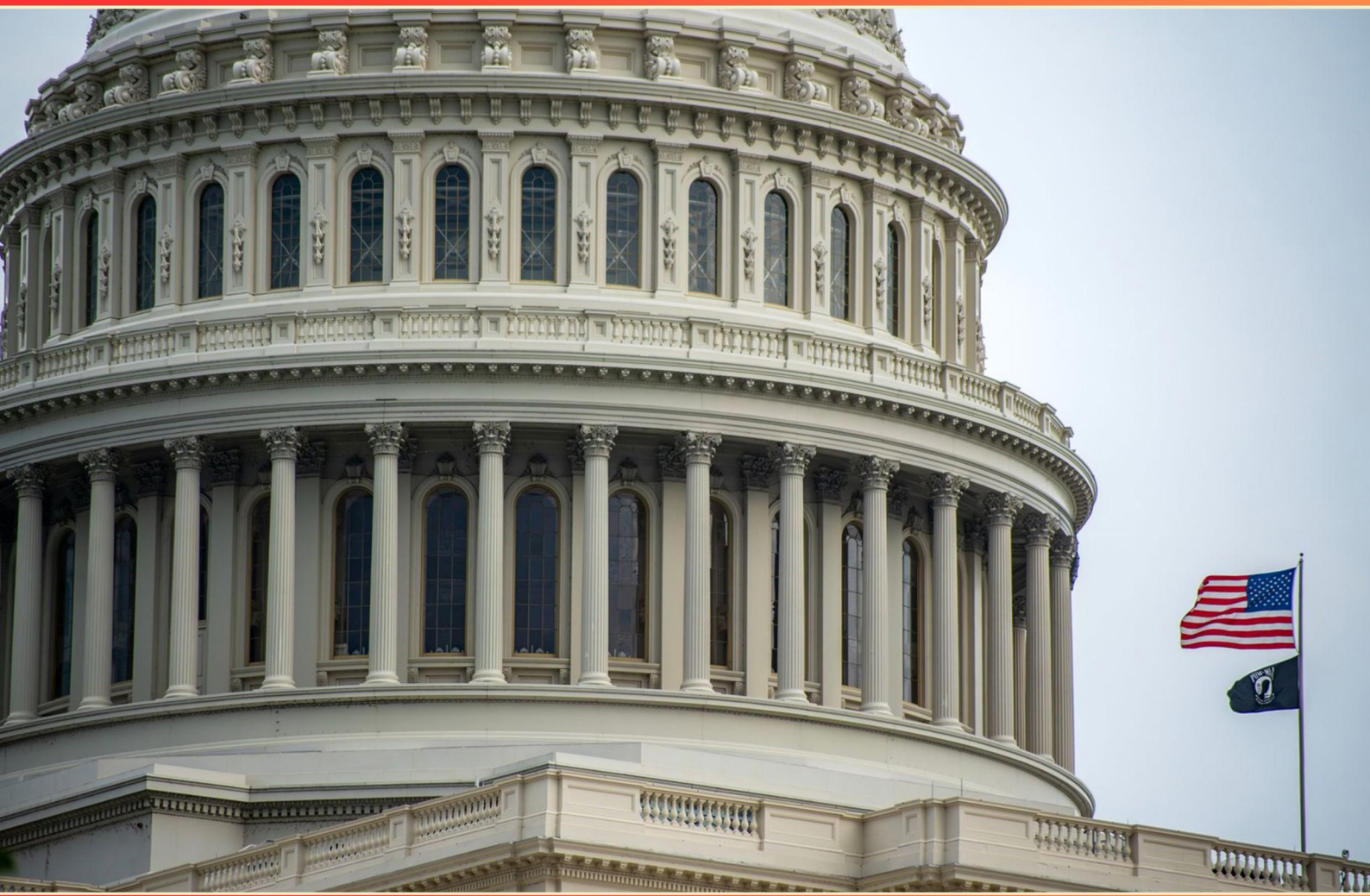
TEXAS LMSW LICENSE PRACTICE EXAM (SAMPLE)

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

1. Which personality disorder is characterized by pervasive distrust of others?

A. Schizoid personality disorder

B. Paranoid personality disorder

C. Schizotypal personality disorder

D. Narcissistic personality disorder

2. What is the purpose of culturally responsive assessment?

A. It improves accuracy and relevance of findings by accounting for cultural norms, values, and experiences

B. To standardize across cultures

C. To reduce client participation

D. To replace clinical judgment

3. Which step comes after Problem Selection in the Treatment Planning Process?

A. Step 3

B. Step 2

C. Step 5

D. Step 6

4. In a safety plan, which elements are included to reduce risk?

A. Treatment modalities and follow-up appointments

B. Warning signs, coping strategies, and emergency contacts

C. Client preferences only

D. Legal rights and policies

5. Which of the following is NOT among the listed five case management activities?

A. Planning

B. Monitoring

C. Direct Counseling

D. Assessment

6. What is the primary aim of Single Subject Designs?

A. To examine causal effects in large populations

B. To determine whether an intervention has the intended impact on an individual or a small group

C. To compare outcomes across randomized groups

D. To measure the prevalence of a trait in a population

7. Intervention Creation comprises what?

A. Tools that are used to treat the problem

B. Problems that are defined during assessment

C. Data collection methods

D. Funding sources

8. Which stage involves maintaining progress and working to prevent relapse?

A. Contemplation

B. Maintenance

C. Preparation

D. Action

9. What is the final step in the Treatment Planning Process?

A. Step 1

B. Step 2

C. Step 6

D. Step 4

10. In single-subject research, which variable is the treatment provided and considered the cause?

A. Independent Variables

B. Dependent Variables

C. Moderator Variables

D. Control Variables

Answers

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

Explanations

1. Which personality disorder is characterized by pervasive distrust of others?

A. Schizoid personality disorder

B. Paranoid personality disorder

C. Schizotypal personality disorder

D. Narcissistic personality disorder

Pervasive distrust of others is the hallmark feature of paranoid personality disorder. People with this pattern routinely interpret others' motives as malicious, even without solid evidence, and they expect others to harm, deceive, or exploit them. This distrust is stable and widespread, affecting relationships, work, and everyday interactions, and it often leads to guarded, suspicious, and vindictive behavior, with a tendency to read hidden threats into ordinary remarks or events. The other options describe different patterns. A schizoid pattern centers on social detachment and limited emotional expression rather than a general mistrust of people. A schizotypal pattern includes odd beliefs or eccentric behavior, but not specifically a pervasive, generalized distrust of others as the defining feature. A narcissistic pattern focuses on grandiosity, a need for admiration, and a lack of empathy, not a pervasive suspicion of others.

2. What is the purpose of culturally responsive assessment?

A. It improves accuracy and relevance of findings by accounting for cultural norms, values, and experiences

B. To standardize across cultures

C. To reduce client participation

D. To replace clinical judgment

Culturally responsive assessment aims to yield findings that are accurate and meaningful within the client's cultural frame. By accounting for cultural norms, values, language, and life experiences, the clinician can interpret thoughts, emotions, and behaviors in a way that reflects the person's actual context rather than applying a one size fits all standard. This approach reduces bias and misinterpretation, improving both the accuracy of conclusions and the relevance of recommendations for treatment or services. It also supports engagement and trust, since clients see their backgrounds respected and understood. The idea is not to enforce uniform standards across cultures, nor to diminish client participation or replace clinical judgment; rather, it blends cultural understanding with professional assessment to guide more appropriate, effective practice.

3. Which step comes after Problem Selection in the Treatment Planning Process?

A. Step 3

B. Step 2

C. Step 5

D. Step 6

In a treatment planning sequence, once a problem has been identified and selected, the next move is to turn that problem into a concrete plan. That means defining clear goals and outlining the approach to intervening, which is the focus of the second step. With a plan in place, you're prepared to move into later stages like implementing the interventions and evaluating outcomes. So the step that comes after Problem Selection is Step 2.

4. In a safety plan, which elements are included to reduce risk?

A. Treatment modalities and follow-up appointments

B. Warning signs, coping strategies, and emergency contacts

C. Client preferences only

D. Legal rights and policies

Safety planning focuses on practical steps that reduce imminent danger by making it easier for the person to recognize danger, act to calm themselves, and get help quickly. The strongest choice includes three key elements: warning signs, coping strategies, and emergency contacts. Recognizing warning signs lets the person notice when risk is rising early enough to intervene. Coping strategies provide immediate, doable actions the person can take to calm down or de-escalate a crisis in the moment. Emergency contacts ensure there is a ready source of support or professional help when the risk escalates and urgent assistance is needed. Together, these pieces create a concrete, action-oriented plan that can prevent harm. While treatment modalities and follow-up appointments are vital to ongoing care, they address longer-term support rather than the immediate, in-the-moment steps a safety plan provides. Client preferences matter, but a safety plan requires specific, actionable actions and contacts, not just personal choices. Legal rights and policies are important in certain contexts, yet they don't directly furnish the practical, crisis-response actions needed to reduce risk in the moment.

5. Which of the following is NOT among the listed five case management activities?

A. Planning

B. Monitoring

C. Direct Counseling

D. Assessment

Case management focuses on organizing and coordinating services for a client, not delivering therapy. The activities typically involved are assessment to identify needs, planning to set goals and map required services, linking or referring to resources, coordinating among providers, and monitoring progress toward those goals. Direct counseling, while essential in social work, is a therapeutic intervention that addresses mental health or personal issues directly with the client. It occurs within treatment rather than as a service-coordination step, so it isn't considered a case management activity. Therefore, Direct Counseling is the item that doesn't belong with the listed case management tasks.

6. What is the primary aim of Single Subject Designs?

A. To examine causal effects in large populations

B. To determine whether an intervention has the intended impact on an individual or a small group

C. To compare outcomes across randomized groups

D. To measure the prevalence of a trait in a population

Single Subject Designs aim to show that a specific intervention produces the intended change in a target behavior for one person (or a very small group) by tracking that behavior repeatedly over time across different phases. The strength lies in demonstrating a functional relation within the individual: when the intervention is applied, the behavior changes in a consistent, predictable way, and when it is removed or altered, the behavior tends to revert or shift accordingly. This approach emphasizes causal inference at the individual level and is ideal for determining whether an intervention works for a particular person, guiding personalized treatment. It differs from studies that look at effects across large populations, compare randomized groups, or measure how common a trait is in a population.

7. Intervention Creation comprises what?

A. Tools that are used to treat the problem

B. Problems that are defined during assessment

C. Data collection methods

D. Funding sources

Intervention Creation focuses on turning the identified client problem into concrete treatment tools and strategies. After assessment clarifies what the problem is, this phase involves selecting, designing, and tailoring specific interventions—therapy techniques, activities, skills training, and supports—that will be used to address the issue. These tools are what you implement to promote change in the client's behavior, thinking, or environment. The other concepts—problems defined during assessment, data collection methods, and funding sources—relate to identifying the issue, gathering information, or arranging resources, rather than outlining the treatment approach itself.

8. Which stage involves maintaining progress and working to prevent relapse?

A. Contemplation

B. Maintenance

C. Preparation

D. Action

In the stages of change model, maintaining progress and preventing relapse is the focus of the maintenance stage. Here, after the initial change has been made, the emphasis shifts to sustaining the new behavior over time and developing strategies to avoid slipping back into old patterns. This includes reinforcing new routines, managing triggers, using coping skills, and leveraging social support to keep the change intact. By contrast, contemplation involves thinking about changing but not yet acting; preparation is getting ready to act soon and planning; and action is actively performing the new behavior. So the option that describes ongoing maintenance and relapse prevention fits best.

9. What is the final step in the Treatment Planning Process?

A. Step 1

B. Step 2

C. Step 6

D. Step 4

The final stage of the treatment planning process is termination and transition planning. After the client's goals have been addressed and progress has been evaluated, the focus shifts to wrapping up, ensuring the gains are maintained, and arranging aftercare or follow-up supports. This stage includes reviewing what was accomplished, identifying strategies the client can continue on their own, and providing referrals or resources to prevent relapse or dropout. Earlier stages—assessment, identifying problems, setting goals, outlining the plan, implementing interventions, and evaluating progress—occur before this closure step, so they are part of building toward a successful discharge. The final step is about ending the formal treatment in a way that keeps the client stabilized and connected to supports.

10. In single-subject research, which variable is the treatment provided and considered the cause?

A. Independent Variables

B. Dependent Variables

C. Moderator Variables

D. Control Variables

In single-subject research, the treatment you provide is the thing you actively manipulate to see if it produces a change in the target behavior. This is the independent variable because it is the factor you control and vary to observe its effect on the outcome, the dependent variable—the behavior or measurement you track. For example, introducing a prompting strategy aims to change the child's number of correct responses; the prompting strategy is the independent variable, and the count of correct responses is the dependent variable. Moderator variables are factors that can influence how strong or in what direction that relationship appears, such as motivation or session context. Control variables are kept constant to prevent them from confounding the results. By repeatedly measuring the behavior across baseline and treatment phases, single-subject designs build a case that the treatment caused the observed change within the individual.

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://txlmsw.examzify.com

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