Assessment Methods and Techniques

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

11 knowledge statements · ASWB 2026 content outline

This competency covers how social workers gather and weigh information: assessing risk of harm, interviewing skills, involving clients in defining problems, instruments for strengths and needs, asking about sensitive matters, resilience, motivation and readiness, the mental status examination, communication, records from other sources and, on the Clinical exam, use of the DSM. The exam's core rule applies here more than anywhere: assess before you intervene, and when risk appears, assess it directly and right away.

You should be able to: You should be able to assess suicide and violence risk directly, use core interviewing skills, choose and interpret assessment tools, gather sensitive information safely, describe a mental status examination and, for Clinical, apply DSM-5-TR criteria.

Every knowledge statement and its key point

Methods of assessing risk of harm to self and others

Ask about suicide directly and plainly; asking does not plant the idea or raise risk. Assess ideation, plan, intent, access to means, timing, past attempts (the strongest predictor), current stressors and protective factors.

Principles and techniques of interviewing (e.g., supporting, clarifying, confronting, validating, feedback, reflecting, language differences, use of interpreters)

Open questions (what, how, tell me about) invite the story; closed questions confirm facts. Avoid why questions, which sound blaming, and avoid stacking several questions at once.

Methods of involving clients/client systems in problem identification, problem solving, and intervention planning

Start where the client is: let the client define the problem in their own words and agree on which concern to address first.

Methods, techniques, and instruments for assessing client/client system strengths, resources, needs, and challenges

The strengths perspective (Saleebey) assumes every person, family and community has strengths and resources; assess them as carefully as problems.

Methods for obtaining sensitive and/or confidential information (e.g., substance use, sexual abuse)

Build rapport and explain the limits of confidentiality before asking about sensitive topics, so the client can decide what to share.

Methods for assessing resilience and coping abilities

Resilience is a process of adapting well to adversity, not a fixed trait; Werner's Kauai study and Masten's ordinary magic show most people draw on ordinary protective factors.

Indicators of and methods of assessing motivation, barriers, and readiness for change

The transtheoretical model (Prochaska and DiClemente) describes stages of change: precontemplation (not considering change), contemplation (ambivalent), preparation (planning), action and maintenance; relapse is common and is a return to an earlier stage, not failure.

Components and function of the mental status examination

The mental status examination is a structured snapshot of a person's mental functioning at the time of the interview, not a diagnosis.

Methods of assessing clients'/client systems' communication skills

Assess receptive language (understanding) and expressive language (speaking, writing), literacy, hearing and vision, and the client's preferred language.

Methods of incorporating information from records and evaluations (e.g., employment, medical, psychological, school)

Obtain written consent before requesting or sharing records; a valid release names what information, from whom, to whom, for what purpose and until when.

Use of the Diagnostic and Statistical Manual of Mental Disorders in assessment and common indicators of mental health and brain-related conditions

The DSM-5-TR (2022) organizes disorders in developmental order and has no multiaxial system; diagnosis uses criteria, specifiers and severity, with ICD-10-CM codes for US billing.

Common pitfalls

- Avoiding the word suicide or asking indirectly; the exam rewards direct questions and immediate risk assessment.
- Choosing an intervention before the assessment is complete, when the question asks what to do FIRST.
- Confusing mood (reported) with affect (observed), or tangential with circumstantial thought.
- Asking about abuse in front of a partner or family member, or questioning a child in detail instead of reporting.
- Labeling a client unmotivated without checking stage of change and practical barriers.

Key terms

Safety plan: A written, collaborative list of warning signs, coping steps, contacts and means restriction for a person at risk of suicide.

Confrontation: Respectfully pointing out a discrepancy in what the client says or does.

Partialization: Breaking a large problem into smaller, manageable parts.

Culturagram: A tool for assessing a family's immigration story, language, beliefs and culture.

Mood and affect: Mood is what the client reports; affect is the emotional expression the worker observes.

Change talk: The client's own statements in favor of change, which predict change.

Z codes: DSM-5-TR and ICD codes for social and relational conditions that are a focus of attention.

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