

LICENSED BACCALAUREATE SOCIAL WORKER (LBSW) PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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1. Cognitive Theory posits that

- A. Unconscious drives determine behavior
- B. Changes in how people think over time; thoughts shape attitudes, beliefs, and behaviors
- C. Biological factors are the sole determinant of behavior
- D. Behavior is random and unpredictable

2. What was the primary purpose of the health care reform commonly known as Obamacare?

- A. Regulate the health insurance industry and reduce healthcare spending
- B. Expand hospital mergers and increase private insurance profits
- C. Eliminate Medicare and Medicaid benefits
- D. Create a single-payer system funded by new taxes

3. Which statement best describes operant conditioning?

- A. Behavior emitted spontaneously and operates on the environment to change it.
- B. A treatment for phobias in which clients are exposed repeatedly and intensely to a feared object and made to see that it is actually harmless.
- C. A type of exposure therapy that pairs relaxation with gradually increasing anxiety-triggering stimuli.
- D. Culture can be viewed as the social heritage of man.

4. Which power dimension relates to the degree of social organization that enables resource control?

- A. Ability to influence others
- B. Control of resources
- C. Numbers of People
- D. Degree of social organization

5. Which disorder is described as episodes of amnesia with travel away from home and a possible new identity?

- A. Dissociative Fugue Disorder
- B. Dissociative Amnesia
- C. Dissociative Identity Disorder
- D. PTSD

- 6. Which concept describes the extent to which a sample reflects the population composition?**
- A. Representativeness
 - B. Statistic
 - C. Probability Sample
 - D. Accidental Sampling
- 7. What does pre-existing conditions mean in health insurance?**
- A. An illness or condition diagnosed before the policy went into effect
 - B. A new illness diagnosed after policy inception
 - C. Conditions only diagnosed during underwriting
 - D. A condition exempt from any coverage
- 8. Maintenance on which medication is an alternative strategy for some opioid-dependent clients?**
- A. Naltrexone
 - B. Methadone
 - C. Buprenorphine
 - D. Clonidine
- 9. Major depressive disorder requires that depressive symptoms occur in the absence of what two factors?**
- A. Drugs or medical condition
 - B. Family history
 - C. Sleep deprivation
 - D. Anxiety
- 10. Which item is not listed among the key dimensions of communication?**
- A. Eye contact
 - B. Time
 - C. Verbal Messages
 - D. Social Organization

Answers

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1. B
2. A
3. A
4. D
5. A
6. A
7. A
8. A
9. A
10. A

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Explanations

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1. Cognitive Theory posits that

- A. Unconscious drives determine behavior
- B. Changes in how people think over time; thoughts shape attitudes, beliefs, and behaviors**
- C. Biological factors are the sole determinant of behavior
- D. Behavior is random and unpredictable

Cognition shapes what we do. Cognitive theory focuses on internal mental processes—how people think, interpret, and make sense of events—and how those thoughts influence feelings, attitudes, beliefs, and actions. The statement that changes in how people think over time affect their attitudes and behaviors captures this idea: by altering maladaptive thoughts or beliefs, you can change the way someone feels and acts. In practice, this underpins cognitive-behavioral approaches used in social work, where interventions target automatic thoughts, cognitive distortions, and core beliefs to promote more adaptive behaviors. The other options reflect different theories: unconscious drives are central to psychodynamic theories, not cognitive theory; claiming biology is the sole determinant discounts the role of thinking; and suggesting behavior is random ignores the cognitive factors that cognitive theory emphasizes.

2. What was the primary purpose of the health care reform commonly known as Obamacare?

- A. Regulate the health insurance industry and reduce healthcare spending**
- B. Expand hospital mergers and increase private insurance profits
- C. Eliminate Medicare and Medicaid benefits
- D. Create a single-payer system funded by new taxes

The main idea being tested is that Obamacare was designed to bring more people into a regulated, affordable health insurance system and to help curb the growth of health care costs. It achieves this by tightening safeguards in the health insurance market—so insurers can't deny coverage or price-gate people for having preexisting conditions—and by expanding access so more people can obtain insurance through subsidies, marketplaces, and, in many states, Medicaid expansion. This combination aims to protect consumers and reduce overall spending growth by reducing the number of uninsured and lowering uncompensated care, which drives up costs for everyone. The option that best fits this purpose focuses on regulating the health insurance industry and reducing health care spending. The other choices describe aims that Obamacare did not pursue, such as prioritizing hospital mergers for profits, eliminating Medicare/Medicaid benefits, or creating a single-payer system.

3. Which statement best describes operant conditioning?

- A. Behavior emitted spontaneously and operates on the environment to change it.**
- B. A treatment for phobias in which clients are exposed repeatedly and intensely to a feared object and made to see that it is actually harmless.
- C. A type of exposure therapy that pairs relaxation with gradually increasing anxiety-triggering stimuli.
- D. Culture can be viewed as the social heritage of man.

Operant conditioning centers on learning that occurs when a voluntary behavior is followed by a consequence, which then changes how likely that behavior is to happen again. The key idea is that the organism emits an action and, by acting on the environment, produces outcomes that reinforce or punish the behavior, shaping future responses. The statement fits this because it describes behavior that is emitted spontaneously (voluntary) and as something that acts on the environment to bring about a change. Think of it this way: a rat presses a lever and, as a result, gets food. The lever-press is a voluntary behavior, and the food reward alters how likely the rat is to press the lever again. That direct link between voluntary action and environmental consequence is the essence of operant conditioning. The other options point to different concepts. The first describes exposure-based treatment approaches for fears, where the person encounters feared stimuli to reduce anxiety, not about how behavior is shaped by consequences. The second also involves exposure with relaxation, another therapeutic technique distinct from operant learning. The last option discusses culture as a social heritage, which is unrelated to how conditioning and learning occur.

4. Which power dimension relates to the degree of social organization that enables resource control?

- A. Ability to influence others
- B. Control of resources
- C. Numbers of People
- D. Degree of social organization**

Power within a group is strongest when there is an organized system that coordinates actions. The degree of social organization captures how formal structures, roles, rules, and institutions are in place to direct effort, manage responsibilities, and enforce decisions. When a group has a clear hierarchy, established processes, and stable procedures, it can mobilize and allocate resources effectively, ensuring those resources are controlled and utilized as intended. Without that level of organization, resource control is hard to sustain because there's no reliable mechanism to coordinate who gets what and when. The other factors describe aspects of power that don't inherently explain how resources are organized and managed. Being able to influence others is about interpersonal or persuasive power, the number of people affects potential workforce or influence but not the ability to coordinate resources, and direct control of resources is the outcome that organized structure helps achieve.

5. Which disorder is described as episodes of amnesia with travel away from home and a possible new identity?

- A. Dissociative Fugue Disorder**
- B. Dissociative Amnesia
- C. Dissociative Identity Disorder
- D. PTSD

Dissociative fugue is described by sudden, purposeful travel or wandering away from home accompanied by an inability to recall one's past and, in some cases, the assumption of a new identity. This pattern follows intense stress or trauma and involves amnesia for autobiographical information during the fugue state, with memory often returning afterward or revealing gaps. In current classifications, the condition is treated as a specifier of dissociative amnesia, but the defining feature remains the combination of amnesia with travel and sometimes a new identity. The other options don't fit this hallmark: Dissociative amnesia involves memory loss without the travel or identity change; Dissociative identity disorder centers on multiple identities with gaps across identities rather than travel; PTSD centers on trauma-related symptoms like intrusive memories and hyperarousal, not amnesia with wandering.

6. Which concept describes the extent to which a sample reflects the population composition?

- A. Representativeness**
- B. Statistic
- C. Probability Sample
- D. Accidental Sampling

Representativeness is about how closely a sample mirrors the population in its key characteristics. When a sample's makeup—such as age, gender, race, income, or other relevant traits—matches the population, the findings are more likely to generalize to that population. If the sample reflects the population well, you can trust that the results apply beyond the specific individuals studied. A statistic is simply a numerical summary calculated from the sample data, like a mean or proportion; it describes the sample, not how well the sample represents the population. A probability sample is a method designed to achieve representativeness by giving every member of the population a known chance of selection, but the concept being tested is the representativeness itself. Accidental sampling, on the other hand, is nonrandom and often yields a biased, unrepresentative sample, which undermines representativeness.

7. What does pre-existing conditions mean in health insurance?

- A. An illness or condition diagnosed before the policy went into effect**
- B. A new illness diagnosed after policy inception
- C. Conditions only diagnosed during underwriting
- D. A condition exempt from any coverage

Pre-existing condition means a health issue that exists before the policy starts. When you apply for a new health plan, the insurer reviews medical history, and if a condition was diagnosed or treated before the coverage begins, that's considered pre-existing. The core idea is that the timing is prior to the policy's effective date, not something that develops after coverage begins. The other options describe conditions that arise after the start date, or misstate how coverage works, or suggest that a condition would automatically be excluded from any coverage—neither of which fits the standard definition. In practice, many modern plans (especially ACA-compliant ones) can't deny coverage or charge higher premiums solely because of a pre-existing condition, though some plans may impose waiting periods or restrictions in non-ACA contexts.

8. Maintenance on which medication is an alternative strategy for some opioid-dependent clients?

- A. Naltrexone**
- B. Methadone
- C. Buprenorphine
- D. Clonidine

Antagonist maintenance with naltrexone can be an option for opioid-dependent clients who want to stay off opioids and avoid ongoing opioid substitution therapy. Naltrexone blocks opioid receptors, so if opioids are used while on it, the user does not feel the typical rewarding effects. This makes it a different approach from methadone or buprenorphine, which are opioid agonists or partial agonists that provide a safer opioid substitute to prevent withdrawal and cravings. It's not used during active withdrawal; it requires the client to be detoxified first to avoid precipitated withdrawal. Long-acting injectable forms can help with adherence. Clonidine, by contrast, supports withdrawal symptom relief during detox but does not serve as a ongoing maintenance strategy to prevent relapse.

9. Major depressive disorder requires that depressive symptoms occur in the absence of what two factors?

- A. Drugs or medical condition**
- B. Family history
- C. Sleep deprivation
- D. Anxiety

The main idea is that major depressive disorder is diagnosed only when the depressive symptoms are not caused by another medical issue or by substance use. In practice, clinicians rule out that the mood and related symptoms are better explained by a medical condition (such as thyroid disease or anemia) or by the effects of a drug or medication. If the symptoms can be accounted for by those factors, the diagnosis should focus on the underlying medical or substance-related cause rather than labeling it as a primary depressive disorder. Sleep deprivation or anxiety can accompany depression but they don't serve as the formal exclusion criteria.

10. Which item is not listed among the key dimensions of communication?

- A. Eye contact**
- B. Time
- C. Verbal Messages
- D. Social Organization

The main idea here is how communication is structured in terms of its dimensions. In this framework, the dimensions describe the structural aspects of exchanging messages: when and for how long the message occurs (Time), what is being communicated (Verbal Messages), and the social context or organization of the interaction (Social Organization). Eye contact, while it influences how a message is received and interpreted, is a nonverbal cue rather than a dimensional element of the communication framework. So it isn't listed as one of the key dimensions. Time, Verbal Messages, and Social Organization fit as dimensions because they describe the formation and context of the exchange, whereas eye contact functions as a nonverbal behavior accompanying communication.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://lsw.examzify.com>

We wish you the very best on your exam journey. You've got this!

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