

PSYCHOSOCIAL ASPECT OF WELLBEING MIDTERM PRACTICE TEST (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. In the Diversity Dimension Wheel, what is the innermost layer?**
 - A. Organizational Identities
 - B. External Identities
 - C. Internal Identities
 - D. Personality

- 2. In a primary care psychosocial workflow, what are the recommended steps after an initial positive screen?**
 - A. Conduct targeted assessment (PHQ-9, GAD-7), assess suicide risk, refer for therapy/psychiatry, arrange follow-up.
 - B. Ignore the positive screen and recheck in a year.
 - C. Refer only for physical health evaluation.
 - D. Immediately hospitalize without assessment.

- 3. Which statement best captures the difference between moral injury and PTSD?**
 - A. Moral Injury centers on moral emotions after acting against beliefs.
 - B. PTSD is purely physical symptoms.
 - C. They are the same condition.
 - D. Moral Injury excludes any emotional distress.

- 4. Which of the following is a core principle of trauma-informed care relevant to psychosocial wellbeing?**
 - A. Safety; trustworthiness and transparency; peer support; choice and control
 - B. Safety; trustworthiness and transparency; coercive practices; empowerment
 - C. Safety; trauma-informed diagnoses; peer support; choice and control
 - D. Safety; trustworthiness; pharmacological interventions; collaboration

- 5. Quality of Life Vs Health: Which statement is true?**
 - A. QOL cannot be equated with health status, but incorporates perceptions of this and other aspects of life
 - B. QOL equals health status
 - C. QOL ignores health perceptions
 - D. QOL depends only on physical function

- 6. Why are dual relationships discouraged in psychosocial care, and which practice would illustrate this guideline?**
- A. They risk conflicts of interest and boundary violations.
 - B. They strengthen therapeutic alliance.
 - C. They are allowed if the client consents.
 - D. They have no ethical implications.
- 7. How do cultural beliefs influence psychosocial wellbeing and care planning?**
- A. Care plans should be culturally safe, language-concordant, and respectful of practices.
 - B. Beliefs have no effect on symptom interpretation.
 - C. Care plans should be identical across cultures.
 - D. Beliefs only affect families, not individuals.
- 8. Which is an example of a positive psychology intervention and its intended outcome on wellbeing?**
- A. Rumination diary to increase negative mood.
 - B. Gratitude journaling; aims to increase positive affect, life satisfaction, and prosocial behavior.
 - C. Overplanning daily tasks.
 - D. Avoiding social interaction.
- 9. Why is self-care important for professionals addressing psychosocial wellbeing?**
- A. Prevents burnout
 - B. Increases workload
 - C. Reduces boundaries
 - D. Decreases empathy
- 10. How does trauma exposure impact caregivers and how can they be supported?**
- A. Caregivers face no emotional challenges when supporting a loved one.
 - B. Caregivers may experience fatigue but not trauma.
 - C. Caregivers should focus only on practical tasks and avoid emotional support.
 - D. Caregivers may experience vicarious trauma and burnout; support through supervision, peer support, clear boundaries, respite, and trauma-informed training.

Answers

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

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Explanations

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1. In the Diversity Dimension Wheel, what is the innermost layer?

- A. Organizational Identities
- B. External Identities
- C. Internal Identities
- D. Personality**

The innermost layer represents your enduring, core traits—your personality. This is the foundation of how you typically think, feel, and behave across different situations. These stable patterns, such as temperament and underlying values, shape how you respond to people and events and influence how you interact with all other dimensions of diversity. Because personality tends to remain relatively constant regardless of context, it sits at the center of the wheel. Surrounding layers capture aspects that are more context-dependent or socially defined—internal identities you identify with, external identities shaped by environment and life changes, and organizational identities tied to roles within institutions—while still being influenced by that central personality.

2. In a primary care psychosocial workflow, what are the recommended steps after an initial positive screen?

- A. Conduct targeted assessment (PHQ-9, GAD-7), assess suicide risk, refer for therapy/psychiatry, arrange follow-up.**
- B. Ignore the positive screen and recheck in a year.
- C. Refer only for physical health evaluation.
- D. Immediately hospitalize without assessment.

When a positive mental health screen appears in primary care, the next steps focus on understanding the shape and safety of the issue and then linking to appropriate care, followed by planned follow-up. Begin with targeted assessment using validated tools like the PHQ-9 for depression and the GAD-7 for anxiety to gauge symptom severity, functional impact, duration, and prior treatment history. At the same time, conduct a suicide risk assessment by asking directly about thoughts of self-harm, intent, planning, and means, and develop a safety plan if there are any safety concerns. Based on what you find, refer to therapy or psychiatry as appropriate, and consider a stepped-care approach that may include psychotherapy (e.g., CBT, problem-solving therapy) and, when indicated, pharmacotherapy, with care coordinated through collaborative or integrated care. Arrange follow-up to monitor symptom change, treatment adherence, and side effects, reusing the screening measures to track progress over time. Skipping assessment and safety planning, ignoring the mental health concern, or immediately resorting to hospitalization without evaluation are not appropriate approaches in this context; the goal is to assess, ensure safety, connect to appropriate treatment, and monitor progress.

3. Which statement best captures the difference between moral injury and PTSD?

- A. Moral Injury centers on moral emotions after acting against beliefs.**
- B. PTSD is purely physical symptoms.
- C. They are the same condition.
- D. Moral Injury excludes any emotional distress.

The main idea here is how moral injury differs from PTSD in what drives the distress. Moral injury centers on moral emotions that arise after actions or inactions that violate one's deeply held beliefs or values—feelings like guilt, shame, remorse, and a sense of betrayal. It's about the moral meaning of what happened and how it clashes with one's sense of right and wrong, sometimes triggering questions about karma, purpose, and trust in institutions or others. PTSD, on the other hand, emerges after exposure to a traumatic event and centers on fear-driven symptoms: re-experiencing the event, heightened arousal, avoidance, and negative changes in thoughts and mood. While someone can experience both, moral injury is defined by moral-emotional distress, whereas PTSD is defined by fear and trauma-related symptoms. The other statements don't fit because PTSD is not just physical symptoms; it includes cognitive and emotional distress tied to trauma. They are not the same condition; moral injury is a distinct construct focused on moral transgression and its emotional fallout. And moral injury does not exclude emotional distress—the core of it is precisely the intense moral emotions that follow a belief violation.

4. Which of the following is a core principle of trauma-informed care relevant to psychosocial wellbeing?

- A. Safety; trustworthiness and transparency; peer support; choice and control**
- B. Safety; trustworthiness and transparency; coercive practices; empowerment
- C. Safety; trauma-informed diagnoses; peer support; choice and control
- D. Safety; trustworthiness; pharmacological interventions; collaboration

Trauma-informed care centers on building environments that support psychosocial wellbeing by emphasizing safety, trustworthiness and transparency, peer support, and the person's voice and autonomy. Safety means more than avoiding danger; it includes predictable routines, respectful interactions, and emotional security so people feel safe to engage. Trustworthiness and transparency come from consistent, honest communication and dependable actions by caregivers, which helps reduce fear and suspicion rooted in past trauma. Peer support leverages shared lived experiences to foster understanding, validation, and connection, showing individuals they're not alone. Choice and control ensure people have meaningful options and a say in decisions about their care, which reinforces empowerment and helps prevent re-traumatization. Coercive practices undermine safety and autonomy, so they don't fit trauma-informed care. Trauma-informed diagnoses can pathologize responses to trauma rather than understanding them in context. Pharmacological interventions may be part of treatment, but they're not the defining principles of trauma-informed care, which are rooted in relational and environmental approaches like safety, trust, peer support, and empowerment.

5. Quality of Life Vs Health: Which statement is true?

- A. QOL cannot be equated with health status, but incorporates perceptions of this and other aspects of life
- B. QOL equals health status
- C. QOL ignores health perceptions
- D. QOL depends only on physical function

Quality of life is a broad, subjective appraisal that goes beyond medical health status. It blends how healthy someone feels and functions with their overall sense of well being across life domains such as mood, independence, social connections, finances, and environment. Health status is more about objective or clinical measures—disease, symptoms, and functional limitations—where quality of life includes these perceptions but also many other factors. So the statement that quality of life cannot be equated with health status, yet it incorporates perceptions of health and other life aspects, best captures this relationship. The other ideas—that quality of life equals health status, or ignores health perceptions, or depends only on physical function—don't fit because quality of life extends beyond health alone and includes subjective well being and broader life contexts.

6. Why are dual relationships discouraged in psychosocial care, and which practice would illustrate this guideline?

- A. They risk conflicts of interest and boundary violations.
- B. They strengthen therapeutic alliance.
- C. They are allowed if the client consents.
- D. They have no ethical implications.

Dual relationships threaten boundaries between the clinician and client. They are discouraged because they open the door to conflicts of interest and boundary violations—situations where professional judgment can be swayed, confidentiality can be compromised, and the power differential in the helping relationship is amplified. An example that illustrates this guideline is when a clinician takes on a nonprofessional role with the same person they are treating, such as being a friend, relative, or business partner, or providing therapy in a context where the two roles collide. Even with client consent, the inherent risks to objectivity and safety mean these arrangements are not ethically acceptable. The focus is on protecting the client's welfare and maintaining clear, professional boundaries.

7. How do cultural beliefs influence psychosocial wellbeing and care planning?

- A. Care plans should be culturally safe, language-concordant, and respectful of practices.
- B. Beliefs have no effect on symptom interpretation.
- C. Care plans should be identical across cultures.
- D. Beliefs only affect families, not individuals.

Cultural beliefs shape how people experience distress, interpret symptoms, and decide how to seek help. Because of this, care plans should be culturally safe, provided in the patient's language, and respectful of practices. In practice, this means asking about beliefs and preferences, using interpreters when needed, involving family if desired, and accommodating traditional practices when they don't conflict with safety. This approach builds trust, improves communication, and supports psychosocial wellbeing and adherence. Beliefs do influence symptom interpretation, so saying they have no effect is inaccurate; care plans should be tailored rather than identical across cultures; and beliefs affect both individuals and families, not just one group.

8. Which is an example of a positive psychology intervention and its intended outcome on wellbeing?

- A. Rumination diary to increase negative mood.
- B. Gratitude journaling; aims to increase positive affect, life satisfaction, and prosocial behavior.**
- C. Overplanning daily tasks.
- D. Avoiding social interaction.

Gratitude journaling is a positive psychology intervention that involves regularly noting aspects of life one is grateful for to cultivate appreciation. Its intended outcomes are increased positive affect, greater life satisfaction, and more prosocial behavior. By reflecting on positive experiences, people shift attention toward what's going well, which can lift mood, broaden outlook, and strengthen social connections. This aligns with the aim of positive psychology interventions: to build positive emotions and social resources that enhance wellbeing. In contrast, a rumination diary tends to amplify negative mood, overplanning daily tasks can raise stress, and avoiding social interaction reduces chances for connection and support, all of which are not aimed at boosting wellbeing.

9. Why is self-care important for professionals addressing psychosocial wellbeing?

- A. Prevents burnout**
- B. Increases workload
- C. Reduces boundaries
- D. Decreases empathy

Self-care helps prevent burnout by replenishing emotional energy and building resilience for the ongoing emotional demands of working in psychosocial wellbeing. When professionals prioritize rest, supervision, reflective practice, healthy boundaries, and social support, they're better equipped to handle clients' distress without becoming emotionally exhausted or detached. This preserves empathy, improves judgment, and sustains motivation, ensuring the quality and continuity of care. Without self-care, the risk of burnout rises, potentially diminishing effectiveness and personal well-being.

10. How does trauma exposure impact caregivers and how can they be supported?

- A. Caregivers face no emotional challenges when supporting a loved one.
- B. Caregivers may experience fatigue but not trauma.
- C. Caregivers should focus only on practical tasks and avoid emotional support.
- D. Caregivers may experience vicarious trauma and burnout; support through supervision, peer support, clear boundaries, respite, and trauma-informed training.**

Caregivers who support someone who has experienced trauma can be affected themselves, often developing vicarious trauma and burnout as they absorb others' distress over time. This emotional toll isn't just about feeling tired; it can alter mood, thoughts, sleep, and overall functioning if not addressed. So, the most effective support goes beyond practical help and directly attends to the caregiver's own emotional and relational needs. Supervision offers a chance to process difficult cases, receive guidance, and spot early signs of burnout. Peer support provides shared understanding and validation from others in similar roles. Clear boundaries help protect personal time and prevent caregivers from taking on too much, reducing compassion fatigue. Respite gives essential breaks from caregiving to recover energy and maintain resilience. Trauma-informed training equips caregivers with the knowledge to recognize signs of secondary trauma in themselves and others, apply supportive communication, and create safer, less re-traumatizing environments. When these elements are in place, caregivers are better supported to sustain their role while protecting their own well-being. Choices that ignore emotional impact or limit help to practical tasks miss the central need for caregiver well-being.

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://psychaspectofwellbeingmidterm.examzify.com>

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

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