

Counseling and Social Work

ASWB-AGSW

Association of Social Work Boards Advanced Generalist Social Work Exam

Questions And Answers PDF Format:

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Question: 1

Which treatment is MOST effective for obsessive compulsive-disorder (OCD) in adults?

- A. A combination of psychotherapy and medication
- B. A twice-daily medication regime of 5 mg of Zoloft
- C. Thought-stopping techniques through cognitive behavioral therapy
- D. Brain mapping and neurofeedback

Answer: A

Explanation:

The most effective treatment for obsessive-compulsive disorder (OCD) is a combination of psychotherapy and medication. The dosage and type of medication must be determined by a psychiatrist. Brain mapping can assist in identifying psychiatric conditions, including OCD, but it is not a form of treatment for this diagnosis. Cognitive behavioral therapy often includes an intervention called thought stopping. Thought stopping is used to block negative thoughts and replace them with neutral or positive thoughts. This is found to be an ineffective treatment in the context of OCD because this is a common ritual that individuals with OCD use, so it increases their symptoms. Effective treatment would include helping the individual experience their thoughts and use increasing exposure to the object of their fear and changing the response to that stimulus.

Question: 2

SCM and TLM emphasize many social work values. The more recently developed Social Action, Leadership, and Transformation (SALT) model applies which social work ethical principle more explicitly than either SCM or TLM?

- A. Social workers push for social justice.
- B. Social workers' primary goal is to help people in need and to address social problems.
- C. Social workers recognize the central importance of human relationships.
- D. Social workers advocate for the rights and needs of marginalized people groups.

Answer: A

Explanation:

The SALT model more explicitly focuses on leadership that is socially conscious and focused on issues of social justice. All three models focus on helping people in need, addressing social problems, and recognizing the importance of human relationships (answers B and C). Answer D is not one of the social work ethical principles.

Question: 3

At a transitional family shelter, a newly arrived mother and her three children are being reviewed during an interdisciplinary team consultation. The team consists of the social worker, a housing specialist, and an education and employment specialist. The mother lost her job in another city and was attempting to find work in a larger city. They were living in her car when it was burgled of all possessions. All seem unwell and congested. The oldest child, a 4-year-old boy, has severe asthma and needs a sheltered setting. The 3-year-old girl seems expressively vacant and emotionally detached. The 9-month-old female infant is clearly hungry and lacks diapers and other basic necessities. Food is being obtained for them all. Prior to presenting to the agency director, the FIRST social work step should be to:

- A. Complete a psychosocial assessment for mental health issues.
- B. Inquire about the availability of extended family support.
- C. Obtain clean, warmer clothing from a local clothes closet.
- D. Promptly refer the asthmatic boy to a medical doctor.

Answer: D

Explanation:

The first step should be to promptly refer the asthmatic boy to a medical doctor. Asthma can be life-threatening, and the child is also described as congested and unwell. Given that "all" possessions were lost, it is reasonable to conclude that the child has little or no remaining inhaler medicines for an asthma crisis. While all may attend the medical visit, the boy needs to be seen urgently. Following or concurrently, a complete psychosocial evaluation needs to be completed. After further evaluation, the key elements of a case presentation for the director should include: 1) psychosocial history: mental health issues and social history such as living situation, finances, education, etc.; 2) individual issues: substance abuse history, legal history, physical abuse and neglect history, as well as resources, strengths, and resiliency, etc.; 3) family history, family dynamics, and extended family resources; 4) potential community resources and supports; 5) diversity issues: culture, language, race/ethnicity, orientation, etc.; 6) potential ethical issues and presenting issues in self-determination; and 7) intervention recommendations, including requisite resources.

Question: 4

As part of a pending disability application, a social worker meets with the client. The client voices complaints about significant chronic back and shoulder pain, which is the basis of the claim. During the course of the in-home assessment, the social worker notes that the individual is able to bend down to move and pick things up, and is able to reach over her head into an upper cabinet—all without apparent difficulty or complaints of pain. The most appropriate determination would be:

- A. Illness anxiety disorder
- B. Malingering
- C. Factitious disorder
- D. Somatic symptom disorder

Answer: B

Explanation:

Malingering is a V code (which indicates other conditions that may be a focus of clinical attention), not a diagnosis. Malingering involves feigning symptoms primarily to derive an external reward (lawsuit settlement, disability benefits, etc.). Illness anxiety disorder involves a misapprehension or misinterpretation of bodily symptoms. Factitious disorder involves a feigning of symptoms primarily in order to receive the attention offered when one assumes a sick role, even in the absence of external reward. Somatic symptom disorder is characterized by complaints regarding several organ systems involving different body sites and functions rather than a single body organ or situation.

Question: 5

A middle-aged female is attending her biweekly therapy appointment with a social worker. She is struggling with social anxiety disorder, but she has made a goal to meet with one friend once a month. She has a date set with a friend for this weekend and is experiencing increased anxiety as the date gets closer. Which of the following interventions would be the BEST option to provide the client?

- A. Provide the client with two articles about social anxiety disorder to read and learn more about her disorder as a means to manage anxiety through client education.
- B. Provide the client with a handout to complete at home when feeling increased anxiety as a means to manage her anxiety.
- C. Provide the client with time within the current session to practice reducing negative thoughts about the upcoming meeting with her friend.
- D. Provide the client with a list of different coping skills for her to try on her own when she faces anxiety prior to meeting with her friend.

Answer: C

Explanation:

Although using additional resources such as articles, handouts, and coping skills might be helpful to the client, allowing time in the session to practice coping skills is the most beneficial option. Allowing the client to try using these skills on her own for the first time without practice may decrease the chance that she will attempt them when needed. Showing her how a skill can be successfully used during the session gives the client the opportunity to ask questions or adjust the coping skill to what works best for her.

Question: 6

A social worker receives a mental health referral for a client that speaks Nepali. The Nepali community is very small in the social worker's service area.

- a. The social worker's supervisor mentioned at the last team meeting to be very careful with scheduling interpreters because they are very costly. What is MOST important for the social worker to do when planning interpretation services for the intake session?

- A. Explain to the client the importance of keeping his scheduled appointment or calling the social worker to cancel because an interpreter has been arranged.
- B. Ask the client if he has a family member or friend that could interpret because this may be more comfortable for the client than a stranger.
- C. Find out if the interpreters all live locally or if some live in other cities.
- D. Set a reminder to confirm the appointment with the client 48 hours ahead of time, so the interpreter can be canceled if the client cannot keep the appointment.

Answer: C

Explanation:

Whenever possible, the social worker should arrange interpretation services that will support the client to be honest and feel confident that confidentiality will be maintained. It is best practice to not have friends or family members serve as interpreters. If the Nepali community in the social worker's location is very small, it is likely that the client will know the interpreters if they live locally. If an interpreter from another locale is available, this may provide the best chance of the interpreter and client not having a close relationship. If only local interpreters are available, it is important for the social worker to explain this to the family and confirm their comfort using the interpretation services to complete the mental health assessment and services. Answers A and D are helpful strategies for using the funding for interpretation services judiciously. The social worker should use these or similar strategies whenever using interpretation services.

Question: 7

A social worker's agency intake paperwork does not provide space for a client to specify their preferred pronouns. Which is the BEST micro level intervention for the social worker to give clients the opportunity to provide this important information?

- A. The social worker should work with the intake supervisor to update the intake forms.
- B. When introducing oneself to a new client, the social worker should share their pronouns, and then ask what the client's pronouns are.
- C. The social worker should make their own intake form that provides space for the client to share their pronouns.
- D. The social worker should submit feedback to the human resources department that agency policy needs to be updated so that space for pronouns is included on agency forms.

Answer: B

Explanation:

Micro level interventions are used directly between the social worker and client, such as directly asking the client what their pronouns are. Although using the social worker's own intake forms with new clients is a micro level intervention, it is not best practice to do so. Rather than making their own form, the social worker could engage in mezzo-level interventions to impact the procedures and policies of their agency.

Question: 8

An 18-year-old client presents with an aloof manner that is indifferent and withdrawn. He has no friends and spends most of his time outside of school building model airplanes. He does not fit the criteria for autism disorders. His mother tells the social worker that he's always been "different; impossible to talk to; not a bad boy, just not really there, somehow." What is the most likely DSM-5-TR diagnosis for this young man?

- A. Schizotypal personality disorder
- B. Schizophreniform disorder
- C. Schizoid personality disorder
- D. Highly introverted personality

Answer: C

Explanation:

Because this young man's withdrawn behavior has been persistent throughout his lifespan, he would most likely be considered to have a schizoid personality. Schizotypal personality disorder shares the elements of discomfort in social environments but also includes evidence of illusions and magical thinking which are not evident in this individual's description. Schizophreniform disorder is much less adaptive and contains features of schizophrenia, and although someone might be considered to have a highly introverted personality, introversion is not a diagnosable condition.

Question: 9

A 52-year-old man has been referred to see a social worker for "family and work problems." Two months ago, he lost his job as an executive in a major corporation, and has not found new work. On intake, the social worker discovers his drinking has increased, and he reports feeling depressed most days. He can't seem to enjoy doing anything, not even golf, which he used to love. Rather, all he can seem to do is sleep and "sit around the house." He feels useless, empty, and helpless to change his situation. He has tried reading the want ads, but he just can't seem to focus. He's gained over 18 pounds. He then adds, "Sometimes I seem to hear voices, telling me I'm just 'no good,' and that things will never get better. When that happens, I try to plug my ears, but it doesn't help. Only booze seems to get the voices to stop. Do you think I'm going crazy?" What is the client's probable primary diagnosis?

- A. Major depressive disorder
- B. Major depressive disorder with psychotic features
- C. Alcohol use disorder
- D. Alcohol-induced depressive disorder

Answer: B

Explanation:

The probable primary diagnosis is major depressive disorder with psychotic features. The precipitating event was his job loss, which led to depression. When the depression deepened, he started "hearing voices," and he drank to cope with the negative messages (and to cope with his depression). Therefore, while the alcohol use must be included in his diagnostic formulation, it

would not be his primary diagnosis. Of note, the diagnosis of major depression with psychotic features is missed about 25% of the time in an emergency room, with only the depression typically identified.

Question: 10

An elderly man has been living in a low-income apartment complex for 10 years. His landlord has just increased his rent with less than 30 days' notice and has refused to fix the faulty heating. The tenant will not be able to afford his new rent and his medications. What is the BEST course of action?

- A. Set him up with an elder advocate to ensure that the landlord is properly managing the apartment units and tenant needs, per his lease agreement.
- B. Talk with the landlord to request a pause on the increase in rent.
- C. Find discounted or generic versions of the same medications that the client is taking now.
- D. Connect with financial resources that can assist him with a one-time payment toward his rent.

Answer: A

Explanation:

Because the landlord seeks to obtain as much financial compensation as possible for the apartment unit with zero responsibility for maintenance, an elder advocate can assist the tenant in retaining his rights. The lease agreement must be followed; otherwise, the landlord will obtain too much power over the tenant. This is reflective of conflict theory, which discusses the power struggles between different roles (e.g., chief executive officer vs. employees, landlord vs. tenant). Although considering discounted or generic versions of the individual's medications may help him financially, this likely will not address the discrepancy in rent, nor does it address the unfair treatment of the elderly man.

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