & Williams, L. R. (2018). *Human behavior in the social environment: A multidimensional perspective* (6th ed.). Cengage.

Hutchison, E. D., & Wood Charlesworth, L. (2021). *Essentials of human behavior: Integrating person, environment, and the life course* (3rd ed). Sage.

Kirst-Ashman, K. K., & Hull, G. H. (2019). *Human behavior in the macro social environment: An empowerment approach to understanding communities, organizations, and groups* (5th ed.). Cengage.

Marsiglia, F. F., Kulis, S. S., & Lechuga-Pena, S. (2021). *Diversity, oppression, and change: Culturally grounded social work* (3rd ed.). Oxford University Press.

National Association of Social Workers. (2015). *Standards and indicators for cultural competence in social work practice*. National Association of Social Workers.

Rogers, A. T. (2019). *Human behavior in the social environment: Perspectives on development and the life course* (5th ed.). Routledge.

Sue, D. W., Rasheed, M. N., & Rasheed J. M. (2016). *Multicultural social work practice: A competency-based approach to diversity and social justice* (2nd ed.). John Wiley & Sons.

Zastrow, C., Kirst-Ashman, K. K., & Hessenauer, S. L. (2019). *Understanding human behavior and the social environment* (11th ed.). Cengage.

II. ASSESSMENT, DIAGNOSIS, AND TREATMENT PLANNING (30% of exam)

IIA. BIOPSYCHOSOCIAL HISTORY AND COLLATERAL DATA

- ☐ 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

<input type="checkbox"/>	The indicators of the client's/client system's strengths and challenges
<input type="checkbox"/>	Methods to assess ego strengths
<input type="checkbox"/>	The use of the Diagnostic and Statistical Manual of the American Psychiatric Association
<input type="checkbox"/>	The indicators of mental and emotional illness throughout the lifespan
<input type="checkbox"/>	Biopsychosocial factors related to mental health
<input type="checkbox"/>	Biopsychosocial responses to illness and disability
<input type="checkbox"/>	Common psychotropic and non-psychotropic prescriptions and over-the-counter medications and their side effects
<input type="checkbox"/>	The indicators of somatization
<input type="checkbox"/>	The indicators of feigning illness
<input type="checkbox"/>	Basic medical terminology
<input type="checkbox"/>	The indicators of behavioral dysfunction
<input type="checkbox"/>	Placement options based on assessed level of care
<input type="checkbox"/>	Methods to assess organizational functioning (e.g., agency assessments)
<input type="checkbox"/>	Data collection and analysis methods

IIC. TREATMENT PLANNING

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

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.

Collins, D., Jordan, C., & Coleman, H. (2016). *An introduction to family social work* (4th ed.). Brooks/Cole.

Corcoran, J., & Walsh, J. (2016). *Clinical assessment and diagnosis in social work practice* (3rd ed.). Oxford University Press.

Corey, M. S., Corey, G., & Corey, C. (2018). *Groups: Process and practice* (10th ed.). Cengage.

Cummings, L. K., & Sevel, J. A. (2018). *Social work skills for beginning direct practice* (4th ed.). Pearson.

Dziegielewska, S., & Holliman, D. C. (2020). *The changing face of health care social work: Opportunities and challenges for professional practice* (4th ed.). Springer.

Hepworth, D. H., Strom-Gottfried, K., Rooney, R. V., & Rooney, G. D. (2017). *Direct social work practice: Theory and skills* (10th ed.). Cengage.

Kadushin, A., & Kadushin G. (2013). *The social work interview* (5th ed.). Columbia University Press.

Kirst-Ashman, K. K., & Hull, G. H. (2018). *Understanding generalist practice* (8th ed.). Cengage.

Netting, F. E., Kettner, P. M., McMurtry, S. L., & Thomas, M. L. (2017). *Social work macro practice* (6th ed.). Pearson.

Sue, D. W., Rasheed, M. N., & Rasheed, J. M. (2016). *Multicultural social work practice: A competency-based approach to diversity and social justice* (2nd ed.). Jossey-Bass.

III. PSYCHOTHERAPY, CLINICAL INTERVENTIONS, AND CASE MANAGEMENT (27% of exam)

IIIA. THERAPEUTIC RELATIONSHIP

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

- ☐ 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

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

Barusch, A. S. (2018). *Foundations of social policy: Social justice in human perspective* (6th ed.). Cengage.

Berg-Weger, M., Adams, D., & Birkenmaier, J. (2020). *The practice of generalist social work* (5th ed.). Routledge.

Brueggemann, W. G. (2014). *The practice of macro social work* (4th ed.). Cengage.

Cavaiola, A. A., & Colford, J. E. (2018). *Crisis intervention: A practical guide*. Sage Publications.

DeCarlo, M., Cummings, C., & Agnelli, K. (2020). *Scientific inquiry in social work*. Open Source Library. <https://open.umn.edu/opentextbooks/textbooks/591>

Drisko, J. W., & Grady, M. D. (2019). *Evidence-based practice in clinical social work* (2nd ed.). Springer.

Dziegielewski, S. F. & Jacinto, G. A. (2016). *Social work practice and psychopharmacology: A person-in-environment approach* (3rd ed.). Springer.

Gitterman, A. (2014). *Handbook of social work practice with vulnerable and resilient populations*. (3rd ed.). Columbia University Press.

James, R. K. & Gilliland, B. E. (2020). *Crisis intervention strategies*. (8th ed.). Brooks/Cole.

Jansson, B. S. (2018). *Becoming an effective policy advocate: From policy practice to social justice* (8th ed.). Cengage.

- Johnson, S. L. (2018). *Therapist's guide to clinical intervention: The 1-2-3's of treatment planning* (3rd ed.). Elsevier.
- Kadushin, A., & Harkness, D. (2014). *Supervision in social work* (5th ed.). Columbia University Press.
- Kirst-Ashman, K. K., & Hull, G. H. (2018). *Generalist practice with organizations and communities* (7th ed.). Cengage.
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.
- Rubin, A., & Babbie, E. R. (2018). *Research methods for social work* (9th ed.). Cengage.
- Shulman, L. (2020). *The skills of helping individuals, families, groups, and communities* (8th ed.). Cengage.
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- Sidell, N. L. (2015). *Social work documentation: A guide to strengthening your case recording* (2nd ed.). NASW Press.
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice* (8th ed.). John Wiley & Sons.
- Toseland, R. W., & Rivas, R. F. (2018). *An introduction to group work practice* (8th ed.). Pearson.
- Walsh, J. (2014). *Theories for direct social work practice* (3rd ed.). Cengage.

IV. PROFESSIONAL VALUES AND ETHICS (19% of exam)

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
- ☐ 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

- ☐ 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 worker-client/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)

Barsky, A. E. (2019). *Ethics and values in social work: An integrated approach for a comprehensive curriculum* (2nd ed.). Oxford University Press.

Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux. (2005). *Code of ethics*. Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux.

Dolgoff, R., Loewenberg, F. M., & Harrington, D. (2012). *Ethical decisions for social work practice* (9th ed.). Cengage.

Kadushin, A., & Harkness, D. (2014). *Supervision in social work* (5th ed.). Columbia University Press.

Munson, C. E. (2013). *Contemporary clinical social work supervision*. (3rd ed.). Routledge.

National Association of Social Workers. (2021). *Code of ethics*.

National Association of Social Workers & Association of Social Work Boards. (2013). *Best practice standards in social work supervision*. National Association of Social Workers and Association of Social Work Boards.

National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education & Clinical Social Work Association. (2017). *Standards for technology and social work practice*. National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association.

Reamer, F. G. (2018). *Social work values and ethics* (5th ed.). Columbia University Press.

Reamer, F. G. (2015). *Risk management in social work: Preventing malpractice, liability, and disciplinary action* (3rd ed.). Columbia University Press.

Clinical exam sample questions

RECALL SAMPLE QUESTION 1

A client with schizophrenia presents with poor hygiene, a lack of emotion, and poverty of speech. What term **BEST** describes these symptoms?

- A. Negative symptoms
- B. Cognitive deficits
- C. Positive symptoms
- D. Functional deficits

KEY: A

Rationale: Negative symptoms in schizophrenia are those that are present in most people but not in a person diagnosed with schizophrenia. Most people have good hygiene, show emotions, and can express themselves. Poor hygiene, a lack of emotions, and poverty of speech are all examples of negative symptoms (KEY A). Positive symptoms (C) are those that most people do not have, such as hallucinations or delusions but that a person diagnosed with schizophrenia may have. Cognitive (B) and functional deficits (D) may explain various symptoms but are not the **BEST** terms to describe the client's presentation.

KSA tested: II. Assessment, diagnosis, and treatment planning>II.B. Assessment and diagnosis>The use of the Diagnostic and Statistical Manual of the American Psychiatric Association

RECALL SAMPLE QUESTION 2

A child can provide answers to simple questions, dress and undress semi-independently, and play group games with other children. The child also can recite his full name and ask questions beginning with “what,” “where,” and “who.” At approximately what age do these abilities **MOST** likely begin?

- A. Two years
- B. Four years
- C. Six years

KEY: B

Rationale: This question requires the test-taker to know typical child developmental markers. At the age of four years (KEY B), it is expected that a child be able to answer simple questions, dress and undress with little help, engage in play with others, know his name, and ask “what,” “where,” and “who” questions. It is less likely that these abilities would emerge at two years (A) or six years (C).

KSA tested: 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)

RECALL SAMPLE QUESTION 3

A social worker meets with an adult client who rarely leaves home except to go to work. For the past seven months, the client has experienced excessive worry and reports feeling irritable and restless. What is the **MOST** likely diagnosis?

- A. Generalized anxiety disorder
- B. Posttraumatic stress disorder
- C. Panic disorder
- D. Adjustment disorder with anxiety

KEY: A

Rationale: Generalized anxiety disorder (KEY A) is the **MOST** likely diagnosis for symptoms described in the scenario. Excessive worry, irritability, and restlessness are three of six symptoms that must be present for the past six months. Posttraumatic stress disorder (B) features intrusive symptoms associated with a traumatic event. The scenario does not suggest such an event. Panic disorder (C) features recurrent, unexpected panic attacks, also not described in the scenario. Adjustment disorder with anxiety (D) typically features reactions such as nervousness, worry, jitteriness, or separation anxiety to an identifiable stressor. There is no evidence in the scenario that would lead to this diagnosis.

KSA tested: II. Assessment, diagnosis, and treatment planning>IIB. Assessment and diagnosis>The use of the Diagnostic and Statistical Manual of the American Psychiatric Association

APPLICATION SAMPLE QUESTION 1

A social worker is providing individual therapy to a married client. The social worker receives a call from the client's spouse, who asks if the client is currently at an appointment with the social worker. The client has not signed a release of information. What should the social worker do **FIRST**?

- A. Offer to deliver a message to the client
- B. Ask the spouse to sign a release of information
- C. Explain the limits of confidentiality to the spouse
- D. Tell the spouse not to call the clinic again

KEY: C

Rationale: The code of ethics says that social workers must respect a client's right to privacy. Offering to deliver a message to the client (A) or requesting a signed release from the spouse (B) when the client has not signed a release would inform the spouse of confidential information. In addition, requesting a signed release from the spouse (B) would not be appropriate because the spouse is not the person who must provide the consent. Asking the spouse to not call again (D) may be appropriate, but it would be done only after explaining the limits of confidentiality. The social worker's **FIRST** action should be to explain the limits of confidentiality (KEY C) in a general way.

KSA tested: IV. Professional values and ethics>IVB. Confidentiality>Legal and/or ethical issues regarding confidentiality

APPLICATION SAMPLE QUESTION 2

A social worker meets with the parent of a newborn diagnosed with severe cranial facial deformities. The parent expresses feelings of sadness and guilt and talks of wishing that the baby would die. What should the social worker do **NEXT**?

- A. Contact child protective services
- B. Explore the parent's feelings further
- C. Reassure the parent that the feelings will pass

KEY: B

Rationale: The parent is experiencing a grief reaction to having a baby with severe deformities, different from what parents typically imagine for a baby. Such reactions are normal and part of the adjustment process. Helping the parent process grief is an important task for the social worker. Exploring the parent's feelings further (KEY B) is the **NEXT** step a social worker should take after hearing emotional expressions. Offering reassurance that the feelings will pass (C) is disingenuous and something the social worker cannot know. Contacting child protective services (A) is premature and would not occur next.

KSA tested: III. Psychotherapy, clinical interventions, and case management>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)

APPLICATION SAMPLE QUESTION 3

A school social worker meets with a child diagnosed with autism spectrum disorder. The child has difficulty understanding the social cues of other children and forming friendships. What technique should the social worker use that would **MOST** likely help the child?

- A. Confrontation, to identify how the child's behavior affects others
- B. Reflection, to support the child's feelings of isolation
- C. Limit setting, to stop the child from behaving inappropriately with other children
- D. Modeling, to demonstrate relational skills

KEY: D

Rationale: The child is experiencing problems in forming relationships, so the **MOST** helpful technique is one that focuses on relational skills. Modeling (KEY D) is most likely to accomplish this. Confronting the child to help identify how the behavior affects others (A) is not likely to help the child in understanding social cues or relationship building. While reflection (B) may help the child feel less isolated, it will not assist the child in learning new skills. Limit setting as a way to prevent the child from exhibiting inappropriate behaviors (C) will also not help the child learn new behaviors.

KSA tested: I. 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)

REASONING SAMPLE QUESTION 1

A school social worker meets with a mother who is concerned about her 15-year-old daughter. The mother recently read in her daughter's diary that she had sex with an adult man who is a family acquaintance. What should the social worker explore **FIRST**?

- A. The relationship between the mother and daughter
- B. The possibility that the daughter is being sexually abused
- C. The daughter's need for a father figure in her life
- D. The reason the mother read the daughter's diary

KEY: B

Rationale: There is a high incidence rate of sexual abuse perpetrated by men known by victims and their family. The initial concern is with the teenage daughter's safety; the social worker should explore the possibility of sexual abuse occurring **FIRST** (KEY B). Exploring the relationship between the mother and daughter (A), the presence or absence of a father figure (C), and the reason the mother read the daughter's diary (D) may be actions that the social worker would take later, after safety has been established.

KSA tested: I. Human development, diversity, and behavior in the environment>IB. Human behavior in the social environment>Indicators and dynamics of abuse and neglect throughout the lifespan

REASONING SAMPLE QUESTION 2

A social worker is assigned to evaluate a client convicted of sexual assault. During the initial interview, the client expresses anger about the requirement to obtain treatment because he is convinced he was wrongly convicted. When the social worker explains the evaluation process, the client directs his anger to the social worker and challenges the social worker's competence to adequately evaluate him. What should the social worker do **FIRST** to begin to build a therapeutic relationship?

- A. Confront the client's displacement of anger
- B. Suggest a time-out
- C. Acknowledge the client's anger

KEY: C

Rationale: The client expresses anger with the social worker at being mandated to obtain treatment. Part of the anger is evidenced by challenges to the social worker's competence to evaluate him adequately. The social worker's **FIRST** response should be to acknowledge the client's anger (KEY C). Confronting the client's displacement (A) would only further anger the client and would not be an effective strategy for building a therapeutic relationship. While a time-out (B) might be helpful for a child who is angry, suggesting this to an adult will not help calm the situation.

KSA tested: III. Psychotherapy, clinical interventions, and case management>IIIA. Therapeutic relationship>The principles and techniques for building and maintaining a helping relationship

REASONING SAMPLE QUESTION 3

A social worker meets with a 12-year-old client who is involved in the juvenile justice system because of aggravated assault. The client has been placed in foster care for the third time and has been transferred to five schools this year. When the social worker begins a social history and asks questions regarding the client's family of origin, the client's lower lip trembles and the client will not make eye contact. What is the social worker's **MOST** appropriate action?

- A. Explore the issues the client has with anger management
- B. Postpone taking the history until the next session
- C. Recommend a complete psychological assessment
- D. Acknowledge the client's pain as expressed by the nonverbal behavior

KEY: D

Rationale: The client's unstable home environment and current involvement in the juvenile justice system suggest a chaotic life. The nonverbal reactions to being asked about the family of origin suggest that this is a painful topic to discuss. Acknowledging that pain (KEY D) is the social worker's **MOST** appropriate action. While the client may have issues with anger management (A), anger is not being expressed in the nonverbal response to questions about family. Postponing the questions about the family of origin until the next session (B) does not address the pain that is being expressed nonverbally. It is not known at this time whether a psychological assessment (C) is indicated. This may be an action that would be taken later if indicated.

KSA tested: III. Psychotherapy, clinical interventions, and case management>IIIB. Therapeutic relationship>Verbal and nonverbal communication techniques