

LMSW Practice Test (Sample)

Study Guide



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SAMPLE

Questions

- 1. The diagnosis for a schizophrenic patient who displays extreme purposeless negativism, is usually mute, and assumes a rigid posture when moved is likely:**
 - A. Catatonic**
 - B. Hebephrenic**
 - C. Paranoid**
 - D. Simple**

- 2. Elliott is a college freshman in the process of joining a fraternity and is required to drink a full fifth of gin to complete his initiation. What should the social worker do?**
 - A. Do nothing to intervene as this is a normal college ritual**
 - B. Try to convince Elliott not to participate but do nothing further**
 - C. Try to convince Elliott not to participate and notify the college administration of the event so it can be stopped**
 - D. Try to convince Elliott not to participate and discuss the event with his parents**

- 3. What is the first step in dealing with a patient when referred to social services for help in planning for an operation?**
 - A. Establish a relationship with the patient to find out what surgery means to him**
 - B. Help the patient handle his anxiety about the operation by describing his procedure**
 - C. Investigate community resources about helping the patient with his surgical plan**
 - D. Refer the patient to the psychiatrist for evaluation of his readiness for surgery**

- 4. What is the focus of Narrative Therapy in social work practice?**
 - A. Analyzing dysfunctional family dynamics**
 - B. Confronting clients' irrational beliefs**
 - C. Enabling clients to rewrite their life stories**
 - D. Exploring unconscious motives and desires**

- 5. A school social worker sees a 15-year-old girl for academic and behavioral problems, manifesting extreme negativity. The social worker is most likely to recommend**
- A. group therapy**
 - B. long-term treatment**
 - C. psychoanalysis**
 - D. short-term trial treatment**
- 6. A client's treatment plan is always preceded by:**
- A. A clinical diagnosis**
 - B. A feasibility study**
 - C. A generic assessment**
 - D. A psychosocial evaluation**
- 7. A diagnosis of enuresis is appropriate when the condition occurs at least twice weekly and the patient is at least how old?**
- A. Chronologically or mentally five years old**
 - B. Seven years old**
 - C. Three years old**
 - D. Six months old**
- 8. When addressing substance abuse in clients, a social worker should use approaches that emphasize**
- A. a strict, punitive stance on drug use**
 - B. collaborative goal-setting and harm reduction**
 - C. immediate abstinence without support systems**
 - D. isolation from potentially enabling environments**
- 9. Client's transference reactions usually relate to**
- A. The client's ability to transfer learned experiences from one situation to another**
 - B. The client's tendency to observe his feelings in other people**
 - C. The tendency of present events to color past memories**
 - D. The tendency to distort present perceptions due to transferred inferences from past, primary experiences**

10. Which size provides sufficient diversity in a therapy group according to most practitioners?

- A. 3-6**
- B. 4-7**
- C. 6-14**
- D. 8-10**

SAMPLE

Answers

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

SAMPLE

Explanations

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1. The diagnosis for a schizophrenic patient who displays extreme purposeless negativism, is usually mute, and assumes a rigid posture when moved is likely:

- A. Catatonic**
- B. Hebephrenic**
- C. Paranoid**
- D. Simple**

The diagnosis for a schizophrenic patient exhibiting extreme purposeless negativism, muteness, and a rigid posture aligns with catatonia, which is a subtype of schizophrenia. Catatonic schizophrenia is characterized by significant motor disturbances, which may include abnormal movement patterns such as immobility, posturing, and stereotyped movements alongside the presence of negative symptoms. The features you've described, particularly the extreme negativism and rigidity, are hallmark signs of this condition, indicating that the individual is not responding to external stimuli or commands, often leading to a state of complete unresponsiveness. In contrast, other types of schizophrenia, like hebephrenic, paranoid, or simple schizophrenia, do not specifically encompass these extreme motor behaviors and negative symptoms in the same manner. Hebephrenic schizophrenia focuses more on disorganized behavior and inappropriate emotional responses, while paranoid schizophrenia is centered around delusions and hallucinations. Simple schizophrenia is characterized by a gradual decline in functioning without the severe motor disturbances seen in catatonia. Hence, the presence of these specific motor symptoms clearly indicates a diagnosis of catatonic schizophrenia.

2. Elliott is a college freshman in the process of joining a fraternity and is required to drink a full fifth of gin to complete his initiation. What should the social worker do?

- A. Do nothing to intervene as this is a normal college ritual**
- B. Try to convince Elliott not to participate but do nothing further**
- C. Try to convince Elliott not to participate and notify the college administration of the event so it can be stopped**
- D. Try to convince Elliott not to participate and discuss the event with his parents**

The choice to do nothing to intervene fails to recognize the potential risks and consequences associated with heavy drinking, especially in initiation rituals that can promote dangerous behaviors. Social workers have a commitment to advocate for individuals' well-being, particularly in vulnerable situations like college initiation rites, where peer pressure can lead to harmful outcomes. In this scenario, the correct approach would involve taking action beyond passive observation. This could include attempting to convince Elliott not to participate in the initiation ritual, which poses significant health risks, and notifying appropriate authorities, such as the college administration, to intervene and prevent potential harm to Elliott and others. Addressing such situations reflects a proactive stance in promoting safety and well-being, consistent with the ethical responsibilities of a social worker. It acknowledges that while some may consider these actions typical college behavior, the implications of binge drinking in group settings can lead to serious health issues, legal consequences, and perpetuate a culture of risky behavior. By intervening, a social worker would fulfill their role in protecting clients and advocating for healthier, safer community practices.

- 3. What is the first step in dealing with a patient when referred to social services for help in planning for an operation?**
- A. Establish a relationship with the patient to find out what surgery means to him**
 - B. Help the patient handle his anxiety about the operation by describing his procedure**
 - C. Investigate community resources about helping the patient with his surgical plan**
 - D. Refer the patient to the psychiatrist for evaluation of his readiness for surgery**

Establishing a relationship with the patient is fundamental because it creates a trusting environment where the patient feels safe to express their feelings and thoughts regarding the surgery. Understanding what the surgery means to the patient allows the social worker to tailor their support according to the individual's emotional and psychological needs. This step is vital for effective communication and ensures that subsequent interventions, whether addressing anxiety, exploring community resources, or considering referrals, are rooted in a clear comprehension of the patient's perspective. A strong therapeutic alliance is the foundation of any successful intervention in social work. By prioritizing the establishment of a relationship first, social workers can foster a more understanding and supportive dialogue, leading to better outcomes in assisting the patient throughout the surgical planning process.

- 4. What is the focus of Narrative Therapy in social work practice?**
- A. Analyzing dysfunctional family dynamics**
 - B. Confronting clients' irrational beliefs**
 - C. Enabling clients to rewrite their life stories**
 - D. Exploring unconscious motives and desires**

The primary focus of Narrative Therapy in social work practice is enabling clients to rewrite their life stories. This therapeutic approach emphasizes the importance of personal narratives and how individuals can alter their perceptions of themselves and their experiences. By reauthoring these stories, clients can identify strengths and create meaning in their lives, which can lead to positive changes and a sense of agency over their circumstances. Narrative Therapy encourages individuals to consider their life from different perspectives, promoting empowerment and self-determination. This process helps clients reframe their experiences and move away from problem-saturated narratives, allowing for growth and healing. The framework of this therapy places client stories at the forefront, underscoring the potential for change through the retelling of life events. Other options, while relevant in different therapeutic models, do not encapsulate the essence of Narrative Therapy as effectively.

5. A school social worker sees a 15-year-old girl for academic and behavioral problems, manifesting extreme negativity. The social worker is most likely to recommend

- A. group therapy**
- B. long-term treatment**
- C. psychoanalysis**
- D. short-term trial treatment**

In this scenario, a school social worker is addressing the immediate academic and behavioral issues of a 15-year-old girl who is displaying extreme negativity. The most appropriate recommendation would be for short-term trial treatment. This approach allows for an initial assessment of the girl's needs and responses to intervention without committing to a long-term treatment plan right away. Short-term trial treatment can effectively engage the student and provide quick strategies to address immediate concerns, such as coping mechanisms for negativity or behavioral strategies for the school environment. It is beneficial in a school setting where time and resources may be limited. This option can also help gauge the effectiveness of interventions, which can then be revisited or adjusted based on progress. Long-term treatment and psychoanalysis may be excessive at this early stage, as they typically require a deeper exploration of underlying psychological issues and may not provide the immediate support the student needs. Group therapy might not be suitable as the initial step since it may not address the individual's specific issues in a focused manner. Starting with a short-term option allows for targeted, personalized interventions that can be reevaluated as necessary.

6. A client's treatment plan is always preceded by:

- A. A clinical diagnosis**
- B. A feasibility study**
- C. A generic assessment**
- D. A psychosocial evaluation**

The correct answer is a clinical diagnosis. In social work and therapeutic settings, the creation of a treatment plan hinges on a comprehensive understanding of the client's needs, difficulties, and circumstances, which is often operationalized through a clinical diagnosis. This diagnosis serves as a foundation for identifying the specific issues that need to be addressed, allowing the practitioner to tailor interventions appropriately. In clinical practice, a well-articulated diagnosis not only informs the treatment plan but also ensures continuity of care and appropriate selection of therapeutic strategies based on the established needs of the client. The diagnosis acts as a critical first step in the overall assessment process before any structured treatment plan can be effectively devised. While the other options might contribute to the overall understanding of the client and their situation, they do not universally precede the formulation of a treatment plan in the same way that a clinical diagnosis does. For instance, a psychosocial evaluation may provide valuable insight into the client's social and psychological context, but it's often the clinical diagnosis that clearly outlines the mental health issues requiring intervention.

7. A diagnosis of enuresis is appropriate when the condition occurs at least twice weekly and the patient is at least how old?

A. Chronologically or mentally five years old

B. Seven years old

C. Three years old

D. Six months old

A diagnosis of enuresis is typically considered appropriate when the condition occurs at least twice weekly and the patient is at least chronologically or mentally five years old. This age requirement is important because enuresis is more commonly expected in younger children and may be considered developmentally appropriate up to a certain age. By the age of five, most children have gained adequate bladder control, and persistent bedwetting beyond this age may warrant evaluation and potential intervention. Therefore, option A is the correct answer in this case.

8. When addressing substance abuse in clients, a social worker should use approaches that emphasize

A. a strict, punitive stance on drug use

B. collaborative goal-setting and harm reduction

C. immediate abstinence without support systems

D. isolation from potentially enabling environments

The most effective approach for addressing substance abuse in clients is one that emphasizes collaborative goal-setting and harm reduction. This method recognizes the complexities of addiction and the need for a supportive environment that encourages individuals to set realistic goals for their recovery journey. By focusing on collaboration, the social worker engages with the client to identify their own goals and aspirations concerning substance use, promoting empowerment and motivation. Harm reduction acknowledges that while the ideal may be complete abstinence, not all clients are ready or able to achieve this immediately. Instead, it encourages safe practices and gradual change, which can reduce the negative consequences of substance use while supporting the client's autonomy and progress at their own pace. In contrast, a strict and punitive stance does not foster a supportive environment conducive to recovery, as it often leads to fear and avoidance rather than constructive dialogue. Similarly, immediate abstinence without establishing a supportive system can set clients up for failure, as they may not have the necessary resources to maintain such a change. Lastly, isolation from enabling environments ignores the importance of community and social support, which are vital for many individuals in recovery from substance use issues.

9. Client's transference reactions usually relate to

- A. The client's ability to transfer learned experiences from one situation to another**
- B. The client's tendency to observe his feelings in other people**
- C. The tendency of present events to color past memories**
- D. The tendency to distort present perceptions due to transferred inferences from past, primary experiences**

Transference reactions in a therapeutic context typically refer to the way clients project feelings, desires, or experiences from past relationships or situations onto the therapist or current therapeutic environment. When analyzing this concept, the correct answer focuses on the tendency to distort present perceptions based on deeply ingrained emotional responses derived from those past experiences. Transference is rooted in the idea that a person's emotional history can color their current interactions. This means that their responses and feelings are often a reflection of previous attachments and not necessarily based on the present reality. The correct answer highlights this fundamental aspect of transference, as it emphasizes how primary experiences shape the current emotional reactions the client demonstrates. In contrast, the other options describe aspects that might relate to emotional processing or observational tendencies, but they do not accurately capture the essence of transference. While clients can learn and adapt their experiences across different situations or project their feelings onto others, the core characteristic of transference involves the active distortion of present perceptions through the lens of past primary experiences. This understanding is instrumental for social workers in recognizing and managing transference in clinical practice.

10. Which size provides sufficient diversity in a therapy group according to most practitioners?

- A. 3-6**
- B. 4-7**
- C. 6-14**
- D. 8-10**

A group size of 8-10 members is often considered ideal for fostering sufficient diversity in a therapy group. This range strikes a balance between having a variety of perspectives and experiences while still allowing for meaningful interactions among participants. In larger groups, individuals may feel less comfortable sharing personal experiences or engaging in deep discussions, which can limit the therapeutic process. Conversely, smaller groups may lack the variety of experiences that contribute to rich discussions and support. The choice of 8-10 members allows for a mix of personal narratives, backgrounds, and coping mechanisms, which can enhance the learning experience for all participants. Each member can benefit from hearing different viewpoints and strategies, thus enriching the overall therapeutic process. This size typically supports group cohesion while also promoting an environment where individuals can challenge and support each other effectively.