The following study guides by Dawn Apgar are also available from Springer Publishing to assist social workers with studying for and passing the ASWB® examinations.

**Bachelors**


Test focuses on knowledge acquired while obtaining a Baccalaureate degree in Social Work (BSW). A small number of jurisdictions license social workers at an Associate level and require the ASWB® Associate examination. The Associate examination is identical to the ASWB® Bachelors examination, but the Associate examination requires a lower score in order to pass.

**Masters**


Test focuses on knowledge acquired while obtaining a Master’s degree in Social Work (MSW). There is no postgraduate supervision needed.

**Clinical**


Test focuses on knowledge acquired while obtaining a Master’s degree in Social Work (MSW). It is usually taken by those with postgraduate supervised direct practice experience.

**Advanced Generalist**


Test focuses on knowledge acquired while obtaining a Master’s degree in Social Work (MSW). It is usually taken by those with postgraduate supervised nonclinical experience.
Dawn Apgar, PhD, LSW, ACSW, has helped thousands of social workers across the country pass the examinations associated with all levels of licensure. In recent years, she has consulted in numerous states to assist with establishing licensure test preparation programs, including training the instructors.

Dr. Apgar has done research on licensure funded by the American Foundation for Research and Consumer Education in Social Work Regulation and is currently on her state’s social work licensing board. She is a past president of the New Jersey Chapter of NASW and has been on its National Board of Directors. In 2014, the Chapter presented her with a Lifetime Achievement Award. Dr. Apgar has taught in both undergraduate and graduate social work programs and has extensive direct practice, policy, and management experience in the field.
Social Work
ASWB® Masters
Practice Test
170 Questions to Identify
Knowledge Gaps

Dawn Apgar, PhD, LSW, ACSW
I did then what I knew how to do.
Now that I know better, I do better.
—Maya Angelou

To Bill, Ryan, and Alex, who are my teachers and make me want to do better.
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Introduction

Despite social workers’ best efforts to study for and pass the Association of Social Work Boards (ASWB®) examinations for licensure, they can encounter difficulties answering questions correctly that can ultimately lead to challenges in passing. Social workers who struggle with standardized test taking or have failed the ASWB examinations find themselves at a loss in finding resources to assist them in identifying the mistakes they made and strategies for correcting these errors. The focus of test preparation courses and guides is usually the review of the relevant content and supplying some study and test-taking tips. However, when these resources do not result in passing the ASWB examinations, social workers do not know where to turn for help.

Often, social workers will turn to taking practice tests in an effort to gauge their readiness for the ASWB examinations. In addition, they will try to use them to identify gaps in knowledge and errors in problem-solving that prevent desired outcomes. Such an approach is understandable because there has been a void in available diagnostic resources. However, for several reasons, use of existing practice examinations is not usually helpful.

First, it is difficult to identify specific content that is used by test developers to formulate actual questions. For example, many practice tests do not provide the rationales for the correct and incorrect answers. In addition, they usually do not let social workers know which specific ASWB® content areas were being tested (e.g., Human Development, Diversity, and Behavior in the Environment; Assessment and Intervention Planning; Direct and Indirect Practice; or Professional Relationships, Values, and Ethics). In addition, the ASWB competencies and corresponding
INTRODUCTION

Knowledge, Skills, and Abilities statements (KSAs) that form the basis for question development are also not included. Thus, when questions are answered incorrectly, social workers do not know which knowledge in the ASWB content areas, competencies, and KSAs is lacking so they can go back and review relevant source materials.

Based on a practice analysis conducted by ASWB, which outlines the content to be included on the exam, content areas, competencies, and KSAs are created. Content areas are the broad knowledge areas that are measured by each exam. The content areas structure the content for exam construction and score reporting purposes. When receiving exam scores, failing candidates are given feedback on their performance on each content area of the exam. Competencies describe meaningful sets of abilities that are important to the job of a social worker within each content area. Finally, KSAs structure the content of the exam for item development purposes. The KSAs provide further details about the nature and range of exam content that is included in the competencies. Each KSA describes a discrete knowledge component that is the basis for individual exam questions that may be used to measure the competency.

Having ASWB content areas, competencies, and KSAs identified is critical in order to make practice tests useful for diagnosing knowledge weaknesses. The following example illustrates the usefulness of having this material explicitly stated.

SAMPLE QUESTION

A social worker at a community mental health agency is doing a home visit to a client as he has not gotten his medication refilled as prescribed. The social worker learns that he has not been taking it for several weeks due to a belief that it is not helping alleviate his thought to “just end things.” In order to assist the client, the social worker should FIRST:

A. Accompany the client to his next appointment with the psychiatrist to see if another medication can be prescribed
B. Explain to the client the importance of taking the medication as prescribed
C. Conduct a suicide risk assessment
D. Ask the client if he has suggestions for other strategies that may assist him
ANSWER

1. C

Rationale

Social workers have an ethical duty to respect and promote the right of clients to self-determination. However, there are times when social workers’ responsibility to the larger society or specific legal obligations supersedes their commitment to respecting clients’ decisions or wishes. These instances are when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves (including the risk of suicide) or others (in general or aimed at identifiable third parties—duty to warn).

The client’s thoughts to “just end things” may be an indicator of suicide risk. The social worker should FIRST assess the degree of risk that is present to determine whether the client is safe without use of the medication and can wait to discuss his concerns with his psychiatrist at a future appointment or needs to be treated immediately, voluntarily, or involuntarily.

Knowledge Area

Assessment and Intervention Planning (Content Area); Use of Assessment Methods and Techniques (Competency); Indicators of Client Danger to Self or Others (KSA)

If this answer was missed, social workers need the rationale for the correct response choice in order to identify the need to review materials related to assessment and intervention planning, which is the content area being assessed. Specifically, this question focused on determining competency with regard to assessment methods and techniques related to identifying indicators of client danger to self or others (KSA). Reviewing the risk factors and signs associated with suicide would be a useful place to start. In addition, refined literature searches on behavioral, emotional, and psychological warning signs would produce more targeted information to fill this information gap.

Most practice tests will not help direct social workers toward these resources as they do not provide the ASWB content areas, competencies,
and KSAs being tested. They also do not give valuable information on the topics as a way for social workers to understand the rationales for the correct answers and why the others are incorrect.

Second, practice tests rarely explicitly identify the test-taking strategies that must be used in order to select the correct answers from the others provided. Even when rationales are provided on practice tests, the test-taking strategies that should be generalized to other questions are often not explicitly stated. This void makes it difficult for social workers to see problems that they may be having in problem-solving, outside of content gaps.

For example, in the sample question, social workers must be keenly aware of the client’s thoughts to “just end things” as delineated by quotation marks. These thoughts may be an indication of suicide risk.

There is also a qualifying word—FIRST—used, which is capitalized in the question. The use of this qualifying word indicates that more than one of the provided response choices may be correct, but selecting the one that precedes the others is what is being asked. When clients are potentially suicidal, social workers must FIRST assess for risk.

This tool was developed to assist social workers in identifying their knowledge gaps and difficulties in problem-solving by providing critical information including the knowledge area being assessed and the test-taking strategies required in order to answer questions correctly.

Social workers should use this diagnostic practice test to identify:

- Question wording that is important to selecting correct answers
- Key social work concepts that are being assessed
- Useful problem-solving strategies and themes
- Mistakes in logic
- Content areas, competencies, and/or KSAs that require additional study

This test is not intended to be a study guide, but does contain important social work content related to the KSAs. This diagnostic practice test helps social workers who are struggling to find answers about what mistakes they are making and what they need to study more. It can be used in conjunction with existing study guides that provide an overview of needed social work material, such as the Social Work ASWB® Masters Exam Guide: A Comprehensive Guide for Success by this author.
Social workers must understand their learning styles and use available resources to fill in existing content gaps through the use of visual, auditory, and/or hands-on materials. Most social work content is available for little or no cost. There is no need to purchase expensive products as there are many educational materials available for free. However, it is important that social workers make sure that these resources are rooted in the values and knowledge base of the profession, as well as produced by those providing legitimate instruction. There are no tricks or fast facts for the examination that can replace learning and understanding a topic. The application of material requires being able to relate it to various case scenarios or vignettes.
Recommendations for Using This Practice Test

Actual ASWB test results are based on 150 scored items and an additional 20 questions that are not scored because they are being piloted. These pilot items are intermixed with the scored ones and not distinguished in any way. Social workers never find out which ones are scored and which questions are being piloted.

In an effort to make this diagnosis as similar to the examination as possible, it contains 170 questions, the same number as the actual exam, proportionately distributed within the four domains—Human Development, Diversity, and Behavior in the Environment (48 questions); Assessment and Intervention Planning (41 questions); Direct and Indirect Practice (36 questions); and Professional Relationships, Values, and Ethics (45 questions). These proportions mirror the distribution of questions across these domains on the actual ASWB® examination.

The best way for social workers to use this practice test is to:

- Complete it after you have studied yet are still feeling uncertain about problem areas
- Finish it completely during a 4-hour block of time as a way of gauging fatigue and length of time it will take to complete the actual examination
- Avoid looking up the answers until after you have finished completely
RECOMMENDATIONS FOR USING THIS PRACTICE TEST

■ Generate a listing of content areas in which you experienced problems and use it as the basis of a study plan employing other source materials to further review the concepts

■ Generalize the test-taking strategies for future use on the actual examination

This practice test is to be used as a diagnostic tool, so social workers should not worry about getting incorrect answers, but should view them as learning opportunities to avoid common pitfalls and pinpoint learning needs. On the actual ASWB examination, the number of questions that social workers need to correctly answer generally varies from 93 to 106 of the 150 scored items. Since this diagnostic practice test is 170 items, 20 questions would need to be randomly removed (6 from Unit I, 5 from Unit II, 4 from Unit III, and 5 from Unit IV) to determine if the overall number correct falls into this range. Since many social workers who do not pass find themselves “just missing” these pass points, the value of identifying content gaps and difficulties in problem-solving is tremendous because it can result in additional correct answers on the actual test.

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1 Because different test takers receive different questions, raw scores on the actual exam—the actual number of correctly answered questions—go through an “equating process” to make sure that those receiving more difficult questions are not placed at a disadvantage. Equating adjusts the number of items needed to answer correctly up or down depending on the difficulty levels. This diagnostic practice test has not gone through the equating process, which is why the number of correct answers needed to “pass” using ASWB standards cannot be determined.
1. Upon intake, a client who professes to be “health conscious” reports that she smokes cigarettes. When asked by the social worker if she is aware of the health risks associated with smoking, the client states that “the reports are filled with misinformation and the hazards are not that great.” The client’s assertion MOST likely results from:

   A. Cognitive dissonance  
   B. Metacommunication  
   C. Displacement  
   D. Intellectualization

2. A social worker who retired more than a year ago from private practice runs into a former client whom she has not seen in years. The former client received grief counseling from the social worker for several years after her mother died. The former client also recently retired and suggests that the social worker join a local group for retirees to which she belongs. The social worker, who has been looking for ways to stay active, agrees to attend the next meeting. The social worker’s actions are:

   A. Justified as she has not served the client for years  
   B. Unprofessional because the social worker is using the former client for her own gain  
   C. Problematic as she is knowingly creating a conflict of interest or dual relationship  
   D. Acceptable because the interaction will be in a group context and not intimate in nature
2 SOCIAL WORK ASWB® MASTERS PRACTICE TEST

3. A client reports that he was recently in a serious accident at work that has resulted in limitations in his mobility. In this situation, a social worker should FIRST:
   A. Assist with making a workers’ compensation claim to help the client pay for medical expenses and lost wages
   B. Refer the client for vocational rehabilitation services to determine whether modifications are needed to his home and work environments
   C. Discuss the psychological impacts of trauma and disability that will need to be addressed in order for the client to make a full recovery
   D. Conduct a biopsychosocial assessment to determine the impact of the client’s physical changes on his other life domains

4. Which is NOT an appropriate reason for a social worker to conduct a needs assessment?
   A. Detection of barriers preventing service or resource access
   B. Identification of clients impacted by problems that require services or resources
   C. Documentation of critical needs identified by service agencies
   D. Recognition of an ongoing social problem

5. Universalism as a basis of social allocation is BEST defined as:
   A. Resources that adequately meet all existing needs of clients
   B. Benefits made available to an entire population as a basic right
   C. Services that are consistently provided regardless of geographic locale
   D. Distribution of assistance that disproportionately benefits those in power

6. Which of the following is TRUE about child sexual abuse?
   A. Perpetrators are male in the majority of reported cases of sexual abuse.
   B. Sexual abuse is a cultural or socioeconomic problem.
   C. Most victims do not know their perpetrators prior to the sexual abuse first occurring.
   D. Victims of sexual abuse will have physical signs of their abuse.
7. Absent client consent to release records or a recognized legal exception, what ethical duty do social workers have with regard to releasing client information?

A. Social workers must release information only if subpoenaed to do so.
B. Social workers must provide only material that they feel will directly benefit clients.
C. Social workers must keep all records confidential while clients are living.
D. Social workers must claim privilege on behalf of clients.

8. When children are not emancipated, their ability to legally consent to treatment may depend on all of the following EXCEPT:

A. Their age
B. The services requested
C. Their service utilization history
D. The state in which they are seeking assistance

9. A school social worker is contacted by the parents of a 12-year-old boy as they would like to see his educational records based on the belief that they contain inaccurate information about his academic achievements. Under federal law, these records are:

A. Public information, making them accessible to any party for justified purposes
B. Open to inspection and review by the parents at any time
C. Available to the parents only if the assent of the child is obtained prior to their release
D. Strictly confidential, only to be released to the parents if ordered by a court

10. Which of the following behaviors is NOT an indicator that a client is resistant or lacks readiness to fully participate in services?

A. Engaging in small talk about irrelevant topics
B. Regularly missing or being late for appointments
C. Limiting the amount of information revealed about the problem
D. Asking in detail about confidentiality practices and procedures
4 SOCIAL WORK ASWB® MASTERS PRACTICE TEST

11. An example of cultural blindness in social work practice is:

A. Viewing the needs of all clients, not just those in the dominant culture, as equally important
B. Identifying cultural norms that have impacted on clients’ presenting problems
C. Advocating for the rights of all clients regardless of culture, race, and/or ethnicity
D. Applying helping approaches universally to all clients without considering cultural diversity

12. Which criterion does not need to be met for social workers to be able to terminate clients for nonpayment of fees?

A. The clinical and other consequences of the nonpayment have been discussed with clients
B. The financial contractual arrangements have been made clear to clients, preferably in writing
C. Social workers have used sliding scales to make fees affordable for clients
D. Clients do not pose imminent danger to self or others

13. A client is upset about the breakup of his marriage. He feels distraught and does not think that he will ever have another intimate relationship. In this situation, the social worker can BEST demonstrate empathy by:

A. Discussing similar events in the social worker’s life that have been resolved successfully
B. Telling the client that many people in this situation feel similarly
C. Listening attentively while looking at the client as he describes his feelings
D. Helping the client to find ways to cope with his emotions during this difficult time

14. A social worker receives a request for “all mental health records” of a client. The social worker maintains psychotherapy notes of sessions in a separate locked location. After reviewing all of the records and notes, the client signs a single authorization releasing all mental health information. Based on this consent, the social worker should:

A. Provide copies of both the record and psychotherapy notes
B. Advise the client that the decision is poor and no information should be sent
1. A

**Rationale**
Psychologist Leon Festinger (1957) proposed a theory of **cognitive dissonance** centered on how people try to reach internal consistency. Clients have an inner need to ensure that their beliefs and behaviors are consistent. Inconsistent or conflicting beliefs lead to disharmony, which clients strive to avoid. As the experience of dissonance is unpleasant, clients are motivated to reduce or eliminate it and achieve consonance (e.g., agreement).

For example, clients who smoke might continue to do so, even though they know it is bad for their health. They might decide that they value smoking more than their health, deeming the behavior “worth it” in terms of risks versus rewards. Another way to deal with this dissonance is to minimize the potential drawbacks. *Smokers might convince themselves that the negative health effects have been overstated.* They might also rationalize health concerns by telling themselves that they cannot avoid every possible risk out there. Lastly, smokers might try to convince themselves that if they do stop smoking then they will gain weight, which also presents health risks. By using such explanations, smokers are able to reduce the dissonance and continue the behavior.

There are three key strategies to reduce or minimize cognitive dissonance: (1) focus on more supportive beliefs that outweigh the dissonant belief or behavior; (2) reduce the importance of the conflicting belief; and (3) change the conflicting belief so that it is consistent with other beliefs or behaviors.

**Metacommunication** is the context within which to interpret the content of a message (such as nonverbal communication, body language, tone, and so on).
Displacement and intellectualization are both defense mechanisms. Displacement is directing an impulse or feeling toward a less threatening target and intellectualization is focusing on the facts and logic to avoid uncomfortable emotions.

Test-Taking Strategies Applied
The question contains a qualifying word—MOST. While the client may be using a defense mechanism, it is likely that her statement results from cognitive dissonance as she has minimized the health risks in an attempt to justify her continued smoking.

Knowledge Area
Unit I—Human Development, Diversity, and Behavior in the Environment (Content Area); Theories and Models (Competency); Communication Theories (KSA)

2. C

Rationale
Social workers must ensure that they do not engage in dual or multiple relationships with current or former clients. In addition, social workers should be alert to and avoid conflicts of interest. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether it is professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.

Test-Taking Strategies Applied
This is a recall question that relies on social workers understanding the ethical issues that relate to conflicts of interest and dual relationships. While the specifics of the case scenario are not explicitly mentioned in the NASW Code of Ethics, 2008, the social worker’s actions are concerning. Perhaps the former client might need counseling again. Asking the social worker to serve as her therapist would not be possible if both were socializing as members of this retirement group. To avoid this problem and others, social workers should treat former clients in the same way that they do current ones (“once a client, always a client”). Many ethical standards, such as confidentiality, do not cease when the therapeutic relationship ceases between a social worker and client.
Knowledge Area
Unit IV—Professional Relationships, Values, and Ethics (Content Area); Social Worker Roles and Responsibilities (Competency); Dual Relationships (KSA)

3. D

Rationale
Social workers view client problems using a systems perspective. A system is a whole comprising component parts that work together. Systems theory views human behavior through larger contexts. It illustrates that clients are members of families, communities, and broader society. Thus, a change to an individual client brings about adjustments in these larger structures. Contrarily, family, community, and societal modifications impact on individual client functioning.

Systems theory also recognizes an individual client has his or her own system—with physiological, psychological, social, spiritual, and cultural components. If there is a change in one domain, it is likely to affect the others.

In this case scenario, the client has had a physiological change resulting from an accident at work. The social worker may ultimately take one of the actions described in the incorrect response choices, but he or she must initially determine the impact that this decline in mobility has had on client well-being in all other areas. A complete assessment must be done to determine the client’s short- and long-term needs in each life domain. These needs would then require prioritization so that those that necessitate immediate attention are addressed first.

Test-Taking Strategies Applied
The question contains a qualifying word—FIRST. There may be more than one appropriate response choice, but the order in which they are to occur is critical. The problem-solving process states that assessment must occur before treatment planning and intervention. According to systems theory, social workers know that physiological changes will impact psychological and social functioning. Thus, it is necessary to assess the needs in these areas before taking action. The incorrect response choices are interventions which can be done only after all needs have been assessed and prioritized.

Knowledge Area
Unit I—Human Development, Diversity, and Behavior in the Environment (Content Area); Theories and Models (Competency); Systems Theory (KSA)
4. C

**Rationale**
Social workers are often called upon to assist with developing or navigating service networks, as well as creating community resources where they are lacking. Needs assessments are concerned with discovering the characteristics and extent of a particular social situation to determine the most appropriate response. There are a number of different reasons for conducting a needs assessment including to determine:

- Whether services exist in the community
- Whether there are enough clients
- Who uses existing services
- What barriers prevent clients from accepting services
- The existence of an ongoing social problem

A key ethical issue with needs assessment is ensuring that the needs documented are expressed by those in a community affected by a problem, rather than the needs that an agency would like to see met. Recommendations should not be based on the services that an agency feels are important and want to provide. Agencies sometimes have their own “agendas” that may be different from the “true” needs of a community.

**Test-Taking Strategies Applied**
The question contains a qualifying word—NOT—which requires social workers to select the response choice that is not an appropriate reason for conducting a needs assessment. Ethical issues must be considered when deciding whether to use this method to document a social problem and appropriate solutions. The needs, and services or resources to meet them, must be expressed by those affected, rather than what agency personnel feel are important or services they want to provide. The correct response choice bases the critical need as that “identified by service agencies”—which is not proper.

When NOT is used as a qualifying word, it is often helpful to remove it from the question and eliminate the three response choices that are appropriate rationales. This approach will leave the one response choice which is NOT a reason for conducting a needs assessment.

**Knowledge Area**
Unit III—Direct and Indirect Practice (Content Area); Indirect (Macro) (Competency); Methods Used to Establish Service Networks or Community Resources (KSA)