



NASW-PA Social Work  
**Licensure Prep Manual**

**Website Links**

**LSW & LCSW**

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<p><b>NASW – PA</b></p> <ul style="list-style-type: none"><li>• Updated requirements for social work licensure</li><li>• Listing and registration for licensure preparation courses</li><li>• CE workshop offerings</li><li>• Annual conference announcements</li></ul> <p>NASW-PA provides members with a variety of services including answers to your questions about PA licensure and regulations, CE offerings-including online, in-person and conference programming, information on NASW-PA bills or other legislation related to the social work profession and practice, ethical consultation, a tri-annual publication and much more.</p>	<p><a href="http://www.nasw-pa.org">www.nasw-pa.org</a></p>
<p><b>NASW – National</b></p> <ul style="list-style-type: none"><li>• Links to NASW chapters to get information on licensure around the nation.</li><li>• NASW Code of Ethics</li></ul>	<p><a href="http://www.socialworkers.org">www.socialworkers.org</a></p>
<p><b>State Board of Social Workers, Marriage and Family Therapists and Professional Counselors</b></p> <ul style="list-style-type: none"><li>• Social work licensing law, regulations and forms</li><li>• Information about disciplinary action against licensed social workers</li></ul>	<p><a href="http://www.dos.state.pa.us/bpoa">www.dos.state.pa.us/bpoa</a></p>

## **Association of Social Work Boards**

The association of social work licensing boards in the United States and Canada.

- Information about the licensing exam (they write the exam)
- Requirements for licensure in various states
- Publications
- Exam registration information and booklet

[www.aswb.org](http://www.aswb.org)

## **Links (listed in order of appearance in the prep manual)**

Fetal Alcohol Spectrum Disorders (FASD)

<http://fasdcenter.samhsa.gov/>

Domestic Violence Statistics (NCADV)

<http://www.ncadv.org/learn/statistics>

National Coalition Against Domestic Violence (NCADV)

<http://www.ncadv.org/>

Mental Health Statistics (NIMH)

<http://www.nimh.nih.gov/health/statistics/index.shtml>

Mental Health America (MHA)

<http://www.mentalhealthamerica.net>

National Alliance on Mental Illness (NAMI)

<https://www.nami.org>

National Institute of Mental Health (NIMH)

<http://www.nimh.nih.gov/index.shtml>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov>

National Institute on Drug Abuse (NIDA)

<https://www.drugabuse.gov>

Substance Abuse and Mental Health Administration <http://www.samhsa.gov/atod>

Eye of the Storm, Inc. (EOTS)

disaster mental health, traumatic stress, self-awareness and self-care information plus many free documents and forms to assist social workers

<http://www.eyeofthestorminc.com/self-care/>

22 self-care tips (EOTS)

<http://www.docs.eyeofthestorminc.com/SelfCare.doc>

### Assessment and Treatment of Behavioral Health Issues

- a. Intellectual Disability (ID) aka Intellectual Development Disorder (IDD) requires deficits in adaptive-functioning and cognitive capacity (IQ) assessments. Onset must be in the developmental years. IQ scores of 70 or below are generally unless adaptive functioning is extremely poor. Severity is denoted as Mild, Moderate, Severe, and Profound. To learn more:  
<http://aaid.org>

- b. Autism Spectrum Disorder (ASD) has onset in early childhood and requires deficits in two areas: (1) social communication and interaction and (2) restricted, repetitive activities, behaviors, and interests. It is more common in boys than girls (1 in 68 children and 1 in 42 boys). To learn more: <https://www.autismspeaks.org/what-autism/facts-about-autism>
- c. Attention-Deficit Hyperactivity Disorder (ADHD) involves two symptom domains: (1) inattention and (2) hyperactivity/impulsivity. Onset is prior to age 12 and it is evidenced throughout the day – both at home and at school (or work). Behavior rating scales like the Connors' and the Vanderbilt are often used to screen for ADHD. Both use parent and teacher questionnaires to assist with diagnosis. To learn more: <http://www.nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/index.shtml>
- d. Tic Disorders (like Tourette's) may involve tics that come and go over time but the condition must have been present for at least one year. To learn more: <http://www.cdc.gov/ncbddd/tourette/diagnosis.html>
- e. Schizoaffective Disorder (a type of Schizophrenia) requires either a Bipolar or Depressive mood episode lasting throughout most of the episode. To learn more about Schizophrenia: <http://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml>
- f. Bipolar disorder does not just involve fluctuations in mood. Changes in activity and energy are also important features. To learn more: <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>
- g. Persistent Depressive Disorder (PDD) - a new diagnosis in DSM-5 that covers two conditions - chronic Major Depressive Disorder and Dysthymic Disorder. Another type of depression is Seasonal Affective Disorder (SAD) which comes on during winter months when there is less daylight. To learn more: <https://www.nimh.nih.gov/health/topics/depression/index.shtml>
- h. Disruptive Mood Dysregulation Disorder is used in children and teens (up to 18) in place of diagnosing them with Bipolar Disorder. To learn more: <http://www.childmind.org/en/health/disorder-guide/disruptive-mood-dysregulation-disorder>
- i. Separation Anxiety Disorder has onset at any age with symptoms present for six months or more. It is one of the most common diagnoses given to children experiencing issues with school refusal (sometimes called school phobia). To learn more: <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

- j. Panic Disorder and Agoraphobia are now separate and distinct conditions with unique criteria. Lots of people have Agoraphobia and experience intense anxiety/fear but without experiencing panic attacks. To learn more: <http://www.nimh.nih.gov/health/topics/panic-disorder/index.shtml> and <http://www.webmd.com/anxiety-panic/agoraphobia>
- k. Obsessive-Compulsive and Related Disorders share repetitive behaviors and a drive to perform them. These diagnoses include a specifier for insight (e.g., good, fair, poor, absent) and allow for delusional beliefs (but are not psychotic disorders). To learn more: <http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>
- l. Adjustment Disorders include a specifier (e.g., with depressed mood, with anxiety, with disturbance of conduct) and can be used for individuals of any age following a stressful life event (e.g., death of a loved one, job loss, or relationship breakup). To learn more: <http://www.webmd.com/mental-health/mental-health-adjustment-disorder>
- m. Acute Stress Disorder (ASD) requires a qualifier that indicates whether the person witnessed an event or experienced it (directly or indirectly). It also requires several symptoms be met in categories that include arousal, avoidance, dissociation, intrusion, and negative mood. To learn more: <http://www.ptsd.va.gov/professional/treatment/early/acute-stress-disorder.asp>
- n. Post-Traumatic Stress Disorder (PTSD) has a criterion around how someone experience a “traumatic event” and allows a lower threshold for children six and under. There are four symptom clusters: arousal, avoidance, Persistent negative changes in cognitions and mood, and re-experiencing. To learn more: <http://www.ptsd.va.gov/professional/PTSD-overview/index.asp> and <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>
- o. Reactive Attachment Disorder (RAD) results from social neglect and results in emotionally and/or socially disengaged individuals who have difficulty forming attachments to caregiving adults. To learn more: <http://www.mayoclinic.org/diseases-conditions/reactive-attachment-disorder/basics/definition/con-20032126>
- p. Dissociative Identity Disorder (DID) involves “two or more distinct personality states” and observable or self-reported identity transitions along with gaps in memory of daily events. The condition cannot be attributed to a medical condition, substance abuse, or any broadly accepted cultural or religious practices. To learn more: <http://www.webmd.com/mental-health/dissociative-identity-disorder-multiple-personality-disorder>

- q. Somatic Symptom and Related Disorders can be diagnosed along with medical conditions and may or may not be associated with the other conditions. To learn more: <http://www.merckmanuals.com/home/mental-health-disorders/somatic-symptom-and-related-disorders/overview-of-somatic-symptom-and-related-disorders>
- r. Factitious Disorder can be “Imposed on Self” or “Imposed on Another (by Proxy).” Prior to DSM-5 the disorder was sometimes called *Munchausen Syndrome* or *Munchausen’s Syndrome by Proxy*. Medical providers become suspicious when a child has repeated, unexplainable illnesses (which is considered a form of child abuse). To learn more: [https://my.clevelandclinic.org/health/diseases\\_conditions/hic\\_An\\_Overview\\_of\\_Factitious\\_Disorders](https://my.clevelandclinic.org/health/diseases_conditions/hic_An_Overview_of_Factitious_Disorders)
- s. Anorexia Nervosa criteria focuses on behaviors involving low calorie intake and “significantly low weight.” May include either openly expressed fear of weight gain or simply engaging in behaviors that inhibit chance of gaining weight. To learn more: <http://www.nimh.nih.gov/health/topics/eating-disorders/index.shtml>
- t. Bulimia Nervosa involves binge eating and compensatory behavior (e.g., vomiting or using laxatives) at least once per week over a three-month period. Binge-Eating Disorder involves the same overeating (and distress about it) at least once per week over a three-month period but without the compensatory behavior. To learn more: <http://www.mayoclinic.org/diseases-conditions/eating-disorders/symptoms-causes/dxc-20182875>
- u. Conduct disorders can be childhood-onset type, adolescent-onset type, or unspecified. They may well be a precursor to a diagnosis of Antisocial Personality Disorder (which cannot be used for persons younger than age 18). To learn more: <http://www.webmd.com/mental-health/mental-health-conduct-disorder>
- v. Personality disorders other than Antisocial Personality Disorder can be diagnosed prior to age 18 provided the condition has been present for at least one year. To learn more: <http://www.mayoclinic.org/diseases-conditions/personality-disorders/basics/definition/con-20030111>
- w. Schizoid Personality Disorder is characterized by detachment from social relationships and a restricted range of emotions, activities, and interests. Be careful not to confuse it with Schizotypal Personality Disorder, which also has compromised social relationships but it is often associated with odd beliefs, magical thinking, and suspiciousness/paranoia. To learn more: <http://study.com/academy/lesson/cluster-a-personality-disorders-paranoid-schizoid-and-schizotypal.html>

- x. Enuresis can be diurnal (daytime), nocturnal (nighttime), or both. Encopresis can be with or without constipation and overflow inconvenience. For more information: [https://my.clevelandclinic.org/childrens-hospital/health-info/diseases-conditions/hic\\_Bedwetting](https://my.clevelandclinic.org/childrens-hospital/health-info/diseases-conditions/hic_Bedwetting) and <http://www.mayoclinic.org/diseases-conditions/encopresis/basics/definition/con-20029758>
- y. Rett Syndrome – rare genetic disorder involving persistent and progressive developmental regression after a period of normal development. Onset is usually before the age of 4 (norm is between first and second year). Associated with stereotypic hand movements, problems with coordination of gait and trunk movements, profound mental retardation, and severe expressive and receptive language development. Seen only in females. To learn more: <http://www.mayoclinic.org/diseases-conditions/rett-syndrome/basics/definition/con-20028086>
- z. Fragile X Syndrome - a genetic abnormality on an X chromosome that leads to intellectual disability and behavior problems. To learn more: <https://fragilex.org/fragile-x/fragile-x-syndrome/>

Wellness Recovery Action Plan (WRAP)  
<http://mentalhealthrecovery.com/wrap-is/>

Pennsylvania Mental Health Advanced Directives  
<http://www.mhapa.org>

NASW Online Resources about Advanced Directives and End-of-Life Care  
<http://www.socialworkers.org/practice/aging/advdirect.asp>  
<http://www.socialworkers.org/practice/aging/aging0101.asp>

Suicide Statistics (NIMH)  
<http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml>

Suicide prevention information and other helpful resources (SAMHSA)  
<http://www.samhsa.gov/suicide-prevention>

National Suicide Prevention Lifeline - free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week  
<http://www.suicidepreventionlifeline.org/> dial 1-800-273-TALK (8255)

Council on Social Work Education (CSWE)  
<http://www.cswe.org>

Association of Social Work Boards (ASWB)  
<http://www.aswb.org>

Association for Community Organization and Social Administration (ACOSA)  
<http://www.acosa.org>

Network of Social Work Management (NSWM)  
<https://socialworkmanager.org>.

Influencing Social Policy (ISP)  
<http://influencingsocialpolicy.org>

BoardSource (resource on boards and governance)  
<http://www.boardsource.org>

Foundation Center  
<http://foundationcenter.org>

Supplemental Nutrition Assistance Program (SNAP)  
<http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>

NASW Code of Ethics  
<http://www.socialworkers.org/pubs/code/default.asp>

NASW Online Ethical Resources: (must be a member with a password)

Confidentiality and School Social Work: A Practice Perspective  
<http://www.socialworkers.org/practice/school/cfs0202.asp>

The School Social Worker and Confidentiality  
<http://www.socialworkers.org/practice/school/confidentiality.pdf>

HIPAA  
<http://www.hhs.gov/hipaa/index.html>

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## **Newer Links (not in the prep book)**

*DSM-5* Text Revisions

<https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2022.1.20?fbclid=IwAR0I0Ji8fy5r8e7RFMVX60XJPJZK6iDHowUuBQ30Cc1rEObMK7KMjUtKTOA>

Immigration

<https://www.socialworkers.org/assets/secured/documents/practice/familiesandimmigration.pdf>