

Texas A&M University (TAMU) Commerce Social Work (SW) Comprehensive Clinical Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 social work relationship, the social worker should be careful not to act on?**
 - A. A countertransference reaction.**
 - B. The client's preferences.**
 - C. Agency policy.**
 - D. Cultural values.**

- 2. William was adopted from an orphanage at 18 months and shows clinging behavior and insomnia at age five. His likely diagnosis is what?**
 - A. Separation anxiety disorder**
 - B. Reactive attachment disorder**
 - C. Generalized anxiety disorder**
 - D. Oppositional defiant disorder**

- 3. In working with a client who has a narcissistic personality disorder, the social worker most often does NOT become which of the following?**
 - A. the object of the client's wish for dependency**
 - B. a voice of reason**
 - C. a source of attention**
 - D. a target for manipulation**

- 4. A client with narcissistic personality disorder feels that her advice is extraordinarily helpful to others in making major life decisions. She tells her therapist that she was very hurt recently when her son's fiancé said that the client should mind her own business and not try to guide her about her career and how their getting married could hurt her professional future. To be most helpful to the client, the therapist must achieve a balance between:**
 - A. Empathic mirroring and helping the client see the fiancée's point of view**
 - B. Empathy and praise**
 - C. Challenge and support**
 - D. Detachment and boundaries**

- 5. The prognosis for clients with schizophrenia is best when the person is which of the following?**
- A. Newly married.**
 - B. Single.**
 - C. Unemployed.**
 - D. Widowed.**
- 6. In treating personality disorders, a goal involves transforming ego-syntonic traits into ego-alien traits. Which option reflects this aim?**
- A. Make the ego-syntonic trait ego-alien.**
 - B. Increase ego-syntonic traits.**
 - C. Preserve ego-syntonic traits.**
 - D. Ignore ego-syntonic traits.**
- 7. When a client believes colors have special meaning and uses colors to interpret others' emotions, this symptom is most consistent with?**
- A. delusions**
 - B. paranoia**
 - C. hallucinations**
 - D. obsessions**
- 8. What is the recommended stance when working with a student who is uncertain about leaving school?**
- A. Maintain fixed positions**
 - B. Avoid fixed positions and preestablished attitudes**
 - C. Take a firm stance against leaving**
 - D. Avoid any discussion of options**
- 9. Which intervention category is described as drawing out descriptive and explanatory materials, including exploration, description, and ventilation?**
- A. Exploration, Description, Ventilation**
 - B. Exploration, Assessment, Ventilation**
 - C. Description, Ventilation, Evaluation**
 - D. Exploration, Description, Observation**

10. What is the DSM-IV-TR difference between acute stress disorder and post-traumatic stress disorder as described in the material?

- A. PTSD has more flashbacks and lasts at least one month**
- B. ASD has more flashbacks and lasts longer**
- C. PTSD occurs within a week only**
- D. ASD and PTSD are identical**

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Answers

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

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Explanations

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1. In the social work relationship, the social worker should be careful not to act on?

A. A countertransference reaction.

B. The client's preferences.

C. Agency policy.

D. Cultural values.

Countertransference is at the heart of this item. It happens when a social worker's own feelings, experiences, or unresolved issues are triggered by a client. Acting on those internal reactions can distort judgment, blur boundaries, and push the worker to respond in ways that aren't in the client's best interest. The ethical and professional expectation is to recognize and manage countertransference—use supervision, reflective practice, and clear boundaries—so that actions are guided by the client's needs and evidence-based judgment rather than the worker's personal reactions. In contrast, honoring the client's preferences, following agency policy, and respecting cultural values are appropriate and necessary aspects of practice when done within professional and ethical limits. They inform decisions and boundaries, whereas countertransference, if acted upon, undermines objectivity and can harm the client.

2. William was adopted from an orphanage at 18 months and shows clinging behavior and insomnia at age five. His likely diagnosis is what?

A. Separation anxiety disorder

B. Reactive attachment disorder

C. Generalized anxiety disorder

D. Oppositional defiant disorder

Separation anxiety disorder shows up when a child experiences excessive fear or distress at the idea of being apart from the primary caregiver, often leading to clinginess and sleep problems. In this case, William was adopted after living in an orphanage, which can create heightened sensitivity to separation. At age five, his persistent clinging and insomnia around separation from his caregiver fit this pattern well—he's distressed at the thought of being apart and seeks constant closeness for reassurance. Reactive attachment disorder would more likely present as withdrawal or indiscriminate sociability toward strangers rather than clear clinginess toward a specific caregiver. Generalized anxiety disorder would involve pervasive worry across many domains, not just separation-related distress. Oppositional defiant disorder would show a pattern of defiant, oppositional behavior rather than anxiety-centered responses to separation.

3. In working with a client who has a narcissistic personality disorder, the social worker most often does NOT become which of the following?

A. the object of the client's wish for dependency

B. a voice of reason

C. a source of attention

D. a target for manipulation

In narcissistic personality dynamics, the client's behavior in relationships centers on admiration, control, and exploiting others to maintain a grandiose self-image. In therapy, this often means the social worker becomes a source of attention and a target for manipulation, as the client seeks to keep the therapist engaged and confirm their importance. A therapist can also act as a voice of reason when boundaries are set and reality testing is offered, but that role is challenging and not consistently welcomed. What the client is least likely to want is genuine dependency on the therapist; dependency would undermine the narcissist's sense of autonomy and superiority, so the social worker does not typically become the object of the client's wish for dependency.

4. A client with narcissistic personality disorder feels that her advice is extraordinarily helpful to others in making major life decisions. She tells her therapist that she was very hurt recently when her son's fiancé said that the client should mind her own business and not try to guide her about her career and how their getting married could hurt her professional future. To be most helpful to the client, the therapist must achieve a balance between:

A. Empathic mirroring and helping the client see the fiancée's point of view

B. Empathy and praise

C. Challenge and support

D. Detachment and boundaries

The client with narcissistic traits tends to rely on others' admiration and may become defensive when her influence is questioned. The most helpful stance for the therapist is to combine empathic mirroring—reflecting and validating the client's feelings to reduce defensiveness—with inviting the client to consider the fiancé's point of view. This approach preserves the therapeutic alliance by showing understanding while also broadening the client's perspective enough to recognize how her advice could be experienced as intrusive and how that may affect relationships and future opportunities. Praise would risk reinforcing narcissistic tendencies, detachment would reduce engagement and progress, and simply challenging without any empathic connection can trigger defensiveness. By pairing empathy with perspective-taking, the therapist supports both emotional regulation and reality testing needed for growth.

5. The prognosis for clients with schizophrenia is best when the person is which of the following?

- A. Newly married.**
- B. Single.**
- C. Unemployed.**
- D. Widowed.**

Social support and ongoing interpersonal connections can significantly influence how schizophrenia unfolds over time. A spouse often provides both emotional encouragement and practical help—assisting with taking medications, keeping appointments, and noticing early signs of relapse. This built-in support network helps maintain routine, reduce isolation, and enhance adherence to treatment, all of which contribute to a more favorable course of illness. Being newly married can strengthen these protective effects because it introduces a fresh, supportive partnership and shared daily structure, which can bolster stability during recovery and reduce stress. In contrast, being single, widowed, or unemployed tends to be associated with less consistent social support and more stressors, which can complicate treatment and worsen outcomes. So, the scenario with a new marriage offers the strongest context for a better prognosis through enhanced social support and treatment engagement.

6. In treating personality disorders, a goal involves transforming ego-syntonic traits into ego-alien traits. Which option reflects this aim?

- A. Make the ego-syntonic trait ego-alien.**
- B. Increase ego-syntonic traits.**
- C. Preserve ego-syntonic traits.**
- D. Ignore ego-syntonic traits.**

The main idea here is that in personality disorders, many troublesome traits feel like part of who the person is. Those traits are ego-syntonic: they fit the person's self-image and don't cause distress, so the person often doesn't see them as a problem. Treatment aims to create a shift so these traits feel ego-alien, or foreign to the self, which helps the person recognize them as problematic and become motivated to change. Transforming an ego-syntonic trait into an ego-alien one makes the trait no longer just part of the patient's identity but something that feels dissonant with their self-concept, opening the door to insight and behavior change. That's why the correct choice is to make the ego-syntonic trait ego-alien. Increasing, preserving, or ignoring ego-syntonic traits would leave the pattern unchanged and unlikely to promote the change therapy seeks.

7. When a client believes colors have special meaning and uses colors to interpret others' emotions, this symptom is most consistent with?

- A. delusions**
- B. paranoia**
- C. hallucinations**
- D. obsessions**

Believing that colors have a special meaning and using those colors to interpret others' emotions is a fixed, false belief about reality that others do not share and that isn't culturally accepted. That pattern is delusions. It isn't a hallucination, which would involve sensing something (seeing or hearing it) that isn't actually present. It isn't paranoia, which centers on suspiciousness or fear that others intend harm. It isn't an obsession, which would be a distressing, intrusive thought the person recognizes as irrational and tries to resist.

8. What is the recommended stance when working with a student who is uncertain about leaving school?

- A. Maintain fixed positions**
- B. Avoid fixed positions and preestablished attitudes**
- C. Take a firm stance against leaving**
- D. Avoid any discussion of options**

When a student is uncertain about leaving school, the recommended approach is to stay flexible and avoid imposing your own judgments or rigid positions. The student is navigating a big transition and may feel ambivalence, so a nonjudgmental, curious stance helps them explore their values, goals, and options without pressure. This approach supports autonomy and trust, which are essential for effective social work practice. By avoiding fixed positions and preestablished attitudes, you create a safe space for the student to voice concerns, weigh the pros and cons, and consider how different choices align with their life plans. It also aligns with motivational interviewing principles—engaging with the student, focusing on their goals, rolling with resistance, and guiding rather than directing—so the student can articulate what leaving or staying would mean for them. Practically, this means using open-ended questions, reflective listening, and affirmations to explore the student's reasons for and against leaving, possible supports, and potential consequences. Normalize the uncertainty as part of the decision-making process and help them articulate their own rationale rather than delivering a pre-made verdict. Other options would either push the student toward a conclusion, shut down discussion, or apply pressure, which can increase resistance and undermine the collaborative nature of the helping relationship.

9. Which intervention category is described as drawing out descriptive and explanatory materials, including exploration, description, and ventilation?

- A. Exploration, Description, Ventilation**
- B. Exploration, Assessment, Ventilation**
- C. Description, Ventilation, Evaluation**
- D. Exploration, Description, Observation**

This item tests how we think about gathering client narratives in interview-based work. The goal is to draw out descriptive and explanatory materials from clients—things they can describe about their experiences, contexts, and feelings, as well as reasons behind what they do. Exploration invites the client to share details and context in an open-ended way, helping you uncover what happened, when, where, who's involved, and how they make sense of it. Description focuses on capturing to the extent the client can articulate what is happening—the features, events, and interpretations that give shape to the situation. Ventilation provides space for emotional release, allowing the client to express emotions like anger, fear, or sadness, which often reveals underlying dynamics and motivates behavior. Together, these three elements create a descriptive and explanatory material base: you get the story, the meaning the client assigns to it, and the emotional forces behind it. Among the options, this trio explicitly includes exploration, description, and ventilation, making it the best fit for describing an intervention category aimed at drawing out rich descriptive and explanatory material. Other options mix in assessment, evaluation, or observation, which shifts emphasis away from the combined descriptive-explanatory narrative and the emotional processing that ventilation provides.

10. What is the DSM-IV-TR difference between acute stress disorder and post-traumatic stress disorder as described in the material?

- A. PTSD has more flashbacks and lasts at least one month**
- B. ASD has more flashbacks and lasts longer**
- C. PTSD occurs within a week only**
- D. ASD and PTSD are identical**

The main idea here is how DSM-IV-TR differentiates ASD from PTSD by timing after a trauma and by the nature of reexperiencing symptoms. Acute stress disorder happens soon after the event and lasts from about three days up to one month. Post-traumatic stress disorder, on the other hand, requires symptoms that persist for more than one month and typically features prominent reexperiencing, such as flashbacks. So the statement that PTSD includes more flashbacks and lasts at least a month captures both the longer duration and the stronger reexperiencing aspect that distinguish PTSD from ASD. The other ideas don't fit: ASD is not longer in duration, and PTSD is not restricted to happening within a week only; ASD and PTSD are not identical.

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://tamu-commerceswcompclinical.examzify.com>

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

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