



# Your Guide to Taking the Social Work Licensing Exams

2026 BLUEPRINTS  
FOR EXAMS TAKEN ON OR AFTER AUGUST 3, 2026



**ASWB**

Supporting Social Work Standards

This guidebook was published in May 2026 and reflects social work licensing exam content, exam structure, and administration procedures for all exams administered beginning August 3, 2026.

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# INTRODUCTION

## 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.

The examination you will be taking as part of your state or provincial licensure requirements helps ensure 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 a 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.

# 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 social work licensing 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 social work licensing 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 74,000 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

- Regulates the practice of social work
- Determines eligibility
- Issues your license
- Handles license renewal

### ASWB

- Develops the licensing exams
- Registers candidates to take the exams
- Issues 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 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 proven to be valid and reliable.

## Exam format

Each ASWB examination contains two sections with 61 multiple-choice questions; 12 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 110 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 Pearson VUE computer. The testing program allows the test-taker to move freely through each section of the exam. Within the section, the test-taker may 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	Jurisdiction dependent	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. These are state-specific exams that are not administered through ASWB. 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 and for assistance completing any additional exam.

## 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 122 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 regularly.

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 2024, was the largest ever conducted by the association. The 2024 practice analysis forms the basis for the 2026 social work licensing exams. Reenvisioned as the Social Work Census, this inclusive survey had the goal of obtaining demographic and task analysis responses from thousands of social workers.

Practitioners in a wide range of practice settings responded to the survey, reflecting diversity in race, ethnicity, age, and gender. A full description of the demographics of respondents and other details about the 2024 practice analysis are available in the ASWB publication [2024 Analysis of the Practice of Social Work](#).

## 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 2024 blueprint, based on the 2024 ASWB practice analysis for the Clinical examination.

**Major content area:** II. Assessment and Planning

**Competency area with the Assessment and Planning content area:** IIC. Assessment Practices

**Applied knowledge statements for IIC. Assessment Practices:**

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

Each of the ASWB examination content outlines follows this model: Three 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 applied knowledge 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 32 percent of the questions testing Assessment and Planning and 32 percent of the questions testing Intervention and Practice. Working out the percentages based on a 110-question test, that means about 36 scored questions on the Clinical exam will be on Assessment and Planning and about 36 will deal with Intervention and Practice.

## 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 [apply to become a question writer](#) who works under contract with the association.

The Examination Committee, a volunteer group appointed by the ASWB Board of Directors, is made up of former 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 meet standards and are suitable for pretesting. The committee may revise questions that have already gone through the pretesting process but that come back with statistics indicating the need for additional work. Such questions are pretested again.

## Creating the examination forms

For exam security, ASWB uses multiple exam versions, called forms. New exam forms are regularly developed and may be rotated. Each examination form is constructed from banked questions according to the content outlines and is then reviewed by the Form Review team, a group of social work subject matter experts. The team gives its final approval to ensure that every exam form is fair, accurate, meaningful, and current.

## 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 meet psychometric standards. For example, a poorly performing question might have statistics that show it does not differentiate between test-takers who know the material 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 is flagged for 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 step of the question development process includes sensitivity reviews, and every question undergoes a statistical analysis. If the psychometric 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. To more precisely contextualize pass rates by analyzing the systemic factors that influence exam outcomes, ASWB has published [research analyzing examination pass rate data](#).

## PART 2

## Taking your 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 and REQUEST nonstandard testing arrangements if needed

**Information:** [Getting your first license](#)

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

#### TIP

Applicants in [Colorado](#), [Maine](#), [Texas](#), and [Utah](#) must first apply for exam preapproval with ASWB Licensing Services using the links below. After passing the exam, these applicants must apply for licensure with their state board.

**Information:** [Nonstandard testing arrangements](#)

- Request nonstandard testing arrangements from ASWB 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

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

**Information:** [Social work licensing exams](#)

- Register through ASWB Central
- Receive Authorization to Test
- Order online practice test
- Request 90-day waiver
- Request excused absence
- Purchase an extension of your Authorization to Test

### Step 3: SCHEDULE your testing appointment with Pearson VUE

**Information:** [Schedule through ASWB Central](#)

- Log in to ASWB Central
- Navigate to the Pearson VUE page
- Schedule your testing appointment (Refer to your ASWB Authorization to Test email to schedule your testing appointment.)
- Receive confirmation of your appointment
- Cancel or reschedule an appointment
- Confirm your testing 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. Read the [Nonstandard Testing Arrangements Handbook](#).

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

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

All states and provinces allow nonstandard testing arrangements for test-takers whose primary language is not English. You must be approved by your state or province to take an exam before requesting ESL arrangements. California test-takers must request and receive preliminary ESL approval from the California Board of Behavioral Sciences before requesting ESL arrangements for extra time from ASWB. California does not permit the use of an English or bilingual dictionary.

### Lactation

Lactating individuals may be approved for nonstandard testing arrangements so they can pump or express milk during their exam appointment. Learn more about [lactation 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.

You will be required to electronically sign the [Candidate Rules Agreement](#).

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.

You will also be offered the opportunity to purchase the ASWB Online Practice Test (US\$85), which we suggest you use in conjunction with the ASWB Examination Guidebook for your personalized study plan.

### 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.

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 Pearson VUE

ASWB has contracted with Pearson VUE 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 Pearson VUE.

Refer to your ASWB Authorization to Test email to schedule your testing appointment.

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 Pearson VUE 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 at any Pearson VUE test center; your score will always be reported to the state or province where you applied.

### Schedule a testing appointment

Test-takers may schedule testing appointments online or by phone. Refer to your ASWB Authorization to Test email to schedule your testing appointment; it contains instructions for scheduling. Many 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 Pearson VUE within 24 hours.

### TIP

If you do not receive this confirmation email, you did not complete the process correctly. It is your responsibility to contact Pearson VUE 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.

- You may cancel or reschedule your appointment at least 24 hours before the appointment time by logging in to [ASWBCentral](#) or calling Pearson VUE at 877.884.9537.
- If your testing appointment was made with nonstandard testing arrangements, please see your Authorization to Test email regarding canceling and rescheduling your appointment.
- 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 7:00 p.m. Eastern Time on the Friday before your appointment.

## Cancellation/Rescheduling confirmation

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 Pearson VUE within 24 hours. If you do not receive this confirmation email, your appointment has not been canceled and it is your responsibility to contact Pearson VUE immediately and request that it be sent again. It is your responsibility to keep the confirmation email you receive from Pearson VUE after making changes 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.

## 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 forfeit your exam fee. Your confirmation email from Pearson VUE 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 successfully 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 Request](#) within 14 days of your missed appointment. You must wait 24 hours after your missed appointment time before you complete the form.

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](mailto: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. Pearson VUE will email and call in the event of a test center closure. For information on test center closings, call Pearson VUE at 877.884.9537.

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

### 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 punctuation (e.g., hyphens, apostrophes, etc.), middle names, or middle initials.

You will need to keep your photo ID with you at all times during your testing session. View the [Pearson VUE Global ID Policy](#).

## TIP

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

## 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.
- Your photo will be taken.
- The palm of your hand(s) will be scanned.
- Infrared and metal detection wands may be used.
- You will be required to electronically sign the [Candidate Rules Agreement](#).

**Note:** Testing can be denied if you do not sign the Candidate Rules Agreement or if you refuse to be photographed.

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 Pearson VUE.

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.

An electronic scratch pad is available for use during the exam. The scratch pad is provided for taking notes during the testing session. Scratch pad contents will not be saved and will not impact scoring.

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 noise-reducing headsets are available at most test centers by request from test center personnel.

Test center staff will report any suspected violations of these rules and other irregularities to Pearson VUE 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.

## Tutorial

You will begin by reviewing a [tutorial](#) on the operation of the testing software and the tools that are available to you during the exam. This tutorial is 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

The exam is divided into two 61-question sections, each of which has a two-hour time limit. Questions appear on the screen one at a time, and test-takers select their answer. The software allows users to zoom in and make text appear larger. A help screen is available during the entire exam.

Within each section, you may skip questions and go back to them later, mark questions for review, highlight and strike through text, and go back and change answers. After you have completed the first section, you will not be able to return to it.

## Breaks

There are two types of optional breaks that you may take during your exam, a scheduled 10-minute break and unscheduled breaks.

### All breaks

- During breaks, you may leave the testing room only to visit the closest restroom and access a drink and snack.
- Take your photo ID with you on breaks.
- Be courteous to other test-takers at the test center.
- You will not be allowed to leave the building.

### Scheduled break

- You will be given two hours for each 61-question section of the exam. If your time ends for a section, your answers will be automatically recorded, and you will not be able to go back to those questions.
- If you complete a 61-question section before the two-hour time limit has ended, you will be prompted to review and submit your answers for that section. You will no longer have access to those questions after you submit your answers.
- After the first section is complete, you will have the option of taking a scheduled break, during which the clock will stop for a maximum of 10 minutes. If you choose not to take the break, you may end the break immediately.
- You may take less than 10 minutes for your scheduled break. Any remaining break time, however, will not extend the amount of time allocated for answering the remaining exam questions.
- It is important to return on time from the scheduled break and to allow time for the exam proctor to readmit you into the exam room. If you take more than 10 minutes for this scheduled break, the excess time will be taken out of your exam time.
- When the break has expired, the exam clock automatically begins again. The second section has 61 questions, numbered 1 to 61. You will have two hours to complete the second section.

### Unscheduled breaks

- You may also take unscheduled breaks at any time during the exam by raising your hand to notify a proctor.
- The clock continues to run during unscheduled breaks.

## Difficulties and remedies

Although rare, software problems and power outages do occur. If you experience a problem with the testing facility, software, computer, or other equipment, report the problem to Pearson VUE test center staff at the time of the occurrence. 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 and all exam delivery, administration, or environmental difficulties that may arise before or during the exam. After 30 minutes of delay, you have the option of discontinuing your exam and having your appointment rescheduled. You must report concerns to ASWB within two business days of the occurrence(s). If you do not notify ASWB within this time frame, you will have no recourse.

### TIP

In addition to reporting a problem to Pearson VUE staff, you must notify ASWB Candidate Services by [reporting the incident](#) through ASWBCentral within two business days of the occurrence.

ASWB and Pearson VUE 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 Pearson VUE will correct the error, if possible, within a reasonable time period. If the problem cannot be corrected within a reasonable time, ASWB and/or Pearson VUE 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 are scheduled for 30 minutes more than the test time to allow check-in, tutorial, 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 will have a scheduled 10-minute break and may take other unscheduled breaks during which the clock will continue to run, 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 tutorial.** Before you begin your exam, you will review a tutorial on the operation of the testing software. This [tutorial](#) does 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. You will then receive your exam results on the testing computer. Your unofficial score report will be accessible through your [ASWBCentral](#) dashboard approximately 24 hours after your exam. Your score report will remain in your candidate portal on ASWBCentral.

## 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, Pearson VUE, 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. You must wait 24 hours after taking an exam before requesting a waiver.

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 Pearson VUE 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 agreed to 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](mailto: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.

**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 updated list of core references based on a survey of social work educators across the United States and Canada
- The Guide to the Social Work Exams for Educators and Supervisors 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](#) 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.
- 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 that will be tested. You'll bring together your social work knowledge and your understanding of the examination to demonstrate competence via a 122-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**.

### QUALIFIERS

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

Alcohol is a:

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

**KEY: C**

## DIRECT QUESTION

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 that applies to all social work practice.

## VIGNETTE

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 exam 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. 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 questions require 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

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

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

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.

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.

## APPLICATION

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

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

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

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

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

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

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

**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 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 options that you know are incorrect. The testing software allows you to strike through options so you can focus on options 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.

### Create 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 applied knowledge statements 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.

### Plan 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 applied knowledge statements — that guide question writers. Every question on an ASWB examination must relate to an applied knowledge statement. The better understanding you have of the statements, 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 statement. 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 must agree to 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/Applied knowledge statement	How well do I understand the applied knowledge statement? (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
1-VALUES AND ETHICS 1a-Ethical Principles and Responsibilities: Identifying and resolving ethical dilemmas	2	Encyclopedia of Social Work	University library	ethical dilemmas	January 2027	1-24-2027

## 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, 122-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 Mastery Inclusion program

ASWB offers test mastery mindset resources to all registered test-takers at no cost. We have contracted with FifthTheory, an independent firm with expertise in helping test-takers become aware of and develop the test mastery mindset that may help them succeed on high-stakes exams.

When you register for the social work licensing exam, your Authorization to Test email invites you to access the FifthTheory [Test Mastery Inclusion program](#).

The program begins with a validated self-assessment. Then you will receive an individualized report with information and insights you can use to prepare for and perform as well as possible on the exam. You will also receive a test mastery coaching guide, a guided journal, and access to a self-interpretation webinar and positive affirmation audio files.

### Test-taking tips

#### Pay attention to pacing

Even when the previous iteration of the exams had many more questions than the current exams, nearly all test-takers use less than the full amount of time allowed. The exam allows 240 minutes to answer 122 questions, so you'll have nearly two minutes 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 each section of the exam more than once. Some test-takers like to move fairly quickly through the section, 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 section, 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 an examination section well ahead of the two-hour time limit for each section. 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.

## PART 4

### Content outlines, suggested references, and sample items

Now that you have a good idea of how the exam is developed, how the questions are constructed, and how to prepare for and take the exam, it's time to learn exactly what content you will be tested on.

#### Connecting exam questions and content areas

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

The sample question below tests the statement Methods of involving clients/client systems in problem identification, problem solving, and intervention planning).

The applied knowledge statement 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 and Planning.

#### SAMPLE

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. Objective
- C. Collateral

**KEY:** C

**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 C) information, or information about the client provided by others. Diagnostic information

(A) is generally provided by trained professionals. Objective information (B) 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 C), information about the client provided by others.

**Applied knowledge statement tested:** II. Assessment and Planning>IIB. Assessment methods and techniques>Methods of involving clients/client systems in problem identification, problem solving, and intervention planning

## 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.

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. (2014). *The social work dictionary* (6th ed.). NASW 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.)

Rapp-McCall, L., Roberts, A., & Corcoran, K. (Eds.). (2022). *Social workers' desk reference* (4th ed.). Oxford University Press.

## Bachelors/Associate exam content outline and references

### I. VALUES AND ETHICS (35%)

#### IA. ETHICAL PRINCIPLES AND RESPONSIBILITIES

- Legal and ethical issues related to the practice of social work, including responsibility to clients/client systems, colleagues, the profession, and society
- Principles and processes of obtaining informed consent
- Legal and ethical issues regarding confidentiality, including limitations of confidentiality (e.g., HIPAA, PHI, privacy)
- Identifying and resolving ethical dilemmas
- Professional values and principles (e.g., competence, social justice, integrity, dignity and worth of the person)
- Burnout, secondary trauma, and compassion fatigue
- Social worker self-care principles
- 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)

#### IB. ETHICAL SERVICE DELIVERY

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

- Ethical issues related to electronic practice
- Legal and ethical issues regarding termination

### IC. DIVERSITY AND SOCIAL JUSTICE

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

### Values and ethics references

Barsky, A. E. (2023). *Essential ethics in social work practice*. Oxford University Press.

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

Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux. (2024). *Code of ethics*.

Hardy, K. V., & Bobes, T. (2016). *Culturally sensitive supervision and training: Diverse perspectives and practical applications*. Routledge.

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

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.

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

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

Reamer, F. G. (2024). *Social work values and ethics* (6th ed.). Columbia University Press.

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.

## II. ASSESSMENT AND PLANNING (33%)

### IIA. ASSESSMENT CONCEPTS

- Impact of poverty on individuals, families, groups, organizations, and communities (e.g., social determinants of health)
- Indicators and impact of trauma, stressors, violence, and crises on individuals, families, groups, organizations, and communities (e.g., intergenerational, historical, and complex)
- Indicators and impact of addiction and substance use and abuse on individuals, families, groups, organizations, and communities
- Indicators, dynamics, and impact of physical, sexual, and psychological abuse and neglect on individuals, families, groups, organizations, and communities
- Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
- Dynamics of interpersonal relationships and relationship development (e.g., family, couples, groups, polyamory)
- Indicators of mental and emotional illness throughout the lifespan
- Impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
- Factors of out-of-home displacement (e.g., homelessness, immigration, and refugee status on clients/client systems)
- Co-occurring disorders and conditions
- Factors influencing self- and body-image (e.g., culture, race, religion/spirituality, age, ability, trauma, gender, sexuality, size)
- Characteristics of perpetrators of abuse, neglect, and exploitation
- Impact of caregiving on families
- Indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, trafficking)
- Biopsychosocial assessment model and related components and factors
- Effects of physical and mental ability throughout the lifespan
- Typical and atypical physical, cognitive, emotional, and sexual development throughout the lifespan
- Impact of aging on the individual and family systems
- Racial, ethnic, cultural, and spiritual/faith development throughout the lifespan
- Defense mechanisms and their effects on behavior and relationships

- The influence and impact of technology, including social media, on client/client-systems (personal and professional)
- Impact of urbanization, globalization, environmental hazards, and climate change on individuals, families, groups, organizations, and communities
- Client/client system competence, self-determination, and self-monitoring techniques (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)

### **IIB. ASSESSMENT METHODS AND TECHNIQUES**

- Methods of assessing risk of harm to self and others
- Principles and techniques of interviewing (e.g., supporting, clarifying, confronting, validating, feedback, reflecting, language differences, use of interpreters)
- Methods of involving clients/client systems in problem identification, problem solving, and intervention planning
- Methods, techniques, and instruments for assessing client/client system strengths, resources, needs, and challenges
- Methods for obtaining sensitive and/or confidential information (e.g., substance use, sexual abuse)
- Methods for assessing resilience and coping abilities
- Indicators of and methods of assessing motivation, barriers, and readiness for change
- Components and function of the mental status examination
- Methods of assessing clients'/client systems' communication skills
- Methods of incorporating information from records and evaluations (e.g., employment, medical, psychological, school)

### **IIC. ASSESSMENT PRACTICES**

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

### **Assessment and planning references**

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision).
- Ashford, J. B., LeCroy, C. W., & Rankin, L. (2025). *Human behavior in the social environment: A multidimensional perspective* (7th ed.). Cengage.
- Collins, D., Jordan, C., Coleman, H., Collins, T., & Cory, D. (2024) *An introduction to family social work* (5th ed.). Oxford University Press. 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., Vang, P. D., Blakey, J. M., Schwalbe, C., Evans, C. B. R., Rooney, R., Rooney, G. D., & Strom, K. (2023). *Direct social work practice: Theory and skills* (11th 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. (2017). *Introduction to social work and social welfare: Critical thinking perspectives* (5th ed.). Cengage.
- Kirst-Ashman, K. K., & Hull, G. H. (2018). *Understanding generalist practice* (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.
- Miley, K. K., O'Melia, M. W., & DuBois, B. (2022). *Generalist social work practice: An empowering approach* (9th ed.). Pearson.
- Netting, F. E., Kettner, P. M., McMurtry, S. L., & Thomas, M. L. (2023). *Social work macro practice* (7th ed.). Pearson.
- Rogers, A. T. (2022). *Human behavior in the social environment: Perspectives on development and the life course* (6th ed.). Routledge.
- Segal, E. A., Gerdes, K., & Steiner, S. (2019). *An introduction to the profession of social work: Becoming a change agent* (6th ed.). Cengage.
- Sheafor, B. W., & Horejsi, C. R. (2015). *Techniques and guidelines for social work practice* (10th ed.). Pearson.
- Zastrow, C., Kirst-Ashman, K. K., & Hessenauer, S. L. (2019). *Understanding human behavior and the social environment* (11th ed.). Cengage.

### III. INTERVENTION AND PRACTICE (32%)

#### IIIA. PRACTICE CONCEPTS

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

#### IIIB. INTERVENTION METHODS AND TECHNIQUES

- Principles of active listening and observation
- Verbal and nonverbal communication (e.g., body language, congruence, feedback)
- Methods and approaches for providing trauma-informed care for various types of trauma (e.g., complex, vicarious)
- Limit and boundary setting techniques
- Case management techniques (e.g., case recording, documentation, case presentation)
- Approaches to and methods of advocacy for needed services and resources
- Evidence-based practices (e.g., cognitive behavioral therapy, dialectical behavior therapy, mindfulness based stress reduction, motivational interviewing, eye movement desensitization and reprocessing)
- Methods for engaging and motivating voluntary and involuntary clients/client systems
- Contracting and goal-setting techniques (e.g., partializing, measurable objectives)
- Practice with clients experiencing loss, separation, and grief
- Emotional regulation techniques
- Crisis intervention and treatment approaches
- Stress management techniques
- Discharge, aftercare, wrap-around services, and follow-up
- Methods of teaching coping and other self-care skills to clients
- Techniques and methods for addiction intervention
- Establishing service networks or community resources
- Problem-solving models and approaches
- Harm reduction techniques
- Conflict resolution methods
- Anger management techniques
- Task-centered approaches
- Psychoeducation methods
- Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
- Role modeling techniques
- Social change and social planning methods
- Assertiveness training techniques
- Role play techniques

### IIIC. PRACTICE EVALUATION AND RESEARCH

- Techniques for evaluating progress and effectiveness of intervention, treatment, and service plans
- Methods of evaluating agency programs (e.g., needs assessment, formative/summative assessment, cost-effectiveness, cost-benefit analysis, outcomes assessment)
- Methods, techniques, and instruments used to evaluate social work practice

### IIID. SUPERVISION AND ADMINISTRATION

- Organizational development, structure, and functioning (e.g., policies, procedures)
- Supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing)
- Supervision and consultation models and techniques (e.g., individual, peer, group, case recording)
- Transference and countertransference within supervisory relationships

### Intervention and practice references

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision).
- Berg-Weger, M., & Tyuse, S. W. (2023). *The practice of generalist social work* (6th ed.). Routledge.
- Cavaiola, A. A., & Colford, J. E. (2018). *Crisis intervention: A practical guide*. Sage Publications.
- Collins, D., Jordan, C., Coleman, H., Collins, T., & Cory, D. (2024) *An introduction to family social work* (5th ed.). Oxford University Press.
- Corey, M. S., Corey, G., & Corey, C. (2018). *Groups: Process and practice* (10th ed.). Cengage.
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- Dziegielewski, S. F., & Jacinto, G. A. (2016). *Social work practice and psychopharmacology: A person-in-environment approach* (3rd ed.). Springer.
- Hepworth, D. H., Vang, P. D., Blakey, J. M., Schwalbe, C., Evans, C. B. R., Rooney, R., Rooney, G. D., & Strom, K. (2023). *Direct social work practice: Theory and skills* (11th ed.). Cengage.
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- Miller, W. R., & Rollnick, S. (2023). *Motivational interviewing: Helping people change* (4th ed.). Guilford Press.
- Netting, F. E., Kettner, P. M., McMurtry, S. L., & Thomas, M. L. (2023). *Social work macro practice* (7th ed.). Pearson.
- Rubin, A., & Babbie, E. R. (2025). *Research methods for social work* (10th ed.). Cengage.
- Schott, E. M. P., & Weiss, E. L. (Eds.). (2016). *Transformative social work practice*. Sage.
- Segal, E. A., Gerdes, K., & Steiner, S. (2019). *An introduction to the profession of social work: Becoming a change*

agent (6th ed.). Cengage.

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

Shulman, L. (2021). *The skills of helping individuals, families, groups, and communities* (8th ed.). Cengage.

Sidell, N. L. (2024). *Social work documentation: A guide to strengthening your case recording* (3rd ed.). NASW Press.

Tice, C. J., Long, D. D., & Cox, L. E. (2019). *Macro social work practice: Advocacy in action*. Sage.

Toseland, R. W., & Rivas, R. F. (2022). *An introduction to group work practice* (9th ed.). Pearson.

Walsh, J. (2015). *Theories for direct social work practice* (3rd ed.). Cengage.

## Bachelors/Associate exam sample questions

### RECALL

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

**KEY:** C

**Rationale:** Each of these options are actions that a social worker might take while working with an anxious client, but (KEY C) is the only option that directly addresses the importance of using a nonjudgmental attitude in relationship building. Acknowledging the client's difficulty in resolving the problem (A) or self-disclosing similar feelings (B) may be helpful, but validating the anxious feelings in a nonjudgmental way will **MOST** likely help with establishing rapport.

**Applied knowledge statement tested:** III Intervention and Practice> IIIA Practice Concepts> Principles and techniques for building and maintaining a helping relationship (e.g., acceptance, empathy, rapport)

## APPLICATION

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.

**Applied knowledge statement tested:** II. Assessment and planning>IIA. Assessment concepts>Impact of aging on the individual and family systems

## APPLICATION

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.

**Applied knowledge statement tested:** II. Assessment and planning>IIB. Assessment method and techniques>methods, techniques, and instruments for assessing client/client system strengths, resources, needs and challenges

## REASONING

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.

**Applied knowledge statement tested:** III. Intervention and practice>IIIB. Intervention methods and techniques>Principles of active listening and observation

## REASONING

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.

**Applied knowledge statement tested:** III. Intervention and practice>IIIA. Practice concepts>Strengths-based and empowerment strategies and interventions

# Masters exam

## Masters exam general references

Barker, R. L. (2014). *The social work dictionary* (6th ed.). NASW 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.)

Rapp-McCall, L., Roberts, A., & Corcoran, K. (Eds.). (2022). *Social workers' desk reference* (4th ed.). Oxford University Press.

## Masters exam content outline and references

### I. VALUES AND ETHICS (35%)

#### IA. ETHICAL PRINCIPLES AND RESPONSIBILITIES

- Principles and processes of obtaining informed consent
- Legal and ethical issues regarding confidentiality, including limitations of confidentiality (e.g., HIPAA, PHI, privacy)
- Legal and ethical issues related to the practice of social work, including responsibility to clients/client systems, colleagues, the profession, and society
- Identifying and resolving ethical dilemmas
- Professional values and principles (e.g., competence, social justice, integrity, dignity and worth of the person)
- Burnout, secondary trauma, and compassion fatigue
- Social worker self-care principles
- 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)

#### IB. ETHICAL SERVICE DELIVERY

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

- Ethical issues related to electronic practice
- Legal and ethical issues regarding termination

### IC. DIVERSITY AND SOCIAL JUSTICE

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

### Values and ethics references

Barsky, A. E. (2023). *Essential ethics in social work practice*. Oxford University Press.

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

Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux. (2024). *Code of ethics*.

Hardy, K. V., & Bobes, T. (2016). *Culturally sensitive supervision and training: Diverse perspectives and practical applications*. Routledge.

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

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.

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

Reamer, F. G. (2024). *Social work values and ethics* (6th ed.). Columbia University Press.

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.

## II. ASSESSMENT AND PLANNING (33%)

### IIA. ASSESSMENT CONCEPTS

- Indicators and impact of trauma, stressors, violence, and crises on individuals, families, groups, organizations, and communities (e.g., intergenerational, historical, and complex)
- Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
- Impact of poverty on individuals, families, groups, organizations, and communities (e.g., social determinants of health)
- Dynamics of interpersonal relationships and relationship development (e.g., family, couples, groups, polyamory)
- Indicators, dynamics, and impact of physical, sexual, and psychological abuse and neglect on individuals, families, groups, organizations, and communities
- Indicators of mental and emotional illness throughout the lifespan
- Impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
- Impact of caregiving on families
- Indicators and impact of addiction and substance use and abuse on individuals, families, groups, organizations, and communities
- Co-occurring disorders and conditions
- Biopsychosocial assessment model and related components and factors
- Characteristics of perpetrators of abuse, neglect, and exploitation
- Indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, trafficking)
- Defense mechanisms and their effects on behavior and relationships
- Effects of physical and mental ability throughout the lifespan
- Factors of out-of-home displacement (e.g., homelessness, immigration, and refugee status on clients/client systems)
- Impact of aging on the individual and family systems
- Factors influencing self- and body-image (e.g., culture, race, religion/spirituality, age, ability, trauma, gender, sexuality, size)
- Racial, ethnic, cultural, and spiritual/faith development throughout the lifespan
- Typical and atypical physical, cognitive, emotional, and sexual development throughout the lifespan
- The influence and impact of technology, including social media, on client/client-systems (personal and professional)

- Impact of urbanization, globalization, environmental hazards, and climate change on individuals, families, groups, organizations, and communities
- Client/client system competence, self-determination, and self-monitoring techniques (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)

## IIB. ASSESSMENT METHODS AND TECHNIQUES

- Principles and techniques of interviewing (e.g., supporting, clarifying, confronting, validating, feedback, reflecting, language differences, use of interpreters)
- Methods of assessing risk of harm to self and others
- Methods of involving clients/client systems in problem identification, problem solving, and intervention planning
- Methods, techniques, and instruments for assessing client/client system strengths, resources, needs, and challenges
- Methods for obtaining sensitive and/or confidential information (e.g., substance use, sexual abuse)
- Methods for assessing resilience and coping abilities
- Indicators of and methods of assessing motivation, barriers, and readiness for change
- Methods of assessing clients'/client systems' communication skills
- Methods of incorporating information from records and evaluations (e.g., employment, medical, psychological, school)

## IIC. ASSESSMENT PRACTICES

- This section of the exam may include questions on the following topics:
- Assessing the availability of and determining appropriate community resources
- Cultural considerations in the creation of an intervention plan
- Factors and processes used in goal planning, treatment planning, triage, and service plans
- Criteria used in the selection of intervention/treatment modalities (e.g., client/client system abilities, developmental level, culture, life stage)
- Use and side effects of common prescription, over-the-counter, and alternative medications
- Indicators of client/client system readiness for termination

### Assessment and planning references

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision).

Ashford, J. B., LeCroy, C. W., & Rankin, L. (2025). *Human behavior in the social environment: A multidimensional perspective* (7th ed.). Cengage.

Collins, D., Jordan, C., Coleman, H., Collins, T., & Cory, D. (2024) *An introduction to family social work* (5th ed.). Oxford University Press..

Corcoran, J., & Walsh, J. (2023). *Clinical assessment and diagnosis in social work practice* (4th 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., Vang, P. D., Blakey, J. M., Schwalbe, C., Evans, C. B. R., Rooney, R., Rooney, G. D., & Strom, K. (2023). *Direct social work practice: Theory and skills* (11th 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. (2017). *Introduction to social work and social welfare: Critical thinking perspectives* (5th ed.). Cengage.
- Kirst-Ashman, K. K., & Hull, G. H. (2018). *Understanding generalist practice* (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.
- Miley, K. K., O'Melia, M. W., & DuBois, B. (2022). *Generalist social work practice: An empowering approach* (9th ed.). Pearson.
- Netting, F. E., Kettner, P. M., McMurtry, S. L., & Thomas, M. L. (2023). *Social work macro practice* (7th ed.). Pearson.
- Rogers, A. T. (2022). *Human behavior in the social environment: Perspectives on development and the life course* (6th ed.). Routledge.
- Segal, E. A., Gerdes, K., & Steiner, S. (2019). *An introduction to the profession of social work: Becoming a change agent* (6th ed.). Cengage.
- Sheafor, B. W., & Horejsi, C. R. (2015). *Techniques and guidelines for social work practice* (10th ed.). Pearson.
- Zastrow, C., Kirst-Ashman, K. K., & Hessenauer, S. L. (2019). *Understanding human behavior and the social environment* (11th ed.). Cengage.

### III. INTERVENTION AND PRACTICE (32%)

#### IIIA. PRACTICE CONCEPTS

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

### IIIB. INTERVENTION METHODS AND TECHNIQUES

- Limit and boundary setting techniques
- Verbal and nonverbal communication (e.g., body language, congruence, feedback)
- Methods and approaches for providing trauma-informed care for various types of trauma (e.g., complex, vicarious)
- Principles of active listening and observation
- Crisis intervention and treatment approaches
- Emotional regulation techniques
- Approaches to and methods of advocacy for needed services and resources
- Methods of teaching coping and other self-care skills to clients
- Practice with clients experiencing loss, separation, and grief
- Methods for engaging and motivating voluntary and involuntary clients/client systems
- Case management techniques (e.g., case recording, documentation, case presentation)
- Evidence-based practices (e.g., cognitive behavioral therapy, dialectical behavior therapy, mindfulness based stress reduction, motivational interviewing, eye movement desensitization and reprocessing)
- Stress management techniques
- Harm reduction techniques
- Contracting and goal-setting techniques (e.g., partializing, measurable objectives)
- Problem-solving models and approaches
- Discharge, aftercare, wrap-around services, and follow-up
- Conflict resolution methods
- Establishing service networks or community resources
- Techniques and methods for addiction intervention
- Psychoeducation methods
- Anger management techniques
- Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
- Family therapy models, interventions, and approaches
- Social change and social planning methods

### IIIC. PRACTICE, EVALUATION AND RESEARCH

- Techniques for evaluating progress and effectiveness of intervention, treatment, and service plans
- Methods, techniques, and instruments used to evaluate social work practice
- Methods of evaluating agency programs (e.g., needs assessment, formative/summative assessment, cost-effectiveness, cost-benefit analysis, outcomes assessment)

- 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)

### IIID. SUPERVISION AND ADMINISTRATION

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

### Intervention and practice references

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision).
- Berg-Weger, M., & Tyuse, S. W. (2023). *The practice of generalist social work* (6th ed.). Routledge.
- Cavaiola, A. A., & Colford, J. E. (2018). *Crisis intervention: A practical guide*. Sage Publications.
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- Corey, M. S., Corey, G., & Corey, C. (2018). *Groups: Process and practice* (10th ed.). Cengage.
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- Pomeroy, E. C., & Garcia, R. B. (2018). *Direct practice skills for evidence-based social work: A strengths-based text and workbook*. Springer.
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- Segal, E. A., Gerdes, K., & Steiner, S. (2019). *An introduction to the profession of social work: Becoming a change agent* (6th ed.). Cengage.
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## Masters exam sample questions

### RECALL

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).

**Applied knowledge statement tested:** III.Intervention and practice>IIIB. Intervention methods and techniques>Contracting and goal-setting techniques (e.g., partializing, measurable objectives)

## RECALL

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.

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

## RECALL

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. Substance use by the parents
- C. Possibility of child neglect

**KEY:** C

**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 C). Prenatal care (A) is not typically a factor in this condition. Parental substance use (B) may be a factor in child neglect but is not directly linked to nonorganic failure to thrive.

**Applied knowledge statement tested:** II. Assessment and planning>IIA. Assessment concepts>Indicators, dynamics, and impact of physical, sexual, and psychological abuse and neglect on individuals, families, groups, organizations, and communities

## APPLICATION

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

**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.

**Applied knowledge statement tested:** II. Assessment and planning>II.B.Assessment methods and techniques> Methods for obtaining sensitive and/or confidential information (e.g., substance use, sexual abuse)

## APPLICATION

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.

**Applied knowledge statement tested:** I. Values and ethics>IC. Ethical service delivery> Professional values and ethics>Professional boundaries in the social worker-client/client system relationship (e.g., power differences, influence, privilege, conflicts of interest, self-disclosure, dual relationships)

## APPLICATION

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.

**Applied knowledge statement tested:** III. Intervention and practice>IIIA. Intervention methods and techniques> Evidence-based practices (e.g., cognitive behavioral therapy, dialectical behavior therapy, mindfulness-based stress reduction, motivational interviewing, eye movement desensitization and reprocessing)

## REASONING

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.

**Applied knowledge statement tested:** II. Assessment and planning>II.B Assessment methods and techniques>Methods of assessing risk of harm to self or others

## REASONING

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.

**Applied knowledge statement tested:** I. Values and ethics>IA. Ethical principle and responsibilities>Professional values and ethics>Professional values and principles (e.g., competence, social justice, integrity, dignity and worth of the person)

## REASONING

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.

**Applied knowledge statement tested:** III. Intervention and practice>IIIB. Intervention methods and techniques>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. (2014). *The social work dictionary* (6th ed.). NASW 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.)

Rapp-McCall, L., Roberts, A., & Corcoran, K. (Eds.). (2022). *Social workers' desk reference* (4th ed.). Oxford University Press.

## Advanced Generalist exam content outline with references

### I. VALUES AND ETHICS (35%)

#### IA. ETHICAL PRINCIPLES AND RESPONSIBILITIES

- Legal and 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)
- Legal and ethical issues regarding confidentiality, including limitations of confidentiality (e.g., HIPAA, PHI, privacy)
- Principles and processes of obtaining informed consent
- Identifying and resolving ethical dilemmas
- Burnout, secondary trauma, and compassion fatigue
- Social worker self-care principles
- 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)

#### IB. ETHICAL SERVICE DELIVERY

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

- Ethical issues related to electronic practice
- Research ethics (e.g., institutional review boards, use of human subjects, informed consent)
- Legal and ethical issues regarding termination

### IC. DIVERSITY AND SOCIAL JUSTICE

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

### Values and ethics references

Barsky, A. E. (2023). *Essential ethics in social work practice*. Oxford University Press.

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

Canadian Association of Social Workers/Association Canadienne des Travailleuses et des Travailleurs Sociaux. (2024). *Code of ethics*.

Hardy, K. V., & Bobes, T. (2016). *Culturally sensitive supervision and training: Diverse perspectives and practical applications*. Routledge.

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

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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.

## II. ASSESSMENT AND PLANNING (33%)

### IIA. ASSESSMENT CONCEPTS

- Indicators and impact of trauma, stressors, violence, and crises on individuals, families, groups, organizations, and communities (e.g., intergenerational, historical, and complex)
- Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
- Dynamics of interpersonal relationships and relationship development (e.g., family, couples, groups, polyamory)
- Impact of poverty on individuals, families, groups, organizations, and communities (e.g., social determinants of health)
- Indicators of mental and emotional illness throughout the lifespan
- Biopsychosocial assessment model and related components and factors
- Indicators, dynamics, and impact of physical, sexual, and psychological abuse and neglect on individuals, families, groups, organizations, and communities
- Co-occurring disorders and conditions
- Characteristics of perpetrators of abuse, neglect, and exploitation
- Impact of caregiving on families
- Effects of physical and mental ability throughout the lifespan
- Impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
- Indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, trafficking)
- Impact of aging on the individual and family systems
- Racial, ethnic, cultural, and spiritual/faith development throughout the lifespan
- Indicators and impact of addiction and substance use and abuse on individuals, families, groups, organizations, and communities
- Factors influencing self- and body-image (e.g., culture, race, religion/spirituality, age, ability, trauma, gender, sexuality, size)
- Typical and atypical physical, cognitive, emotional, and sexual development throughout the lifespan
- Factors of out-of-home displacement (e.g., homelessness, immigration, and refugee status on clients/client systems)
- Defense mechanisms and their effects on behavior and relationships
- The influence and impact of technology, including social media, on client/client-systems (personal and professional)

- Impact of urbanization, globalization, environmental hazards, and climate change on individuals, families, groups, organizations, and communities
- Client/client system competence, self-determination, and self-monitoring techniques (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)

### **IIB. ASSESSMENT METHODS AND TECHNIQUES**

- Methods, techniques, and instruments for assessing client/client system strengths, resources, needs, and challenges
- Methods of involving clients/client systems in problem identification, problem solving, and intervention planning
- Methods of assessing risk of harm to self and others
- Principles and techniques of interviewing (e.g., supporting, clarifying, confronting, validating, feedback, reflecting, language differences, use of interpreters)
- Methods for assessing resilience and coping abilities
- Methods for obtaining sensitive and/or confidential information (e.g., substance use, sexual abuse)
- Indicators of and methods of assessing motivation, barriers, and readiness for change
- Methods of assessing clients'/client systems' communication skills
- Components and function of the mental status examination
- Methods of incorporating information from records and evaluations (e.g., employment, medical, psychological, school)

### **IIC. ASSESSMENT PRACTICES**

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

### **Assessment and planning references**

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision).

Ashford, J. B., LeCroy, C. W., & Rankin, L. (2025). *Human behavior in the social environment: A multidimensional perspective* (7th ed.). Cengage.

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- Hutchison, E. D., & Wood Charlesworth, L. (2021). *Essentials of human behavior: Integrating person, environment, and the life course* (3rd ed). Sage.
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- Zastrow, C., Kirst-Ashman, K. K., & Hessenauer, S. L. (2019). *Understanding human behavior and the social environment* (11th ed.). Cengage.

### III. INTERVENTION AND PRACTICE (32%)

#### IIIA. PRACTICE CONCEPTS

- Strengths-based and empowerment strategies and interventions
- Interdisciplinary and intra-disciplinary team collaboration (e.g., co-therapy, care conference, IEP)
- The social worker's role in the problem-solving process
- Principles and techniques for building and maintaining a helping relationship (e.g., acceptance, empathy, rapport)
- End of life practice (e.g., continuity of care, hospice, palliative care, stages of death and dying)
- Developing formal documents (e.g., grants, proposals, reports, evaluations)
- Policies, procedures, regulations, and legislation and their impact on social work practice and service delivery
- Permanency planning (e.g., child welfare)
- Community organizing, development, and mobilizing community participation

#### IIB. INTERVENTION METHODS AND TECHNIQUES

- Verbal and nonverbal communication (e.g., body language, congruence, feedback)
- Limit and boundary setting techniques

- Emotional regulation techniques
- Case management techniques (e.g., case recording, documentation, case presentation)
- Methods of teaching coping and other self-care skills to clients
- Evidence-based practices (e.g., cognitive behavioral therapy, dialectical behavior therapy, mindfulness based stress reduction, motivational interviewing, eye movement desensitization and reprocessing)
- Crisis intervention and treatment approaches
- Stress management techniques
- Methods and approaches for providing trauma-informed care for various types of trauma (e.g., complex, vicarious)
- Contracting and goal-setting techniques (e.g., partializing, measurable objectives)
- Methods for engaging and motivating voluntary and involuntary clients/client systems
- Approaches to and methods of advocacy for needed services and resources
- Principles of active listening and observation
- Problem-solving models and approaches
- Practice with clients experiencing loss, separation, and grief
- Harm reduction techniques
- Conflict resolution methods
- Establishing service networks or community resources
- Discharge, aftercare, wrap-around services, and follow-up
- Anger management techniques
- Psychoeducation methods Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
- Family therapy models, interventions, and approaches
- Techniques and methods for addiction intervention

### **IIIC. PRACTICE EVALUATION AND RESEARCH**

- Techniques for evaluating progress and effectiveness of intervention, treatment, and service plans
- Methods, techniques, and instruments used to evaluate social work practice
- Quality assurance (e.g., program reviews and audits by external sources)
- Methods of establishing program objectives and outcomes
- Program evaluation and related impact on services
- Methods of evaluating agency programs (e.g., needs assessment, formative/summative assessment, cost-effectiveness, cost-benefit analysis, outcomes assessment)
- 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)

### IIID. SUPERVISION AND ADMINISTRATION

- Leadership and management techniques
- Methods for creating, implementing, and evaluating policies and procedures for safe, inclusive, and a healthy work environment
- Methods for creating, implementing, and evaluating policies and procedures that minimize risk for individuals, families, groups, organizations, and communities
- Transference and countertransference within supervisory relationships
- Supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing)
- Supervision and consultation models and techniques (e.g., individual, peer, group, case recording)
- Organizational development, structure, and functioning (e.g., policies, procedures)
- Employee recruitment, training, retention, performance appraisal, evaluation, and discipline

#### Intervention and practice references

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision).
- Berg-Weger, M., & Tyuse, S. W. (2023). *The practice of generalist social work* (6th ed.). Routledge.
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- Miller, W. R., & Rollnick, S. (2023). *Motivational interviewing: Helping people change* (4th ed.). Guilford Press.

Netting, F. E., Kettner, P. M., McMurtry, S. L., & Thomas, M. L. (2023). *Social work macro practice* (7th ed.). Pearson.

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Schott, E. M. P., & Weiss, E. L. (Eds.). (2016). *Transformative social work practice*. Sage.

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

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Shulman, L. (2021). *The skills of helping individuals, families, groups, and communities* (8th ed.). Cengage.

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Tice, C. J., Long, D. D., & Cox, L. E. (2020). *Macro social work practice: Advocacy in action*. Sage.

Toseland, R. W., & Rivas, R. F. (2022). *An introduction to group work practice* (9th ed.). Pearson.

Walsh, J. (2015). *Theories for direct social work practice* (3rd ed.). Cengage.

#### **Note**

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

# Clinical exam

## Clinical exam general references

Barker, R. L. (2014). *The social work dictionary* (6th ed.). NASW 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.)

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## Clinical exam content outline and references

### I. VALUES AND ETHICS (36%)

#### IA. ETHICAL PRINCIPLES AND RESPONSIBILITIES

- Legal and ethical issues regarding confidentiality, including limitations of confidentiality (e.g., HIPAA, PHI, privacy)
- Legal and ethical issues related to the practice of social work, including responsibility to clients/client systems, colleagues, the profession, and society
- Identifying and resolving ethical dilemmas
- Principles and processes of obtaining informed consent
- Professional values and principles (e.g., competence, social justice, integrity, dignity and worth of the person)
- Burnout, secondary trauma, and compassion fatigue
- Social worker self-care principles
- 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)

#### IB. ETHICAL SERVICE DELIVERY

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

- Legal and ethical issues regarding termination
- Ethical issues related to electronic practice
- Research ethics (e.g., institutional review boards, use of human subjects, informed consent)

### IC. DIVERSITY AND SOCIAL JUSTICE

- This section of the exam may include questions on the following topics:
- Anti-oppressive and anti-racist approaches
- Social, racial, environmental, and economic justice principles
- Impact of culture, race, ethnicity, sexual orientation, gender, and intersectionality on behaviors, attitudes, and identity formation
- Accessibility including language, physical, and cultural access (e.g., translation and interpretation, neurodiversity, American Sign Language)
- Power differential and racial privilege (e.g., internalized racial and ethnic inferiority and superiority)
- Privilege and bias and their impact on client/client systems (e.g., implicit bias, microaggressions)
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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.

## II. ASSESSMENT AND PLANNING

### IIA. ASSESSMENT CONCEPTS

- Indicators and impact of trauma, stressors, violence, and crises on individuals, families, groups, organizations, and communities (e.g., intergenerational, historical, and complex)
- Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities
- Dynamics of interpersonal relationships and relationship development (e.g., family, couples, groups, polyamory)
- Indicators, dynamics, and impact of physical, sexual, and psychological abuse and neglect on individuals, families, groups, organizations, and communities
- Indicators of mental and emotional illness throughout the lifespan
- Co-occurring disorders and conditions
- Biopsychosocial assessment model and related components and factors
- Indicators and impact of addiction and substance use and abuse on individuals, families, groups, organizations, and communities
- Impact of poverty on individuals, families, groups, organizations, and communities (e.g., social determinants of health)
- Factors influencing self- and body-image (e.g., culture, race, religion/spirituality, age, ability, trauma, gender, sexuality, size)
- Defense mechanisms and their effects on behavior and relationships
- Characteristics of perpetrators of abuse, neglect, and exploitation
- Impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems
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- Indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, trafficking)
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- Effects of physical and mental ability throughout the lifespan
- Impact of aging on the individual and family systems
- Racial, ethnic, cultural, and spiritual/faith development throughout the lifespan
- Factors of out-of-home displacement (e.g., homelessness, immigration, and refugee status on clients/client systems)

- The influence and impact of technology, including social media, on client/client-systems (personal and professional)
- Impact of urbanization, globalization, environmental hazards, and climate change on individuals, families, groups, organizations, and communities
- Client/client system competence, self-determination, and self-monitoring techniques (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)

### **IIB. ASSESSMENT METHODS AND TECHNIQUES**

- Methods of assessing risk of harm to self and others
- Principles and techniques of interviewing (e.g., supporting, clarifying, confronting, validating, feedback, reflecting, language differences, use of interpreters)
- Methods of involving clients/client systems in problem identification, problem solving, and intervention planning
- Indicators of and methods of assessing motivation, barriers, and readiness for change
- Methods for assessing resilience and coping abilities
- Methods, techniques, and instruments for assessing client/client system strengths, resources, needs, and challenges
- Methods for obtaining sensitive and/or confidential information (e.g., substance use, sexual abuse)
- Methods of assessing clients/client systems' communication skills
- Use of the Diagnostic and Statistical Manual of Mental Disorders in assessment and common indicators of mental health and brain-related conditions
- Components and function of the mental status examination
- Methods of incorporating information from records and evaluations (e.g., employment, medical, psychological, school)

### **IIC. ASSESSMENT PRACTICES**

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

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### III. INTERVENTION AND PRACTICE (32%)

#### IIIA. PRACTICE CONCEPTS

- Strengths-based and empowerment strategies and interventions
- Principles and techniques for building and maintaining a helping relationship (e.g., acceptance, empathy, rapport)
- Interdisciplinary and intra-disciplinary team collaboration (e.g., co-therapy, care conference, IEP)
- The social worker's role in the problem-solving process
- End of life practice (e.g., continuity of care, hospice, palliative care, stages of death and dying)
- Parenting capacities and skill building

- Policies, procedures, regulations, and legislation and their impact on social work practice and service delivery
- Developing formal documents (e.g., grants, proposals, reports, evaluations)

### **IIIB. INTERVENTION METHODS AND TECHNIQUES**

- Methods and approaches for providing trauma-informed care for various types of trauma (e.g., complex, vicarious)
- Verbal and nonverbal communication (e.g., body language, congruence, feedback)
- Principles of active listening and observation
- Limit and boundary setting techniques
- Crisis intervention and treatment approaches
- Emotional regulation techniques
- Evidence-based practices (e.g., cognitive behavioral therapy, dialectical behavior therapy, mindfulness based stress reduction, motivational interviewing, eye movement desensitization and reprocessing)
- Methods of teaching coping and other self-care skills to clients
- Stress management techniques
- Practice with clients experiencing loss, separation, and grief
- Methods for engaging and motivating voluntary and involuntary clients/client systems
- Harm reduction techniques
- Approaches to and methods of advocacy for needed services and resources
- Psychoeducation methods
- Contracting and goal-setting techniques (e.g., partializing, measurable objectives)
- Problem-solving models and approaches
- Techniques and methods for addiction intervention
- Case management techniques (e.g., case recording, documentation, case presentation)
- Conflict resolution methods
- Anger management techniques
- Family therapy models, interventions, and approaches
- Discharge, aftercare, wrap-around services, and follow-up
- Group work techniques and approaches (e.g., developing and managing group processes and cohesion)
- Establishing service networks or community resources
- Assertiveness training techniques
- Role modeling techniques
- Couples interventions and treatment approaches

- Role play techniques

### IIIC. PRACTICE EVALUATION AND RESEARCH

- Techniques for evaluating progress and effectiveness of intervention, treatment, and service plans
- Methods of establishing program objectives and outcomes
- Program evaluation and related impact on services
- Methods of evaluating agency programs (e.g., needs assessment, formative/summative assessment, cost-effectiveness, cost-benefit analysis, outcomes assessment)
- 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)
- Quality assurance (e.g., program reviews and audits by external sources)

### IIID. SUPERVISION AND ADMINISTRATION

- Supervisee's role in supervision (e.g., identifying learning needs, self-assessment, prioritizing)
- Supervision and consultation models and techniques (e.g., individual, peer, group, case recording)
- Transference and countertransference within supervisory relationships
- Methods for creating, implementing, and evaluating policies and procedures that minimize risk for individuals, families, groups, organizations, and communities
- Organizational development, structure, and functioning (e.g., policies, procedures)
- Fiscal management and resource allocation techniques

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### RECALL

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.

**Applied knowledge statement tested:** II. Assessment and planning>II.B. Assessment methods and techniques>Use of the Diagnostic and Statistical Manual of Mental Disorders in assessment and common indicators of mental health and brain-related conditions

### RECALL

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 her 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).

**Applied knowledge statement tested:** II. Assessment and planning>II.A Assessment concepts>Typical and atypical physical, cognitive, emotional, and sexual development throughout the lifespan

## RECALL

A social worker meets with a 43-year-old 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. 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. Adjustment disorder with anxiety (C) 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.

**Applied knowledge statement tested:** II. Assessment and planning>IIB. Assessment methods and techniques>Use of the Diagnostic and Statistical Manual of Mental Disorders in assessment and common indicators of mental health and brain-related conditions

## APPLICATION

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.

**Applied knowledge statement tested:** I. Values and ethics>IA. Ethical principles and responsibilities> Legal and ethical issues regarding confidentiality, including limitations of confidentiality (e.g., HIPAA, PHI, privacy)

## APPLICATION

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**.

**Applied knowledge statement tested:** II. Assessment and planning>IIB. Assessment methods and techniques> Principles and techniques of interviewing (e.g., supporting, clarifying, confronting, validating, feedback, reflecting, language differences, use of interpreters)

## APPLICATION

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.

**Applied knowledge statement tested:** III. Intervention and practice>IIIB. Intervention methods and techniques>Role modeling techniques

## REASONING

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 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) and the reason the mother read the daughter's diary (C) may be actions that the social worker would take later, after safety has been established.

**Applied knowledge statement tested:** II. Assessment and planning>IIA Assessment concepts> Indicators, dynamics, and impact of physical, sexual, and psychological abuse and neglect on individuals, families, groups, organizations, and communities.

## REASONING

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.

**Applied knowledge statement tested:** III. Intervention and practice>IIIA. Practice concepts>Principles and techniques for building and maintaining a helping relationship (e.g., acceptance, empathy, rapport)

## REASONING

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.

**Applied knowledge statement tested:** III. Intervention and practice> IIIB Intervention methods and techniques> Verbal and nonverbal communication (e.g., body language, congruence, feedback)