SUMMIT
STUDY GUIDES

LMSW

Diagnostic Assessment

Week 3 Checkpoint

Answer Key & Weakness Map

Scored across six study areas • Original practice questions

Find your weak areas, then study the chapters that matter most

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How to Use This Material

Take this assessment in one sitting with an 80-minute timer, choosing the single BEST answer for each question. It has 40 questions spread across six study areas in proportion to the ASWB Masters exam. Then score it with the separate answer key and fill in the Weakness Map at the end of the key. The interactive version on the Diagnostic page of the LMSW bonus site scores your Weakness Map automatically.

LMSW Week 3 Checkpoint: Answer Key

The best answer for each question, with an explanation and the chapter to review.

1. A A genogram

A genogram maps family members and relationships across at least three generations and is well suited to showing patterns such as substance use, illness, or loss that repeat over time. Valentina's concern centers on drinking among her father, grandfather, and uncles, and its possible meaning for her son, which is a multigenerational pattern. An ecomap shows the family's current ties to outside systems such as work, school, and community resources, not patterns across generations. A culturagram focuses on immigration and cultural factors in a family's life. The genogram can also highlight family strengths and relatives who did not develop problems.

Assessment, Diagnosis & Planning · Review: Chapter 11

2. A Purposive sampling

Purposive sampling deliberately selects participants because they have characteristics the study needs. The researcher screens records and invites only grandparents who have raised grandchildren for two or more years without custody orders, so the defining feature is selection by criteria. Convenience sampling uses whoever is easy to reach; using her own agency is convenient, which makes the option attractive, but she is not simply taking available clients. Snowball sampling recruits through referrals from existing participants, and she is inviting people directly from records. Neither method is random, so findings may not generalize to all kinship caregivers.

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

3. C Tell her supervisor about the connection and ask for reassignment

A conflict of interest that could impair objectivity, especially in an investigation with serious consequences, should be disclosed and resolved by reassignment when that is possible. Other investigators have capacity, so telling her supervisor and asking for reassignment protects the family's right to a fair investigation and protects Siobhan's own family. Disclosing the connection to the family is honest, but it still leaves a neighbor investigating neighbors whose children play together. Supervisory review of each decision adds oversight but leaves the conflict with the person gathering the facts.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

4. A Depression that is affecting his memory and concentration

In older adults, depression can produce memory complaints and poor effort on cognitive testing, with frequent 'I don't know' answers, loss of interest and sleep changes, a picture sometimes called pseudodementia. People with early Alzheimer's disease more often minimize their memory problems and attempt answers, giving wrong ones. Normal aging brings mild slowing but does not explain his loss of interest or his poor effort on testing. A depression screen such as the Geriatric Depression Scale and a medical evaluation can help clarify the picture, and treating depression often improves cognition.

Assessment, Diagnosis & Planning · Review: Chapter 11

5. C Arrange a home discharge with a walker and part-time home help

A client with decision-making capacity chooses her discharge setting, and the worker plans the least restrictive option that meets her needs. Beatriz has capacity, has made her choice known to her son and asked for services, and therapy supports a home discharge, so the worker arranges it. A short inpatient rehabilitation stay would fit if therapy recommended it, but therapy says she does not need it. A family meeting is useful when a client wants help talking with family or the plan is unsettled, but Beatriz has already told her son and asked the worker to proceed.

Assessment, Diagnosis & Planning · Review: Chapter 13

6. B Ask Mr. Wang to describe in his own words what he has agreed to

Informed consent requires that the client actually understands, and nodding or signing quickly can reflect politeness or deference rather than comprehension. Asking Mr. Wang to describe in his own words what he agreed to, often called teach-back, checks his understanding directly. Giving him a Mandarin copy is good practice for his records, but it does not confirm that he understood what he just signed. Asking the interpreter whether he seemed to understand moves the judgment to someone whose role is to interpret, not to assess comprehension, and relies on impression instead of Mr. Wang's own account.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

7. A Explain the purpose of the contact and ask whether she consents to it

Collateral contacts outside an emergency require informed consent, and the client decides after understanding the purpose. Isabela has only hesitated, so the worker explains why the sister's input might help and asks whether she agrees. Setting the idea aside without discussion seems respectful but decides for her and withholds a potentially useful option. Proposing a joint session moves to a specific plan she has not agreed to. Contacting the sister even for background reveals that Isabela is in treatment without her permission.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

8. D Differences in how each man perceives the event and his resources

Crisis theory holds that an event becomes a crisis when a person perceives it as overwhelming and sees his coping resources as insufficient; the same hazard can produce a crisis in one person and not another. With similar damage and no mental health history, perception and resources best explain the difference. An underlying vulnerability to mental illness is not supported by his history. Staying active can be a form of avoidance, but Mr. Okafor's effective problem solving is adaptive coping, not evidence that he is fleeing his losses. Financial losses matter, yet similar damage makes the objective event a weak explanation.

Human Development, Behavior & Trauma · Review: Chapter 9

9. B Sexual orientation

Gender identity, gender expression, and sexual orientation are distinct dimensions of a person. Leah's attraction to women concerns sexual orientation, the pattern of emotional, romantic, or sexual attraction to others. Gender identity is a person's internal sense of their own gender; Leah describes that as already settled through her transition, which is why she calls attraction a separate question. Gender expression is how a person outwardly presents gender through clothing, voice, or behavior, and her statement says nothing about presentation. Keeping these concepts apart helps workers avoid assuming that a transgender person's orientation follows from their identity.

Diversity, Equity & Social Justice · Review: Chapter 7

10. C Linked lives

The life course principle of linked lives holds that people's lives are interdependent, so transitions in one person's life, such as a deployment, ripple into the lives of family members. Rosa's retirement and daily life changed because of her daughter's deployment, which is the core of linked lives. Timing of lives concerns whether transitions happen on or off the expected schedule; raising grandchildren at 58 may be off-time, but the stem emphasizes why her plans changed. Human agency refers to people shaping their own lives through choices. Historical time and place concerns how larger historical events and settings shape a cohort's experiences.

Human Development, Behavior & Trauma · Review: Chapter 9

11. B Assert privilege for the client and answer only if the judge orders it

Privilege belongs to the client, and when it has not been waived the worker asserts it and lets the judge decide. Asserting privilege on the stand and answering only if the judge orders it protects the client while respecting the court's authority. Answering because the drinking is relevant to custody lets the worker decide a legal question that belongs to the judge. Answering in general terms still discloses privileged content; paraphrasing does not make a confidential communication less protected. If the judge orders an answer, the worker then complies.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

12. B Review the children's safety and her recovery plan, then add supports

A single lapse after reunification calls for a proportionate response: assess the children's current safety and the parent's recovery plan, then strengthen supports. Shonda arranged care for the children, used her sponsor and has stayed sober, so reviewing safety and her recovery plan and adding supports fits. Praising her honesty is appropriate, but stopping there skips the review her case plan requires. An emergency meeting about removal treats a contained lapse as an immediate danger. A treatment referral may become part of the plan, but sending her out before assessing the children's safety and her current supports skips the caseworker's own responsibility.

Intervention Methods & Practice Settings · Review: Chapter 17

13. C Schizoid personality disorder

Schizoid personality disorder involves a pervasive detachment from social relationships and a restricted range of emotional expression, with indifference to praise or criticism and a preference for solitary activities. Oskar is not distressed by his solitude. Avoidant personality disorder also involves limited relationships, but the person wants connection and avoids it out of fear of rejection and feelings of inadequacy, which Oskar does not describe. Schizotypal personality disorder includes odd beliefs, unusual perceptions or eccentric behavior along with social discomfort, and he reports none of these.

Human Development, Behavior & Trauma · Review: Chapter 8

14. D Help the family request a 504 team meeting to plan accommodations such as make-up work

A student whose disability substantially limits a major life activity is protected under Section 504, and a 504 plan provides enforceable accommodations, such as permission to see the nurse and make up missed work, without changing her instruction. A special education evaluation fits a student who may need specially designed instruction, but Priya has no learning difficulties. Another informal talk with the teacher is a reasonable first step when it has not been tried, but it already failed. An Office for Civil Rights complaint is an option for disability discrimination, but the school's own 504 process has not yet been tried, so it usually comes first.

Intervention Methods & Practice Settings · Review: Chapter 17

15. D Ask them right away to hold the discussion until they reach a private space

When a confidentiality breach is happening in front of others, the first priority is to stop it. A brief request to pause the conversation until they reach a private space ends the exposure while visitors are still listening. Speaking with colleagues privately is the usual first step for a lapse that has already ended, but here waiting lets the disclosure continue. Reporting to the privacy officer may follow a pattern or serious breach, but it does not stop this one. Raising the topic at a team meeting is useful education, not a response to an ongoing breach.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

16. B The days and weeks right after she tells him that she is leaving

Research on intimate partner homicide shows risk is often highest when a survivor leaves or announces she is leaving, especially when the abuser has threatened to kill her if she goes. Rana plans to tell her husband next week, so the plan should focus on the period right after she tells him, including where she will stay. The tension-building phase is a real warning period for survivors who are staying, but her decision to leave raises a greater risk. The calm period of apologies after an incident is a time of lower immediate risk in the cycle.

Intervention Methods & Practice Settings · Review: Chapter 17

17. C Approaching shelter residents in crisis to offer his services

The Code restricts uninvited solicitation of potential clients who are vulnerable to undue influence, manipulation or coercion because of their circumstances. Approaching shelter residents in crisis targets people whose circumstances make it hard to decline. Mailing a newsletter to referring physicians is professional communication with colleagues, not solicitation of vulnerable people. A library talk with cards given on request lets people choose to follow up. A newspaper advertisement reaches the public at large and leaves the decision to contact him with the reader.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

18. A Discuss the overlap with each and consider placing them in separate groups

Members with an outside relationship, especially coworkers on a small team, can threaten confidentiality and candor, and the worker should address this with each before deciding placement. Discussing the overlap with each and considering separate groups respects their preferences while protecting the group. A confidentiality agreement is necessary in every group, but it does not resolve the pressure of sharing personal material in front of a daily colleague. Placing one in the group and offering the other individual sessions may end up being the solution, but deciding it without talking to them first overrides their input.

Intervention Methods & Practice Settings · Review: Chapter 14

19. C Disclosure requires consent, since a capable client's treatment choice is hers

The Code permits disclosure without consent to prevent serious, foreseeable and imminent harm, but that exception protects against threats such as suicide or violence, not a capable adult's informed medical decision. Ruth made her choice with her physician and has capacity, so the information stays confidential unless she consents. Reading the harm exception to cover her decision to stop dialysis stretches it into overriding self-determination. A relative's possible role in end-of-life care is a reason to encourage Ruth to involve her son, not a basis for telling him without her permission.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

20. C Share nothing about the session and refer his call to the agency

Professional interpreters are bound by the same confidentiality as the session itself, so nothing said or observed may be shared without the client's permission. With no release for the son, the interpreter should share nothing and refer the call to the agency, which can respond within the client's wishes. Confirming only that she attended sounds minimal, but attendance is itself confidential information. Being listed as an emergency contact gives the son a role in emergencies, not access to session content, so sharing general themes would be an unauthorized disclosure. The interpreter's role ends with interpreting; follow-up with family belongs to the agency.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

21. C Revisit the plan with them, adding supports such as rides and reminders

When new information changes the picture, the worker returns to assessment and revises the plan, using the least restrictive supports that keep the client's own goal in reach. The memory changes have already been medically evaluated and diagnosed, so requesting another evaluation repeats a completed step. Mr. Okafor still wants to attend, so revising the plan with rides and reminders addresses the new risk of getting lost while respecting his goal. Discussing assisted living is far more restrictive than an early-stage diagnosis and his wishes call for. Continuing the plan unchanged ignores a real safety concern the daughter has just reported.

Intervention Methods & Practice Settings · Review: Chapter 15

22. B He may feel out of step and become a group deviant or drop out

Members who differ sharply from the group on its central issue are at risk of becoming deviants, people who feel out of place, are seen as different, and are more likely to be scapegoated or drop out. Paul's situation differs from the group's shared focus on adjusting after divorce. Expecting him to take over by giving hope reverses the dynamic, since he has not been through the divorce members are coping with. A different perspective can sometimes enrich a group, but research on composition suggests a lone outlier on the core issue more often weakens cohesion.

Intervention Methods & Practice Settings · Review: Chapter 16

23. C Contact Rosa to check in and offer a closing session or other services

Workers should take reasonable steps to avoid abandoning clients and should end services with clients when possible rather than without them. Contacting Rosa to check in and offer a closing session or other services meets that duty before the case is closed. Closing by letter follows clinic policy and gives her a number, but it ends services without any attempt to reach her. Holding her slot for another month is generous, but it keeps a needed opening from clients on the waiting list without learning whether Rosa intends to return.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 6

24. C It makes her an active partner in choosing her goals and tasks

Contracting is a mutual process in which the client takes an active role in defining goals, tasks and terms, which supports self-determination and empowerment. Lorna's concern is that decisions were made for her, so the collaborative choice of goals and tasks speaks directly to it. A clear time frame for reviewing progress is a useful contract element, but it addresses structure rather than her voice in decisions. Spelling out the worker's tasks adds accountability, yet she could still be shut out of deciding what the goals and her own tasks are.

Assessment, Diagnosis & Planning · Review: Chapter 13

25. B Ethnography

Ethnography studies the culture of a group or setting through extended immersion, participant observation and field notes, aiming to describe shared norms, routines and relationships from the inside. The researcher's eight months living alongside shelter residents and her focus on unwritten rules fit that approach. Phenomenology examines the lived meaning of a specific experience, usually through in-depth interviews, such as what losing housing feels like to parents. Grounded theory develops a new theory from data through constant comparison and coding; she has stated that building a theory is not her goal.

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

26. A Check her McKinney-Vento eligibility and weigh the effect of her school moves

Under the McKinney-Vento Act, children who share housing with others because of loss of housing are considered homeless and are entitled to school stability, transportation and support services; frequent school moves also explain many learning gaps. Checking her eligibility and the effect of her moves comes first. Supporting the evaluation is reasonable, but IDEA requires ruling out lack of appropriate instruction, which depends on understanding her mobility. Reading tutoring may be part of the plan once her eligibility and needs are clear. A housing referral can help the family, but it does not address Destiny's school rights now.

Human Development, Behavior & Trauma · Review: Chapter 8

27. C Make a report to child protective services and arrange a medical evaluation

Any bruise on an infant who is not yet mobile is a sentinel injury that raises reasonable suspicion of abuse, so the social worker must report and the infant needs a medical evaluation. A routine pediatric check this week sounds responsive but does not meet the reporting mandate and may miss serious hidden injuries. Exploring caregivers and possible causes is the investigator's job; the reporting duty rests on reasonable suspicion, not on proof, and engaged, pleasant families can still have an infant who has been harmed.

Assessment, Diagnosis & Planning · Review: Chapter 11

28. B Document the assessment, his risk level, the reasoning and the plan

After a suicide risk assessment and safety plan, the worker documents the findings, the risk formulation and the reasoning behind the plan. This record supports continuity of care and shows that the decision was sound. An intensive outpatient program is a higher level of care than passive thoughts with strong protective factors call for. Daily check-in calls are a reasonable tool for elevated risk, but for this low-risk picture they add intensity without clear need, and they do not replace documenting the assessment.

Assessment, Diagnosis & Planning · Review: Chapter 11

29. C The views heard may not represent residents who did not attend

Each needs assessment method has a typical weakness, and the right answer is the one that belongs to the method actually used. A forum hears from those who choose to come and speak, so its results can be skewed toward one group, here longtime homeowners and a few vocal speakers. Missing people who never seek services is the weakness of counting service users, the rates-under-treatment approach. Showing rates without residents' own views is the weakness of social indicators. Neither of those methods was used here.

Assessment, Diagnosis & Planning · Review: Chapter 11

30. B Searching for a unique outcome that can anchor an alternative story

In narrative therapy, a unique outcome is an event that contradicts the problem-saturated story, and the worker asks about such events to begin building a richer alternative story about Diego. An exception question from solution-focused therapy looks similar on the surface, but its purpose is to identify what works and do more of it, not to re-author identity. Challenging overgeneralization is cognitive therapy, which tests the accuracy of a belief; the narrative worker is not disputing the parents' logic but inviting a different story to emerge.

Intervention Methods & Practice Settings · Review: Chapter 15

31. B Recommend keeping full documentation of suicidal statements and risk

Thorough documentation of suicide risk, including statements without a plan, supports continuity of care and shows the clinical reasoning behind decisions, which protects clients and the agency. Yusuf should recommend keeping full risk documentation. Asking counsel to review the proposal would be a sound step if counsel had not weighed in, but counsel has already advised against it. A standardized screening form is a useful quality tool when documentation is inconsistent or too long, but it does not address the proposal to omit risk information, and note length is not the problem.

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

32. B Preoccupied

In adult attachment models, a preoccupied or anxious style combines a negative view of oneself with a positive view of others: the person craves closeness, fears abandonment and seeks frequent reassurance, which matches Arjun's behavior. A dismissing style values independence and downplays the need for closeness. A fearful-avoidant style wants intimacy but also fears it, so the person both seeks and pulls away from closeness. A secure style tolerates separations with confidence in the partner's availability. Identifying the pattern helps the worker frame the couple's conflicts as attachment needs rather than character flaws.

Human Development, Behavior & Trauma · Review: Chapter 8

33. A Speak calmly, help him notice his surroundings, and guide him to breathe more slowly

In psychological first aid, a survivor who is emotionally overwhelmed and unresponsive needs stabilization: a calm voice, orienting him to his surroundings, and guided slow breathing to reduce arousal. Calling his parents is an important step in connecting him with supports, but it can follow once he is calmer, and a familiar adult is already with him. Giving him time alone to let emotions run their course leaves a disoriented teen without help when he cannot regulate on his own. Emergency transport fits a medical problem or a reaction that does not respond to stabilization, but paramedics found no injury and grounding has not yet been tried.

Intervention Methods & Practice Settings · Review: Chapter 17

34. B Make the report herself, because the duty to report is her own

Where the reporting duty rests on each mandated reporter, a supervisor's disagreement does not relieve the worker of the obligation. Bao has reasonable suspicion, so she must report, and she can inform the supervisor that she has done so. Following the direction while documenting disagreement still leaves the child unprotected and the duty unmet. Waiting for a team decision delays a report the law requires now. A licensing complaint about the supervisor may be considered later, but it does nothing to protect the child today.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 5

35. A Decline, since custody evaluation requires forensic training he lacks

Child custody evaluation is a specialized forensic role with its own standards, methods and legal duties, and the Code limits practice to areas of education, training and supervised experience. Peter has counseling experience but no forensic training, so he should decline. Consulting a forensic evaluator while preparing the report is a step toward competence, but consultation cannot replace training for a task whose results affect a child's custody. Limiting the report to direct observations still places him in an evaluator role, and a report requested by one parent's attorney raises neutrality concerns he is not trained to manage.

Ethics, Confidentiality & Professional Conduct · Review: Chapter 4

36. B Respect the refusal and look for affirming housing options with Rafael now

When a client refuses an unsafe or harmful service, the worker respects that choice and works with the client to find alternatives that meet the immediate need. Respecting Rafael's refusal and looking for affirming housing now addresses both their dignity and the fact that they are sleeping in a car. Advocating with shelter leadership about name and pronoun use is worthwhile systems work, but it does not provide a place to sleep and may take time. Giving a list of warming centers and meal sites respects the refusal but leaves Rafael to find housing alone.

Diversity, Equity & Social Justice · Review: Chapter 7

37. A procedure

A policy states what the agency will do and why, while a procedure spells out the specific steps staff follow to carry a policy out. This passage lists concrete actions, a form, an identity check, and a deadline for logging, so it is a procedure. A policy on record release would state the principle, for example that records are released only with valid authorization. A mission statement describes the agency's overall purpose and values and would not specify forms or time frames.

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

38. C understand how earlier experiences and unconscious patterns shape his behavior

In psychodynamic practice, insight means understanding how earlier relationships and unconscious patterns shape present behavior, so the client can respond by choice rather than repetition. Linking Arjun's silence with his wife to his childhood response to his father is that kind of insight. Identifying and disputing irrational beliefs is the aim of Ellis's rational emotive behavior therapy, which targets current beliefs, not their origins. Noticing painful thoughts and accepting them without trying to change them reflects acceptance and mindfulness-based approaches. Each is a real therapeutic aim, but only understanding how earlier patterns shape behavior fits the psychodynamic work described.

Intervention Methods & Practice Settings · Review: Chapter 15

39. B A mentor who supports her pursuit of the Dream

Levinson saw the mentor as a key relationship of early adulthood: an older, more experienced person who supports the young adult's Dream, offers guidance and sponsorship, and is gradually outgrown as the younger person becomes a peer. A secure base is an attachment concept from Bowlby and Ainsworth describing a caregiver who provides safety for exploration, which is a near miss because it also involves support. The more knowledgeable other comes from Vygotsky and describes help within a learning task in the zone of proximal development, not a developmental relationship that sponsors a life plan.

Human Development, Behavior & Trauma · Review: Chapter 8

40. C Ask Avery to describe their experience of gender and how it connects to the distress.

When a client describes possible gender-related distress, the worker first explores the client's own experience before screening, labeling, or referring. Asking Avery to describe their experience of gender and how it connects to the distress answers their question respectfully and gathers what is needed to plan. A referral for medical options may follow if Avery wants it, but offering it now jumps ahead of assessment. Screening for an eating disorder sounds careful, yet the distress Avery describes centers on gender, not weight or eating, so it misreads the presentation.

Diversity, Equity & Social Justice · Review: Chapter 7

Your Weakness Map

Count your correct answers per study area. Under 60% = **Focus first**; 60–79% = **Review**; 80% or more = **Maintain**.

Study area	Questions	Correct	Study if below 80%
Ethics, Confidentiality & Professional Conduct Content area I	11	____ of 11	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	3	____ of 3	Chapter 7: Diversity, Equity and Social Justice
Human Development, Behavior & Trauma Content area II	6	____ of 6	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	7	____ of 7	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	9	____ of 9	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	4	____ of 4	Chapter 19: Research, Evaluation, Supervision and Administration

With 4 to 10 questions per area, treat these percentages as a guide to where to focus, not a prediction of your exam score.