Intervention Methods and Techniques

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

25 knowledge statements · ASWB 2026 content outline

This is the largest competency on the exam by number of statements: the methods and techniques social workers use with individuals, families, groups and communities. It runs from basic communication, trauma-informed care, case management and advocacy through evidence-based practices, crisis intervention, grief, addiction and harm reduction, to group work and, on the Masters, Advanced Generalist and Clinical exams, family and couple models. Questions ask which technique fits this client at this moment, so know each method's purpose, steps and limits, and remember that safety and engagement come before technique.

You should be able to: You should be able to match a technique to a client's need and stage, describe the steps of crisis intervention, motivational interviewing, CBT, trauma-informed care and group work, and recognize when a method is contraindicated.

Every knowledge statement and its key point

Principles of active listening and observation

Active listening means attending fully to content, feelings and meaning, including what is left unsaid, and showing the client you have understood.

Verbal and nonverbal communication (e.g., body language, congruence, feedback)

Nonverbal communication includes facial expression, gestures and posture (kinesics), personal space (proxemics), tone, pace and volume (paralanguage), and touch.

Methods and approaches for providing trauma-informed care for various types of trauma (e.g., complex, vicarious)

SAMHSA's six principles of trauma-informed care: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and attention to cultural, historical and gender issues.

Limit and boundary setting techniques

Effective limits are clear, specific, explained in advance, applied consistently and linked to consequences the worker can actually enforce.

Case management techniques (e.g., case recording, documentation, case presentation)

Case management functions: intake and screening, assessment, planning, linking and brokering, monitoring, advocacy, evaluation and closure.

Approaches to and methods of advocacy for needed services and resources

Case advocacy secures services for one client; cause or class advocacy changes policies or systems affecting many people.

Evidence-based practices (e.g., cognitive behavioral therapy, dialectical behavior therapy, mindfulness based stress reduction, motivational interviewing, eye movement desensitization and reprocessing)

Evidence-based practice combines the best research evidence, the practitioner's expertise and the client's values and circumstances; the process is ask, acquire, appraise, apply and assess.

Methods for engaging and motivating voluntary and involuntary clients/client systems

Involuntary clients include mandated clients (legal pressure, such as a court order) and nonvoluntary clients (pressure from family, school or employer).

Contracting and goal-setting techniques (e.g., partializing, measurable objectives)

A contract, written or verbal, is an agreement on goals, roles, methods, frequency, duration, costs and how progress will be evaluated.

Practice with clients experiencing loss, separation, and grief

Worden's four tasks of mourning: accept the reality of the loss, process the pain of grief, adjust to a world without the deceased, and find an enduring connection with them while moving forward.

Emotional regulation techniques

Emotion regulation starts with noticing and naming emotions; labeling a feeling itself reduces its intensity.

Crisis intervention and treatment approaches

A crisis is a time-limited state in which usual coping fails; intervention aims to restore at least the pre-crisis level of functioning and can promote growth.

Stress management techniques

Stress responses involve body, mind and behavior; management targets each level.

Discharge, aftercare, wrap-around services, and follow-up

Discharge planning starts at admission and covers housing, income, medications, follow-up appointments, supports, transportation and a crisis plan.

Methods of teaching coping and other self-care skills to clients

Behavioral skills training has four steps: instruction, modeling, rehearsal and feedback; then practice in real situations so skills generalize.

Techniques and methods for addiction intervention

Screening, brief intervention and referral to treatment (SBIRT) brings early help to people in health and community settings who are not seeking addiction care.

Establishing service networks or community resources

Map existing resources and gaps in your area, and keep resource information current.

Problem-solving models and approaches

The generic problem-solving sequence: define the problem clearly, gather information, generate alternatives without judging, evaluate pros and cons, choose, implement, and evaluate the result.

Harm reduction techniques

Harm reduction meets people where they are and reduces the harms of substance use and other risks without requiring abstinence first; it respects self-determination and dignity.

Conflict resolution methods

Interest-based negotiation (Fisher and Ury): separate the people from the problem, focus on interests not positions, invent options for mutual gain, and use objective criteria; know your best alternative to a negotiated agreement.

Anger management techniques

Anger is a normal emotion; anger management aims at controlling its expression, not eliminating it.

Psychoeducation methods

Psychoeducation teaches clients and families about a condition, its treatment and ways to cope, combined with support and skill building.

Group work techniques and approaches (e.g., developing and managing group processes and cohesion)

Group development: Tuckman's forming, storming, norming, performing and adjourning; the Boston model (Garland, Jones and Kolodny): preaffiliation, power and control, intimacy, differentiation and separation.

Social change and social planning methods

Social planning is a data-driven, often expert-led process: assess needs, set priorities, design and fund programs, and evaluate them, ideally with real participation of those affected.

Family therapy models, interventions, and approaches

Structural family therapy (Minuchin): join the family, map structure, use enactments, set boundaries, unbalance and reframe to change hierarchy and subsystems.

Common pitfalls

- Choosing a technique before addressing safety, as when exploring feelings with a client who has just disclosed a plan to harm someone.
- Using confrontation or surprise interventions with substance users, when motivational and family approaches like CRAFT have better evidence.
- Sending an abusive partner to anger management or offering couple therapy where there is intimate partner violence.
- Treating normal grief as a disorder, or misreading a group's storming stage as failure.
- Advocating for clients who could advocate for themselves with support, or escalating to formal complaints before trying informal resolution.

Key terms

Congruence: Agreement between a person's words and nonverbal messages.

Trauma-informed care: An organizational approach that realizes, recognizes and responds to trauma and resists re-traumatization.

Motivational interviewing: A collaborative conversation style that strengthens a person's own motivation for change.

Harm reduction: Strategies that reduce the harms of risky behavior without requiring abstinence first.

Disenfranchised grief: Grief that is not openly acknowledged or socially supported.

Wraparound: A team-based, family-driven planning process for children and youth with complex needs.

Group cohesion: Members' sense of belonging and attraction to the group, a key therapeutic factor.

Task-centered practice: A brief model in which clients select target problems and complete agreed tasks between sessions.

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