Assessment Concepts

Association of Social Work Boards (ASWB) social work licensing examinations

23 knowledge statements · ASWB 2026 content outline

This is the largest knowledge base on the exam: what social workers must understand about human behavior in the social environment before they can assess anyone. It covers poverty, trauma and crisis, substance use, abuse and neglect, family and relationship dynamics, mental illness across the lifespan, placement and displacement, development and aging, identity, defense mechanisms, technology, environmental change and client competence. Questions ask you to recognize indicators, name the concept at work, and choose what to assess or explore next.

You should be able to: You should be able to recognize indicators of trauma, abuse, addiction and mental illness at any age, apply developmental and family systems theory to a case, and identify the social and environmental factors a full assessment must include.

Every knowledge statement and its key point

Impact of poverty on individuals, families, groups, organizations, and communities (e.g., social determinants of health)

Social determinants of health (WHO) are the conditions in which people are born, grow, live, work and age: income, housing, food security, education, employment, social inclusion and access to care. They drive health more than medical care does.

Indicators and impact of trauma, stressors, violence, and crises on individuals, families, groups, organizations, and communities (e.g., intergenerational, historical, and complex)

The Adverse Childhood Experiences study (Felitti and Anda, 1998) found a dose-response link between childhood abuse, neglect and household dysfunction and later physical and mental illness; protective relationships buffer the effect.

Indicators and impact of addiction and substance use and abuse on individuals, families, groups, organizations, and communities

DSM-5-TR substance use disorder uses 11 criteria in four groups: impaired control, social impairment, risky use and pharmacological criteria (tolerance, withdrawal). Severity: mild 2 to 3, moderate 4 to 5, severe 6 or more within 12 months.

Indicators, dynamics, and impact of physical, sexual, and psychological abuse and neglect on individuals, families, groups, organizations, and communities

Neglect is the most common form of child maltreatment; physical, sexual and psychological abuse and exposure to domestic violence are the others.

Family dynamics and functioning and the effects on individuals, families, groups, organizations, and communities

Family systems theory treats the family as a whole greater than its parts: a change in one member affects all, families seek homeostasis, and causality is circular rather than linear.

Dynamics of interpersonal relationships and relationship development (e.g., family, couples, groups, polyamory)

Adult attachment styles (secure, anxious, avoidant, fearful-avoidant) echo early attachment and shape closeness, conflict and trust in couples and friendships.

Indicators of mental and emotional illness throughout the lifespan

About half of lifetime mental disorders begin by mid-adolescence and three quarters by the mid-20s, so early identification matters.

Impact of out-of-home placement (e.g., hospitalization, foster care, residential care, criminal justice system) on clients/client systems

Children in foster care experience loss and grief, loyalty conflicts between birth and foster families, disrupted attachment and often placement instability, which predicts worse outcomes.

Factors of out-of-home displacement (e.g., homelessness, immigration, and refugee status) on clients/client systems

Homelessness can be chronic, episodic, transitional or hidden (couch-surfing); structural causes such as housing costs and low income interact with individual vulnerabilities such as illness, addiction and violence.

Co-occurring disorders and conditions

Co-occurring disorders are common: roughly half of people with a substance use disorder also have a mental disorder, and the reverse is also frequent.

Factors influencing self- and body-image (e.g., culture, race, religion/spirituality, age, ability, trauma, gender, sexuality, size)

Self- and body-image are shaped by culture, media and social media, race, religion, age, ability, gender, sexuality, size and trauma; weight stigma itself harms health.

Characteristics of perpetrators of abuse, neglect, and exploitation

Most child maltreatment is committed by parents or caregivers, and most child sexual abuse by someone the child knows and trusts, not a stranger.

Impact of caregiving on families

Caregivers, most of them women, often experience caregiver burden: depression, anxiety, poor health, isolation, lost income and strained relationships; tools like the Zarit Burden Interview measure it.

Indicators, dynamics, and impact of exploitation across the lifespan (e.g., financial, immigration status, trafficking)

Exploitation takes different forms across the lifespan: online grooming and sextortion of children, recruitment of adolescents into sex trafficking (often through a romantic partner), labor trafficking and wage theft of adults, and financial exploitation of older adults.

Biopsychosocial assessment model and related components and factors

The biopsychosocial model (Engel, 1977) holds that problems arise from interacting biological, psychological and social factors; social work often adds the spiritual dimension.

Effects of physical and mental ability throughout the lifespan

Models of disability: the medical model locates disability in the person; the social model locates it in barriers in the environment; the WHO's International Classification of Functioning (2001) combines body, activity, participation and context.

Typical and atypical physical, cognitive, emotional, and sexual development throughout the lifespan

Erikson's psychosocial stages: trust versus mistrust (infancy), autonomy versus shame and doubt (toddler), initiative versus guilt (preschool), industry versus inferiority (school age), identity versus role confusion (adolescence), intimacy versus isolation (young adult), generativity versus stagnation (middle adult), integrity versus despair (older adult).

Impact of aging on the individual and family systems

Theories of aging: activity theory (staying engaged supports wellbeing), disengagement theory (mutual withdrawal, now largely criticized) and continuity theory (people keep earlier patterns).

Racial, ethnic, cultural, and spiritual/faith development throughout the lifespan

Children notice racial differences in preschool and absorb messages about them early; parents' racial socialization (preparing children for bias, cultural pride) protects wellbeing.

Defense mechanisms and their effects on behavior and relationships

Defense mechanisms are mostly unconscious ways to manage anxiety (Anna Freud); they become a problem when rigid or when they distort reality or relationships.

The influence and impact of technology, including social media, on client/client-systems (personal and professional)

Technology brings benefits (connection, information, telehealth, online peer support) and risks (cyberbullying, sextortion, problematic gaming or social media use, sleep loss, social comparison and misinformation).

Impact of urbanization, globalization, environmental hazards, and climate change on individuals, families, groups, organizations, and communities

Urbanization brings opportunity but also crowding, gentrification and displacement, segregation, food deserts and isolation.

Client/client system competence, self-determination, and self-monitoring techniques (e.g., financial decisions, treatment decisions, emancipation, age of consent, permanency planning)

Capacity is a clinical judgment, specific to a decision and a time; competence (incompetence) is a legal finding by a court. Presume capacity unless there is evidence otherwise.

Common pitfalls

- Mistaking poverty for neglect, or offering counseling when the vignette shows an unmet basic need.
- Attributing confusion, low mood or memory loss in an older adult to normal aging instead of assessing for delirium, depression or dementia.
- Urging an abuse victim to leave immediately without safety planning, when leaving is often the most dangerous time.
- Treating capacity as all-or-nothing or as permanent, rather than specific to a decision and a time.
- Treating only one disorder when the client has co-occurring conditions, or requiring sobriety before mental health care.

Key terms

Social determinants of health: The social and economic conditions that shape health more than health care does.

Adverse childhood experiences (ACEs): Childhood abuse, neglect and household dysfunction linked in a dose-response way to later health problems.

Homeostasis: A family system's tendency to maintain balance and resist change.

Triangulation: Drawing a third person into a two-person conflict to reduce tension.

Integrated treatment: Treating co-occurring mental health and substance use disorders together, by one team.

Capacity: The ability to understand, appreciate and decide about a specific matter at a given time.

Defense mechanism: An unconscious psychological strategy to reduce anxiety.

Permanency planning: Planning that gives a child a stable, lasting family as quickly as possible.

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