Assessment Practices

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

6 knowledge statements · ASWB 2026 content outline

This competency turns assessment into a plan: finding fitting community resources, setting goals and priorities through triage and service plans, choosing the modality and adapting it to culture, judging readiness for termination, and knowing common medications and their side effects. The exam asks which plan or next step best fits this client: safety and basic needs first, the client's goals and culture at the center, and the least restrictive level of care that will work.

You should be able to: You should be able to set priorities with triage, write measurable goals with the client, choose a safe and culturally fitting modality, recognize when a client is ready to end, and spot medication side effects that need the prescriber's attention.

Every knowledge statement and its key point

Assessing the availability of and determining appropriate community resources

Assess each resource for availability (waitlist, capacity), eligibility, cost, location and transport, hours, language, accessibility, cultural fit and quality before referring.

Factors and processes used in goal planning, treatment planning, triage, and service plans

Triage puts imminent danger first (suicide, violence, medical emergency, child at risk), then urgent basic needs (shelter, food, medication), then other goals; Maslow's hierarchy is a common shorthand.

Criteria used in the selection of intervention/treatment modalities (e.g., client/client system abilities, developmental level, culture, life stage)

Modalities include individual, couple, family, group and community work; choose based on the problem, the evidence, the client's preference and what is available.

Cultural considerations in the creation of an intervention plan

Ask how the client and family understand the problem and its causes (Kleinman's explanatory model questions) and what help they consider appropriate.

Indicators of client/client system readiness for termination

Indicators of readiness: goals met or substantially met, symptoms reduced on measures, the client handling problems independently, a support network in place, and the client raising the idea of ending.

Use and side effects of common prescription, over-the-counter, and alternative medications

Antidepressants: SSRIs (fluoxetine, sertraline, escitalopram) and SNRIs (venlafaxine, duloxetine) take about 4 to 6 weeks to work; side effects include nausea, sexual effects and activation. They carry a warning about increased suicidal thinking in people under 25, so watch closely early in treatment. Stopping abruptly can cause discontinuation symptoms.

Common pitfalls

- Working on long-term goals before addressing an imminent risk or an urgent basic need.
- Referring by handing over a phone number with no check of eligibility, access or follow-up.
- Recommending couple or family therapy when one member is being abused.
- Advising a client to stop or change a medication, rather than referring concerns to the prescriber.
- Extending services automatically when a client regresses near the end instead of exploring the reaction to termination.

Key terms

Triage: Sorting needs by urgency so that the most dangerous are addressed first.

SMART objective: A specific, measurable, achievable, relevant and time-limited step toward a goal.

Warm handoff: A referral in which the worker personally connects the client to the new service.

Least restrictive level of care: The least intensive, least intrusive setting that is safe and effective.

Explanatory model: The client's own understanding of what the problem is, what caused it and what will help.

Serotonin syndrome: A dangerous reaction to excess serotonergic medication: agitation, fever, tremor, fast heart rate.

Lithium toxicity: Poisoning from high lithium levels: vomiting, diarrhea, tremor and confusion, requiring urgent care.

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