



# Alignment Study:

## Aligning ASWB Masters Exam Applied Knowledge Statements and CSWE Competencies

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## Executive Summary

This exploratory study examined the correspondence between the Association of Social Work Boards (ASWB) Masters exam applied knowledge statements and the Council of Social Work Education (CSWE) social work competencies outlined in the Educational Policy and Accreditation Standards (EPAS). The ASWB framework comprises 109 applied knowledge statements organized into three content areas. The CSWE framework defines nine interrelated competencies, each with specific component behaviors (referred to as subcompetencies in this study).

HumRRO facilitated a two-day workshop in September 2025 with 11 experienced social work educators serving as subject matter experts (SMEs). Using calibrated independent judgment followed by group deliberation, SMEs rated all 109 applied knowledge statements against CSWE competencies, achieving consensus through structured discussion.

All nine CSWE competencies were represented across the applied knowledge statements. More than half of the applied knowledge statements matched with the *assessment* competency (Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities; 30%) and the *intervention* competency (Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities, 25%). Competency 1 (Demonstrate Ethical and Professional Behavior) aligned with 17% of the applied knowledge statements, emerging as another foundational competency for social work.

At the subcompetency level, Subcompetencies 7.a (Apply theories of human behavior and person-in-environment) and 8.a (Engage with clients and constituencies to implement culturally responsive, evidence-informed interventions) were most frequently matched with applied knowledge statements, while all other subcompetencies were represented except Subcompetency 4.a (Apply research findings to inform and improve practice, policy, and programs), which received no direct matches. Qualitative data suggested that SMEs showed the strongest agreement on competencies with explicit language (Competency 1 for ethics, Competency 8 for intervention) but struggled to distinguish overlapping definitions between engagement and assessment, indicating that definitional clarity drives alignment consistency.

## Study Objective and Research Questions

The current study was designed to explore the potential correspondence between the Association of Social Work Boards (ASWB) Masters exam applied knowledge statements derived from a practice analysis and the Council of Social Work Education (CSWE) social work competencies as detailed in the Educational Policy and Accreditation Standards (EPAS).

This exploratory analysis differs from traditional alignment studies, which typically align assessment items with standards where test items were written specifically to measure those standards. Because the applied knowledge statements and CSWE competencies were developed independently through separate processes, the Human Resources Research Organization's (HumRRO) approach to this study is to understand *whether* and *how* these frameworks overlap, rather than to validate predetermined alignment. This exploratory analysis is intended to show where licensing requirements and educational standards currently align and where they differ, reflecting how these two systems were developed separately.

To guide this exploratory analysis, we developed two research questions that reflect our approach of identifying rather than validating alignment. These questions allow us to systematically examine the correspondence between independently developed instruments:

- To what extent do the ASWB applied knowledge statements correspond with the CSWE social work competencies in the EPAS?
- How are the CSWE social work competencies in the EPAS distributed across the ASWB applied knowledge content areas?

To answer these interrelated research questions, we employed a two-level mapping approach. Our primary analysis mapped applied knowledge statements to the high-level CSWE competencies, as these represent the overarching domains of social work practice and education. We also conducted a secondary analysis mapping applied knowledge statements to subcompetencies—defined as sets of behaviors that integrate the competency components and represent observable, measurable practice demonstrations informed by underlying content and processes. However, we approached the subcompetency-level analysis with caution, recognizing that distinctions between subcompetencies within the same competency often require nuanced interpretation and may not yield substantively different insights. This tiered approach allowed us to capture alignment at both strategic and operational levels while acknowledging the limitations of fine-grained categorization.

### ASWB Masters Exam Applied Knowledge Statements

The applied knowledge statements provide detailed content outlines that specify the knowledge tested on the ASWB Masters social work licensing examination. These statements were derived from the recent practice analysis, which concluded in 2024, and serve as a blueprint for the content that should be covered in the assessment, essentially defining what a social worker should know and learn to perform competently, safely, and ethically at entry to practice (Trevino et al., 2024). The framework is comprehensive, containing 109 individual applied knowledge statements organized into three main categories. Each of these categories breaks down further into subcategories that identify the essential knowledge areas for competent social work practice.

## The applied knowledge content areas and their subcategories are:

- Values and Ethics (27 statements)
  - Ethical principles and responsibilities (8 statements)
  - Diversity and social justice (9 statements)
  - Ethical service delivery (10 statements)
- Assessment and Planning (39 statements)
  - Assessment concepts (23 statements)
  - Assessment methods and techniques (10 statements)
  - Assessment practices (6 statements)
- Intervention and Practice (43 statements)
  - Practice concepts (9 statements)
  - Intervention methods and techniques (25 statements)
  - Practice evaluation and research (4 statements)
  - Supervision and administration (5 statements)

Appendix A displays all three content areas, the 10 subcategories, and the 109 applied knowledge statements that we used to map to the CSWE competencies.

## CSWE Competencies

The Council on Social Work Education's (CSWE) Commission on Accreditation (COA) is recognized by the Council for Higher Education Accreditation (CHEA) as the accrediting body for baccalaureate and Masters degree programs in social work education in the United States and its territories. The COA establishes and implements accreditation standards that define competent preparation in social work and ensures that accredited programs meet these standards.

To fulfill this mission, CSWE's COA uses the Educational Policy and Accreditation Standards (EPAS), which establishes thresholds for professional competence and supports academic excellence across social work programs. According to the EPAS, social work practice competence is defined by nine interrelated competencies, each comprising component behaviors (we refer to these as subcompetencies in this study) that integrate knowledge, values, skills, and cognitive and affective processes. The nine CSWE social work competencies<sup>1</sup> outlined in the EPAS are:

- **Competency 1:** Demonstrate Professional and Ethical Behavior
- **Competency 2:** Advance Human Rights and Social, Racial, Economic, and Environmental Justice
- **Competency 3:** Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice

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<sup>1</sup> CSWE has adopted a competency-based education framework for its EPAS. Throughout the workshops, we used CSWE competencies, CSWE standards, and EPAS standards interchangeably, but they all refer to the same nine social work competencies that students are expected to demonstrate to enter social work professional practice.

- **Competency 4:** Engage in Practice-Informed Research and Research-Informed Practice
- **Competency 5:** Engage in Policy Practice
- **Competency 6:** Engage with Individuals, Families, Groups, Organizations, and Communities
- **Competency 7:** Assess Individuals, Families, Groups, Organizations, and Communities
- **Competency 8:** Intervene with Individuals, Families, Groups, Organizations, and Communities
- **Competency 9:** Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Appendix B provides the subcompetencies listed under each competency.

## Workshop Set-Up and Process

To examine the alignment between the applied knowledge statements and the CSWE competencies, HumRRO conducted two concurrent two-day in-person workshops with social work educators who were also licensed social workers serving as subject matter experts (SMEs). In advance of the workshops, SMEs were strategically assigned to two matched groups based on comparable experience and background characteristics to facilitate thorough applied knowledge statement coverage while avoiding the limitations of a single large-group format.

Before the formal rating process began, all SMEs participated together in a training session that covered the workshop's purpose, their roles, the background and methodology of alignment studies, and concrete examples of the rating task they would complete. During this training, SMEs completed a calibration exercise in which they independently matched **the first three** applied knowledge statements to CSWE competencies and then discussed their matching as a large group to build shared understanding of the evaluation criteria. The calibration exercise demonstrated strong interrater reliability and consensus around the CSWE competencies, which gave us confidence that the SMEs had internalized the matching approach sufficiently to proceed with independent work in two separate groups.

Following the calibration exercise, SMEs started working in their assigned groups, with each group assigned to rate approximately half of the 109 applied knowledge statements. One group rated statements sequentially, starting from the first applied knowledge statement, while the second panel rated them in reverse order, starting with the last applied knowledge statement, to ensure efficiency and completeness of ratings. SMEs in both groups also rated a small sample of the same applied knowledge statements. Over two days, SMEs independently selected the CSWE competency that best matched each applied knowledge statement, then engaged in group discussions to explain their reasoning, consider alternative perspectives, and reach a unified majority agreement on each statement. This combination of independent judgment and group deliberation balanced individual expertise with collective decision-making throughout the matching process.

## Workshop Materials

ASWB provided several reference materials to inform the SMEs' ratings. These materials included the ASWB Masters exam applied knowledge statements; the 2022 CSWE Educational Policy and Accreditation Standards with detailed competency descriptions; and competency sublevel definitions to guide SMEs' alignment decisions.

In addition to the references provided by ASWB, HumRRO developed electronic item rating spreadsheets. Facilitators and notetakers monitored each SME’s ratings in a primary spreadsheet. HumRRO also provided SMEs with training materials, including step-by-step instructions, as well as training slides. HumRRO developed the workshop evaluation survey used to collect feedback on the alignment training, tasks, and panel facilitation. All workshop materials were provided in both printed and electronic formats, except for the item rating spreadsheets, which were available only in electronic format.

ASWB arranged for the provision of all equipment needed to participate in the alignment workshop. For each SME, this arrangement included a laptop, one monitor, and a wired mouse/keyboard.

## Panelists

ASWB recruited 11 licensed social workers to serve as SMEs across two groups. SMEs were selected to bring complementary expertise and perspectives to the alignment review. The SMEs, all of whom were social work educators, included Masters exam experts, blueprint developers, and practitioners in diverse professional roles.

SME demographics were collected through a voluntary survey at the conclusion of the workshop, and responses are detailed in Table 1. All 11 SMEs self-identified as women and held active social work licenses. The group brought substantial professional experience, with all SMEs reporting 15 or more years of social work practice and social work teaching. In terms of educational background, seven (64%) held doctoral degrees (Ph.D., DSW, Ed.D.), and four (36%) held master’s degrees. Regarding racial diversity, six (55%) SMEs identified as white, five (36%) SMEs self-identified as Black, and one (9%) as Native American/Indigenous peoples. One panelist (9%) identified as Hispanic/Latino in ethnicity. SMEs ranged in age from 36 to 66 or over, with most SMEs (36%) in the 56–65 age range.

**Table 1. SME Demographic Characteristics**

Demographic	Characteristic	Count (%)
Gender	Woman	11 (100%)
Race	White	6 (55%)
	Black	4 (36%)
	Native American/Indigenous peoples	1 (9%)
Ethnicity	Not Hispanic/Latino	10 (91%)
	Hispanic/Latino	1 (9%)
Age	36–45	2 (18%)
	46–55	3 (27%)
	56–65	4 (36%)
	66 or over	2 (18%)
Licensure Status	Licensed Social Worker	11 (100%)
Highest Earned Degree	Ph.D. or equivalent (e.g., Ed.D.)	7 (64%)
	Masters degree	4 (36%)
Years of Teaching	15 or more years	11 (100%)

*Note.* Percentages may not sum to 100% due to rounding.

## Workshop Process

The alignment workshop took place September 5–6, 2025, in Reston, Virginia. The workshop began with a general training session for all SMEs, led by HumRRO, with opening presentations on the purpose of regulation and blueprint development, as well as the purpose of accreditation and CSWE competency development, to provide context for both frameworks. Additional topics and activities included: (1) background on alignment studies, (2) an overview of the study methodology, (3) a brief description of workshop materials and the ratings to be completed, and (4) an overview of the applied knowledge statements and the CSWE competencies.

After SMEs were released to their assigned groups, HumRRO facilitators provided additional training to SMEs, including (1) a review of workshop materials, (2) a discussion of item ratings to be collected during the workshop, (3) access to and instruction in the use of the item reviewing platform, (4) detailed instruction on the rating sheet, and (5) an additional calibration exercise to ensure understanding of the process and rating criteria.

Over the course of the two-day workshop, SMEs completed individual ratings for all applied knowledge statements assigned to their group, reviewing statements in logical sets (not to exceed 10 items at a time), while the facilitator monitored SME responses. Statements for which SMEs provided differing ratings were then discussed as a group. The facilitator moderated the discussion, and a majority agreement rating among SMEs was determined and recorded by the facilitator. A notetaker also recorded relevant discussions that took place to reach the final majority rating. This process continued iteratively until all statements were rated.

Figure 1 illustrates a high-level overview of the steps of the in-person workshop:

**Figure 1. Alignment Workshop Process**



At the end of the workshop, HumRRO facilitators administered a demographic and workshop evaluation survey. SMEs responded to questions about the workshop's overall quality, the clarity and helpfulness of training materials, and their confidence in the alignment ratings they provided.

## Results

### Alignment between ASWB Masters Exam Applied Knowledge Statements and CSWE Competencies

SMEs evaluated all 109 applied knowledge statements and determined which CSWE competency each statement matched with. SMEs were instructed to identify a primary competency for each applied knowledge statement and note any secondary competencies that also applied in their open-ended comments.

**All nine CSWE competencies were represented among the applied knowledge statements**, demonstrating the breadth of the exam content across the CSWE competencies required of social work graduates.

- **Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities** represented the largest proportion, with 33 applied knowledge statements matched (30.28%), reflecting the centrality of assessment skills in social work practice and on the Masters exam.
- **Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities** was the second most represented competency, with 27 applied knowledge statements matched (24.77%), underscoring the importance of intervention knowledge and skills throughout the exam.
- **Competency 1: Demonstrate Ethical and Professional Behavior** aligned with 19 applied knowledge statements (17.43%), demonstrating the criticality of ethical and professional conduct for social work practice and the exam.

The remaining competencies showed more varied representation across different focus areas. This distribution suggests that while the exam addresses a broad range of social work competencies, it places particular emphasis on assessment and intervention knowledge, along with foundational ethical practice.

Twenty out of the 109 applied knowledge statements (18.3%) received 100% consensus during independent ratings and before any group discussions took place. Most of these applied knowledge statements were from the Intervention and Practice category (i.e., eight statements). There were only 10 instances where majority consensus differed from individual rating patterns (9.2%). Out of these 10 applied knowledge statements, seven of them were changed to a different competency based on group discussions. For example, 40% of the participants chose Competency 4 (specifically 4.a) for applied knowledge statements I.A.6, but after group discussions, the majority consensus was recorded for Competency 1 (specifically 1.a) because of its comprehensive, ethics-grounded approach to professional competency maintenance.

During group discussions, we observed common patterns when the majority consensus differed from individual ratings such as a) group discussions introduced sequencing arguments (e.g., engagement before assessment) that resolved ambiguities, b.) discussions often clarified whether applied knowledge statements address foundational knowledge or practice implementation, and c.) discussions further clarified scope (e.g., individual versus systems-level focus) which helped assignment to an appropriate competency.

Table 2 presents the majority agreement by CSWE competency.

**Table 2. Majority Agreement by CSWE Competency**

Majority CSWE Competency	Number of applied knowledge statements matched	Percentage
<u>Competency 1</u>	19	17.43
<u>Competency 2</u>	2	1.83
<u>Competency 3</u>	7	6.42
<u>Competency 4</u>	1	0.92
<u>Competency 5</u>	7	6.42
<u>Competency 6</u>	9	8.26
<u>Competency 7</u>	33	30.28
<u>Competency 8</u>	27	24.77
<u>Competency 9</u>	4	3.67

### Alignment between ASWB Masters Exam Applied Knowledge Statements and CSWE Subcompetencies

Examining alignment at the subcompetency level provides a more granular view of how the applied knowledge statements align with specific dimensions within each broader competency. All subcompetencies, except for 4.a, *apply research findings to inform and improve practice, policy, and programs*, were represented among the applied knowledge statements, indicating that the exam content spans the full range of expected social work competencies at the subcompetency level.

- **Subcompetency 7.a: Apply theories of human behavior and person-in-environment, as well as other culturally responsive and interprofessional conceptual frameworks, when assessing clients and constituencies** was the most frequently aligned subcompetency, with 29 statements (26.61%). This substantial representation indicates that foundational theoretical knowledge for assessment is emphasized on the exam.
- **Subcompetency 8.a: Engage with clients and constituencies to critically choose and implement culturally responsive, evidence-informed interventions to achieve client and constituency goals** was the second most represented, with 24 statements (22.02%), highlighting the practical application of intervention skills.
- **Subcompetency 1.a: Make ethical decisions applying the standards of the National Association of Social Workers Code of Ethics, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics within the profession as appropriate to the context** aligned with 12 statements (11.01%), reflecting the importance of ethical decision-making on the exam.

Subcompetency 1.c, 2.a, 2.b, and 4.b had the lowest representation, with only one applied knowledge statements aligned with each subcompetency. There was no direct match for subcompetency 4.a.

Although there was no direct match for subcompetency 4.a, this finding aligns with how 4.a is structured; as a broad, foundational subcompetency that serves as a **prerequisite** for many other subcompetencies. When examining individual-level data rather than consensus data, we observe that 4.a emerges as a **secondary component** for a few applied knowledge statements including I.A.6 (*Importance of professional development activities to improve practice and maintain current professional knowledge*) and III.C.4 (*Basic and applied research design and methods, data collection and analysis methods, and methods to assess reliability and validity in social work research*).

Table 3 presents the majority agreement by CSWE subcompetency.

**Table 3. Majority Agreement by CSWE Subcompetency**

Majority CSWE Subcompetency	Number of applied knowledge statements matched	Percentage
<u>Subcompetency 1.a</u>	12	11.01
<u>Subcompetency 1.b</u>	2	1.83
<u>Subcompetency 1.c</u>	1	0.92
<u>Subcompetency 1.d</u>	4	3.67
<u>Subcompetency 2.a</u>	1	0.92
<u>Subcompetency 2.b</u>	1	0.92
<u>Subcompetency 3.a</u>	4	3.67
<u>Subcompetency 3.b</u>	3	2.75
<u>Subcompetency 4.a</u>	0	0.00
<u>Subcompetency 4.b</u>	1	0.92
<u>Subcompetency 5.a</u>	4	3.67
<u>Subcompetency 5.b</u>	3	2.75
<u>Subcompetency 6.a</u>	4	3.67
<u>Subcompetency 6.b</u>	5	4.59
<u>Subcompetency 7.a</u>	29	26.61
<u>Subcompetency 7.b</u>	4	3.67
<u>Subcompetency 8.a</u>	24	22.02
<u>Subcompetency 8.b</u>	3	2.75
<u>Subcompetency 9.a</u>	2	1.83
<u>Subcompetency 9.b</u>	2	1.83

## Summary of Qualitative Findings

The SME discussions revealed several key themes regarding the alignment between applied knowledge statements and CSWE competencies.

### ***Competency 1: Demonstrate Ethical and Professional Behavior as a Foundational Framework***

SMEs repeatedly justified selecting Competency 1 for ethical and legal statements by characterizing it as the overarching framework encompassing all ethical obligations. There were a total of 28 direct references in comments highlighting this pattern. The SMEs noted that while more specific competencies might also apply, Competency 1 serves as the foundational requirement for all practices.

Especially for applied knowledge statements listed under the Values and Ethics category, SMEs applied the systematic logic of first identifying that the content addressed ethics and/or law, then selected Competency 1 as the universal theme, while occasionally noting other competencies that may tangentially apply. The strongest alignment occurred when ethical language was explicit within statements, suggesting that CSWE's framework for this competency is well-established and clearly articulated. This finding aligns with social work's core values and supports ethics as a cross-cutting dimension of practice.

### ***Broad application of Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities***

SMEs selected Competency 8 for a broad range of practice activities with clients. There were a total of 47 direct references in comments to Competency 8 as an intervention selection framework during group discussions. SMEs demonstrated clear and consistent reasoning that practice activities (e.g., techniques, methods, skill-building) represent interventions and therefore map to Competency 8. This theme shows the highest consensus of any theme, with SMEs providing consistent rationales across diverse intervention types. This finding also suggests that the definition and boundaries of Competency 8 are well understood and clearly articulated in CSWE documentation.

### ***Engagement and Assessment: Distinguishing Overlapping Competencies***

There were 31 direct references in comments highlighting the difficulty in distinguishing Competency 7 (Assessment) from Competency 6 (Engagement). During these discussions, SMEs frequently expressed uncertainty about whether applied knowledge statements about human behavior, development, and assessment methods (e.g., human development across lifespan, assessment techniques requiring HBSE knowledge) belonged under Competency 6 (engagement with person-in-environment knowledge) or Competency 7 (assessment using theories). Many SMEs explicitly acknowledged that both competencies could apply and noted that the distinction is ambiguous or context dependent. For such ambiguous cases, SMEs ended up favoring Competency 7 over Competency 6 (12 statements vs. 4 statements). This theme reveals a substantive overlap in CSWE competency definitions that creates ambiguity in matching applied knowledge statements. Both Competencies 6 and 7 require application of person-in-environment and HBSE knowledge. The distinction appears to be that Competency 7 emphasizes formal assessment methods, while Competency 6 emphasizes initial engagement.

On the other hand, when SMEs evaluated applied knowledge statements explicitly about assessment methods, risk assessment, or indicators to be assessed, they demonstrated high consensus on selecting Competency 7, with consistent reasoning tied to assessment terminology and frameworks. This finding supports the clarity of Competency 7's definition for assessment-specific content. The CSWE language around "applying theories... when assessing" creates clear semantic alignment with knowledge statements using assessment terminology.

Other themes emerging from the discussions include:

- **Individual Versus Systems Focus:** Some statements prompted discussion around individual versus systems focus, with SMEs shifting between person-centered (micro) and policy-focused (macro) interpretations. This reflects the complexity of social work practice operating across multiple system levels and indicates that current frameworks may not adequately accommodate this multilevel perspective.
- **High Consensus on Supervision-Related Statements:** One hundred percent consensus was achieved on supervision-related statements, the only category reaching unanimous agreement. SMEs attributed this clarity to the unique and explicit language used in these statements, which created unambiguous competency matches. These high-consensus areas demonstrate where the frameworks align optimally and provide a model for strengthening alignment in other competency areas.
- **High Consensus on Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (A DEI) in Practice:** SMEs demonstrated the highest consensus for Competency 3 alignment when applied knowledge statements explicitly addressed anti-racism, anti-oppression, diversity, equity, cultural humility, and related concepts. The semantic matching was nearly perfect, with only minimal deliberation or alternative consideration. This also supports the observation that CSWE's emphasis on A DEI is clearly articulated and understood by the SMEs.
- **Specificity Mismatch:** During group discussions, SMEs also mentioned a mismatch between the specificity levels of the ASWB and CSWE frameworks. ASWB statements are substantially more detailed and granular than CSWE competencies, which created challenges in identifying natural alignment fits. This discrepancy was anticipated, given that ASWB Masters applied knowledge statements and CSWE competencies were developed independently from one another.

## Key Findings

### Key Findings

The alignment study results reveal that all nine CSWE competencies are represented across the 109 applied knowledge statements, with meaningful concentration in assessment and intervention areas. Key findings include:

- Assessment and intervention knowledge are most frequently represented in the applied knowledge statements. Competency 7 (Assess Individuals, Families, Groups, Organizations, and Communities) and Competency 8 (Intervene with Individuals, Families, Groups, Organizations, and Communities) represent the largest proportion of matched applied knowledge statements. Together, these competencies account for more than half of the applied knowledge statements, reflecting their centrality in social work practice.

- Theoretical grounding is heavily emphasized in assessment. At the subcompetency level, Subcompetency 7.a (Apply theories of human behavior and person-in-environment, as well as other culturally responsive and interprofessional conceptual frameworks, when assessing clients and constituencies) emerged as the most frequently aligned element, underscoring the exam's emphasis on application of theoretical knowledge for assessment work.
- All subcompetencies are represented across the applied knowledge statements, except for Subcompetency 4.a (Apply research findings to inform and improve practice, policy, and programs). Although Subcompetency 4a received no direct matches, qualitative data suggests it functions as a secondary component in a handful of statements. This indicates the applied knowledge statements broadly mirror the full scope of CSWE competencies.
- SMEs prioritized Competency 1 (Ethical and Professional Behavior) as foundational to all practice, systematically mapping ethical content to this competency first, even when acknowledging overlaps with other competencies, and positioning it as the overarching frame. Their high agreement suggests that the social work profession has a shared understanding of where ethical obligations fit and their importance.
- SMEs demonstrated strong agreement on specific, explicit competency definitions (such as supervision or ADEI content) but struggled with overlapping or vague definitions, such as distinguishing engagement from assessment. This pattern reveals that definitional clarity drives consistent application.

## References

Trevino, S., Kell, H. J., Voss, N. M., Liu, J., Ferreras, D. C., & Rose, C. J. (2024). *2024 analysis of the practice of social work* (2024 No. 164). Human Resources Research Organization.

## Appendix A. ASWB Masters Exam Applied Knowledge Statements

### I. Values and Ethics

#### A. Ethical principles and responsibilities

1. Professional values and principles (e.g., competence, social justice, integrity, dignity and worth of the person)
2. Legal and ethical issues related to the practice of social work, including responsibility to clients/client systems, colleagues, the profession, and society
3. Principles and processes of obtaining informed consent
4. Legal and ethical issues regarding confidentiality, including limitations of confidentiality (e.g., HIPAA, PHI, privacy)
5. Identifying and resolving ethical dilemmas
6. Importance of professional development activities to improve practice and maintain current professional knowledge (e.g., in-service training, licensing requirements, reviews of literature, workshops, on-going supervision, consultation)
7. Social worker self-care principles
8. Burnout, secondary trauma, and compassion fatigue

#### B. Diversity and social justice

1. Anti-oppressive and anti-racist approaches
2. Social, racial, environmental, and economic justice principles
3. Social justice, truth and reconciliation, and restorative practices related to clients/client systems from historically oppressed and marginalized communities
4. Cultural impacts of exploitation across marginalized communities (e.g., financial, immigration status, trafficking, Missing and Murdered Indigenous Women)
5. Impact of culture, race, ethnicity, sexual orientation, gender, and intersectionality on behaviors, attitudes, and identity formation
6. Privilege and bias and their impact on client/client systems (e.g., implicit bias, microaggressions)
7. Power differential and racial privilege (e.g., internalized racial and ethnic inferiority and superiority)
8. Impact of globalization, immigration, and refugee or immigration status on clients/client systems and service delivery
9. Accessibility including language, physical, and cultural access (e.g., translation and interpretation, neurodiversity, American Sign Language)

### C. Ethical service delivery

1. Professional boundaries in the social worker-client/client system relationship (e.g., power differences, influence, privilege, conflicts of interest, self-disclosure, dual relationships)
2. Protecting and enhancing client/client system self-determination (e.g., medication, medical treatment, counseling, placement, right to refuse services)
3. Legal and ethical issues related to death and dying
4. Legal and ethical issues regarding documentation (e.g., maintaining client records)
5. Responsible billing practices (e.g., managed care, insurance reimbursement, incident to billing)
6. Legal and ethical issues regarding mandatory reporting (e.g., abuse, threat of harm, impaired professionals, duty to warn)
7. Ethical issues in supervision and management
8. Legal and ethical issues regarding termination
9. Impact of governmental policies on service delivery (e.g., local, state, federal legislation and policy)
10. Ethical issues related to electronic practice

## II. Assessment and Planning

### A. Assessment concepts

1. Biopsychosocial assessment model and related components and factors
2. Impact of poverty on individuals, families, groups, organizations, and communities (e.g., social determinants of health)
3. Typical and atypical physical, cognitive, emotional, and sexual development throughout the lifespan
4. Indicators, dynamics, and impact of physical, sexual, and psychological abuse and neglect on individuals, families, groups, organizations, and communities
5. Characteristics of perpetrators of abuse, neglect, and exploitation
6. Indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, trafficking)
7. Indicators of mental and emotional illness throughout the lifespan
8. Effects of physical and mental ability throughout the lifespan
9. Client/client system competence, self-determination, and self-monitoring (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)
10. Co-occurring disorders and conditions

11. Racial, ethnic, cultural, and spiritual/faith development throughout the lifespan
12. The influence and impact of technology, including social media, on client/client-systems (personal and professional)
13. Defense mechanisms and their effects on behavior and relationships
14. Impact of aging on the individual and family systems
15. Impact of caregiving on families
16. Indicators and impact of addiction and substance use and abuse on individuals, families, groups, organizations, and communities
17. Factors influencing self- and body-image (e.g., culture, race, religion/spirituality, age, ability, trauma, gender, sexuality, size)
18. Indicators and impact of trauma, stressors, violence, and crises on individuals, families, groups, organizations, and communities (e.g., intergenerational, historical, and complex)
19. Dynamics of interpersonal relationships and relationship development (e.g., family, couples, groups, polyamory)
20. Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
21. Impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
22. Factors of out-of-home displacement (e.g., homelessness, immigration, and refugee status on clients/client systems)
23. Impact of urbanization, globalization, environmental hazards, and climate change on individuals, families, groups, organizations, and communities

**B. Assessment methods and techniques**

1. Methods of assessing risk of harm to self and others
2. Methods, techniques, and instruments for assessing client/client system strengths, resources, needs, and challenges
3. Principles and techniques of interviewing (e.g., supporting, clarifying, confronting, validating, feedback, reflecting, language differences, use of interpreters)
4. Methods for obtaining sensitive and/or confidential information (e.g., substance use, sexual abuse)
5. Components and function of the mental status examination
6. Methods of involving clients/client systems in problem identification, problem solving, and intervention planning
7. Methods of incorporating information from records and evaluations (e.g., employment, medical, psychological, school)
8. Methods for assessing resilience and coping abilities

9. Indicators of and methods of assessing motivation, barriers, and readiness for change
10. Methods of assessing clients'/client systems' communication skills

### C. Assessment practices

1. Use and side effects of common prescription, over-the-counter, and alternative medications
2. Assessing the availability of and determining appropriate community resources
3. Factors and processes used in goal planning, treatment planning, triage, and service plans
4. Cultural considerations in the creation of an intervention plan
5. Criteria used in the selection of intervention/treatment modalities (e.g., client/client system abilities, developmental level, culture, life stage)
6. Indicators of client/client system readiness for termination

## III. Intervention and Practice

### A. Practice Concepts

1. Principles and techniques for building and maintaining a helping relationship (e.g., acceptance, empathy, rapport)
2. Strengths-based and empowerment strategies and interventions
3. The social worker's role in the problem-solving process
4. Parenting capacities and skill building
5. Permanency planning (e.g., child welfare)
6. End of life practice (e.g., continuity of care, hospice, palliative care, stages of death and dying)
7. Community organizing, development, and mobilizing community participation
8. Interdisciplinary and intra-disciplinary team collaboration (e.g., co-therapy, care conference, IEP)
9. Policies, procedures, regulations, and legislation and their impact on social work practice and service delivery

### B. Intervention methods and techniques

1. Contracting and goal-setting techniques (e.g., partializing, measurable objectives)
2. Methods and approaches for providing trauma-informed care for various types of trauma (e.g., complex, vicarious)
3. Approaches to and methods of advocacy for needed services and resources
4. Limit and boundary setting techniques

5. Verbal and nonverbal communication (e.g., body language, congruence, feedback)
6. Evidence-based practices (e.g., cognitive behavioral therapy, dialectical behavior therapy, mindfulness-based stress reduction, motivational interviewing, eye movement desensitization and reprocessing)
7. Principles of active listening and observation
8. Methods for engaging and motivating voluntary and involuntary clients/client systems
9. Harm reduction techniques
10. Methods of teaching coping and other self-care skills to clients
11. Techniques and methods for addiction intervention
12. Crisis intervention and treatment approaches
13. Anger management techniques
14. Stress management techniques
15. Emotional regulation techniques
16. Psychoeducation methods
17. Problem-solving models and approaches
18. Conflict resolution methods
19. Family therapy models, interventions, and approaches
20. Practice with clients experiencing loss, separation, and grief
21. Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
22. Social change and social planning methods
23. Establishing service networks or community resources
24. Case management techniques (e.g., case recording, documentation, case presentation)
25. Discharge, aftercare, wrap-around services, and follow-up

#### C. Practice evaluation and research

1. Techniques for evaluating progress and effectiveness of intervention, treatment, and service plans
2. Methods, techniques, and instruments used to evaluate social work practice
3. Methods of evaluating agency programs (e.g., needs assessment, formative/summative assessment, cost-effectiveness, cost-benefit analysis, outcomes assessment)
4. Basic and applied research design and methods, data collection and analysis methods, and methods to assess reliability and validity in social work research (e.g., objective, subjective, qualitative, quantitative)

D. Supervision and administration

1. Methods for creating, implementing, and evaluating policies and procedures for safe, inclusive, and a healthy work environment
2. Methods for creating, implementing, and evaluating policies and procedures that minimize risk for individuals, families, groups, organizations, and communities
3. Supervision and consultation models and techniques (e.g., individual, peer, group, case recording)
4. Supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing)
5. Transference and countertransference within supervisory relationships

## Appendix B. CSWE Competency Descriptions

### Competency 1: Demonstrate Ethical and Professional Behavior

**Subcompetency 1.a:** Make ethical decisions by applying the standards of the National Association of Social Workers Code of Ethics, relevant laws and regulations, models for ethical decision making, ethical conduct of research, and additional codes of ethics within the profession as appropriate to the context.

**Subcompetency 1.b:** Demonstrate professional behavior; appearance; and oral, written, and electronic communication.

**Subcompetency 1.c:** Use technology ethically and appropriately to facilitate practice outcomes.

**Subcompetency 1.d:** Use supervision and consultation to guide professional judgment and behavior.

### Competency 2: Advance Human Rights and Social, Racial, Economic, and Environmental Justice

**Subcompetency 2.a:** Advocate for human rights at the individual, family, group, organizational, and community system levels.

**Subcompetency 2.b:** Engage in practices that advance human rights to promote social, racial, economic, and environmental justice.

### Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice

**Subcompetency 3.a:** Demonstrate anti-racist and anti-oppressive social work practice at the individual, family, group, organizational, community, research, and policy levels.

**Subcompetency 3.b:** Demonstrate cultural humility by applying critical reflection, self-awareness, and self-regulation to manage the influence of bias, power, privilege, and values in working with clients and constituencies, acknowledging them as experts of their own lived experiences.

### Competency 4: Engage in Practice-Informed Research and Research-Informed Practice

**Subcompetency 4.a:** Apply research findings to inform and improve practice, policy, and programs.

**Subcompetency 4.b:** Identify ethical, culturally informed, anti-racist, and anti-oppressive strategies that address inherent biases for use in quantitative and qualitative research methods to advance the purposes of social work.

### Competency 5: Engage in Policy Practice

**Subcompetency 5.a:** Use social justice, anti-racist, and anti-oppressive lenses to assess how social welfare policies affect the delivery of and access to social services.

**Subcompetency 5.b:** Apply critical thinking to analyze, formulate, and advocate for policies that advance human rights and social, racial, economic, and environmental justice.

**Competency 6:** Engage with Individuals, Families, Groups, Organizations, and Communities

**Subcompetency 6.a:** Apply knowledge of human behavior and person-in-environment, as well as interprofessional conceptual frameworks, to engage with clients and constituencies.

**Subcompetency 6.b:** Use empathy, reflection, and interpersonal skills to engage in culturally responsive practice with clients and constituencies.

**Competency 7:** Assess Individuals, Families, Groups, Organizations, and Communities

**Subcompetency 7.a:** Apply theories of human behavior and person-in-environment, as well as other culturally responsive and interprofessional conceptual frameworks, when assessing clients and constituencies.

**Subcompetency 7.b:** Demonstrate respect for client self-determination during the assessment process by collaborating with clients and constituencies in developing a mutually agreed-upon plan.

**Competency 8:** Intervene with Individuals, Families, Groups, Organizations, and Communities

**Subcompetency 8.a:** Engage with clients and constituencies to critically choose and implement culturally responsive, evidence-informed interventions to achieve client and constituency goals.

**Subcompetency 8.b:** Incorporate culturally responsive methods to negotiate, mediate, and advocate with and on behalf of clients and constituencies.

**Competency 9:** Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

**Subcompetency 9.a:** Select and use culturally responsive methods for evaluation of outcomes.

**Subcompetency 9.b:** Critically analyze outcomes and apply evaluation findings to improve effectiveness practice with individuals, families, groups, organizations, and communities.