

TEXAS A&M UNIVERSITY (TAMU) – COMMERCE SOCIAL WORK EXAM SERVICES (SWES) 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

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- 1. In health care facility AIDS support groups, what issue do groups commonly need to address?**
 - A. the members' feeling and experiences of isolation, and their lack of support from family.
 - B. the agency's need to respond to public concerns regarding adequate treatment of AIDS victims.
 - C. the members need for information on new drugs and innovative treatment modalities.
 - D. finding new ways to cope.
- 2. Psychodrama techniques include concepts and techniques such as**
 - A. doubling, soliloquy, role reversals.
 - B. alternate meetings, the going-around technique, modeling.
 - C. contracting, agenda-setting, acting.
 - D. talk to the empty chair, use of I language, confronting irrational beliefs.
- 3. Which statement best describes why counter-transference discussions are included in supervision?**
 - A. To increase the worker's self-awareness
 - B. To evaluate client outcomes
 - C. To monitor supervisor performance
 - D. To ensure policy compliance
- 4. When Joan expresses fear during a meeting about changes in the community, the worker should probably:**
 - A. suggest that there is a need for more social events involving new residents
 - B. alert the group to the fact that Joan's sentiment is probably shared by others and supports the need for a community-wide response to the changes now taking place
 - C. help the group coalesce
 - D. help the group focus on what is really bothering them
- 5. As the clinical relationship develops, the social worker can**
 - A. allow some familiarity to enter the relationship.
 - B. expect greater equality in the relationship.
 - C. rely on the client to be more receptive, responsive and responsible.
 - D. work more extensively and develop varied intervention and 'working through' techniques.

- 6. In the initial phase, which task is least aligned with the primary goal?**
- A. Establish a warm relationship with the client.
 - B. Understand why the client seeks help.
 - C. Engage the client in treatment.
 - D. Gather information for a psychosocial diagnosis.
- 7. Which statement best captures the concept of exploring transgenerational themes in family therapy?**
- A. Exploration of patterns across generations that influence current behavior.
 - B. Individual reflection and introspection.
 - C. Direct didactic instruction on parenting skills.
 - D. Autocratic leadership within the family.
- 8. Which lens would most comprehensively address a teenager involved in a violent gang, considering multiple interacting systems?**
- A. Individual therapy focusing solely on inner conflicts
 - B. Family dynamics and school influences
 - C. An ecological systems approach
 - D. Pharmacological treatment
- 9. The Social Security tax is considered what type of tax?**
- A. A Regressive Tax
 - B. A Progressive Tax
 - C. A Cumulative Tax
 - D. A Value Added Tax
- 10. Which statement best describes permanency planning in child welfare?**
- A. It Prioritizes Keeping Children In Their Own Homes Whenever Possible, Supported By High Service Levels
 - B. It Requires Immediate Placement In Institutional Care
 - C. It Focuses Exclusively On Adoption For All Children
 - D. It Ignores Family Preservation To Expedite Permanency

Answers

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

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Explanations

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1. In health care facility AIDS support groups, what issue do groups commonly need to address?

- A. the members' feeling and experiences of isolation, and their lack of support from family.
- B. the agency's need to respond to public concerns regarding adequate treatment of AIDS victims.**
- C. the members need for information on new drugs and innovative treatment modalities.
- D. finding new ways to cope.

In a health care facility, AIDS support groups often operate at the intersection of patient needs and the care environment provided by the organization. A key issue they commonly need to address is how the agency responds to public concerns about whether treatment for AIDS patients is adequate. When there are outside questions about quality of care, access to treatments, or how services are delivered, the group can serve as a conduit for patient feedback and a catalyst for organizational accountability. This dynamic helps ensure that the care environment stays responsive, practices stay aligned with evolving standards, and resources are directed to what patients actually need. While addressing feelings of isolation, coping strategies, and information about treatments are important and frequently discussed within groups, those elements are often handled through peer support and education. The broader, system-level concern—ensuring the agency responds to public concerns about treatment adequacy—addresses how the facility as a whole meets ethical and professional obligations and how it communicates about care with the public, which is a common and essential focus for AIDS support groups in a health care setting.

2. Psychodrama techniques include concepts and techniques such as

- A. doubling, soliloquy, role reversals.**
- B. alternate meetings, the going-around technique, modeling.
- C. contracting, agenda-setting, acting.
- D. talk to the empty chair, use of I language, confronting irrational beliefs.

The main concept here is recognizing classic psychodrama techniques that bring hidden thoughts and dynamics into the enacted scene. Doubling involves an auxiliary participant voicing or expressing the protagonist's unseen thoughts and feelings, which helps reveal internal processes and prompts new self-awareness. Role reversals let the client step into another person's position, fostering empathy and a deeper understanding of relationship dynamics. Soliloquy gives the protagonist a chance to articulate inner thoughts aloud, clarifying motivations and emotional conflicts and often catalyzing catharsis. These three techniques are foundational to psychodrama and illustrate how the method uses dramatic action to illuminate personal and interpersonal patterns. The other options pull in techniques from different modalities—Gestalt, CBT, or general group-work approaches—so they don't align as neatly with psychodrama's core toolkit.

3. Which statement best describes why counter-transference discussions are included in supervision?

- A. To increase the worker's self-awareness**
- B. To evaluate client outcomes
- C. To monitor supervisor performance
- D. To ensure policy compliance

Understanding how personal reactions arise and affect the clinical process is the main idea. Counter-transference discussions in supervision give the worker a safe space to recognize and name feelings that a client or situation triggers, which might not be about the client's presenting issue. By exploring these reactions with a supervisor, the worker develops self-awareness about biases, triggers, and boundary dynamics. This self-awareness improves clinical judgment, helps maintain appropriate boundaries, and supports ethical practice, ultimately benefiting client care. The other functions—measuring client outcomes, evaluating supervisor performance, or ensuring policy compliance—aren't the core purpose of these discussions, which focus on the clinician's internal process and professional growth.

4. When Joan expresses fear during a meeting about changes in the community, the worker should probably:

- A. suggest that there is a need for more social events involving new residents
- B. alert the group to the fact that Joan's sentiment is probably shared by others and supports the need for a community-wide response to the changes now taking place**
- C. help the group coalesce
- D. help the group focus on what is really bothering them

When someone expresses fear in a meeting about changes, the best approach is to acknowledge that feeling and help the group see whether others share it. By pointing out that Joan's fear is likely echoed by others, the worker frames this as a shared concern that calls for a community-wide response, not just individual coping. This both validates emotions and channels them into concrete collective action to address the changes now taking place. The other options miss this combination: they may address surface-level social activities, or focus only on general group cohesion, or on what's bothering people without linking it to a coordinated community response.

5. As the clinical relationship develops, the social worker can

- A. allow some familiarity to enter the relationship.
- B. expect greater equality in the relationship.
- C. rely on the client to be more receptive, responsive and responsible.
- D. work more extensively and develop varied intervention and 'working through' techniques.**

As the clinical relationship develops, the social worker can expand the work by applying a broader range of intervention strategies and guiding the client through changes with more varied "working through" techniques. Trust and safety built over time allow the worker to tailor approaches, address underlying patterns, and help the client practice new skills, perspectives, and coping methods in a structured way. This active, proactive stance is what moves the work forward, rather than waiting passively for the client to respond or crossing professional boundaries in pursuit of familiarity. Maintaining professional boundaries is essential, but a deeper relationship invites more comprehensive, targeted work to facilitate progress.

6. In the initial phase, which task is least aligned with the primary goal?

- A. Establish a warm relationship with the client.**
- B. Understand why the client seeks help.
- C. Engage the client in treatment.
- D. Gather information for a psychosocial diagnosis.

In the initial phase, the main goal is to gather information that helps understand the client's problems and form a plan. Building rapport is essential and supports all parts of the process, but it's a general skill rather than a specific objective that directly advances the assessment. The tasks that align most closely with this phase are understanding why the client seeks help and collecting information to inform a psychosocial diagnosis, since both directly contribute to framing the problems and deciding next steps. Engaging the client in treatment is important, but it follows once there is a clearer understanding of needs and options. Therefore, establishing a warm relationship, while valuable for collaboration, is the least aligned with the primary goal of the initial information-gathering phase.

7. Which statement best captures the concept of exploring transgenerational themes in family therapy?

- A. Exploration of patterns across generations that influence current behavior.**
- B. Individual reflection and introspection.
- C. Direct didactic instruction on parenting skills.
- D. Autocratic leadership within the family.

Transgenerational themes in family therapy mean looking at how patterns, roles, and emotional dynamics are handed down through generations and how they shape how family members interact today. The best statement captures this by pointing to patterns across generations that influence current behavior. By mapping family history—often with tools like genograms—therapists uncover recurring dynamics such as loyalty to family rules, avoidance of conflict, or enmeshment that help explain why current interactions feel familiar or tense. Recognizing these patterns allows the family to see where behavior originates and to choose healthier ways of relating, rather than simply focusing on single individuals or isolated parenting skills. This approach differs from purely personal reflection, which centers on the individual, or from targeted parenting instruction, which focuses on teaching specific techniques, or from describing a leadership style in the family without addressing inherited dynamics.

8. Which lens would most comprehensively address a teenager involved in a violent gang, considering multiple interacting systems?

- A. Individual therapy focusing solely on inner conflicts
- B. Family dynamics and school influences
- C. An ecological systems approach**
- D. Pharmacological treatment

An ecological systems perspective addresses this by seeing the teenager as embedded in multiple, interacting environments that shape behavior. This approach draws on the idea that development and actions emerge from connections across levels: the immediate family, peers, and school (microsystem); the relationships between those settings (mesosystem); broader neighborhood resources and stressors (exosystem); cultural norms, policies, and systemic factors (macrosystem); and how these change over time (chronosystem). Violent gang involvement is influenced by dynamics at many of these levels—the family environment, peer networks, school climate, neighborhood safety, access to services, and broader social conditions like poverty or discrimination. An intervention that coordinates work across these areas—individual support, family therapy, school-based programs, community resources, and efforts to address structural barriers—offers a more comprehensive path to safety and change than approaches that focus only on inner conflicts, a single setting, or medication alone. The other options miss important cross-level influences and how they reinforce one another.

9. The Social Security tax is considered what type of tax?

- A. A Regressive Tax
- B. A Progressive Tax
- C. A Cumulative Tax
- D. A Value Added Tax**

Payroll taxes like the Social Security tax are best described as regressive. It's a flat rate applied to earnings only up to a fixed cap, and once income hits that cap, no additional tax is charged. That means lower-income workers end up paying a larger share of their earnings than higher-income workers, whose earnings above the cap aren't taxed at all. So the average tax rate decreases as income rises, which is the hallmark of a regressive structure. This isn't a progressive tax, because a progressive system would raise the rate with higher income and typically tax all levels of earnings at increasing proportions. It also isn't a value-added tax, which is a broad consumption tax collected at multiple stages of production with credits along the way. Social Security tax is a payroll tax tied to wages and funding for specific programs, not a multi-stage consumption tax. So, the Social Security tax is regressive.

10. Which statement best describes permanency planning in child welfare?

- A. It Prioritizes Keeping Children In Their Own Homes Whenever Possible, Supported By High Service Levels**
- B. It Requires Immediate Placement In Institutional Care**
- C. It Focuses Exclusively On Adoption For All Children**
- D. It Ignores Family Preservation To Expedite Permanency**

Permanency planning focuses on securing a stable, long-term placement for a child as quickly and safely as possible, while keeping family connections when feasible. The best description is that it prioritizes keeping children in their own homes whenever possible, supported by high service levels. This reflects the priority on preventing unnecessary removal and on reunification, using strong services to help families address barriers so children can safely return home. Immediate placement in institutional care is not the goal of permanency planning; it's a last resort when safety cannot be ensured at home. Focusing exclusively on adoption isn't correct because adoption is only one of several permanence options, and not every child will need or want adoption. Ignoring family preservation would run counter to the approach, since preserving and strengthening families is central to achieving lasting permanency when safe.

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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://tamu-commerceswes.examzify.com>

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

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