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LMSW

ASWB Masters Practice Exam

Exam 4

Answer Key & Explanations

ASWB Masters exam format from August 3, 2026 • Original practice questions

Values and Ethics 35% • Assessment and Planning 33% • Intervention and Practice 32%

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How to Use This Material

This practice exam has 122 questions in two sections of 61, like the current ASWB Masters exam, with questions from all three content areas mixed together. Some questions have three options and some have four. Allow 2 hours per section with an optional break between sections, and choose the single BEST answer for every question. Then check your work against the separate answer key, fill in the score sheet at the end of the key, and read every explanation, including for the questions you got right. Log each miss with the SEARCH rung and distractor family (Chapter 2 of the book).

LMSW Practice Exam 4: Answer Key

The best answer for each question, why it fits, why each alternative is weaker, and the chapter to review.

Section 1 Answers 1-61

1. B Help her friend find another qualified provider for her son

Providing services to a close friend's child creates a dual relationship that can compromise objectivity and confidentiality and strain the friendship. Helping her friend find another qualified provider, using Patricia's knowledge of local resources to shorten the wait, is the supportive and ethical response. Seeing the son through her program with strict confidentiality still makes her both his clinician and his mother's close friend, and he is not a student at her school. Meeting informally as a family friend blurs friendship and clinical roles and gives the son neither proper treatment nor clear boundaries.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

2. C Explain that she can request an evaluation in writing and help her submit the request

Under IDEA, a parent may request an initial special education evaluation at any time, and a school may not use a response-to-intervention process to delay or deny an evaluation of a child suspected of having a disability. Helping Rosa submit a written request requires the district to respond, either by seeking her consent to evaluate or by giving written notice of refusal, and the evaluation timeline runs from her consent. Reviewing progress-monitoring data with her is useful for keeping a parent informed, but it does not start the evaluation she wants. Strengthening the intervention is reasonable while an evaluation proceeds, but on its own it continues the delay. A private evaluation can be considered by schools, but the district must evaluate at no cost, so sending her elsewhere shifts a public duty onto the family.

Intervention Methods & Practice Settings · Review: Chapter 17

3. C Most do not, though the history modestly raises the risk

Research on intergenerational transmission finds that most adults who were abused as children do not abuse their own children; estimates are around one in three, so a history of abuse raises risk but does not determine outcomes. Protective factors such as supportive relationships and processing past experiences reduce risk further. Saying about half do, and that the history alone strongly predicts abuse, overstates the link and can bias case decisions. Claiming the history stops predicting risk once income is considered understates it; the association persists after accounting for poverty, even though poverty adds risk of its own.

Human Development, Behavior & Trauma · Review: Chapter 10

4. A Explain the eight-session limit and have Owen choose which goals to address

Contracts should reflect real constraints, and clients choose priorities with full knowledge of them. Explaining the limit and letting Owen choose which goals to pursue is honest and respects his priorities. Starting with the work goal may be a reasonable suggestion, but deciding for him puts the worker's judgment ahead of his. Setting all three goals and requesting more sessions would fit a plan that grants extensions, but this one does not, so the contract would promise more than the sessions can deliver.

Assessment, Diagnosis & Planning · Review: Chapter 13

5. B Report suspected neglect of Valentina to child protective services

A 7-year-old repeatedly left alone overnight presents reasonable suspicion of neglect, and the worker must report it to child protective services. An emergency plan with Valentina is a sensible addition, but on its own it leaves a young child responsible for her own safety. A home visit to assess childcare is reasonable when a situation is unclear, yet these facts already meet the reporting threshold, and the mother has missed two meetings. Supervision helps when a case is ambiguous, but this one is not, and the duty to report belongs to the worker.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

6. D Help him shift toward coping that supports his grief and time with her

Coping works best when it fits the stressor: problem-focused coping suits situations that can change, and emotion-focused coping suits those that cannot. His mother's illness is no longer treatable and she has chosen hospice, so helping Ibrahim shift toward coping that supports grief and time together fits his situation. Organizing his search makes it more efficient but keeps him on a task that cannot change the outcome. Interpreting his searching as avoidance may be accurate, but labeling it alone does not give him a better way to cope, and he says he understands the facts. Another prognosis meeting would help if he misunderstood, but he has heard it twice and understands.

Human Development, Behavior & Trauma · Review: Chapter 9

7. B Tell Luis that billing may reveal his visits and review options with him

Informed consent includes telling a client how billing could reveal his care, and the choice of how to handle it belongs to Luis. The LMSW should explain that benefit statements may go to the policyholder and review options with him, such as a confidential communications request, a sliding fee, or another payment source. Billing as usual ignores a foreseeable breach of the privacy he asked for. Asking the insurer to redirect statements may be one of the options, but arranging it without Luis skips his informed choice and may not work under his parents' plan. Advising him to tell his parents overrides the decision he has made.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

8. B Review his gains and refer him to the outpatient unit for this new goal

Crisis intervention is time-limited and ends when precrisis functioning is restored; new goals that call for insight or longer-term work are handled through referral. Tomasz is functioning well and has raised a new, longer-term goal, so reviewing his gains and referring him to the agency's outpatient unit honors both the crisis contract and his request. Closing with an invitation to call if needed ignores the goal he has just stated. Adding crisis sessions stretches a crisis service to cover work that is not a crisis. Continuing with him because the alliance is strong bypasses the program's structure, although that rapport can be acknowledged during the transfer.

Intervention Methods & Practice Settings · Review: Chapter 17

9. C Acknowledge it and have the co-leader assess her risk privately now

Any statement suggesting suicidal thinking requires prompt, direct risk assessment, done in a way that protects the member's privacy. With a co-leader present, acknowledging the comment and having the co-leader assess Wanjiru privately now meets both needs while the group continues. Calling emergency services before any assessment overreacts to a passive statement whose risk level is still unknown. Waiting until tomorrow's appointment delays assessment of a possible risk. Asking directly about suicide is correct practice, but doing it in front of the group exposes her and can affect other depressed members.

Intervention Methods & Practice Settings · Review: Chapter 16

10. D Connect her with an immigration attorney or accredited representative

Assessing the strength of an immigration case and advising on legal options is the practice of law, so a social worker should connect the client with an immigration attorney or a Department of Justice accredited representative. Hawa has a hearing in four months, so timely legal help matters. Helping her gather supporting documents is valuable case management, but it does not answer her legal questions and works best under a legal representative's direction. Explaining how claims like hers are generally evaluated drifts into legal advice she may rely on. A peer group can offer support, but peers cannot assess her case.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

11. B A plan naming partners and funding sources committed to support after year three

A strong sustainability section shows specific, credible sources of continued support, and this funder rewards commitments already secured. Naming partners and funding sources that have committed to support after year three meets that standard. Describing the outcome data the program will use to attract future funders is useful, but it offers hope of support rather than a commitment. A timeline for applying to other foundations is concrete planning, yet the applications have not been made and no funds are committed.

Intervention Methods & Practice Settings · Review: Chapter 18

12. C Explain the limits in the first session, before sensitive details are shared

Informed consent requires that clients learn the limits of confidentiality at the start of the relationship, before they share information that might trigger a report, so they can decide what to disclose. Nikhil should explain the limits in the first session. Waiting until a client begins to discuss something reportable leaves the client without the chance to choose, and the explanation then feels like a trap. A written policy at intake is helpful, but discussing it only when a client asks leaves many clients unaware of limits they did not understand from the form.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

13. B Accept his refusal and help him plan palliative and wound care that fits his choice

A patient with decision-making capacity may refuse life-sustaining treatment, and protection of life does not override an informed refusal by a capable adult. The worker should accept his decision and help him plan palliative and wound care that fits it. A family meeting is often useful when a serious decision is pending, but Mr. Adebayo has said he does not want to revisit the choice with his family, so arranging one would pressure him. Helping with a guardianship petition misuses a process meant for people who lack capacity; psychiatry has already found that he has it.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

14. C Support his plan to stop sharing and test drugs as worthwhile goals

Harm reduction treats any change that lowers risk as a worthwhile goal, whether or not drug use stops, and it starts from the person's own priorities. Dev has named two concrete safety goals, so supporting them is the program's approach. Matching the plan to his readiness draws on the stages of change and is compatible with harm reduction, but steering toward cutting down sets aside the goals he actually chose. Helping him see how much control heroin has over his life reflects a twelve-step framing of acceptance. Insisting on abstinence as the only path to safety contradicts the program's core philosophy.

Intervention Methods & Practice Settings · Review: Chapter 15

15. C Possible commercial sexual exploitation that calls for a private assessment

A minor who receives gifts, a paid phone and a place to sleep in exchange for "favors" for an older man shows recognized indicators of commercial sexual exploitation, and any exchange of sex for something of value by a minor meets that definition. A private, trauma-informed assessment comes first, followed by required reporting. Seeing these as survival strategies is partly true for runaway youth, but a housing referral alone misses the exploitation. Gang involvement and substance-related activity are real risks for homeless youth, but nothing in his account involves a gang or drugs, while the older man and the favors-for-shelter exchange point to exploitation.

Human Development, Behavior & Trauma · Review: Chapter 10

16. A The court may find that reasonable efforts are not required

ASFA allows a court to find that reasonable efforts to reunify are not required when a parent has subjected the child to aggravated circumstances, has committed certain serious crimes against a child, or has had parental rights to a sibling involuntarily terminated. Ms. Carver's prior involuntary termination fits that last exception, so the court may find efforts are not required. Treating each child's case as separate sounds fair, but ASFA specifically lets a prior sibling termination bypass reasonable efforts. The 15-month rule concerns when to file for termination, not whether reunification efforts are owed in the first place.

Intervention Methods & Practice Settings · Review: Chapter 17

17. C Document his decision and the alternatives that were discussed with him

A capable adult who understands the risks may refuse services, and the worker respects and documents that refusal. Mr. Blackfeather is oriented, heard the benefits and risks explained, and gave a reasoned choice, so nothing suggests impaired capacity, so the worker records his decision and the alternatives offered. A trial week sounds gentle but still overrides a refusal he has already made. A capacity evaluation is appropriate when there are signs of impaired understanding, and a family member's worry about weight is not such a sign, though the worker can stay alert to weight loss and offer him other nutrition supports. Sharing assessment results with his daughter would help her understand, but he has not given permission, so it would breach confidentiality.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

18. A A contract that sets out goals, tasks, roles and time frames

A practice contract makes explicit who does what, toward which goals and over what period. Mr. Diallo and his case manager disagree about who makes the calls and how long services last, which are exactly the roles and time frames a contract spells out. An informed consent form covers agency policies and limits of confidentiality, and he has already signed one. A release of information would be needed if the worker shared his details with landlords, but it does not settle who does the tasks. A progress review evaluates results later and does not define the work in advance.

Assessment, Diagnosis & Planning · Review: Chapter 13

19. B Removal from math is negatively reinforcing his disruptions

A consequence is defined by its effect, and when behavior increases, it is being reinforced. Being sent out lets Jaylen escape a task he likely finds aversive, so the removal of math reinforces disrupting, which is negative reinforcement. Calling it inconsistent punishment ignores that the behavior is rising; punishment would reduce it. Peer attention is possible, but the vignette places him alone in the hallway, so escape is the better-supported explanation. Extinction would mean the reinforcer is withheld and the behavior eventually declines, the opposite of what is happening.

Intervention Methods & Practice Settings · Review: Chapter 15

20. C Mapping community assets

Asset mapping, associated with asset-based community development, identifies the strengths and resources of a community, such as residents' skills, local businesses, associations, and institutions, as a foundation for action. The social worker's goal is to start with what the neighborhood has, which is what asset mapping provides. A needs assessment survey focuses on problems and gaps. Social indicators analysis uses statistics that usually describe deficits such as poverty rates. Key informant interviews could surface some assets, but they collect leaders' views rather than systematically inventorying resources across the community. Combining assets and needs gives the fullest picture.

Assessment, Diagnosis & Planning · Review: Chapter 11

21. A Decline, and continue the scheduled bereavement calls with the family

In hospice the patient and family form the unit of care, and bereavement follow-up keeps the family within the professional relationship after the patient dies. Grace should decline and keep providing the follow-up the family is entitled to. Transferring the remaining calls is more than the situation requires and interrupts bereavement support at a vulnerable time because of an invitation Grace can simply refuse. Suggesting they reconnect after the bereavement period signals that a romantic relationship is only postponed, even though Kwame's grief and his family's history with Grace keep the risk of exploitation and harm high.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

22. A Keep the visit schedule and work with all adults to ease the transitions

Frequent parent-child visits are central to reunification, and distress after visits usually reflects attachment and the pain of separation rather than harm from the visit. Because visits go well and the goal is reunification, keeping the schedule while working with the foster parents and father to ease transitions protects the relationship. Asking the father not to talk about going home may confuse Ethan about the plan. Shortening visits seems gentle but reduces time with his father without addressing the separation itself. Reducing visit frequency weakens the bond that reunification depends on.

Intervention Methods & Practice Settings · Review: Chapter 17

23. B Adopt a policy that names sexual orientation and gender identity

School climate research consistently links enumerated anti-bullying policies, which explicitly name sexual orientation and gender identity, with lower victimization of LGBTQ+ students. Naming these categories signals to staff that such harassment must be addressed and leads to more intervention. A general policy that protects every student sounds fair and avoids controversy, but research finds it less effective for LGBTQ+ students because staff are less likely to act on anti-LGBTQ+ remarks. Moving harassed students into separate sections punishes the targets, isolates them, and leaves the hostile climate unchanged.

Diversity, Equity & Social Justice · Review: Chapter 7

24. D A stronger sense of control and confidence in handling daily problems

Problem-solving therapy is thought to reduce depression by teaching a structured way to define and solve everyday problems, which increases the client's sense of control and self-efficacy and reduces the stress that maintains low mood. Mr. Haddad's gains followed his successful action on real problems. Lower physical arousal from breathing practice is a relaxation mechanism, and he reports rarely using the exercise, so it cannot explain much. Changes in family structure and boundaries describe structural family therapy, which was not used. Insight into unconscious conflicts is the psychodynamic mechanism, while PST works on present, practical problems.

Intervention Methods & Practice Settings · Review: Chapter 18

25. B Explain that a report is required and make the report as state law directs

Leaving a 4-year-old alone for hours creates reasonable suspicion of neglect, and the duty to report does not depend on the parent's promise or on the worker's view of her intentions. The worker tells Ms. Odum a report is required and makes it, which keeps trust as intact as possible. A child care backup plan is good practice and can continue alongside the report, but it does not replace it. Exploring stressors and her depression is useful therapy, but it postpones a legal duty.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

26. B An ordeal, which makes keeping the symptom costlier than giving it up

Haley's ordeal therapy assigns a task that is good for the client but unpleasant, to be done whenever the symptom appears, so that keeping the symptom becomes more trouble than giving it up. The disliked chore is the defining feature. Stimulus control also has the client get out of bed, which makes it tempting, but it is aimed at reconditioning the bed with sleep and would have her do something quiet and calm. Paradoxical intention would instruct her to try to stay awake, which is not what the assignment asks. Behavioral activation schedules rewarding activities for depression, and nothing here targets mood.

Intervention Methods & Practice Settings · Review: Chapter 15

27. B Interview recent applicants briefly about their intake experience

When data show that a problem exists but not why, the next step is to gather more specific information from the people who experienced it. Brief interviews with recent applicants can clarify what "hassle" means quickly enough to act this quarter. Shortening the forms assumes the problem is length, an assumption staff themselves do not agree on. Adding open-ended questions to the next survey is a sound way to get detail, but results would arrive in six months, too late. Benchmarking against similar programs shows how the center ranks, not what clients find difficult.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

28. C Ask members how they are reacting to one another right now

Focusing on the here-and-now, what members are experiencing with each other in the room, is a core way to build interaction and cohesion in therapy groups. Asking members how they are reacting to one another right now shifts attention from absent people to the relationships in the group. Assigning a set topic adds structure but keeps the talk about issues rather than about members' interactions. Teaching a problem-solving model is useful psychoeducation, yet it keeps the group focused on outside conflicts and on the leader rather than on members engaging with each other.

Intervention Methods & Practice Settings · Review: Chapter 16

29. C A woman who knows how to mingle but is too anxious to attend gatherings

Matching intervention to problem depends on whether the client lacks a skill or has the skill but is blocked by anxiety. The woman who knows how to mingle but avoids gatherings because of anxiety shows performance inhibition, which exposure targets by reducing fear through gradual approach. The man who never learned to start conversations has a skill deficit, which is the core indication for social skills training, not exposure. The teen who talks easily with friends but not with his parents shows a relationship-specific pattern that points toward family-focused work rather than either group.

Intervention Methods & Practice Settings · Review: Chapter 17

30. B Suggest starting with the rent, then the curfew

Clients usually choose which part to tackle first, but a near deadline with serious consequences can override that choice. The five-day notice means Lena could lose her home within a week, so the worker raises it and suggests handling the rent first, then returning to the curfew battles. Starting with the curfew would be right if no part carried an urgent deadline. Asking her to rank all four problems is reasonable process, but she has effectively ranked them already, and ranking again without naming the deadline could let the eviction risk slip by.

Assessment, Diagnosis & Planning · Review: Chapter 13

31. B Obsessive-compulsive disorder

Obsessive-compulsive disorder involves obsessions, which are intrusive unwanted thoughts that cause distress, and compulsions, which are repetitive behaviors done to reduce that distress, taking significant time or causing impairment. Arjun's intrusive thoughts about hitting someone and repeated checking fit. Obsessive-compulsive personality disorder is a pervasive pattern of perfectionism, orderliness and control that the person usually sees as appropriate, without true obsessions and compulsions. Generalized anxiety disorder involves worry about real-life concerns rather than intrusive thoughts paired with rituals. Illness anxiety disorder concerns fear of having a serious illness.

Human Development, Behavior & Trauma · Review: Chapter 8

32. C As a starting point for asking Olivia to tell about her family

Children's drawings are most useful as a way to open conversation, since the meaning of an omission or detail is best learned from the child. Inviting Olivia to tell about her drawing and her family may reveal why her stepfather is absent. Scoring the drawing as a projective test gives it more weight than such scoring can support. Interviewing her stepfather may be useful later, but it acts on an interpretation before Olivia has explained the drawing herself.

Assessment, Diagnosis & Planning · Review: Chapter 11

33. A Ask directly whether she has taken any pills and what she intends to do with them

Assessing lethality comes first in crisis intervention, and a statement about pills lined up signals possible imminent risk. The counselor must ask directly whether Lena has taken anything and what she intends, because an ingestion is a medical emergency and asking directly does not increase risk. Continuing to reflect grief before raising safety is a sound skill at the wrong moment. Support group information is useful later but ignores the danger. Asking about the medical appointment gathers history while a possible overdose goes unaddressed.

Intervention Methods & Practice Settings · Review: Chapter 14

34. B Invite Diego to have a final meeting with the group to share his progress

In open-ended groups, a member's departure affects everyone, and a planned goodbye lets both the member and the group mark the ending. Inviting Diego to a final meeting lets him share his progress and gives members a chance to say goodbye to someone who mattered to them. Announcing his departure after he is gone respects his choice but deprives everyone of closure. Asking the group whether he is ready gives members a say in his personal decision.

Assessment, Diagnosis & Planning · Review: Chapter 13

35. D Work with advocates to change state law on school stability in care

The macrosystem is the level of laws, policies, cultural values and broad social conditions that shape every other level. Working with advocates to change state law on school stability for youth in care is a macrosystem intervention. Asking the county child welfare agency to revise its transfer procedures is also a policy-focused step, but it targets a local agency Jamal does not participate in directly, which places it in his exosystem. Building contact between foster parents and teacher strengthens his mesosystem. Teaching Jamal coping skills works at the individual and microsystem level. All are useful, but only one matches the level the worker chose.

Human Development, Behavior & Trauma · Review: Chapter 9

36. A Thank her, decline the bequest, and explain why she cannot accept it

Accepting a bequest from a client creates a conflict of interest and risks exploiting a dependent relationship, especially with a dying client. The social worker should thank Margaret, decline, and explain why. Respecting her wishes matters, but self-determination does not extend to placing the worker in a conflict. Donating the money later still makes the worker a beneficiary. An ethics committee cannot remove the conflict inherent in a worker profiting from a client's will.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

37. C Ask Destiny which contact method is safe and what messages can say

With survivors of intimate partner violence, contact plans are survivor-led because only the survivor knows what her partner monitors. The worker first asks which method is safe and what messages can say. The email on her intake form may be one her partner reads. A printed card seems discreet, but it could be found at home. A later call may be answered or overheard by the partner. Each of these may work, but only after she says it is safe.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

38. C Danny's new coping skill may persist, so refusals may not return

Withdrawal designs show cause only if the behavior returns when the intervention stops, which is unlikely when the client has learned a lasting skill. Danny now uses the breathing and self-talk routine on his own, so refusals may stay low during withdrawal and the design would neither confirm nor rule out an effect. Ending without the service is a real concern for an ABA design, but this ABAB plan restarts the check-ins. Random assignment of phases is not required for single-system designs. Data from several students describes a multiple baseline across clients, a different design.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

39. B Explain how exposure works and build a ranked list of feared dog situations

Graded exposure begins with explaining the rationale and building a fear hierarchy with the client, because the steps must be defined and his consent informed before exposure starts. Jonah and the worker have only agreed on the approach, so orientation and the hierarchy come first. Starting with the least frightening step, such as photos, is the right first exposure, but it comes after the hierarchy that identifies which step that is. Teaching relaxation for use during exposure belongs to systematic desensitization; in graded exposure it is optional and can work against learning that the fear fades on its own.

Intervention Methods & Practice Settings · Review: Chapter 15

40. A Acknowledge that endings can matter, and invite any reactions she has.

Feelings about termination are often minimized, and the worker opens the door to them without insisting on a particular emotion. After eight months, with the ending not yet discussed and Ayesha looking away, acknowledging that endings can matter and inviting her reactions is best. Accepting her view and moving on would be reasonable if the ending had already been explored, but it has not, and her nonverbal cues suggest more. Suggesting she is downplaying sadness interprets her response and names a feeling she has not expressed.

Intervention Methods & Practice Settings · Review: Chapter 18

41. B Not currently involved in an organized faith community or its rituals

Religion refers to the shared beliefs, rituals, and practices of an organized faith community, while spirituality refers to a personal search for meaning, purpose, and connection that may or may not involve religion. Mr. Alvarez no longer participates in his church, so the accurate religion entry is that he is not currently involved in an organized faith community. His search for meaning through his garden and his connection to his wife belong under spirituality, where they are important strengths for hospice care. A personal moral code is a value system and does not describe his religious affiliation.

Diversity, Equity & Social Justice · Review: Chapter 7

42. A Regression

Regression is a return to earlier, more dependent patterns of behavior under stress, and it is common among adults facing illness, hospitalization and loss of control. Mr. Delgado, usually independent, becomes childlike and demanding after surgery, which fits regression. Reaction formation would mean showing the opposite of a hidden feeling, such as becoming excessively cheerful and self-sufficient while privately frightened. Displacement would involve redirecting anger or frustration onto a safer target, such as the nurses, rather than becoming dependent on them. Understanding regression helps staff respond with patience and structured encouragement toward independence.

Human Development, Behavior & Trauma · Review: Chapter 8

43. C The id, seeking immediate gratification

The id is the part of the personality that operates on the pleasure principle and seeks immediate gratification without regard to consequences, which matches an act done because it felt good in the moment. The superego enforces moral standards and would produce guilt or restraint rather than impulsive pleasure seeking. The ego weighs consequences under the reality principle; its failure to delay the impulse is part of the picture, but the driving force the supervisor describes is the id. Understanding these concepts helps the worker assess impulse control as an ego function.

Human Development, Behavior & Trauma · Review: Chapter 8

44. B Set aside the planned agenda and address the break-in and her plans for tonight

When a crisis arises during ongoing treatment, the immediate problem, especially safety, takes priority over the planned agenda. Ana is afraid to sleep at home tonight, so the session should focus on the break-in and her plans for tonight. Victim services can help with locks, compensation, and the police report, but referring out first leaves her current fear unaddressed. Acknowledging and then continuing exposure fits a client who uses minor events to avoid exposure, not one with a new safety concern. Normalizing her fear is supportive, but it does not solve where she will sleep.

Intervention Methods & Practice Settings · Review: Chapter 17

45. B Realigning relationships with extended families to include the spouse

Carter and McGoldrick describe the joining of families through marriage as a stage whose tasks include forming the marital system and realigning relationships with extended families and friends to include the spouse. Holiday and information-sharing conflicts with both sets of parents are classic examples. Differentiating from the family of origin is the task of the launching or single young adult stage, which precedes marriage and sounds similar but concerns the individual rather than the new couple. Making space for children belongs to the stage of families with young children. Shifting boundaries for growing independence is the task of families with adolescents.

Human Development, Behavior & Trauma · Review: Chapter 8

46. A Review with him what she would likely say, then follow his decision

A client with capacity holds the privilege and may waive it, but his waiver must be informed, so the LMSW should explain what her testimony would likely include before he decides. Reviewing that content and then following his choice honors both informed consent and self-determination. Testifying without raising her concerns respects his choice in form but leaves him deciding without information she alone has. Declining to testify overrides a decision that belongs to him. Talking with his attorney about clinical content would itself be a disclosure he has not authorized, and it passes to someone else a conversation she should have with Kwame directly.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

47. D Plans for handling weddings and arguments with his brother

Relapse prevention is built around the client's own high-risk situations and specific coping responses for each. Rafael has named two triggers, so concrete plans for weddings and for arguments with his brother address his actual risks. A schedule of meetings is useful, but he already attends regularly. Monthly check-ins may help some clients, but they do not prepare him for the moments of highest risk. Avoiding every event with alcohol is rigid and unrealistic for family life, and it does not prepare him for arguments, his other trigger.

Assessment, Diagnosis & Planning · Review: Chapter 13

48. C Prioritize applicants with court eviction notices, using criteria posted publicly.

When resources are scarce, distributive justice favors allocating by need and risk through transparent criteria rather than by speed or chance. Families facing eviction are applying too late under the current system, so prioritizing those with eviction notices using posted criteria directs help where loss of housing is imminent and keeps the process fair. A lottery gives everyone an equal chance but ignores who is closest to losing housing. Accepting applications all week by phone and online improves access, yet the funds still go to whoever applies first, which does not fix the gap the LMSW observed.

Diversity, Equity & Social Justice · Review: Chapter 7

49. A Discuss her current therapy and what seeing two providers could mean for her care.

The Code says that before serving someone who receives services from another provider, social workers should discuss the client's current relationship with that provider and the implications, including possible benefits and risks. Discussing her current therapy and what two providers could mean for her care is that first step. Beginning services immediately skips the discussion the Code requires. Asking for consent to coordinate may follow, but only after she understands the implications. Advising her to finish elsewhere first makes the decision for her before the matter has been explored.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

50. C A written plan listing her warning signs, skills that helped and when to return

Relapse prevention at the end of depression treatment works best when the client leaves with a specific, written plan that names her own warning signs, the skills that helped and a clear point to seek help again. An open invitation to call is supportive but gives her no way to recognize when to use it. A peer support group may help, but it does not replace a personal plan. Booster sessions are an evidence-based option for many clients, but Ngozi has said she cannot take more time off for regular appointments.

Assessment, Diagnosis & Planning · Review: Chapter 12

51. C Problems with executive function that a brief screen may not detect

Self-neglect assessment considers both decisional capacity, the ability to understand and describe risks, and executional capacity, the ability to plan and carry out the needed steps; executive dysfunction can impair the second while leaving verbal reasoning intact. Brief screens, especially the MMSE, are weak at detecting executive problems, so a fuller evaluation is warranted. Ambivalence can explain inaction, but Ruth voices a clear wish to change and frustration at failing, which points toward a capacity problem instead. Treating it as a lifestyle choice contradicts her stated goals and assumes intact capacity that has not been established.

Assessment, Diagnosis & Planning · Review: Chapter 11

52. B Bring the pattern to district leaders and press for a practice change.

When the same barrier harms many clients, the worker moves from case advocacy to cause advocacy aimed at changing the practice itself. Federal law already requires immediate enrollment of homeless students, the liaison resolves each case, yet front-office refusals keep recurring, so raising the pattern with district leaders targets its source. Calling the liaison for each refusal is the right response for a single incident, but here it leaves children missing school every time. Escorting families can reduce refusals and may help in the short term, yet it shifts the burden to the shelter and leaves the district's practice unchanged.

Intervention Methods & Practice Settings · Review: Chapter 18

53. C Have Rafael rate his calm at work from 0 to 10 each day and set a target average

Internal states can be measured with a self-anchored rating scale, which turns a subjective goal into numbers that can be tracked over time. Daily 0 to 10 ratings with a target average keep Rafael's own goal at the center and make progress visible. Dropping the feeling goal for job performance objectives accepts the colleague's mistaken premise and discards what Rafael wants. Asking his manager for reports involves the employer without clear need and substitutes another person's impression. Judging progress from session descriptions leaves the goal unmeasured and relies on recall.

Assessment, Diagnosis & Planning · Review: Chapter 13

54. C It was drawn from interviews with people facing their own death

Kubler-Ross developed her five-stage model from interviews with people who were terminally ill and facing their own deaths. That origin matters for Nadia's concern, because the model described reactions to one's own dying and was later applied to bereaved survivors without that population having been studied. Saying it came from spouses in the first year after a death describes the group in front of the facilitator, not the original research. Survivors of natural disasters were not the basis of the model either. Combined with evidence that reactions do not follow a fixed order, this origin argues against presenting the stages as a roadmap.

Human Development, Behavior & Trauma · Review: Chapter 8

55. A Refer Jae-won for gambling treatment while continuing their work on panic

Social workers practice within their competence and refer for problems outside it, while preserving services that are working. Jae-won is progressing with Gwen and wants to continue, and a gambling program accepts clients in other therapy, so referring him for gambling treatment while continuing the panic work fits. Transferring all his care to one clinician who can treat both sounds efficient, but it ends an effective relationship he wants to keep. Treating the gambling under supervision can be appropriate when the supervisor has expertise in the area, but neither Gwen nor her supervisor does.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

56. A Arrange same-day medical and psychiatric evaluation, with his roommate along

Psychosis with two days of not eating and little fluid intake is a medical and psychiatric risk that needs evaluation today, using the least restrictive route that works. Jamal agrees to see a doctor today if his roommate comes, so a voluntary same-day evaluation fits. An involuntary hold could be justified if he refused care while unable to meet basic needs, but he is willing. An outpatient appointment later this week underreacts to possible dehydration and worsening psychosis. Looking at apartments engages him on his stated goal but leaves the immediate medical risk unaddressed.

Assessment, Diagnosis & Planning · Review: Chapter 12

57. B Tell Brianna that she will make a report and explain what to expect

When telling a parent about a required report will not endanger the child, informing the parent beforehand and explaining what to expect is consistent with the Code's commitment to honesty and helps preserve the working relationship. Making the report and telling Brianna at the next visit is appropriate only when advance notice could increase risk, which nothing here suggests. Encouraging Brianna to report herself does not meet the worker's duty, which is personal and cannot be transferred, and waiting a week delays a required report.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

58. A A directive

In strategic family therapy, a directive is a task the therapist assigns for the family to carry out, usually between sessions, to change the interaction pattern that maintains a problem. Asking the father to take charge of bedtime while the mother takes a walk is a directive designed to change who handles the child. A reframe offers a new meaning for the problem, which this assignment does not do. An enactment, from structural therapy, has the family act out a conflict in the session so the therapist can observe and change it; this task happens at home.

Intervention Methods & Practice Settings · Review: Chapter 16

59. B Deciding whether clients meet the program's eligibility rules

Volunteers can extend services, but tasks requiring professional judgment and accountability, such as determining eligibility, should stay with trained staff who are responsible for those decisions. Deciding whether clients meet eligibility rules affects their access to benefits and may require interpreting policy and handling appeals. Helping clients fill out applications is a supportive task volunteers commonly perform with training and supervision. Updating contact details involves confidential records, but trained volunteers bound by confidentiality agreements can handle such clerical work under staff oversight. The deciding factor is the level of judgment and accountability, not access to information.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

60. A Add sessions on new skills and roles alongside the sharing of memories

Stroebe and Schut's dual-process model holds that bereaved people cope best by moving between loss-oriented tasks, such as sharing memories, and restoration-oriented tasks, such as learning new roles and skills. A group that offers both supports this healthy oscillation. Referring Leticia to a financial counselor could help with one task, but it treats restoration needs as separate from grieving when the question asks how to adjust the group. Keeping the current focus honors the group's original purpose but leaves out half of the coping the model describes. Shifting entirely to practical skills drops the loss-oriented side that members still need.

Human Development, Behavior & Trauma · Review: Chapter 8

61. D Note her assumption and ask Mr. Begay what role, if any, he wants healing to play

The 2021 revision of the Code's cultural competence standard adds self-reflection on one's own biases and treating clients as experts on their own culture. Hana has noticed her assumption, so the next step is to hold it lightly and ask Mr. Begay what role, if any, traditional healing should have. Arranging a healer in advance acts on a group generalization before learning his wishes. A formal self-assessment is a reasonable development activity, but delaying the session for it does not address this client, and the Code does not require one. Sharing her background first centers the worker rather than the client's own view.

Diversity, Equity & Social Justice · Review: Chapter 7

Section 2 Answers 62-122

62. A Decline and keep her contact with the father focused on Rafael

The Code bars romantic or sexual relationships with clients' relatives or others close to them when there is a risk of exploitation or harm, and a parent of a student in counseling clearly carries that risk. Declining and keeping contact focused on Rafael protects the student and the professional relationship. Transferring Rafael so that she can date his father would put her interest ahead of his care and still affect him. Having the principal handle future contact goes further than needed, because she can work with the father on Rafael's needs once she has declined.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

63. B Give specific feedback and require more training before exposure resumes

Supervisors are responsible for clients' welfare as well as the supervisee's growth, so when significant errors appear in a method the supervisee is using, the supervisor gives specific feedback and makes sure competence is built before the method continues. Feedback alone while exposure continues leaves clients exposed to poorly paced treatment that can worsen anxiety. Observing more sessions before acting delays a response when the recordings already show significant errors. Reassigning all exposure clients is more than the problem requires; with training and closer supervision the LMSW can likely resume, and the clients keep their relationship with her.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

64. B Ask newly diagnosed patients what questions and needs they have right now

Group planning begins with assessing the needs of the people the group will serve, and the members themselves are the main source. Asking newly diagnosed patients about their questions, worries and practical limits shapes content, format and schedule. Gathering staff views is a legitimate part of needs assessment, but the nurses have already provided their list, so repeating that step adds little and leaves out the patients' own voice. Reviewing evidence-based curricula is a sound next step once the needs are known, but choosing materials first risks teaching what staff value rather than what members want.

Intervention Methods & Practice Settings · Review: Chapter 16

65. A Delusional disorder

Delusional disorder involves one or more delusions lasting at least one month, with functioning not markedly impaired apart from the delusion and its effects, and without the other symptoms that define schizophrenia. Gwen's fixed belief, intact work functioning and absence of hallucinations or disorganization fit. Schizophrenia requires at least two core symptoms, such as hallucinations or disorganized speech, plus significant decline. Paranoid personality disorder is the closer distractor, involving pervasive distrust and suspiciousness, but it does not include fixed false beliefs held with delusional certainty.

Human Development, Behavior & Trauma · Review: Chapter 8

66. C Tell her supervisor about the relationship so the case can be reviewed for reassignment

A worker with a personal conflict of interest must disclose it promptly to the agency so that it can be resolved, and the first step is telling the supervisor. Ana's intimate partner is a possible caregiver for a child on her caseload, a conflict that touches every decision in the case. Disclosing to the parents and the court at the next hearing comes later and bypasses the agency, which must decide how to manage the conflict first. Keeping the case while a colleague does the home study leaves Ana influencing placement. Documenting and stepping back only from placement treats a pervasive conflict as a narrow one and is a decision Ana should not make alone.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

67. D Ask about her symptoms, supports, and what she wants from services

Before choosing a service, the worker learns enough about the client's situation and goals to match help to need. Amira has described her distress only briefly, so asking about her symptoms, supports and what she wants from services comes first. Screening for prolonged grief disorder sounds like careful assessment, but the diagnosis requires at least 12 months since the loss for adults, so it does not fit at two months and would narrow the conversation too early. A referral to the grief specialist or information about the support group may be right later, but either one chooses a service before the worker knows what Amira needs.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

68. C Document clinical concerns and propose alternatives through the committee

When agency policy may harm clients, social workers work to change it through appropriate channels while still meeting their obligations. The policy offers a quality committee, so documenting clinical concerns and proposing alternatives there is the right path. Keeping 50-minute sessions while recording reasons disregards a policy that has not been changed. A licensing board complaint is premature when internal channels exist, and boards regulate individual licensees rather than clinic scheduling. Referring trauma clients out disrupts their care and accepts a policy the therapists believe is harmful without trying to change it.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

69. A Decline to help and urge the colleague to report the incident accurately

Social workers must not take part in misrepresentation, and the Code directs them to address a colleague's unethical conduct directly first when feasible. Destiny refuses to alter the record and urges an accurate report. Retrieving the papers is useful containment, but making it a condition for filing delays the accurate report the hospital needs to manage the breach. Treating a request to falsify a record as a private confidence lets a patient's privacy breach go unreported. Reporting to the administrator may follow if the colleague refuses, but the colleague is right there and the direct step is feasible.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

70. B Use Jordan and they/them, and ask where Jordan wants them used or kept private

Affirming practice uses a youth's chosen name and pronouns and lets the youth control disclosure, especially when disclosure could reach family. Using Jordan and they/them while asking where they should be used or kept private honors the request and protects Jordan, since the parents call and can see records. Updating every record and telling all staff sounds affirming but could out Jordan to parents who have record access. Exploring disclosure to parents may matter later, but Jordan has not raised it. A peer group can be a useful resource, yet it does not answer the request in front of the worker.

Diversity, Equity & Social Justice · Review: Chapter 7

71. A The scheme was built on male samples and ranks care-based reasoning lower

Carol Gilligan argued that Kohlberg's theory was developed from studies of boys and men and ranked an ethic of justice above an ethic of care, so reasoning centered on relationships and avoiding harm was scored as less mature. The colleague's conclusion that the girls lag behind reflects exactly that bias. Cultural universality of stage order is a separate criticism raised by cross-cultural researchers, not Gilligan's central point. The gap between moral reasoning and behavior is a real limitation but does not explain the gender pattern here. Early separation of moral rules from social conventions comes from Turiel's work.

Human Development, Behavior & Trauma · Review: Chapter 8

72. A Explore what this choice means in her family and how decisions are made there

Before treating a belief as a distortion, the worker must understand its context, because a statement about family obligation may be accurate within the client's family and culture. The worker knows almost nothing about Priya's family, so exploring what the choice means there and how decisions are made comes first. Examining the evidence assumes the thought is distorted, which has not been established. A pros-and-cons grid helps once her values and constraints are clear, but they are not yet known. A joint session with her parents may help later if she wants it, but proposing it now moves ahead of both assessment and her own wishes.

Intervention Methods & Practice Settings · Review: Chapter 17

73. B Ordinal

Ordinal variables have categories that can be ranked, but the distance between categories is not known to be equal. Satisfaction ratings are ordered from least to most satisfied, yet the step from neutral to satisfied may not equal the step from satisfied to very satisfied. Coding the answers as 1 to 5 does not create equal intervals, which makes interval the attractive near-miss. Nominal would apply only if the categories had no order. Ratio requires equal intervals and a true zero, and a rating of 1 does not mean one-fifth the satisfaction of a rating of 5.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

74. A Neither confirm nor deny that Rania receives services there

Domestic violence programs protect survivors' confidentiality, which includes not revealing whether someone is receiving services, because even that fact can help an abuser locate a survivor. Confirming that she is a client discloses protected information. Offering to pass on a message implies she is a client, which has the same effect. Transferring the call to the supervisor delays the answer without changing it, and the caller may read the transfer as confirmation; every staff member should give a consistent neither-confirm-nor-deny response.

Intervention Methods & Practice Settings · Review: Chapter 17

75. C Contribute evidence to the discussion and support a formal review of the tool

The Code asks social workers to contribute to the profession's knowledge base and to engage in responsible criticism. Joining with evidence and supporting a formal review advances the profession's knowledge. Stopping use on his own is premature, since he finds the evidence only partly persuasive. Asking the developers to respond is reasonable but places the work on others. Calling for a ban goes beyond the evidence he has reviewed.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

76. A Records from the identified addiction program showing she is a patient there

Part 2 protects records that identify a person as an applicant for or recipient of substance use disorder services from a federally assisted program, including an identified unit within a general facility. Records from the addiction program are covered. A primary care screening that notes alcohol use is protected health information under HIPAA, but it does not come from a Part 2 program. Psychotherapy notes kept separately have special protection under the HIPAA Privacy Rule, not Part 2. Matching each record to the right law tells the worker which consent rules apply.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

77. A Define the vague items clearly and have the workers practice rating together

Low inter-rater reliability is usually fixed by clarifying item definitions and calibrating raters through joint practice. The disagreement centers on "adequate supervision," which the manual never defines, so writing clear definitions and practicing ratings together targets the actual cause. Repeating the standard training would help if the workers had missed it, but they took it last month and it lacks the missing definition. A third rater can resolve individual disputes, but it does not make future ratings consistent. Reviewing each worker's cases for bias suits a pattern traced to one rater, yet the problem is concentrated in undefined items.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

78. B Help Kofi plan how he will raise the side effects with his psychiatrist

Social workers support clients in communicating with prescribers and respect the client's preferred way of doing so. Kofi wants to raise the side effects himself but does not know how, so the worker helps him plan what to say. Asking for consent to contact the psychiatrist would fit a client who wanted the worker to speak for him, but Kofi chose to do it himself. Exploring relationship stress assumes another cause when the timing points to the medication. Suggesting a specific switch moves into prescribing; the psychiatrist decides how to address side effects.

Assessment, Diagnosis & Planning · Review: Chapter 12

79. D Purposive sampling

Purposive sampling deliberately chooses participants because they have characteristics or experiences that suit the research question. The researcher picks caregivers with at least five years of care because they can describe the full course of caregiving. Recruiting through support groups does not make this convenience sampling, because she is selecting people for a specific characteristic rather than taking whoever is easy to reach. Snowball sampling relies on participants referring others, which did not happen here. Quota sampling fills set numbers within subgroups, such as a fixed count of husbands and wives, which she did not do.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

80. B It is written while you are well, to guide care if you can't decide later.

A psychiatric advance directive is created while a person has decision-making capacity and guides treatment if she later loses that capacity. Explaining that it is written while she is well to guide future care is accurate. Saying it lets her refuse any involuntary hospitalization overstates its power; commitment laws can override some preferences when legal criteria are met. Saying it takes effect only after a court finds her incompetent is also inaccurate; directives are usually activated by a clinical determination of incapacity, not a court ruling.

Intervention Methods & Practice Settings · Review: Chapter 17

81. D Make the required report and let Walter know it is being made

When state law makes social workers mandated reporters of elder financial exploitation, the duty applies even if a competent adult asks the worker not to report. The worker makes the report and tells Walter, which preserves trust, and Walter keeps the right to accept or refuse any services offered afterward. Honoring his request respects his autonomy but ignores a legal mandate. Helping him secure his accounts is a useful protective step, but it does not meet the reporting duty. Encouraging him to report his grandson himself supports self-determination, but the worker's own obligation remains.

Human Development, Behavior & Trauma · Review: Chapter 8

82. D Both activities help her: one builds a sense of accomplishment, one enjoyment.

Mastery and pleasure ratings capture two different sources of reward, accomplishment and enjoyment, and both lift mood in behavioral activation. Paying bills gave Hye-jin a strong sense of mastery and calling her sister gave strong pleasure, so both belong in a balanced plan. Dropping bill paying ignores that mastery itself is rewarding. Calling bill paying avoidance mislabels it; avoidance refers to escape behaviors that bring short-term relief, not completed tasks. Concluding that only social contact matters reads one high pleasure rating as the whole story and discards the accomplishment that tasks provide.

Intervention Methods & Practice Settings · Review: Chapter 17

83. C Seek supervision on her reactions while continuing to support Nadia's process

When a worker's personal values are stirred by a client's choices, the first response is to recognize the reaction and use supervision so it does not affect the client, while continuing to support the client's own decision. Seeking supervision and staying with Nadia protects an established relationship. Telling Nadia about the conflict shifts the worker's feelings onto the client at a vulnerable moment. Transferring her to a colleague is appropriate if Ruth cannot provide unbiased help, but she has not reached that point and a transfer would disrupt months of work. Bringing in a colleague for one option splits the decision Nadia wants to think through as a whole.

Diversity, Equity & Social Justice · Review: Chapter 7

84. D Ask how the recent losses are affecting her and what she needs

Before offering a remedy, a supervisor first learns how the worker is affected and what she needs, because the right support depends on her answer. Aaliyah is distressed but functioning well and has not said what would help, so asking about the impact of the losses and her needs comes first. Pausing admissions, attending the bereavement debriefing, and referring to the employee assistance program are all supportive options that may follow. Choosing one before hearing from her risks offering the wrong help or implying that her grief is a performance problem.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

85. C Cumulative physiological wear from chronic exposure to racism

Geronimus's weathering hypothesis holds that chronic exposure to racism and its stressors causes cumulative physiological wear, which helps explain why Black women face higher preterm birth rates even at high income and education levels. Individual health behaviors do not account for gaps that persist across socioeconomic groups. Segregation and hospital quality are real structural factors, but this data compares women delivering at the same hospitals. Prenatal care timing is equivalent here, since women in both groups begin care in the first trimester, so it cannot explain the difference.

Human Development, Behavior & Trauma · Review: Chapter 8

86. B Address her worry about strangers and use the telephone interpreter

Minor children should not interpret in professional services except in emergencies, and qualified interpreters should be used when available. A telephone interpreter is available now, so the worker acknowledges Ms. Mendoza's concern, explains the interpreter's confidentiality, and uses the line. Following her preference respects her voice but places a 12-year-old in an adult role, exposes her to sensitive family information, and risks errors in a consent discussion; documenting it does not fix those problems. Postponing until a Spanish-speaking worker can visit delays voluntary services when accurate communication is possible today.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

87. C Service

The Code's value of service asks social workers to elevate service to others above self-interest and to volunteer some of their professional skills with no expectation of significant financial return. Priya donates counseling, declines payment, and says her aim is to help people who cannot pay, which fits service exactly. Social justice is the tempting choice because the clients are underserved, but that value centers on pursuing social change, and Priya says she is not trying to change policy. Competence concerns practicing within and building expertise, not donating it. Integrity concerns honesty and trustworthiness, which the activity does not mainly show.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

88. A Acknowledge her sense of loss and share research on family support and youth well-being.

Parents adjusting to a child's gender identity often grieve, and change comes more readily when that grief is acknowledged and linked to clear information about what helps their child. Acknowledging her loss and sharing evidence that family support protects youth well-being does both. A parent support group is a sound referral in many cases, but she already attends one, so it adds nothing new. Role-play practice with the new name is a useful skill-building step, but it comes after she has had room to name her grief and understand why the name matters.

Diversity, Equity & Social Justice · Review: Chapter 7

89. C Make no reply on the site that would confirm a professional relationship

A social worker may not confirm that someone is a client without consent, and public replies to reviews can do exactly that. Olumide did not solicit the review, so he has done nothing wrong, but any public reply would confirm the relationship. A short thank-you that leaves out clinical details still acknowledges her as a client in a public forum. Asking her to remove the review on the ground that it breaks ethics rules is inaccurate, since clients may post about their own care, and the request could feel like pressure. The appropriate course is to make no reply that confirms the relationship.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

90. B Person-in-environment, linking functioning to changes in surrounding systems

A person-in-environment statement explains a client's functioning through changes in the systems around her. The note ties Ms. Ito's anxiety to an employer's schedule change and its effect on her caregiving role, which is a transaction between person and environment. A cognitive assessment would focus on her thoughts and beliefs about events, and the note says nothing about her thinking. A psychodynamic assessment would trace the anxiety to early conflicts, which the note does not mention. A diagnostic assessment would match symptoms to criteria for a disorder; the note describes context rather than a diagnosis.

Assessment, Diagnosis & Planning · Review: Chapter 11

91. A Generalized anxiety disorder

Generalized anxiety disorder is characterized by excessive, hard-to-control worry about several areas of life on most days for at least six months, with symptoms such as muscle tension, irritability and sleep disturbance. Tomasz's eight months of worry about work, family, money and health, plus those physical symptoms, fit GAD. Panic disorder centers on recurrent unexpected panic attacks and worry about further attacks, and he denies sudden surges of fear. Social anxiety disorder involves fear of scrutiny or embarrassment in social situations, and he is comfortable socially. A medical evaluation and further assessment would still precede any firm diagnosis.

Human Development, Behavior & Trauma · Review: Chapter 8

92. C A shared-caseload team that serves him in the community at all hours

Assertive community treatment is a multidisciplinary team with a shared caseload and low client-to-staff ratios that delivers most services directly in the community, with round-the-clock availability, for people with serious mental illness and frequent hospitalizations. Darnell's missed clinic visits and unstable housing are why services must come to him. Weekly visits at a clinic require him to come in, which has already failed. A case manager who links him to other providers is brokerage case management, essentially what he has now. A member-run center is the clubhouse model, valuable but not ACT.

Intervention Methods & Practice Settings · Review: Chapter 18

93. A Arrange immediate medical evaluation for a possible drug interaction

Combining serotonergic drugs, such as an SSRI with tramadol, can cause serotonin syndrome, a potentially life-threatening reaction that needs immediate medical care. Priya's sweating, tremor, confusion, restlessness, diarrhea and muscle twitching after tramadol was added fit that picture, so the social worker arranges an urgent medical evaluation now. Requesting a dose review this week uses the right channel for a routine concern but is too slow here. Telling her to stop the tramadol is medical advice outside the worker's role and does not get her the care she needs. Treating the symptoms as panic overlooks a medical cause that must be ruled out first.

Assessment, Diagnosis & Planning · Review: Chapter 12

94. A Help resident leaders prepare to present their priorities at the upcoming session

Social justice includes promoting meaningful participation in decision making for all people, and the strongest expression is helping affected people speak for themselves when they are ready to. Resident leaders want to present and have three weeks, so preparing them for this session fits. Presenting the survey on residents' behalf is legitimate advocacy, but it speaks for people who have asked to speak for themselves. A leadership course builds lasting capacity, yet it targets future cycles and misses the session where the current redesign will be decided.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

95. D Vulnerable, disadvantaged, oppressed, and exploited people and groups

The Code's standard on social and political action asks social workers to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups. That wording defines the groups by their condition, not by category, so workers held in debt bondage clearly qualify as exploited. The member's argument assumes a list of categories such as children, older adults, people with disabilities, or low-income people, which often fit the description but are not the Code's wording. People whose rights are limited by law may be oppressed, but the standard is broader than legal status.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

96. A Build a written safety plan with her that lists warning signs, coping steps and people to call

A collaborative safety plan, not a promise, is the standard response once risk has been assessed. Rosa has passive ideation with no plan, intent, means or history, so the next step is a written plan in her own words naming warning signs, coping strategies, her sister and crisis contacts. A renewed no-suicide contract, even with phone numbers attached, has no evidence of preventing suicide and can discourage honest disclosure. A same-day emergency evaluation would fit plan, intent or access to means; here it is more restrictive than the assessed risk warrants.

Assessment, Diagnosis & Planning · Review: Chapter 11

97. C She reported four of ten categories of adversity in her childhood

An ACE score counts how many of ten categories of childhood adversity a person reports, such as abuse, neglect, or a household member with mental illness or incarceration. A score of 4 means she endorsed four categories; it says nothing about how many times each occurred or how severe it was. It does not mean four separate events, since one category may cover years of repeated experiences. Higher scores are linked to higher population risk for health problems, but the score is not a personal multiplier of risk and cannot predict her individual outcome.

Assessment, Diagnosis & Planning · Review: Chapter 11

98. C Treat it as information about the family's patterns and adjust the task

Strategic therapists treat a family's response to a directive, including not doing it, as information about how the family system operates, then design the next intervention accordingly. Asking the family to recommit to the same task is common in many models, but in strategic work it repeats a directive the system has already shown it will not carry out and risks a power struggle. Shifting to feelings about the problem abandons the strategic model after one setback; Haley saw feelings-focused talk as less likely to change the sequence that keeps a problem going.

Intervention Methods & Practice Settings · Review: Chapter 15

99. B Goodness of fit: how well her needs match the setting's resources

In the ecological life model, goodness of fit describes how well a person's needs and capacities match the resources and demands of the environment. Leila's abilities and motivation are the same, but she moved from a school that met her communication needs to one that does not, so the fit is what changed. Coping refers to a person's efforts to manage a stressor and would be the focus if her response to the move were the issue. Competence refers to a person's sense of effectiveness, which may suffer over time, but the stem points to a change in the setting rather than in Leila.

Assessment, Diagnosis & Planning · Review: Chapter 11

100. C So real change in the burden being measured is unlikely to occur

Test-retest reliability assumes the trait itself stays stable between administrations, so the interval must be short enough that real change is unlikely. Caregiver burden can shift a great deal over six months as the care recipient's needs change, which would lower agreement for reasons that have nothing to do with the measure. Reducing memory of earlier answers is an argument for a longer interval, which is the colleague's point and a real concern, but not the reason for keeping the interval short. Internal consistency can be calculated from a single administration and does not depend on the interval.

Assessment, Diagnosis & Planning · Review: Chapter 11

101. A "Mr. Lee received an eviction notice and asked for help contacting legal aid."

Strengths-based documentation records current facts and risks accurately while highlighting the client's own actions and capacities, without labels or unsupported optimism. Noting the eviction notice and that Mr. Lee asked for help contacting legal aid documents the risk and his active response. The entry about keeping his apartment for two years is a true strength, but as today's note it leaves out the eviction notice, the main fact of the visit. Attributing the notice to poor money management is a deficit judgment. Calling his outlook good despite an eviction notice ignores the risk.

Diversity, Equity & Social Justice · Review: Chapter 7

102. B Whether the study samples resembled him in culture, migration, and setting

Applying research to a client means judging how well the studied population matches that client, because effects found in one group may not transfer to another. Farhan differs from the trial samples in culture, recent forced migration, and treatment setting, so that match is the open question. Whether his symptoms meet the trial's enrollment criteria matters in general, but the psychiatric evaluation already confirmed the same diagnosis the trials used. A translated manual would matter for a client who needed services in Dari or Pashto, yet Farhan asked for sessions in English. Once fit is judged, the worker can decide what adaptation and monitoring are needed.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

103. D Mr. Petrov will write or record a message to his son, with support, within the next week

Hospice objectives must fit the patient's prognosis, his stated goal and what is actually possible. Writing or recording a message to his son within a week is within Mr. Petrov's control, can be sent by the one email address or kept for the son, and fits a short prognosis. Reaching his son by phone would be ideal if contact information existed, but the family has none. A family meeting within three months exceeds his expected time and also depends on reaching the son. Life review with the chaplain is a valuable hospice intervention, but it does not address the reconciliation he asked for.

Assessment, Diagnosis & Planning · Review: Chapter 13

104. A Several hours of structured treatment on several days a week at home

Level of care is matched to the least intensive setting that safely meets assessed needs. Keanu needs more structure than weekly counseling, which has not worked, but has no withdrawal or medical risk and has a supportive, alcohol-free home, so intensive outpatient treatment, several hours on multiple days a week while living at home, fits. Residential care would suit someone whose home undermines recovery or who needs round-the-clock structure, which he does not. Weekly outpatient counseling is the level he has already tried without success.

Assessment, Diagnosis & Planning · Review: Chapter 11

105. D An ethical violation with a clear answer, not a conflict between duties

Reamer defines an ethical dilemma as a situation in which two or more professional duties genuinely conflict, so honoring one means compromising another. Recording sessions that did not occur is falsification, and no professional duty supports it, so this is a clear violation with one right answer: decline, and help the client in legitimate ways. Calling it a true dilemma treats the wish to help as a competing duty, but loyalty never requires fraud. A conflict of interest requires the worker's own interests to compete with the client's, and her pay does not depend on billing. Insurer rules shape the case but do not create competing professional duties.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

106. C Note the error and ask the daughter what spiritual support, if any, the family wants.

After a cultural or religious assumption is pointed out, the worker owns the mistake briefly and then lets the family define its own needs. Noting the error and asking what spiritual support, if any, they want does both without making the moment about the worker. Arranging the interfaith hospice chaplain is a sound service in many cases, but it again decides for the family before asking. Offering an evangelical pastor swaps one assumption for another; the family may have its own pastor, may want no visit, or may want something else entirely. Both distractors are reasonable actions once the family has stated a preference.

Diversity, Equity & Social Justice · Review: Chapter 7

107. D Describing thoughts nonjudgmentally as they arise

DBT's mindfulness skills include observing and describing experience and doing so nonjudgmentally. Teaching Ruth to note 'I'm having the thought that I'm stupid' without adding a second judgment loosens the thought's grip. Challenging the evidence is cognitive restructuring from cognitive therapy, a useful technique but not a mindfulness skill. Replacing critical thoughts with positive ones is a form of thought substitution that keeps her fighting her mind. Pushing thoughts away is suppression, which tends to make unwanted thoughts return more often.

Intervention Methods & Practice Settings · Review: Chapter 15

108. A Limited parental monitoring of his activities

Several well-established risk factors predict adolescent substance use, and the assessment must identify which ones are actually present. Darius's parents rarely know where he is or whom he is with, and low parental monitoring is one of the strongest family-level predictors of teen substance use. Peer use, early onset, and family history are also strong risk factors, but the stem rules each out: his friends do not use, he first tried cannabis three months ago at about 16, well past early onset, and there is no family history. Accurate assessment ties each risk factor to the evidence in the case rather than to a general list.

Human Development, Behavior & Trauma · Review: Chapter 8

109. A Explain that risk assessment needs qualified staff and propose other roles

Volunteers support professional staff but should not perform tasks that require clinical judgment and carry high risk, such as full suicide risk assessment. Devon should explain this limit and suggest roles volunteers can safely fill during the freeze. A day of suicide prevention training prepares volunteers to recognize warning signs and connect youth to staff, not to conduct assessments. Having a clinician on site does not change who is doing the assessment. Board approval can change policy but cannot make an unqualified person competent to judge suicide risk.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

110. B Ask clients privately whether they want to be contacted before sharing

Sharing client names and contact information with the development office is a disclosure that requires each client's specific consent for that purpose. Asking clients privately whether they want to be contacted protects confidentiality and lets each decide freely. Sending names of clients who say they enjoy sharing their stories assumes consent to a fundraising contact they never gave. A general release signed at intake does not cover fundraising uses it did not describe. Closed cases remain confidential, so former clients need the same specific consent.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

111. A A client who needs expertise Anika lacks and has stopped making progress

The Code directs social workers to refer clients when other professionals' specialized knowledge is needed to serve them fully, or when the worker is not being effective or making reasonable progress with them. A client who needs expertise Anika lacks and is not progressing meets both conditions. A conflict between the client's religious views and Anika's own is a matter for self-awareness and supervision, not a reason to refer. Missed appointments call for exploring barriers and engagement. A case open longer than usual may need review of goals, but length alone does not show that another professional is needed.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

112. C Adolescent egocentrism linked to emerging formal operations

Elkind described the imaginary audience, the belief that others are constantly watching and judging, and the personal fable, the belief that one's experiences are unique, as forms of adolescent egocentrism that arise with formal operational thought, when teens can think about others' thinking but overestimate their own centrality. Sofia shows both. Preoperational egocentrism is the young child's inability to take another's perspective, a different and earlier phenomenon. Insecure attachment may affect relationships, but Elkind did not trace these beliefs to it. Identity diffusion, from Marcia, describes lack of exploration and commitment, which her functioning does not suggest.

Human Development, Behavior & Trauma · Review: Chapter 8

113. B Share information relevant to her involvement in his care, using judgment

When a patient is incapacitated, HIPAA allows staff to share information directly relevant to a family member's involvement in care if, in professional judgment, it serves the patient's interest. Rafael's wife needs to understand what happened and what to expect, so the worker shares what is relevant. Physicians explain medical details, but the rule does not limit all communication with family to them. Proof of legal representation is needed for some decisions and record requests, not for this kind of sharing. Waiting for a formal surrogate delays support the rule already permits.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

114. A Arrange low-cost options such as in-house sessions and free webinars

The Code's standard on continuing education and staff development says administrators should take reasonable steps to provide or arrange continuing education and staff development addressing current knowledge. With the training budget gone and new guidelines coming, arranging low-cost in-house sessions and free webinars fulfills that duty. Telling workers they are responsible for their own renewal hours is true, since individuals also have a duty to stay current, but it leaves out the administrator's separate obligation. Waiting until funding returns delays training on guidelines that take effect soon, leaving staff and clients at risk in the meantime.

Research, Evaluation, Supervision & Administration · Review: Chapter 19

115. A Add a second girl or delay the group so she is not the only one

Group composition guidance warns against placing a single member who differs from everyone else on a visible characteristic such as gender, race or age, a principle sometimes called the Noah's Ark rule. A solitary member is at risk of isolation, scapegoating and dropping out. Adding a second girl or delaying the group addresses the problem before it begins. Including her because the shared problem matters more underestimates the risk. Watching for isolation responds only after harm occurs, when composition can prevent it.

Intervention Methods & Practice Settings · Review: Chapter 16

116. C Help her identify strengths from each setting that she can draw on in both

Biculturalism research shows that people can hold two cultural identities at once and that drawing on both is linked to better well-being. Priya has already explored what each setting expects and is now asking whether she must choose, so helping her find strengths from each that she can use in both answers her question with the integrated option. Asking her to describe the expectations again repeats an assessment already completed. Helping her weigh which identity fits best sounds client-centered, but it accepts the either-or framing she is questioning and steers her toward giving up part of herself.

Diversity, Equity & Social Justice · Review: Chapter 7

117. D Use careful judgment and build competence through study and consultation

The Code addresses emerging practice areas directly: where generally recognized standards do not exist, social workers should use careful judgment and take responsible steps, including education, research, training, consultation and supervision, to ensure competence and protect clients. Waiting for a national body to issue standards withholds a possible service when the Code does not require delay. Piloting with client ratings gathers useful feedback, but satisfaction scores do not address risks such as privacy and peer safety. Adapting the telehealth policy is a reasonable starting point, but a peer-support app raises different issues that the policy may not cover, so it does not replace building competence.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

118. D identify the major problems and what set off the crisis

Roberts' model moves through seven stages: psychosocial and lethality assessment, rapid rapport, identifying major problems and precipitants, dealing with feelings and emotions, generating alternatives, developing an action plan, and follow-up. With assessment and rapport complete, the next stage is identifying the major problems, including what triggered the crisis. Assessing lethality comes first and has been done, though it is repeated if risk changes. Exploring feelings is the fourth stage, and generating alternatives is the fifth, so both are sound steps that come later in the sequence.

Intervention Methods & Practice Settings · Review: Chapter 15

119. B Ask Tomasz to log each attack and its circumstances over the coming week

A target for decrease requires a baseline, and when the client cannot recall frequency, prospective self-monitoring supplies it. A week-long log of each attack and its circumstances gives a count to measure change against and shows triggers. A retrospective estimate is a reasonable first try, but Tomasz has already said he cannot put a number on last week. Ruling out a medical cause is often the first step with panic symptoms, yet his physician did that last month. Teaching paced breathing is a sound intervention, but starting before a baseline makes the planned objective impossible to measure.

Assessment, Diagnosis & Planning · Review: Chapter 13

120. B anticipatory grief

Anticipatory grief is the normal mourning that begins before an expected death, including sadness, imagining life after the loss and guilt about planning ahead, as Ingrid describes. Prolonged grief disorder in DSM-5-TR can be diagnosed only after a death, with persistent yearning or preoccupation lasting at least 12 months for adults, so it cannot apply while her husband is alive. A major depressive episode would involve pervasive symptoms such as loss of interest and changes in sleep or appetite, which she does not report. An adjustment disorder requires distress out of proportion to the stressor or significant impairment, and her expected grief with intact functioning does not meet that threshold.

Human Development, Behavior & Trauma · Review: Chapter 8

121. A A campaign against hiring bias that keeps many local residents unemployed

The Code's principle for social justice says social workers pursue social change, particularly with and on behalf of vulnerable and oppressed people, and that these efforts focus primarily on poverty, unemployment, discrimination, and other forms of social injustice. A campaign against hiring bias that keeps residents unemployed targets two of the named issues. Helping clients voice their own choices in service plans is worthwhile, but it expresses the principle tied to dignity and worth of the person, which stresses self-determination. Strengthening family ties expresses the importance of human relationships. Both are real Code values, but neither is the focus named under social justice.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

122. D A recommendation for the level and intensity of care he needs

The ASAM Criteria exist to match a person's multidimensional needs to an appropriate level and intensity of care. Raymond has already been screened and diagnosed, so the new assessment's chief contribution is a placement recommendation. A brief, repeatable risk measure describes a screening tool such as the AUDIT, which primary care has already used. Counting criteria and rating severity is the DSM-5-TR diagnostic step the psychiatrist completed. Readiness to change is one of the areas the ASAM assessment considers, and a stage-of-change scale can inform it, but that measure is an input to placement rather than the main thing the ASAM Criteria add.

Assessment, Diagnosis & Planning · Review: Chapter 11

Your Score Sheet

Count your correct answers in each study area. ASWB reports that the passing score on its 110 scored questions generally falls between 66 and 78 correct (about 60–71%), set separately for each exam form; every question here counts, so use roughly 70% overall as a practice target and 75% or higher as a comfortable margin.

Study area	Questions	Your score	Study if below 70%
Ethics, Confidentiality & Professional Conduct Content area I	33	____ of 33	Chapter 4: Ethical Foundations and Decision-Making Chapter 5: Confidentiality, Informed Consent and Legal Duties Chapter 6: Boundaries, Professional Conduct and Ethical Service Delivery
Diversity, Equity & Social Justice Content area I	10	____ of 10	Chapter 7: Diversity, Equity and Social Justice
Human Development, Behavior & Trauma Content area II	18	____ of 18	Chapter 8: Human Development Across the Lifespan Chapter 9: Human Behavior in the Social Environment Chapter 10: Abuse, Neglect, Violence and Exploitation
Assessment, Diagnosis & Planning Content area II	22	____ of 22	Chapter 11: Assessment Methods Chapter 12: Mental Health, Substance Use and Medications Chapter 13: From Assessment to Plan
Intervention Methods & Practice Settings Content area III	28	____ of 28	Chapter 14: Engagement and the Helping Relationship Chapter 15: Practice Models and Evidence-Based Interventions Chapter 16: Working with Families and Groups Chapter 17: Case Management, Crisis and Practice Across Settings Chapter 18: Communities, Organizations, Policy and Advocacy
Research, Evaluation, Supervision & Administration Content area III	11	____ of 11	Chapter 19: Research, Evaluation, Supervision and Administration

Total: ____ of 122. For every miss, write down the SEARCH rung you missed and the distractor family (D1–D8) you chose; your largest cluster is what to study next.