

FULL-LENGTH PRACTICE TESTS

Practice Test 10 – 100 Questions - Comprehensive Coverage Across All Domains

1. An LMFT learns that a client's 10-year-old child has been left home alone overnight while the parent works night shifts. The therapist should:

- A. Respect the parent's work situation
- B. Wait to see if it becomes a pattern
- C. Assess for neglect and file a mandated report if warranted
- D. Contact the employer about shift changes

2. A therapist providing couples therapy has established a policy that secrets shared in individual sessions will be kept confidential. One partner reveals an affair. The therapist should:

- A. Maintain confidentiality per the established policy
- B. Inform the other partner immediately
- C. Terminate couples therapy without explanation
- D. Threaten to reveal unless the client discloses

3. Under California law, what is the required timeframe for submitting a written child abuse report after the initial telephone report?

- A. Immediately
- B. 24 hours

- C. 48 hours
- D. 36 hours

4. A client asks to pay for sessions with cryptocurrency. The therapist should:

- A. Refuse all non-traditional payment methods
- B. Consider the request and address any clinical or practical implications
- C. Accept only Bitcoin
- D. Report to the IRS

5. An LMFT receives a request from a former client's new employer for verification of treatment completion. The therapist should:

- A. Provide the information since therapy ended
- B. Refuse all employer requests
- C. Obtain proper authorization before disclosing any information
- D. Provide only positive information

6. A therapist treating a client with PTSD notices the client dissociating during sessions. The therapist should:

- A. Use grounding techniques and address within their competence or refer
- B. Ignore it as part of PTSD
- C. Terminate for being too difficult to treat
- D. Hospitalize the client

7. Under California law, a dependent adult is defined as a person between ages 18-64 who:

- A. Lives with family members
- B. Receives government benefits
- C. Is unemployed
- D. Has physical or mental limitations restricting their ability to carry out normal activities

8. A client mentions they've been considering plastic surgery to improve their self-esteem. The therapist should:

- A. Discourage all plastic surgery
- B. Explore the client's motivations and feelings without judgment
- C. Refer to a plastic surgeon immediately
- D. Diagnose body dysmorphic disorder

9. An AMFT discovers their supervisor has been signing off on hours the AMFT didn't actually complete. The AMFT should:

- A. Accept the extra hours gratefully
- B. Ignore it to maintain the relationship
- C. Address the concern and refuse to accept falsified documentation
- D. Report only after licensure is obtained

10. A therapist's client reveals they are undocumented and fears deportation. The therapist should:

- A. Reassure the client that immigration status is confidential
- B. Report to immigration authorities
- C. Refuse to treat undocumented clients

D. Advise the client to leave the country

11. A client presents with symptoms suggesting possible autism spectrum disorder that was never diagnosed. The therapist should:

A. Provide an ASD diagnosis immediately

B. Ignore it if not the presenting problem

C. Only treat the presenting problem

D. Consider appropriate assessment or referral while continuing treatment

12. Under HIPAA, which of the following is considered protected health information (PHI)?

A. De-identified aggregate data

B. Information that identifies an individual and relates to their health condition

C. General health statistics

D. Published research findings

13. A therapist receives a frantic call from a client's spouse saying the client is suicidal. The therapist should:

A. Refuse to speak with the spouse

B. Confirm or deny the client is in treatment

C. Take the information seriously and take appropriate clinical action

D. Tell the spouse to call 911 and hang up

14. An LMFT learns a supervisee has been practicing without required supervision for several weeks. The supervisor should:

- A. Address the violation immediately and take corrective action
- B. Ignore it if no clients were harmed
- C. Wait until the next supervision meeting
- D. Report only the supervisee to the BBS

15. A client who is a real estate agent offers the therapist first access to a desirable property listing. The therapist should:

- A. Accept the business opportunity
- B. Accept only if paying market price
- C. Report to the real estate board
- D. Decline to avoid dual relationship complications

16. Under California law, when must an LMFT provide the Notice of Privacy Practices to clients?

- A. Only when requested
- B. At the start of treatment
- C. After the first five sessions
- D. Only to clients using insurance

17. A client reports their therapist friend advised them to stop taking psychiatric medication without consulting their psychiatrist. The current therapist should:

- A. Agree with the friend's advice
- B. Report the friend to the BBS

- C. Provide accurate information about medication management and encourage psychiatrist consultation
- D. Ignore the friend's advice

18. A therapist notices a client's young child in the waiting room has visible bruises on their arms. The therapist should:

- A. Assess the situation and file a mandated report if abuse is suspected
- B. Ignore children who aren't clients
- C. Wait to see if more bruises appear
- D. Confront the parent accusingly

19. An LMFT providing group therapy learns that two group members have started a romantic relationship outside the group. The therapist should:

- A. Immediately remove both from the group
- B. Ignore relationships outside group
- C. Report to law enforcement
- D. Address the situation and its impact on group dynamics therapeutically

20. A client asks the therapist to complete disability paperwork indicating the client cannot work, though the therapist believes the client is capable of working. The therapist should:

- A. Complete the paperwork as requested
- B. Provide honest documentation based on clinical assessment
- C. Refuse to complete any disability paperwork
- D. Diagnose a more severe condition to help the client

21. Under California law, which action would constitute unprofessional conduct for an LMFT?

- A. Charging fees for services
- B. Maintaining client records
- C. Gross negligence in practice
- D. Providing telehealth services

22. A therapist treating an adolescent for depression learns the teen has been vaping nicotine. The therapist should:

- A. Address it clinically as relevant to overall health and wellbeing
- B. Report to the parents immediately
- C. Report to law enforcement
- D. Ignore legal substance use

23. A client mentions they work at a company that is illegally dumping toxic waste. The therapist should:

- A. Report to the EPA immediately
- B. Advise the client to become a whistleblower
- C. Contact the company directly
- D. Address it clinically while maintaining confidentiality

24. An LMFT is asked to provide therapy to their accountant's spouse. The therapist should:

- A. Refuse without consideration
- B. Consider potential conflicts and dual relationship implications before deciding
- C. Accept only if the accountant consents

D. Accept since the accountant isn't the client

25. A therapist receives a subpoena for records in a case where the therapist has no involvement or knowledge of the parties. The therapist should:

A. Produce blank records

B. Ignore the subpoena

C. Respond indicating they have no records or information responsive to the request

D. Create records to comply

26. Under California law, an LMFT must complete how many hours of continuing education for license renewal?

A. 36 hours every two years

B. 18 hours every year

C. 50 hours every two years

D. 24 hours every year

27. A client reveals they've been having recurring dreams about harming their children but states they would never act on them. The therapist should:

A. Report to CPS immediately

B. Hospitalize the client

C. Terminate for safety concerns

D. Assess risk thoroughly while exploring the dreams clinically

28. A therapist's former client from five years ago asks to begin a business partnership. The therapist should:

- A. Agree since sufficient time has passed
- B. Consider ongoing professional obligations and potential exploitation before deciding
- C. Report to the BBS
- D. Agree only if the business is unrelated to therapy

29. An LMFT working in a school setting receives a request from a parent to share their child's therapy records with the school principal. The therapist should:

- A. Share records since it's a school setting
- B. Refuse all school personnel access
- C. Obtain proper written authorization specifying what can be shared
- D. Share only positive information

30. A client who is a surgeon describes occasionally operating while hungover. The therapist should:

- A. Assess the severity and address it clinically as a significant treatment issue
- B. Report to the medical board
- C. Ignore personal health choices
- D. Terminate for dangerous behavior

31. Under California law, what is the primary purpose of the BBS disciplinary process?

- A. To punish therapists
- B. To generate revenue
- C. To support impaired therapists

D. To protect the public

32. A therapist learns that a client has been using a fake identity to obtain therapy services. The therapist should:

- A. Report to law enforcement
- B. Address the situation clinically and assess how to proceed
- C. Continue without acknowledgment
- D. Terminate immediately

33. An LMFT providing telehealth notices the client appears to be in a public location where others might overhear. The therapist should:

- A. Continue without comment
- B. Terminate the session immediately
- C. Address privacy concerns and help the client find a more appropriate setting
- D. Document but take no action

34. A client gives the therapist an expensive piece of jewelry as a termination gift. The therapist should:

- A. Explore the meaning and generally decline gifts of significant monetary value
- B. Accept graciously to honor the relationship
- C. Accept only if under \$100
- D. Report the client for bribery

35. Under California law, which is TRUE regarding LMFT license renewal?

- A. Licenses never expire
- B. Renewal is automatic
- C. Renewal requires only fee payment
- D. Renewal requires CE completion and fee payment

36. A therapist treating a couple learns one partner has been diagnosed with a terminal illness and hasn't told the other. The therapist should:

- A. Tell the other partner immediately
- B. Follow the established confidentiality policy while working with the client toward disclosure
- C. Terminate couples therapy
- D. Report to the partner's physician

37. An LMFT receives a call from a prospective client who is currently hospitalized for psychiatric reasons. The therapist should:

- A. Refuse to speak with hospitalized individuals
- B. Schedule an appointment for after discharge
- C. Discuss appropriate next steps including coordination with hospital treatment team
- D. Advise immediate discharge

38. A client asks the therapist for a letter stating the client has no mental health issues for a custody evaluation. The therapist should:

- A. Explain limitations of the treating therapist role and provide honest documentation if appropriate
- B. Write whatever the client requests

- C. Refuse all custody-related requests
- D. Provide a letter diagnosing the other parent

39. Under California law, telehealth services require:

- A. Physician oversight
- B. In-person sessions first
- C. Special BBS certification
- D. Specific informed consent addressing telehealth

40. A therapist notices that a client's descriptions of their childhood keep changing significantly from session to session. The therapist should:

- A. Accuse the client of lying
- B. Explore the inconsistencies clinically without judgment
- C. Terminate for dishonesty
- D. Document for legal purposes

41. An LMFT learns that a colleague is going through a difficult divorce and seems distracted during sessions with clients. The therapist should:

- A. Ignore personal matters
- B. Report to the BBS immediately
- C. Express concern to the colleague and encourage appropriate self-care or support
- D. Take over the colleague's clients

42. A client who works as a teacher mentions that a student confided abuse at home but the client hasn't reported it. The therapist should:

- A. Educate the client about mandated reporting obligations for teachers
- B. Report to CPS directly
- C. Ignore the student's situation
- D. Contact the school

43. Under California law, privilege in LMFT-client communications:

- A. Belongs to the therapist
- B. Can be waived by the therapist
- C. Expires after treatment ends
- D. Belongs to the client

44. A therapist receives a voicemail from someone claiming to be a client's probation officer requesting information. The therapist should:

- A. Provide information to support the client
- B. Verify identity and authorization before disclosing any information
- C. Refuse all probation officer contact
- D. Return the call and provide records

45. An LMFT discovers mid-session that they previously had a brief social interaction with the client's spouse at a party. The therapist should:

- A. Terminate immediately
- B. Hide the information

- C. Disclose and assess whether it affects treatment
- D. Report to the BBS

46. A client reveals they regularly drive without a valid license because it was suspended for DUI. The therapist should:

- A. Address it clinically while maintaining confidentiality
- B. Report to the DMV
- C. Refuse to see the client until they stop driving
- D. Report to law enforcement

47. Under California law, which is NOT an exception to confidentiality?

- A. Mandated child abuse reporting
- B. Tarasoff duty to protect
- C. Client request to keep information from insurance
- D. Court order to release records

48. A therapist treating an adult learns the client was abused as a child by a teacher who is now retired. The therapist:

- A. Must report since the perpetrator is still alive
- B. Should assess if the perpetrator currently has access to children before determining reporting obligations
- C. Has no reporting obligation since the abuse is historical
- D. Should report to the school district

49. A client asks if they can give the therapist's contact information to a friend who needs therapy. The therapist should:

- A. Refuse all client referrals
- B. Accept only if the client signs a release
- C. Indicate they accept new clients without confirming the referring client is in treatment
- D. Provide detailed information about the current client's treatment

50. An LMFT providing supervision discovers a supervisee has a personal relationship with a client. The supervisor should:

- A. Address the boundary violation immediately and take appropriate action
- B. Wait to see if it affects treatment
- C. Ignore personal relationships
- D. Report only after the supervisee is licensed

51. A client mentions their elderly parent with dementia has been giving away valuables to strangers. The therapist should:

- A. Contact the strangers
- B. Ignore family financial matters
- C. Advise the client to handle it
- D. Assess for elder financial exploitation and report if warranted

52. Under HIPAA, a covered entity must respond to a client's request to access their records within:

- A. 24 hours
- B. 30 days, with possible 30-day extension

- C. 90 days
- D. One year

53. A therapist notices their own unresolved issues being triggered by a client's material. The therapist should:

- A. Share their issues with the client
- B. Terminate the client
- C. Seek consultation or personal therapy to address the countertransference
- D. Ignore personal reactions

54. An LMFT receives a request from a managed care company for detailed treatment records. The therapist should:

- A. Provide only the minimum necessary information with proper authorization
- B. Provide complete records automatically
- C. Refuse all managed care requests
- D. Alter records to protect the client

55. A client who completed therapy three years ago sends a friend request on social media. The therapist should:

- A. Accept to maintain connection
- B. Accept only on professional platforms
- C. Block the client without response
- D. Consider professional implications and typically decline or not respond

56. Under California law, an LMFT who suspects a client is being financially exploited by a family member must:

- A. Report only if the client is a minor or dependent adult/elder
- B. Report regardless of the client's age or status
- C. Report only if the client requests it
- D. Never report family financial matters

57. A therapist's client reveals they've been experiencing auditory hallucinations. The therapist should:

- A. Hospitalize immediately
- B. Diagnose schizophrenia
- C. Assess thoroughly and consider psychiatric referral while providing appropriate support
- D. Terminate for being too severe

58. A client asks the therapist to write a letter supporting their application for a concealed carry permit. The therapist should:

- A. Consider the request carefully and provide honest documentation if clinically appropriate
- B. Refuse all firearms-related requests
- C. Write a supportive letter automatically
- D. Report the client to law enforcement

59. An LMFT providing family therapy notices one family member consistently dominates while others remain silent. The therapist should:

- A. Allow natural family dynamics
- B. Side with the quiet members

- C. Terminate the dominant member
- D. Address the pattern therapeutically to promote balanced participation

60. A client mentions they've stopped taking their HIV medication because of side effects. The therapist should:

- A. Report to the health department
- B. Explore the decision and encourage communication with medical providers
- C. Terminate until medication compliance resumes
- D. Inform the client's sexual partners

61. Under California law, how long must an LMFT retain records after a client's death?

- A. Immediately destroyable
- B. One year
- C. A minimum period consistent with professional standards
- D. Forever

62. A therapist treating a client for anxiety learns the client has been stockpiling prescription medications. The therapist should:

- A. Assess for suicidal ideation and address the behavior clinically
- B. Report to the prescribing physician without consent
- C. Ignore medication management
- D. Confiscate the medications

63. A client asks to switch from weekly to monthly sessions due to financial constraints. The therapist should:

- A. Refuse any schedule changes
- B. Terminate for inability to pay
- C. Offer free sessions
- D. Discuss options including reduced frequency, sliding scale, or appropriate referrals

64. An LMFT receives an email from a client containing suicidal statements. The therapist should:

- A. Wait until the next scheduled session
- B. Take appropriate immediate action to assess safety
- C. Respond only by email
- D. Ignore communications between sessions

65. A therapist's client describes engaging in consensual BDSM activities with their partner. The therapist should:

- A. Report for domestic violence
- B. Diagnose a paraphilic disorder
- C. Treat the activities as clinical material without pathologizing consensual adult behavior
- D. Terminate for inappropriate behavior

66. Under California law, which statement about informed consent is TRUE?

- A. It must be obtained before treatment begins and is an ongoing process
- B. Verbal consent is never acceptable
- C. It only applies to medication

D. Parents cannot consent for minors

67. A client reveals they've been lying to their therapist about their alcohol use for months. The therapist should:

- A. Terminate for dishonesty
- B. Report to the client's family
- C. Feel personally betrayed
- D. Address it therapeutically as significant clinical material

68. An LMFT providing telehealth services experiences a technological failure mid-session during a crisis. The therapist should:

- A. Wait for the client to call back
- B. Attempt to reestablish contact and implement the emergency protocol established during informed consent
- C. Document and continue at next session
- D. Assume the crisis resolved

69. A therapist notices a client has been losing significant weight rapidly. The therapist should:

- A. Compliment the weight loss
- B. Ignore physical appearance
- C. Assess for eating disorders or medical issues and refer for medical evaluation if warranted
- D. Recommend a diet

70. A client asks the therapist for advice about whether to get married. The therapist should:

- A. Explore the client's thoughts and feelings rather than providing direct advice
- B. Give a clear recommendation
- C. Refuse to discuss relationships
- D. Meet with the fiancé to assess

71. Under California law, a 14-year-old can consent to outpatient mental health treatment if:

- A. Both parents consent
- B. A court orders treatment
- C. The school recommends it
- D. The therapist determines they can participate intelligently

72. A therapist's client mentions their attorney advised them not to discuss certain topics in therapy. The therapist should:

- A. Demand the client discuss everything
- B. Acknowledge the situation and work within appropriate boundaries
- C. Contact the attorney directly
- D. Terminate until legal matters resolve

73. An LMFT learns a client has been making small thefts from their employer's supply closet. The therapist should:

- A. Report to the employer
- B. Report to law enforcement
- C. Address it clinically as a treatment issue

D. Terminate for criminal behavior

74. A client in couples therapy asks to see the therapist individually to discuss ending the relationship. The therapist should:

A. Consider the request within the context of the couples therapy structure and policies

B. Agree without informing the partner

C. Refuse all individual contact

D. Tell the partner about the request

75. Under California law, what must an LMFT do when closing their practice?

A. Nothing specific is required

B. Destroy all records immediately

C. Transfer all clients without notice

D. Provide adequate notice and arrange for client records and appropriate referrals

76. A therapist treating a client for social anxiety learns the client has not left their house in three months. The therapist should:

A. Continue current treatment approach

B. Assess for agoraphobia and adjust treatment plan accordingly

C. Hospitalize for severe anxiety

D. Terminate until client can attend in-person

77. A client asks the therapist to advocate with their landlord about an emotional support animal. The therapist should:

- A. Refuse all ESA-related requests
- B. Contact the landlord immediately
- C. Assess clinical justification and provide appropriate documentation if warranted
- D. Diagnose a condition to qualify the client

78. An LMFT notices a supervisee seems defensive when receiving feedback. The supervisor should:

- A. Address the pattern directly and explore its impact on professional development
- B. Stop giving feedback
- C. Report to the BBS
- D. Terminate supervision

79. A client mentions their child's therapist shares information with them that the child asked to keep private. The therapist should:

- A. Report the other therapist to the BBS
- B. Contact the child's therapist directly
- C. Ignore other treatment relationships
- D. Explore the client's concerns and provide general information about minor confidentiality

80. Under California law, abandonment of a client occurs when a therapist:

- A. Takes a planned vacation
- B. Terminates without reasonable notice or appropriate referrals
- C. Reduces session frequency

D. Disagrees with the client

81. A therapist learns a client has created a social media fan page dedicated to the therapist. The therapist should:

- A. Feel flattered
- B. Report to law enforcement
- C. Address the boundary issue directly in therapy
- D. Create a reciprocal page for the client

82. A client asks if the therapist has ever experienced depression personally. The therapist should:

- A. Consider the therapeutic purpose and respond appropriately
- B. Always share personal mental health history
- C. Never answer personal questions
- D. Lie to protect privacy

83. An LMFT treating a family notices the children appear fearful whenever the father speaks. The therapist should:

- A. Ignore family dynamics
- B. Confront the father accusingly
- C. Terminate the father from treatment
- D. Assess for possible abuse and take appropriate action

84. A client reveals they've been pretending to be sick to get attention from family members. The therapist should:

- A. Immediately report to the family
- B. Address it clinically as relevant to relationship patterns and underlying needs
- C. Diagnose factitious disorder
- D. Terminate for manipulation

85. Under California law, which is TRUE about dual relationships?

- A. All dual relationships are prohibited
- B. Dual relationships are always acceptable
- C. Dual relationships should be avoided when they could reasonably impair objectivity or cause exploitation
- D. Only sexual dual relationships are prohibited

86. A therapist receives a negative online review from a former client. The therapist should:

- A. Respond professionally without revealing confidential information or confirming the person was a client
- B. Respond with details about the client's treatment
- C. Sue the client for defamation
- D. Create fake positive reviews to counteract

87. A client asks the therapist to store their advance directive for healthcare. The therapist should:

- A. Accept since it's an important document
- B. Accept only if the client has no family

- C. Accept and place it in the client's file
- D. Decline and explain this is outside the therapeutic role

88. An LMFT notices a pattern of clients terminating after a few sessions. The therapist should:

- A. Engage in professional self-reflection and consider consultation
- B. Blame clients for lack of commitment
- C. Report to the BBS
- D. Lower fees to retain clients

89. A client mentions they occasionally use their child's prescription ADHD medication to help focus at work. The therapist should:

- A. Report to law enforcement
- B. Report to CPS
- C. Address it clinically including safety and legal implications
- D. Ignore occasional use

90. Under California law, what happens to the therapist-client privilege when a client dies?

- A. The privilege continues and may be asserted by the client's representative
- B. The privilege ends immediately
- C. Records must be destroyed
- D. All information becomes public

91. A therapist treating an adult client learns the client has been in a sexual relationship with their own therapist from another practice. The current therapist should:

- A. Ignore other treatment relationships
- B. Report immediately without informing the client
- C. Encourage the client to continue the relationship
- D. Provide the victim brochure and support the client in understanding their options

92. A client asks if therapy notes could hurt them in a future divorce proceeding. The therapist should:

- A. Guarantee notes will never be disclosed
- B. Provide accurate information about how records could potentially be subpoenaed
- C. Destroy all notes to protect the client
- D. Refuse to discuss legal matters

93. An LMFT providing group therapy discovers that a group member is the ex-spouse of another member, and neither was aware the other was in the group. The therapist should:

- A. Continue without intervention
- B. Remove both from the group
- C. Assess the situation and take appropriate action to manage the conflict
- D. Encourage them to reconcile

94. A client asks the therapist to testify as a character witness in a criminal trial. The therapist should:

- A. Explain the limitations of the treating therapist role and decline the character witness role
- B. Agree to help the client
- C. Provide only positive testimony

D. Testify about the alleged crime

95. Under California law, an LMFT may disclose confidential information without client consent when:

A. The therapist disagrees with the client

B. Family members request information

C. An employer requests information

D. There is reasonable cause to believe the client is in danger of harming themselves

96. A therapist notices a client smells strongly of marijuana at each session. The therapist should:

A. Ignore it as legal in California

B. Address it clinically as relevant to treatment

C. Report to law enforcement

D. Refuse to hold sessions

97. A client gives the therapist a valuable antique that belonged to the client's deceased parent. The therapist should:

A. Accept to honor the relationship

B. Accept and donate to charity

C. Explore the meaning of the gift and generally decline items of significant sentimental or monetary value

D. Accept only if appraised

98. An LMFT providing supervision learns a supervisee has a client with a condition the supervisee isn't trained to treat. The supervisor should:

- A. Ensure appropriate training, consultation, or transfer of the client
- B. Allow the supervisee to learn by experience
- C. Ignore competence issues
- D. Report the supervisee

99. A client mentions their spouse has been monitoring their phone and discovered they are in therapy. The therapist should:

- A. Contact the spouse
- B. Advise immediate divorce
- C. Ignore relationship dynamics
- D. Assess for controlling behavior or intimate partner concerns and address clinically

100. Under California law, falsifying records or documentation is considered:

- A. A minor infraction
- B. Unprofessional conduct subject to disciplinary action
- C. Acceptable if protecting the client
- D. Only problematic if discovered

PRACTICE TEST 10 — ANSWER KEY AND EXPLANATIONS

- 1. C. Assess for neglect and file a mandated report if warranted** A 10-year-old being left home alone overnight raises significant child safety concerns that may constitute neglect. The therapist should assess the specific circumstances, including the child's maturity, safety measures in place, and frequency of occurrence. If the therapist determines there is reasonable suspicion of neglect that endangers the child's health or welfare, a mandated report to Child Protective Services is required. The therapist's role is to assess and report, not to judge the parent's work situation.
- 2. A. Maintain confidentiality per the established policy** When a therapist has established a confidentiality policy that individual disclosures will be kept confidential from the other partner, they must honor that agreement. This situation illustrates precisely why establishing clear confidentiality policies before beginning couples therapy is essential. The therapist should work with the disclosing client toward addressing the affair within sessions, but breaking the established confidentiality agreement would violate the therapeutic contract and destroy trust in the therapeutic relationship.
- 3. D. 36 hours** Under California Penal Code Section 11166, mandated reporters must make an initial telephone report immediately or as soon as practically possible upon suspecting child abuse or neglect. This must be followed by a written report submitted within 36 hours of receiving the information. This specific timeframe is important to remember as it differs from elder abuse reporting requirements, which allow two working days for the written follow-up report.
- 4. B. Consider the request and address any clinical or practical implications** Alternative payment methods like cryptocurrency are not inherently prohibited, but the therapist should carefully consider practical and clinical implications before agreeing. Considerations include tax reporting requirements, volatility of cryptocurrency values, documentation of payment, and whether the request might have clinical significance such as indicating financial instability or avoidance of traditional banking. The therapist should make an informed decision based on these factors rather than automatically refusing or accepting.
- 5. C. Obtain proper authorization before disclosing any information** Even after therapy has ended, confidentiality protections remain in effect. The therapist cannot confirm or deny that the person was ever a client without proper authorization. Before providing any information to an employer, the therapist must obtain a valid written authorization from the former client that specifically permits disclosure to the employer and indicates what information may be shared. Former client status does not diminish confidentiality obligations.

6. A. Use grounding techniques and address within their competence or refer Dissociation during sessions is a clinical phenomenon that requires appropriate intervention. The therapist should use grounding techniques to help bring the client back to the present moment and assess whether treating this level of dissociation falls within their competence. If the dissociation is severe or beyond the therapist's training, referral to a trauma specialist may be appropriate. Ignoring dissociation or terminating would not serve the client's therapeutic needs.

7. D. Has physical or mental limitations restricting their ability to carry out normal activities Under California Welfare and Institutions Code Section 15610.23, a dependent adult is defined as a person between 18 and 64 years of age who has physical or mental limitations that restrict their ability to carry out normal activities or protect their rights. This definition is important for understanding mandated reporting obligations, as therapists must report suspected abuse, neglect, or exploitation of dependent adults just as they would for children or elders.

8. B. Explore the client's motivations and feelings without judgment When clients discuss elective procedures like plastic surgery, the therapist's role is to explore their motivations, expectations, and underlying feelings without imposing judgment or personal opinions. The therapist should help the client examine what they hope to achieve, whether their expectations are realistic, and what psychological factors might be involved. Automatically discouraging or encouraging such decisions would be inappropriately directive and potentially impose the therapist's values on the client.

9. C. Address the concern and refuse to accept falsified documentation Accepting falsified supervision hours would constitute fraud and could jeopardize the AMFT's future licensure. The AMFT has an ethical and legal obligation to refuse falsified documentation and address the concern with the supervisor. If the supervisor does not correct the behavior, the AMFT may need to report to the BBS or seek a different supervisor. Participating in documentation fraud, even passively, violates professional ethics and California law.

10. A. Reassure the client that immigration status is confidential Immigration status is protected by therapist-client confidentiality, and therapists have no obligation to report undocumented status to immigration authorities. The therapist should reassure the client that this information is confidential to allow the client to engage fully and honestly in treatment. Fears about deportation may themselves be important clinical material to address, but the client needs to feel safe sharing information without fear of the therapist reporting their status.

11. D. Consider appropriate assessment or referral while continuing treatment When a therapist observes symptoms suggesting a condition that was never diagnosed, such as autism spectrum disorder, they should consider how this might affect treatment and the client's life. This may involve formal assessment, referral to a specialist for evaluation, or adjusting the current treatment approach. The therapist should address this clinically while continuing to provide support for presenting concerns, as undiagnosed conditions can significantly impact treatment effectiveness and the client's overall functioning.

12. B. Information that identifies an individual and relates to their health condition Under HIPAA, protected health information (PHI) is defined as individually identifiable health information that relates to a person's past, present, or future physical or mental health condition, healthcare provision, or payment for healthcare. The key elements are that the information must both identify the individual and relate to their health. De-identified data, aggregate statistics, and published research findings that don't identify individuals are not considered PHI.

13. C. Take the information seriously and take appropriate clinical action When receiving information about potential client suicide risk, the therapist should take it seriously regardless of the source. The therapist can receive information without confirming the person is a client. Appropriate action might include attempting to contact the client, conducting a risk assessment, or coordinating with emergency services if the threat appears imminent. Simply telling the spouse to call 911 and hanging up would not fulfill the therapist's duty of care if they have relevant clinical information.

14. A. Address the violation immediately and take corrective action Practicing without required supervision is a serious violation of California law that puts clients at risk and jeopardizes the supervisee's path to licensure. The supervisor must address this immediately, determine why it occurred, and implement corrective measures. This may include reviewing supervision requirements, adjusting schedules to ensure compliance, and documenting the remediation. The supervisor may also need to consider reporting obligations depending on the circumstances and duration of the violation.

15. D. Decline to avoid dual relationship complications Accepting special business opportunities from clients creates dual relationship complications that can compromise the therapeutic relationship. Receiving preferential access to a property listing creates a financial benefit that could affect the therapist's objectivity and judgment. Even if the therapist pays market price, the special access represents a favor that creates obligation and role confusion. Maintaining clear professional boundaries protects both the client and the therapeutic relationship.

16. B. At the start of treatment Under HIPAA, covered entities must provide the Notice of Privacy Practices to clients at the beginning of treatment. This ensures clients understand their privacy rights and how their protected health information will be used and disclosed before treatment begins. The notice must be provided regardless of whether the client is using insurance, and the therapist should obtain acknowledgment of receipt while documenting if the client refuses to sign.

17. C. Provide accurate information about medication management and encourage psychiatrist consultation When clients receive potentially harmful advice about psychiatric medications from non-prescribers, the therapist should provide accurate information about the importance of proper medication management. Stopping psychiatric medication without medical supervision can be dangerous, potentially causing withdrawal effects or symptom relapse. The therapist should encourage the client to discuss any medication concerns with their psychiatrist rather than acting on advice from friends, while exploring what prompted the client to consider this advice.

18. A. Assess the situation and file a mandated report if abuse is suspected Visible bruises on a child, even one who is not a direct client, can trigger mandated reporting obligations if the therapist develops reasonable suspicion of abuse. The therapist should assess the situation, which might include asking the parent about the bruises in a non-accusatory manner. If reasonable suspicion of abuse exists based on the observations and any explanations provided, the therapist must file a mandated report. Children in waiting rooms are not invisible to mandated reporting obligations.

19. D. Address the situation and its impact on group dynamics therapeutically Romantic relationships between group members create significant complications for group therapy, including potential confidentiality concerns, shifting alliances, and impact on other members. The therapist should address this therapeutically rather than ignoring it or immediately removing members. This might involve individual conversations with the involved members and processing the impact in the group. The goal is to maintain the therapeutic integrity of the group while respecting members' autonomy.

20. B. Provide honest documentation based on clinical assessment Therapists must provide honest documentation based on their professional clinical assessment, even when clients request otherwise. If the therapist believes the client is capable of working, they cannot ethically state otherwise. The therapist should discuss their assessment with the client, explore the client's concerns about work, and provide documentation that accurately reflects the clinical picture. Falsifying disability documentation would constitute fraud and violate ethical standards.

21. C. Gross negligence in practice Gross negligence in the practice of marriage and family therapy constitutes unprofessional conduct under California Business and Professions Code and can result in disciplinary action by the BBS. This includes reckless disregard for client welfare or serious departure from accepted professional standards. Charging appropriate fees, maintaining records, and providing telehealth services are all legitimate professional activities that do not constitute unprofessional conduct when performed appropriately.

22. A. Address it clinically as relevant to overall health and wellbeing Nicotine use, while legal for adults, is relevant clinical information when treating an adolescent for depression. Vaping can affect mood, sleep, and overall health, all of which interact with depression. The therapist should address this clinically, exploring the behavior's relationship to the client's mental health without immediately breaching confidentiality by telling parents. The therapist must balance minor confidentiality rights with parental involvement based on the severity of risk and state law provisions.

23. D. Address it clinically while maintaining confidentiality Knowledge of a client's employer's illegal activities, including environmental violations, does not create a reporting obligation for therapists. Environmental crimes are not among the mandated reporting categories for mental health professionals. The therapist should address the situation clinically, exploring the client's feelings about working for such a company, any ethical dilemmas they face, and their options. Confidentiality must be maintained while providing therapeutic support for the client's decision-making.

24. B. Consider potential conflicts and dual relationship implications before deciding Treating the spouse of someone with whom the therapist has a business relationship creates potential complications. The therapist's objectivity could be affected by their relationship with the accountant, and confidential information about the couple's relationship could create awkwardness in the business relationship. The therapist should carefully consider these implications before deciding whether to accept the client. If they proceed, clear boundaries and discussion of potential complications would be essential.

25. C. Respond indicating they have no records or information responsive to the request When a therapist receives a subpoena for a case in which they have no involvement, they should not ignore it but must respond appropriately. The proper response is to indicate that they have no records or information responsive to the subpoena. This protects the therapist from being held in contempt while accurately representing the situation. Ignoring subpoenas, even erroneous ones, can result in legal consequences.

26. A. 36 hours every two years California LMFTs must complete 36 hours of continuing education every two-year renewal period. These hours must include specific required content areas such as law and ethics, aging and long-term care, and suicide risk assessment and intervention. Therapists must retain documentation of CE completion and attest to meeting requirements during license renewal. The BBS may audit for compliance, so maintaining accurate records is essential.

27. D. Assess risk thoroughly while exploring the dreams clinically Recurring dreams about harming children are concerning but do not automatically require a report or hospitalization. The therapist should conduct a thorough risk assessment, distinguishing between intrusive thoughts (which can be symptoms of conditions like OCD or anxiety) and actual intent or plan. Dreams can be explored clinically for their symbolic meaning while monitoring for any escalation toward actual risk. Many parents experience distressing intrusive thoughts without any danger to their children.

28. B. Consider ongoing professional obligations and potential exploitation before deciding Even five years after termination, former clients may remain vulnerable to exploitation due to the power differential that existed in the therapeutic relationship. The therapist should carefully consider whether entering a business partnership could constitute exploitation of the former therapeutic relationship, whether the client's psychological dynamics might affect the business relationship, and whether this aligns with professional ethics. The passage of time alone does not eliminate these considerations.

29. C. Obtain proper written authorization specifying what can be shared Even in school settings, client confidentiality must be maintained. Before sharing records with school personnel, the therapist must obtain proper written authorization from the parent that specifically identifies what information may be shared, with whom, and for what purpose. Working in a school does not automatically permit sharing therapy records with administrators. The authorization should be documented, and only the minimum necessary information should be disclosed.

30. A. Assess the severity and address it clinically as a significant treatment issue A surgeon operating while hungover presents serious safety concerns for patients, but therapists are not mandated to report impaired professionals in other fields. The therapist should assess the severity and frequency of this

behavior and address it as a significant clinical issue. This might include exploring underlying substance use problems, the client's awareness of the danger, and working toward behavior change. If the client's impairment appears severe and ongoing, the therapist might encourage self-reporting to the medical board.

31. D. To protect the public The primary purpose of the BBS disciplinary process is public protection. While supporting impaired therapists through diversion programs may be part of the regulatory framework, the fundamental purpose of licensing and discipline is to protect consumers from unqualified, incompetent, or unethical practitioners. Disciplinary actions, including license suspension or revocation, serve to remove practitioners who pose risks to the public rather than primarily to punish therapists or generate revenue.

32. B. Address the situation clinically and assess how to proceed Discovering a client has been using a false identity is significant clinical material that must be addressed. The therapist should explore why the client felt the need for a fake identity, what they feared about using their real identity, and how this affects the therapeutic relationship. This provides valuable information about the client's trust issues, fears, or other psychological dynamics. The decision about whether to continue treatment depends on the assessment and the client's willingness to engage authentically.

33. C. Address privacy concerns and help the client find a more appropriate setting Telehealth sessions require appropriate privacy to protect confidentiality and ensure effective therapy. If a client appears to be in a public location, the therapist should address this concern directly, explaining why privacy matters for both confidentiality and therapeutic effectiveness. The therapist should help the client find a more suitable location, whether continuing the session from a different spot or rescheduling. Confidentiality responsibilities apply regardless of service delivery method.

34. A. Explore the meaning and generally decline gifts of significant monetary value Expensive gifts raise clinical and ethical concerns regardless of the occasion. The therapist should explore the meaning of the gift for the client while generally declining items of significant monetary value. Such gifts can create obligation, affect the therapeutic relationship, or represent unhealthy dynamics the client may be enacting. A thoughtful exploration of the gesture followed by a gentle decline, with explanation about professional boundaries, can itself be therapeutically valuable.

35. D. Renewal requires CE completion and fee payment California LMFT license renewal requires both completion of mandated continuing education hours and payment of the renewal fee. Licenses are not automatically renewed and will expire if requirements are not met. The renewal process includes attesting to CE completion, and the BBS may audit for compliance. Allowing a license to lapse can affect the therapist's ability to practice legally and may require additional steps to reinstate.

36. B. Follow the established confidentiality policy while working with the client toward disclosure This scenario tests the application of confidentiality policies in couples therapy. If the policy keeps individual disclosures confidential, the therapist must honor that agreement while working with the client who has the terminal illness toward appropriate disclosure. The therapist can encourage and support the client in sharing this significant information with their partner but cannot force disclosure or break

confidentiality. This challenging situation demonstrates why clear policies must be established before beginning couples work.

37. C. Discuss appropriate next steps including coordination with hospital treatment team When prospective clients contact therapists from psychiatric hospitalization, the therapist should discuss appropriate next steps rather than simply refusing contact or scheduling immediate appointments. This includes understanding the client's current treatment, anticipated discharge plans, and how outpatient therapy might coordinate with hospital care. The therapist should consider whether beginning a relationship before discharge is appropriate and how to ensure continuity of care upon discharge.

38. A. Explain limitations of the treating therapist role and provide honest documentation if appropriate Treating therapists should not serve as evaluators in custody matters, as their role is advocacy for the client's treatment rather than objective assessment of parenting capacity. The therapist should explain this role limitation to the client. If documentation is appropriate, it should be limited to honest statements about the client's treatment rather than conclusions about custody fitness. The therapist should avoid being drawn into adversarial custody proceedings while still supporting the client therapeutically.

39. D. Specific informed consent addressing telehealth California law requires that telehealth services be preceded by specific informed consent that addresses issues unique to technology-based service delivery. This includes information about privacy and security of electronic communications, emergency protocols when client location may be unknown, technology requirements and backup plans, and limitations of telehealth compared to in-person services. Standard informed consent is not sufficient for telehealth services.

40. B. Explore the inconsistencies clinically without judgment Significant inconsistencies in a client's narrative may indicate various clinical phenomena including dissociation, confabulation, memory issues, different emotional states affecting recall, or even intentional deception. Rather than accusatorially confronting the client, the therapist should explore these inconsistencies clinically with curiosity and without judgment. This approach can reveal important information about the client's psychological functioning while maintaining the therapeutic alliance necessary for effective treatment.

41. C. Express concern to the colleague and encourage appropriate self-care or support When a colleague appears impaired by personal difficulties, the first step is typically to express concern directly and encourage them to seek appropriate support. This collegial approach respects the colleague's autonomy while addressing potential harm to clients. If the colleague's impairment continues or appears to be seriously affecting client care, further steps such as reporting to the BBS might become necessary. The initial response should be supportive rather than punitive.

42. A. Educate the client about mandated reporting obligations for teachers Teachers are mandated reporters, and failure to report suspected child abuse violates their legal and professional obligations. The therapist should educate the client about their reporting responsibilities, the potential consequences of failing to report, and help them understand that reporting protects both the child and the teacher from

liability. While the therapist is not the source of the original disclosure and may not have sufficient information to report directly, they should strongly encourage the client to fulfill their obligation.

43. D. Belongs to the client The psychotherapist-patient privilege belongs to the client, not the therapist. This means only the client (or their authorized representative) can waive the privilege and permit disclosure of confidential communications. The therapist must assert and protect the privilege on the client's behalf and cannot waive it unilaterally. The privilege survives termination of treatment and even the client's death, at which point it may be asserted by the client's personal representative.

44. B. Verify identity and authorization before disclosing any information Phone requests for client information require careful handling because the caller's identity cannot be easily verified. The therapist should not provide information based on a voicemail alone. Instead, they should verify the caller's identity through callback to a verified number, confirm that proper authorization exists for information sharing, and determine what specific information is authorized for release. Probation officers do not have automatic access to treatment records.

45. C. Disclose and assess whether it affects treatment Discovering a prior social connection with a client's family member requires transparency and assessment. The therapist should disclose the prior interaction to the client and together assess whether it affects the treatment relationship. In many cases, a brief social interaction at a party may not significantly impact therapy, but the client deserves to know and make an informed decision about continuing. Hiding the information would undermine the therapeutic relationship if later discovered.

46. A. Address it clinically while maintaining confidentiality Driving without a valid license, even after DUI suspension, is not a mandated reporting situation for therapists. The therapist should address this behavior clinically, exploring the decision-making involved, potential consequences, and underlying issues such as ongoing substance use or impulsivity. Maintaining confidentiality while working therapeutically toward safer behavior choices serves the client better than reporting, which would likely end the therapeutic relationship without addressing underlying issues.

47. C. Client request to keep information from insurance A client's request to keep information from insurance is not an exception to confidentiality—it's actually an exercise of confidentiality rights. The recognized exceptions to confidentiality include mandated reporting of abuse (child, elder, dependent adult), Tarasoff duty to protect identifiable third parties from serious threats, and court orders requiring disclosure. Clients have the right to restrict information shared with insurance companies, though this may affect coverage.

48. B. Should assess if the perpetrator currently has access to children before determining reporting obligations Historical child abuse must be assessed for current risk to children. If the perpetrator, even though retired, currently has access to children (through family, volunteering, or other means), reporting may be required. The focus of mandated reporting is protecting current potential victims, not punishing past behavior. The therapist should gather relevant information about the perpetrator's current circumstances to determine if reporting is warranted based on ongoing risk to children.

49. C. Indicate they accept new clients without confirming the referring client is in treatment When clients want to refer friends to their therapist, the therapist should handle this carefully to protect confidentiality. The therapist can indicate they accept new clients and provide contact information without confirming the referring person is a client. If the potential client calls and mentions the referral, the therapist should still not confirm the referral source is in treatment. This protects confidentiality while allowing appropriate professional availability.

50. A. Address the boundary violation immediately and take appropriate action Personal relationships between supervisees and clients constitute serious boundary violations that require immediate attention from the supervisor. The supervisor must address this directly, assess the nature and extent of the relationship, take corrective action to protect the client, and determine whether the supervisee can continue in the training program. This may include requiring termination of the relationship, transferring the client, increased supervision, and potentially reporting to the BBS depending on the circumstances.

51. D. Assess for elder financial exploitation and report if warranted An elderly person with dementia giving away valuables to strangers raises significant concerns about financial exploitation, as cognitive impairment makes elders vulnerable to undue influence. The therapist should assess the situation to determine if there is reasonable suspicion of exploitation. If so, a mandated report to Adult Protective Services is required. The therapist is hearing this secondhand but should still assess whether reporting is warranted based on the information provided.

52. B. 30 days, with possible 30-day extension Under HIPAA, covered entities must respond to client requests to access their records within 30 days. If the records are maintained off-site or the entity cannot meet the deadline, a single 30-day extension is permitted with written notice to the client explaining the reason for the delay. This timeframe ensures clients have reasonably prompt access to their health information while allowing providers adequate time to compile and review records.

53. C. Seek consultation or personal therapy to address the countertransference When a therapist's unresolved personal issues are triggered by client material, this represents countertransference that can affect treatment quality. The ethical response is to seek consultation or personal therapy to process these reactions rather than burden the client with them or ignore their impact. Self-awareness and proactive management of countertransference are hallmarks of professional practice and protect clients from having their therapy compromised by the therapist's issues.

54. A. Provide only the minimum necessary information with proper authorization Managed care requests for records must be handled in compliance with HIPAA's minimum necessary standard. The therapist should verify that proper authorization exists, then provide only the information necessary for the specified purpose rather than complete records. This might include treatment summaries, diagnoses, and progress toward goals rather than detailed session notes. Protecting client privacy while meeting legitimate managed care requirements requires thoughtful disclosure practices.

55. D. Consider professional implications and typically decline or not respond Social media connections with former clients, even years after termination, raise professional boundary considerations. The therapist should consider whether such connection could compromise the former client's confidentiality, create role confusion, or complicate any future return to treatment. In most cases, declining or simply not responding to such requests is the professionally appropriate choice. The therapist might also consider whether reaching out privately to explain would be appropriate.

56. A. Report only if the client is a minor or dependent adult/elder Financial exploitation is a mandated reporting category only for protected populations: children, dependent adults (18-64 with physical or mental limitations), and elders (65 and older). An adult client who is not a dependent adult and is under 65 does not fall under mandated reporting for financial exploitation by family members. The therapist should address such situations clinically but is not legally required to report unless the client meets the protected population criteria.

57. C. Assess thoroughly and consider psychiatric referral while providing appropriate support Auditory hallucinations require careful assessment to understand their nature, frequency, and impact on functioning. While psychotic symptoms warrant consideration of psychiatric evaluation and possible medication, immediate hospitalization is not always necessary. The therapist should assess the client's overall functioning, risk factors, and treatment needs. Referral to a psychiatrist for medication evaluation is often appropriate, while the therapist continues providing supportive therapy within their competence.

58. A. Consider the request carefully and provide honest documentation if clinically appropriate Requests for documentation supporting concealed carry permits require careful consideration. The therapist should assess whether they have relevant clinical information to contribute and whether providing such documentation is within their professional role. If the therapist determines it is appropriate to respond, any documentation must be honest and based on clinical observations. The therapist should not automatically refuse or automatically comply but should make a thoughtful clinical and ethical decision.

59. D. Address the pattern therapeutically to promote balanced participation Family therapy requires attention to dynamics within the system. When one member dominates while others remain silent, this pattern itself is therapeutic material. The therapist should address this pattern using appropriate therapeutic techniques to promote more balanced participation and explore the underlying dynamics. This might involve directly inviting quieter members to share, commenting on the pattern, or exploring what the dynamic represents in the family system.

60. B. Explore the decision and encourage communication with medical providers When clients discontinue HIV medication, the therapist should explore their reasons, which often include concerns about side effects, stigma, or denial. The therapist should encourage communication with medical providers who may be able to adjust medications or address concerns. While the therapist might be concerned about the client's health and potential transmission to others, the appropriate response is clinical exploration and encouragement of medical care rather than reporting or requiring compliance.

61. C. A minimum period consistent with professional standards California law and professional standards require records retention for appropriate periods even after a client's death. While specific timeframes may vary depending on circumstances, records should be maintained consistent with professional standards rather than immediately destroyed or kept forever. A reasonable retention period protects the deceased client's estate and family members who may have legitimate need for records while allowing eventual disposal after an appropriate period.

62. A. Assess for suicidal ideation and address the behavior clinically Stockpiling prescription medications is a significant clinical concern that may indicate suicidal preparation or planning. The therapist should conduct a thorough suicide risk assessment and explore the reasons for stockpiling. If risk is identified, appropriate safety planning should occur. The therapist should address this behavior clinically rather than ignoring it or immediately contacting the prescribing physician without consent, though coordination of care may become necessary depending on the assessment findings.

63. D. Discuss options including reduced frequency, sliding scale, or appropriate referrals Financial constraints affecting therapy attendance require collaborative problem-solving. The therapist should discuss various options with the client, which might include reduced session frequency, sliding scale fees, referrals to lower-cost services, or other arrangements that maintain therapeutic progress while acknowledging financial realities. Rigid refusal to adjust or automatic termination would not serve the client's best interests when other options might allow treatment to continue.

64. B. Take appropriate immediate action to assess safety Suicidal statements received between sessions, even by email, require appropriate response. The therapist should not wait until the next scheduled session when a client's life may be at risk. Appropriate action might include attempting to contact the client by phone, requesting they come in for an emergency session, or coordinating with emergency services if the threat appears imminent and the client cannot be reached. The medium of communication does not diminish the seriousness of suicidal statements.

65. C. Treat the activities as clinical material without pathologizing consensual adult behavior Consensual BDSM activities between adults are not inherently pathological and should not be automatically diagnosed as disorders or reported as abuse. The therapist should treat this information as clinical material, exploring what these activities mean to the client and their relationship, without imposing judgment about consensual adult sexuality. The DSM-5 distinguishes between paraphilias and paraphilic disorders, with the latter requiring distress or impairment beyond the activities themselves.

66. A. It must be obtained before treatment begins and is an ongoing process Informed consent is both a document and an ongoing process that begins before treatment and continues throughout. While written documentation is standard, verbal consent may be acceptable in some circumstances. Informed consent applies to all treatment, not just medication, and must be obtained from clients or their legal representatives. For minors, consent requirements vary based on age and circumstances, with some minors able to consent independently under California law.

67. D. Address it therapeutically as significant clinical material Client disclosure of having lied to their therapist represents significant clinical material about the therapeutic relationship, trust, and the client's patterns. Rather than terminating or feeling personally betrayed, the therapist should explore this therapeutically. What made the client feel they needed to lie? What allowed them to disclose the truth now? How does this pattern show up elsewhere in their life? This can become valuable therapeutic work that deepens the relationship and treatment.

68. B. Attempt to reestablish contact and implement the emergency protocol established during informed consent Technological failures during crisis situations require immediate action following pre-established protocols. The therapist should attempt to reestablish contact through alternative means (phone, backup video platform) and implement whatever emergency protocol was established during telehealth informed consent. This might include having the client's phone number, emergency contacts, and local emergency resources readily available. Assuming the crisis resolved without verification could be dangerous.

69. C. Assess for eating disorders or medical issues and refer for medical evaluation if warranted Rapid significant weight loss is a clinical concern that warrants assessment. The therapist should explore the reasons for weight loss, assess for eating disorders, and consider medical causes that might require evaluation. If an eating disorder or medical condition is suspected, referral for appropriate evaluation and treatment is indicated. Neither complimenting the weight loss nor ignoring physical changes serves the client's wellbeing.

70. A. Explore the client's thoughts and feelings rather than providing direct advice When clients seek direct advice about major life decisions like marriage, the therapist's role is typically to help them explore their own thoughts, feelings, values, and concerns rather than telling them what to do. This promotes client autonomy and self-understanding. The therapist might explore what draws the client to ask, what their ambivalence might mean, and what factors they consider important, helping them make their own informed decision.

71. D. The therapist determines they can participate intelligently Under California Family Code Section 6924, minors 12 years of age or older may consent to outpatient mental health treatment if the therapist determines they are mature enough to participate intelligently in the treatment. This provision allows adolescents to access needed mental health services even without parental consent in appropriate circumstances. The therapist must document the basis for determining the minor can participate intelligently.

72. B. Acknowledge the situation and work within appropriate boundaries When clients receive legal advice about what to discuss in therapy, the therapist should acknowledge this reality and work within appropriate boundaries. The therapist can still provide valuable treatment while respecting the client's legal situation. The therapist might explore the client's feelings about these limitations and focus on areas that remain available for therapeutic work. Demanding the client ignore legal advice or terminating would not serve the client's overall interests.

73. C. Address it clinically as a treatment issue Small thefts from an employer, while illegal, are not mandated reporting situations for therapists. The therapist should address this behavior clinically, exploring underlying issues such as resentment, entitlement, financial stress, or impulse control problems. The therapeutic goal is understanding and changing the behavior pattern rather than reporting to authorities or terminating. Maintaining confidentiality allows the client to explore this honestly within the therapeutic relationship.

74. A. Consider the request within the context of the couples therapy structure and policies Requests for individual sessions during couples therapy must be considered carefully within the established treatment structure. The therapist should consider their policies about individual sessions, potential impacts on the couples work, and confidentiality implications. If individual sessions are permitted, clear agreements about confidentiality between individual and couples sessions must be established. Some couples therapists avoid individual sessions entirely to prevent complications.

75. D. Provide adequate notice and arrange for client records and appropriate referrals Closing a practice requires careful attention to client welfare and professional obligations. The therapist must provide adequate notice to allow clients to process termination and make arrangements for ongoing care. Appropriate referrals should be provided, and arrangements for records retention and access must be made. Abandoning clients without notice or destroying records would violate ethical and legal obligations.

76. B. Assess for agoraphobia and adjust treatment plan accordingly A client not leaving home for three months suggests possible agoraphobia or severe anxiety beyond simple social anxiety. The therapist should assess for agoraphobia and adjust the treatment plan to address this level of impairment. This might include specific interventions for agoraphobia, consideration of home visits or telehealth, and possibly psychiatric referral for medication evaluation. The treatment approach must match the severity of the client's condition.

77. C. Assess clinical justification and provide appropriate documentation if warranted ESA documentation should be provided only when clinically justified. The therapist should assess whether the client has a mental health condition for which an ESA would provide genuine therapeutic benefit. If clinically appropriate, documentation should accurately describe the client's condition and need for the accommodation. Simply refusing all ESA requests or providing documentation without assessment would not meet professional standards.

78. A. Address the pattern directly and explore its impact on professional development Defensiveness about feedback is a professional development issue that should be addressed in supervision. The supervisor should discuss the pattern directly, explore what might underlie the defensiveness, and help the supervisee understand how this affects their learning and potentially their work with clients. Avoiding the issue by stopping feedback would not serve the supervisee's professional growth or client welfare.

79. D. Explore the client's concerns and provide general information about minor confidentiality The client's concerns about another therapist's handling of their child's confidentiality deserve exploration. The therapist can provide general education about minor confidentiality rights and practices without

directly criticizing the other therapist or involving themselves in that treatment relationship. The therapist should help the client understand what questions to ask and how to address concerns with their child's therapist directly.

80. B. Terminates without reasonable notice or appropriate referrals Client abandonment occurs when a therapist ends the therapeutic relationship without providing reasonable notice, adequate time to process termination, and appropriate referrals for ongoing care. Taking planned vacations, reducing session frequency with discussion, or having professional disagreements do not constitute abandonment if handled appropriately. Abandonment violates ethical obligations and can cause harm to clients who are left without needed support.

81. C. Address the boundary issue directly in therapy A client creating a fan page dedicated to the therapist represents a significant boundary issue that must be addressed therapeutically. The therapist should explore what this means for the client, the idealization involved, and how it affects the therapeutic relationship. This behavior may relate to attachment patterns, boundary issues, or other clinical material that becomes important to address. Simply feeling flattered or ignoring the behavior would miss important clinical information.

82. A. Consider the therapeutic purpose and respond appropriately Questions about therapist personal experience require consideration of therapeutic purpose rather than automatic disclosure or refusal. The therapist should consider why the client is asking—perhaps seeking connection, assessing competence, or testing boundaries. A thoughtful response considers what serves the therapy, which might involve limited disclosure, redirecting to the client's experience, or exploring the question's meaning. Lying would damage the therapeutic relationship if discovered.

83. D. Assess for possible abuse and take appropriate action Children appearing fearful when a parent speaks raises concerns that warrant careful assessment. The therapist should observe the family dynamics, find appropriate opportunities to assess the children's safety, and take action if abuse is suspected. This might include individual conversations with family members, consultation, and mandated reporting if reasonable suspicion of abuse develops. Neither ignoring the observations nor accusatory confrontation would be appropriate.

84. B. Address it clinically as relevant to relationship patterns and underlying needs Faking illness for attention reveals important information about the client's relationship patterns, attachment needs, and methods of getting needs met. The therapist should address this clinically, exploring what needs the behavior serves, how it developed, and its consequences. This provides valuable therapeutic material rather than something to report or terminate over, as the behavior harms only the client's relationships.

85. C. Dual relationships should be avoided when they could reasonably impair objectivity or cause exploitation California law and ethics do not prohibit all dual relationships but require that therapists avoid those that could reasonably impair professional judgment or lead to client exploitation. Some dual relationships may be unavoidable, particularly in small communities, and must be managed carefully.

Sexual dual relationships are always prohibited, but other dual relationships require assessment of potential harm and appropriate management rather than automatic avoidance.

86. A. Respond professionally without revealing confidential information or confirming the person was a client Responding to negative online reviews requires balancing professional reputation concerns with confidentiality obligations. The therapist cannot confirm the person was a client or discuss any treatment details. A professional response might address general policies without specifics or simply thank the person for their feedback. Revealing confidential information to defend oneself would violate ethical and legal obligations and could result in disciplinary action.

87. D. Decline and explain this is outside the therapeutic role Storing legal documents like advance directives is outside the therapeutic role and creates potential complications. The therapist should decline while helping the client understand appropriate alternatives for document storage, such as attorneys, family members, or personal safes. The therapist can explore the meaning of the request—does the client lack trusted people to hold important documents?—while maintaining appropriate role boundaries.

88. A. Engage in professional self-reflection and consider consultation A pattern of early termination warrants professional self-reflection about potential contributing factors. The therapist should examine their practice, communication style, treatment approach, and client selection. Consultation with colleagues can provide valuable outside perspective. While some early termination is normal, a pattern suggests something may need to change in the therapist's approach rather than simply blaming clients for lack of commitment.

89. C. Address it clinically including safety and legal implications Using a child's prescription medication is both illegal and potentially dangerous. The therapist should address this clinically, exploring why the client is doing this, what needs it serves, and the potential consequences. The safety and legal implications should be discussed without moralizing. This is not a mandated reporting situation unless it appears to be harming the child, but it is important clinical material about the client's functioning and decision-making.

90. A. The privilege continues and may be asserted by the client's representative The psychotherapist-patient privilege survives the client's death and does not automatically terminate. The deceased client's personal representative or estate executor may assert the privilege on behalf of the deceased. Records remain confidential and may only be released to properly authorized individuals. This protection continues the client's privacy interests and recognizes that disclosure after death could harm the client's memory or surviving family members.

91. D. Provide the victim brochure and support the client in understanding their options When clients disclose sexual relationships with their therapists, they have been victimized by professional misconduct. The current therapist should provide the "Therapy Never Includes Sexual Behavior" brochure as required by California law and support the client in understanding their options, which may include filing complaints with the BBS and pursuing civil action. The therapist should support the client's autonomy in deciding how to proceed while providing education about their rights.

92. B. Provide accurate information about how records could potentially be subpoenaed Clients deserve accurate information about confidentiality limits, including how records might be accessed in legal proceedings. While privilege provides protection, it is not absolute, and records can potentially be subpoenaed in various legal matters including divorce. The therapist should provide accurate information without creating unnecessary alarm, helping the client understand both the protections that exist and their limitations.

93. C. Assess the situation and take appropriate action to manage the conflict Discovering that group members are former spouses creates significant complications requiring careful management. The therapist should assess the situation, consider the impact on both individuals and the group, and take appropriate action. This might include individual conversations, renegotiating group agreements, or having one or both members transition to different treatment. Continuing without intervention could harm both individuals and undermine group cohesion.

94. A. Explain the limitations of the treating therapist role and decline the character witness role Treating therapists should not serve as character witnesses for their clients because this conflates therapeutic and forensic roles. The therapist's knowledge of the client comes from a treatment relationship focused on helping, not objective evaluation. The therapist should explain these role limitations while discussing what, if any, testimony might be appropriate. Testifying about treatment facts is different from vouching for the client's character.

95. D. There is reasonable cause to believe the client is in danger of harming themselves California law permits disclosure of confidential information without client consent when there is reasonable cause to believe the client poses a danger to themselves. This exception allows therapists to take appropriate protective action including contacting emergency services, family members, or others who can help ensure the client's safety. Other listed options—therapist disagreement, family requests, and employer requests—are not exceptions to confidentiality.

96. B. Address it clinically as relevant to treatment Strong marijuana odor at each session is clinically relevant information regardless of the substance's legal status. The therapist should address this, exploring the client's use patterns, whether they are coming to sessions impaired, and how substance use relates to treatment goals. Coming to sessions under the influence affects the therapeutic work and may indicate problematic use patterns that should be addressed clinically.

97. C. Explore the meaning of the gift and generally decline items of significant sentimental or monetary value Valuable gifts with significant sentimental meaning raise both ethical and clinical concerns. The therapist should explore what the gift means to the client—why they want to give this particular meaningful item—while generally declining items of substantial value. This exploration can be therapeutically valuable while maintaining appropriate boundaries. The sentimental significance makes this more than a simple gift and warrants careful consideration.

98. A. Ensure appropriate training, consultation, or transfer of the client Supervisors are responsible for ensuring supervisees practice within their competence. When a supervisee has a client whose needs

exceed their training, the supervisor must ensure appropriate support through additional training, close supervision and consultation, or transfer of the client to a more qualified provider. Allowing the supervisee to learn through trial and error with a client who needs specialized care would not meet the standard of care.

99. D. Assess for controlling behavior or intimate partner concerns and address clinically A spouse monitoring their partner's phone and discovering therapy attendance raises potential concerns about controlling behavior or intimate partner dynamics. The therapist should assess whether this represents concerning controlling behavior, discuss safety concerns, and address the situation clinically. This provides important information about the relationship dynamics that may be relevant to the client's presenting concerns and wellbeing.

100. B. Unprofessional conduct subject to disciplinary action Falsifying records or documentation constitutes unprofessional conduct under California law and BBS regulations, subjecting the therapist to disciplinary action including potential license revocation. Accurate documentation is a fundamental professional obligation. Falsification is never acceptable regardless of the therapist's intentions, and "protecting the client" is not a justification for fraudulent documentation.