

LMSW PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. A person who is passive and compliant but unconsciously has powerful aggressive and hateful feelings is using which defense mechanism?**
 - A. Projection
 - B. Reaction formation
 - C. Repression
 - D. Sublimation

- 2. A major difference between clinical social work and psychiatry is**
 - A. the ability to prescribe medications
 - B. the focus on intrapsychic issues
 - C. the use of nonverbal techniques
 - D. the use of verbal techniques

- 3. According to the consensus, what is the benefit of having 8-10 members in a therapy group?**
 - A. Allows detailed individual focus
 - B. Allows room for non-attendance and client turnover
 - C. Maximizes cost-efficiency of sessions
 - D. Reduces noise levels during sessions

- 4. In a new adult mental health group focused on obsessive-compulsive characteristics, the group would most likely seek to:**
 - A. Include encounter techniques
 - B. Include having clients write a summary of each meeting
 - C. Lead toward having the obsessive-compulsive components become ego syntonic
 - D. Seek to have the obsessive-compulsive components become ego dystonic

- 5. In a first session of a treatment group when everyone looks expectantly at the group worker, what is the most appropriate response?**
 - A. Ask, "Where would you like to start?"
 - B. Ask everyone to say something about the problems bringing them to group
 - C. Not break the silence; wait for the group to start things
 - D. Comment that they might be expecting her to start things

- 6. According to Minuchin's model of family treatment, what would be the most helpful intervention for the Jones family with a mother, her live-in boyfriend, and seven children?**
- A. First working with the family's neutral subgroupings, then changing the subgroupings
 - B. Sibling play therapy with each child to encourage them to verbalize their feelings
 - C. Working with Mrs. Jones and her boyfriend
 - D. Working with the adolescent subgrouping giving Mrs. Jones the most problems
- 7. Which of the following statements about Tardive Dyskinesia is *untrue*?**
- A. It can always be reversed by discontinuing psychotropic medication
 - B. It causes involuntary facial, lip and tongue movements
 - C. It is a late-appearing condition causing gross motor problems involving jerky limb movements and finger motions
 - D. It is caused by prolonged use of antipsychotic medication
- 8. Which family therapy theorist would consider the identified patient's behavior to manifest a problem in the family system?**
- A. Erikson
 - B. Minuchin
 - C. Parad
 - D. Vinter
- 9. After working with a 15-year-old girl with a substance abuse problem for several weeks, the child welfare social worker learns that the client is pregnant. She is unable to control her drug use, has left a rehabilitation program and does not wish to return and seems unconcerned with the potential serious health effects on her unborn child. The social worker's best strategy is?**
- A. discuss the problem with her obstetrician
 - B. notify the client that she can be compelled to stop her drug abuse
 - C. seek to place her in a residential setting for the duration of her pregnancy, even if a court order is required
 - D. suggest that the client reenter the drug rehabilitation program

- 10. In order to encourage reluctant patients from third world countries to adopt Western health methods and reject unhelpful traditional medical practices, a social worker should first**
- A. arrange for the client to be seen in the home first.
 - B. take a tour of the health facility with the patient.
 - C. try to convince the oldest family member.
 - D. try to convince the youngest family member.

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Answers

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

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Explanations

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1. A person who is passive and compliant but unconsciously has powerful aggressive and hateful feelings is using which defense mechanism?

- A. Projection**
- B. Reaction formation
- C. Repression
- D. Sublimation

The defense mechanism described in the question is best identified as projection. In this context, a person who appears passive and compliant may harbor aggressive and hateful feelings that they are not consciously aware of. Instead of acknowledging these feelings, they might project them onto others, attributing aggression or hostility to people around them. This allows the individual to avoid confronting their own emotions while still expressing those feelings indirectly. Projection serves as a psychological shield, protecting the individual from the discomfort of self-awareness regarding their aggressive impulses. Through this mechanism, a person can rationalize their behavior by believing others are the ones exhibiting these negative feelings, thereby maintaining a self-image of being non-confrontational or agreeable. This understanding of projection provides insight into how underlying emotions can influence behavior and interpersonal relationships, despite the person's outward passivity.

2. A major difference between clinical social work and psychiatry is

- A. the ability to prescribe medications**
- B. the focus on intrapsychic issues
- C. the use of nonverbal techniques
- D. the use of verbal techniques

The distinction between clinical social work and psychiatry is primarily centered around the ability to prescribe medications. Psychiatrists are medical doctors who have completed medical school and residency training in psychiatry, allowing them to diagnose mental health disorders and prescribe psychiatric medications as part of a treatment plan. In contrast, clinical social workers focus on providing therapy and support but do not have the authority to prescribe medications. The other options reflect varying aspects of therapeutic practice. The focus on intrapsychic issues, nonverbal techniques, and verbal techniques can be utilized by both clinical social workers and psychiatrists, though they may approach these areas differently based on their training and perspective. However, the ability to prescribe medications distinctly separates psychiatrists from clinical social workers, making it the primary difference between the two professions.

3. According to the consensus, what is the benefit of having 8-10 members in a therapy group?

- A. Allows detailed individual focus
- B. Allows room for non-attendance and client turnover**
- C. Maximizes cost-efficiency of sessions
- D. Reduces noise levels during sessions

Having 8-10 members in a therapy group is beneficial because this size strikes a balance between fostering meaningful interactions among participants while still providing enough flexibility to accommodate non-attendance and client turnover. In a smaller group, each member may struggle to feel included or gain adequate support, while a larger group may dilute individual attention and participation. With 8-10 members, the group can sustain its dynamics even if some members are unable to attend a session. This capacity allows for a more consistent experience for remaining members and helps the group maintain a sense of cohesion and support over time, even in the face of changes in membership. Thus, this size is particularly effective in group therapy settings where participation can vary.

4. In a new adult mental health group focused on obsessive-compulsive characteristics, the group would most likely seek to:

- A. Include encounter techniques
- B. Include having clients write a summary of each meeting
- C. Lead toward having the obsessive-compulsive components become ego syntonic

D. Seek to have the obsessive-compulsive components become ego dystonic

The focus of a group aimed at addressing obsessive-compulsive characteristics would be to help group members realize that their compulsive behaviors and obsessive thoughts are not a core aspect of their identity, but rather something they can work towards changing. By aiming to make these components ego dystonic, the group facilitates a process where individuals see their obsessions and compulsions as alien or unwanted parts of themselves. This shift helps individuals understand that they do not need to be defined by these behaviors, allowing for a disconnection from their compulsive tendencies. Encouraging this perspective can lead to greater motivation for change and enhance the effectiveness of therapeutic interventions. It empowers individuals to challenge their compulsions and to view them as problematic rather than an inherent part of their personality, fostering a healthier mindset and approach to their mental health challenges.

5. In a first session of a treatment group when everyone looks expectantly at the group worker, what is the most appropriate response?

- A. Ask, "Where would you like to start?"
- B. Ask everyone to say something about the problems bringing them to group**
- C. Not break the silence; wait for the group to start things
- D. Comment that they might be expecting her to start things

While the intention behind asking everyone to share about the problems that brought them to the group reflects a desire to promote dialogue and engagement, the most appropriate response in this scenario is to ask, "Where would you like to start?" This response is significant because it places the emphasis on the group members' needs and preferences, empowering them to take the initiative in guiding the discussion. Starting with an open-ended question invites participants to express their expectations and focuses on their collective interests, which is crucial in establishing a cohesive group dynamic. It encourages collaboration and enhances a sense of ownership over the group process, which can lead to a more productive and supportive environment. In this context, simply waiting for the group to initiate conversation might result in feelings of discomfort or anxiety among members who are looking for guidance. On the other hand, asking them to share personal problems could feel overwhelming for some participants early in the group process and may not facilitate a comfortable atmosphere for sharing. Commenting on their expectations may also not offer a clear direction or encourage participation.

6. According to Minuchin's model of family treatment, what would be the most helpful intervention for the Jones family with a mother, her live-in boyfriend, and seven children?

- A. First working with the family's neutral subgroupings, then changing the subgroupings**
- B. Sibling play therapy with each child to encourage them to verbalize their feelings
- C. Working with Mrs. Jones and her boyfriend
- D. Working with the adolescent subgrouping giving Mrs. Jones the most problems

The most helpful intervention according to Minuchin's model of family treatment involves first working with the family's neutral subgroupings and then changing those subgroupings. This approach emphasizes the importance of understanding the existing relationships and interactions within the family system, identifying which members form alliances or subgroups, and recognizing how these dynamics influence the family function as a whole. By focusing on the subgroupings, the therapist can observe and understand the patterns of behavior and communication that exist, including any alliances or conflicts that may be affecting the overall family dynamics. Once these dynamics are clear, interventions can be designed to alter these subgroupings in a way that fosters healthier relationships and improves the family system's functioning. This method aligns with Minuchin's systemic perspective, which highlights the interconnectedness of family members and the necessity of addressing their interactions rather than isolating individual issues. While the other options could be helpful in specific contexts, they may not address the broader family dynamics as effectively as focusing on subgroupings. Engaging in sibling play therapy or working solely with the mother and her boyfriend may overlook the complexities of interactions among all family members and fail to integrate changes that involve the entire family unit. Additionally, addressing only the adolescent subgrouping may not facilitate the necessary changes across the family system.

7. Which of the following statements about Tardive Dyskinesia is *untrue*?

- A. It can always be reversed by discontinuing psychotropic medication**
- B. It causes involuntary facial, lip and tongue movements
- C. It is a late-appearing condition causing gross motor problems involving jerky limb movements and finger motions
- D. It is caused by prolonged use of antipsychotic medication

The assertion that Tardive Dyskinesia can always be reversed by discontinuing psychotropic medication is indeed untrue. While discontinuing or reducing the dose of the offending medication can sometimes lead to improvement, this is not guaranteed for everyone, and there are cases where symptoms persist indefinitely even after cessation of the medication. The unpredictability of recovery highlights the complexity of this condition; some patients may experience a permanent condition despite making changes to their treatment. The other statements correctly outline aspects of Tardive Dyskinesia. It involves involuntary movements, predominantly affecting the face, lips, and tongue. This description reflects the characteristic symptoms of the disorder, which can include grimacing and lip-smacking. Additionally, the condition can manifest in more generalized movement patterns, including jerky motions of limbs, which aligns with the understanding of the motor dysfunction associated with Tardive Dyskinesia. Finally, the role of prolonged use of antipsychotic medication in the development of Tardive Dyskinesia is well-documented, as these medications can disrupt dopamine pathways, leading to the symptoms experienced by patients.

8. Which family therapy theorist would consider the identified patient's behavior to manifest a problem in the family system?

A. Erikson

B. Minuchin

C. Parad

D. Vinter

Erikson, as a family therapy theorist, would consider the identified patient's behavior to manifest a problem in the family system. This is because Erikson's theory focuses on the developmental stages and how a person's experiences within the family can impact their behavior. The other options, Minuchin, Parad, and Vinter, may also be family therapists, but their theories do not specifically address the role of the family system in an individual's behavior. Instead, Minuchin's work focuses on structural family therapy, Parad's on systemic family therapy, and Vinter's on psychoanalytic family therapy. Therefore, these options would not view the identified patient's behavior as a manifestation of a larger issue within the family system.

9. After working with a 15-year-old girl with a substance abuse problem for several weeks, the child welfare social worker learns that the client is pregnant. She is unable to control her drug use, has left a rehabilitation program and does not wish to return and seems unconcerned with the potential serious health effects on her unborn child. The social worker's best strategy is?

A. discuss the problem with her obstetrician

B. notify the client that she can be compelled to stop her drug abuse

C. seek to place her in a residential setting for the duration of her pregnancy, even if a court order is required

D. suggest that the client reenter the drug rehabilitation program

The most effective strategy in this scenario involves discussing the problem with the client's obstetrician. This approach is appropriate for several reasons. First, the obstetrician is the medical professional who can closely monitor the health of both the client and her unborn child. They can offer specialized care and support that can address the implications of substance abuse on pregnancy. Involving the obstetrician facilitates a collaborative effort where the medical team can provide interventions tailored to both the client's health and the health of her baby. Moreover, this option acknowledges the reality of the client's situation. The young girl is exhibiting behavior that demonstrates a lack of willingness to engage in treatment or consider the consequences of her actions. Involving the obstetrician can also lead to further actions, such as health education, medication management, or even referring the client to additional support services as needed. This choice aligns with a client-centered approach, respecting the young lady's autonomy while still prioritizing the safety and well-being of both her and her unborn child. Such collaboration is essential in ensuring comprehensive care and helps to ensure that the mother receives necessary medical attention, potentially influencing her decision-making regarding substance use and overall health during pregnancy.

10. In order to encourage reluctant patients from third world countries to adopt Western health methods and reject unhelpful traditional medical practices, a social worker should first

A. arrange for the client to be seen in the home first.

B. take a tour of the health facility with the patient.

C. try to convince the oldest family member.

D. try to convince the youngest family member.

Arranging for the client to be seen in the home first is a strategic approach that helps build trust and rapport with patients from third world countries who may be hesitant to adopt Western health methods. By meeting patients in a familiar environment, the social worker demonstrates respect for their cultural background and established practices. This approach allows for a more personal interaction, where the social worker can listen to concerns and preferences in a comfortable setting. Furthermore, engaging with patients in their own homes can provide insights into their daily lives, health beliefs, and the traditional practices they currently utilize. This understanding is essential for effective communication and the gradual introduction of Western health concepts in a manner that acknowledges and respects the patient's cultural context. While engaging family members may have its advantages, starting with the individual in the home environment lays a foundation for a supportive relationship that can facilitate further discussions about health methods.

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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://lmsw.examzify.com>

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

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