

FULL-LENGTH PRACTICE TESTS

Practice Test 11 – 100 Questions - Comprehensive Coverage Across All Domains

1. A client tells the therapist they plan to key their ex-partner's car as revenge for infidelity. The therapist should:

- A. Report to law enforcement
- B. Address the anger clinically without reporting
- C. Warn the ex-partner
- D. Terminate for planned criminal activity

2. An LMFT learns that their client's 8-year-old is being homeschooled but receiving no actual education. The therapist should:

- A. Respect parental educational choices
- B. Contact the school district
- C. Ignore educational matters
- D. Assess for educational neglect and report to CPS if warranted

3. Under California law, what is the minimum age at which a minor may consent to outpatient mental health treatment?

- A. 12 years old
- B. 14 years old

- C. 16 years old
- D. 18 years old

4. A therapist receives a request from an attorney to provide records for litigation. The therapist should:

- A. Provide records immediately to comply with legal requests
- B. Refuse all attorney requests
- C. Verify authorization and respond appropriately while protecting privilege
- D. Provide only records that help the client's case

5. A client who is a nurse describes sometimes taking shortcuts with patient care due to understaffing. The therapist should:

- A. Report to the nursing board
- B. Address it clinically as a work-related stress issue
- C. Report to the hospital
- D. Terminate for endangering patients

6. An AMFT is offered a significant discount on a new car from a client who works at a dealership. The AMFT should:

- A. Accept if the discount is standard for all employees' referrals
- B. Accept only after consulting with supervisor
- C. Accept to avoid offending the client
- D. Decline to avoid dual relationship complications

7. Under HIPAA, which of the following requires specific written authorization from the client?

- A. Release of psychotherapy notes
- B. Disclosure for treatment purposes
- C. Disclosure for payment purposes
- D. Disclosure for healthcare operations

8. A therapist treating a couple notices one partner shows signs of being intoxicated during sessions. The therapist should:

- A. Ignore it if the person is functioning
- B. End all sessions where intoxication is present
- C. Address the observation and its impact on treatment
- D. Report to law enforcement

9. A client mentions they've been padding their expense reports at work for years. The therapist should:

- A. Report to the employer
- B. Address it clinically while maintaining confidentiality
- C. Advise the client to confess
- D. Report to law enforcement

10. Under California law, an LMFT who receives a court order to release records should:

- A. Refuse to comply
- B. Immediately destroy the records
- C. Appeal automatically

D. Comply with the court order after appropriate review

11. A therapist's client reveals they have been catfishing people online for money. The therapist should:

A. Address it clinically as relevant to treatment

B. Report to law enforcement for fraud

C. Terminate for criminal activity

D. Warn potential victims

12. A client asks the therapist to hold onto their credit cards to prevent impulsive spending. The therapist should:

A. Agree to help with impulse control

B. Accept only temporarily

C. Decline and explore therapeutic alternatives for managing the behavior

D. Accept if the client signs a waiver

13. An LMFT providing group therapy learns that a member has been diagnosed with a terminal illness. The member asks the therapist not to tell the group. The therapist should:

A. Inform the group for their benefit

B. Respect the member's confidentiality while supporting them

C. Remove the member from group

D. Require disclosure as a condition of continued membership

14. A client who completed therapy one year ago asks the therapist on a date. The therapist should:

- A. Accept since therapy has ended
- B. Accept if feelings are mutual
- C. Accept after consulting with a colleague
- D. Decline due to the two-year prohibition on sexual relationships with former clients

15. Under California law, which professional can initiate a 5150 psychiatric hold?

- A. Designated peace officers, specific mental health professionals, and certain trained individuals
- B. Only psychiatrists
- C. Any licensed therapist
- D. Only family members with court approval

16. A therapist notices a client has been consistently canceling sessions at the last minute. The therapist should:

- A. Terminate for non-compliance
- B. Charge for all missed sessions without discussion
- C. Explore the pattern clinically and address any barriers to attendance
- D. Ignore cancellations to maintain rapport

17. A client reveals they found the therapist's home address online and drove by the house. The therapist should:

- A. Report to law enforcement immediately
- B. Address the boundary violation directly in therapy
- C. Move to a new home

D. Terminate without discussion

18. An LMFT treating a family learns the parents are planning to send their teen to a controversial "troubled teen" program. The therapist should:

A. Support all parental decisions

B. Report to CPS

C. Refuse to continue treatment

D. Explore concerns, provide information, and advocate for the teen's wellbeing

19. A client asks if they can email the therapist between sessions. The therapist should:

A. Discuss email communication including benefits, limitations, and privacy considerations

B. Refuse all email contact

C. Agree without discussion

D. Provide only a personal email address

20. Under California law, the statute of limitations for the BBS to initiate disciplinary action is generally:

A. One year from the incident

B. Two years from discovery

C. Three years from discovery or seven years from the act, whichever is earlier

D. No time limit exists

21. A therapist's client describes using intimidation tactics to control their employees. The therapist should:

- A. Report to the client's employer
- B. Address it clinically as an interpersonal pattern
- C. Terminate for abusive behavior
- D. Contact the employees

22. A client asks the therapist to sign a form stating they completed an anger management program when they only attended three sessions. The therapist should:

- A. Sign to help the client avoid legal consequences
- B. Sign if the client promises to complete the program later
- C. Sign only the portion the client completed
- D. Decline to sign false documentation

23. An LMFT discovers that a colleague has been billing insurance for sessions that never occurred. The therapist should:

- A. Consider reporting to appropriate authorities after careful consideration
- B. Ignore billing practices of others
- C. Confront the colleague publicly
- D. Report to the colleague's clients

24. A client mentions their 16-year-old has been sending nude photos to an adult partner. The therapist should:

- A. Respect adolescent privacy
- B. Ignore teen dating behavior
- C. Assess the situation and respond appropriately to potential exploitation
- D. Report to the school

25. Under California law, records of a minor client must be retained until:

- A. The minor turns 18
- B. Seven years after termination or until the minor turns 25, whichever is longer
- C. Five years after termination
- D. Ten years after the minor turns 18

26. A therapist treating a client with hoarding disorder learns the client's home has become a fire hazard. The therapist should:

- A. Report to fire department
- B. Ignore living conditions
- C. Terminate until the home is safe
- D. Address it clinically and assess for danger to household members requiring intervention

27. A client asks the therapist to recommend a good divorce attorney. The therapist should:

- A. Provide general information about finding legal resources without specific recommendations
- B. Recommend the therapist's own divorce attorney
- C. Refuse to discuss legal matters

D. Provide names of attorneys who refer clients to the therapist

28. An LMFT is treating a client who reveals ongoing infidelity. The therapist is also treating the spouse individually. The therapist should:

- A. Tell the spouse about the infidelity
- B. Continue treating both without disclosure
- C. Address the clinical and ethical implications of this complex situation
- D. Terminate both clients immediately

29. A therapist receives a beautiful piece of artwork created by a client during treatment. The therapist should:

- A. Refuse all client-created gifts
- B. Consider the therapeutic meaning and respond appropriately
- C. Accept and display prominently
- D. Sell the artwork

30. Under California law, when a client brings a civil malpractice lawsuit against their therapist, privilege:

- A. Remains fully intact
- B. Automatically extends to all records
- C. Requires additional court protection
- D. Is waived for information relevant to the claims

31. A therapist's client describes wanting to teach their child physical discipline. The therapist should:

- A. Explore the client's views while assessing for potential abuse
- B. Support cultural discipline practices unconditionally
- C. Report to CPS for stated intent
- D. Refuse to discuss parenting

32. A client asks the therapist for a letter supporting their application for medical marijuana. The therapist should:

- A. Write the letter to help the client
- B. Refuse all medication-related requests
- C. Clarify that LMFTs cannot provide medical recommendations but explore the client's needs
- D. Refer to a cannabis dispensary

33. An LMFT treating a couple notices increasing hostility between partners during sessions. The therapist should:

- A. Ignore conflict as normal in couples work
- B. Address the escalation and assess for safety concerns
- C. Terminate couples therapy immediately
- D. Take sides with the less hostile partner

34. A client reveals they lied on their resume to get their current job. The therapist should:

- A. Report to the employer
- B. Advise immediate confession
- C. Terminate for dishonesty

D. Address it clinically as treatment material

35. Under California law, what must be included in informed consent for telehealth services?

A. Specific information about telehealth including risks, confidentiality, and emergency protocols

B. Only standard consent language

C. Physician approval

D. Client's internet speed verification

36. A therapist learns their client has been secretly recording sessions. Under California law:

A. This is legal with one-party consent

B. Only the therapist can legally record

C. Recording without all-party consent is illegal

D. Recording is legal if for personal use

37. A client mentions their elderly mother has been giving money to a televangelist. The therapist should:

A. Report for elder financial abuse

B. Assess whether the situation involves exploitation of a vulnerable elder

C. Ignore religious giving

D. Contact the televangelist

38. An LMFT receives a referral from a client's attorney with instructions about treatment goals. The therapist should:

- A. Follow attorney instructions for treatment
- B. Refuse attorney referrals
- C. Let the attorney direct therapy
- D. Clarify that clinical judgment guides treatment while maintaining appropriate communication

39. A client who is a financial advisor describes recommending investments that benefit them more than clients. The therapist should:

- A. Address it clinically while maintaining confidentiality
- B. Report to the SEC
- C. Advise the client to stop
- D. Report to the financial firm

40. Under California law, an LMFT's duty to protect third parties under Tarasoff:

- A. Requires warning only
- B. Applies to all expressions of anger
- C. Can be discharged through warning, notifying police, or taking other reasonable steps
- D. Only applies to clients with prior violence

41. A therapist notices their client's partner waiting in the parking lot during every session. The therapist should:

- A. Ignore behavior outside the office
- B. Explore this observation with the client including any safety concerns

- C. Confront the partner directly
- D. Report for stalking

42. A client asks the therapist to cosign a loan application. The therapist should:

- A. Agree if the client has good credit
- B. Agree to help the client access needed resources
- C. Agree with appropriate documentation
- D. Decline as this is outside the professional role and creates inappropriate dual relationship

43. An LMFT providing family therapy notices the children have poor hygiene and seem unusually hungry. The therapist should:

- A. Assess for neglect and file a mandated report if warranted
- B. Provide food during sessions
- C. Ignore parenting style differences
- D. Contact the school

44. A client in group therapy asks to friend the therapist on social media. The therapist should:

- A. Accept to build rapport
- B. Accept only group therapy clients
- C. Decline and explain professional boundary reasons
- D. Accept on professional accounts only

45. Under California law, which is TRUE about LMFT advertising?

- A. Any claims are acceptable
- B. Advertising must be truthful and not misleading
- C. LMFTs cannot advertise
- D. Only newspaper advertising is regulated

46. A therapist's client reveals they work for a company that is committing environmental violations. The therapist should:

- A. Report to the EPA
- B. Encourage the client to become a whistleblower
- C. Contact media outlets
- D. Address it clinically while maintaining confidentiality

47. A client asks the therapist to provide documentation for an emotional support animal. The therapist should:

- A. Assess clinical justification and provide appropriate documentation if warranted
- B. Provide documentation for any client who asks
- C. Refuse all ESA requests
- D. Require the client to get a service animal instead

48. An LMFT learns that a supervisee provided therapy to a friend. The supervisor should:

- A. Ignore personal relationships
- B. Allow it if the friend consented
- C. Address the dual relationship violation and take appropriate corrective action

D. Report immediately without discussion

49. A client describes having violent fantasies about a public figure they've never met. The therapist should:

- A. Report to law enforcement
- B. Assess risk while exploring the fantasies clinically
- C. Warn the public figure
- D. Hospitalize immediately

50. Under California law, an LMFT must obtain specific informed consent before:

- A. Any therapy session
- B. Discussing the client's case in supervision
- C. Billing insurance
- D. Using techniques significantly different from what the client originally consented to

51. A therapist receives a gift basket from a client's family member who is not in treatment. The therapist should:

- A. Consider the gesture and respond appropriately
- B. Return the gift immediately
- C. Report to the BBS
- D. Accept only if expensive

52. A client mentions they occasionally gamble at work using company time and resources. The therapist should:

- A. Report to the employer
- B. Report to law enforcement
- C. Address it clinically as relevant to treatment
- D. Terminate for theft

53. An LMFT treating an adolescent learns the teen has been self-harming by cutting. The therapist should:

- A. Immediately inform parents regardless of circumstances
- B. Assess severity and work with the teen while considering appropriate parental involvement
- C. Hospitalize immediately
- D. Terminate for being too severe

54. A client asks the therapist to store a large amount of cash for safekeeping. The therapist should:

- A. Accept to help the client
- B. Accept with documentation
- C. Accept only small amounts
- D. Decline as this is outside the professional role

55. Under California law, when providing supervision to an AMFT, the supervisor must:

- A. Maintain documentation and meet specific requirements for hours and format
- B. Only review difficult cases
- C. Never meet with the supervisee's clients

D. Provide only written feedback

56. A therapist is treating a client who describes ongoing conflict with a neighbor. The therapist should:

- A. Contact the neighbor to mediate
- B. Advise the client to move
- C. Address it therapeutically as interpersonal conflict
- D. Report to law enforcement

57. A client mentions they took a small item from a store without paying during a dissociative episode. The therapist should:

- A. Report to law enforcement
- B. Explore the dissociative symptoms and address the behavior clinically
- C. Advise the client to return the item
- D. Terminate for shoplifting

58. An LMFT discovers they went to high school with a new client but weren't close friends. The therapist should:

- A. Terminate immediately
- B. Proceed without mention
- C. Hide the connection
- D. Disclose the connection and assess whether treatment can proceed objectively

59. A client asks the therapist to write a letter confirming their disability for parking privileges. The therapist should:

- A. Assess whether clinical documentation is appropriate and accurate for the request
- B. Provide any documentation the client needs
- C. Refuse all disability documentation
- D. Refer to a physician for all disability requests

60. Under California law, the Good Faith Estimate requirement under the No Surprises Act applies to:

- A. Only Medicare clients
- B. Only Medicaid clients
- C. Self-pay and uninsured clients
- D. All clients regardless of payment method

61. A therapist's client describes engaging in consensual adult sex work. The therapist should:

- A. Report to law enforcement
- B. Treat it as clinical material without judgment
- C. Terminate for illegal activity
- D. Attempt to convince the client to stop

62. A client asks to switch from in-person sessions to text-only therapy. The therapist should:

- A. Agree without discussion
- B. Refuse all text communication
- C. Report the request to the BBS

D. Assess appropriateness and discuss limitations before making a clinical decision

63. An LMFT receives a frantic call from a client's employer saying the client made threats at work. The therapist should:

A. Take the information seriously and take appropriate clinical action

B. Confirm the client is in treatment and share concerns

C. Ignore calls from employers

D. Advise the employer to call police

64. A client who is a veterinarian mentions sometimes euthanizing healthy animals at owners' requests. The therapist should:

A. Report to animal protection authorities

B. Terminate for unethical behavior

C. Address any moral distress or clinical implications

D. Ignore professional practices

65. Under California law, an LMFT may break confidentiality without client consent when:

A. Family members are concerned

B. A client presents a serious danger of violence to a reasonably foreseeable victim

C. An employer requests information

D. The therapist disagrees with the client

66. A therapist learns their supervisee has been using an intervention the supervisee isn't trained in. The supervisor should:

- A. Allow learning through experience
- B. Ignore intervention choices
- C. Report to the BBS immediately
- D. Address the competence issue and ensure appropriate training or discontinuation

67. A client mentions their teenage child has been communicating with adults online in concerning ways. The therapist should:

- A. Assess the situation and respond appropriately to potential child safety concerns
- B. Respect teen privacy
- C. Ignore secondhand information
- D. Contact the adults directly

68. A therapist providing telehealth notices unfamiliar voices in the background of the client's session. The therapist should:

- A. Continue without comment
- B. Assume it's family members
- C. Address the privacy concern and determine who else is present
- D. End the session immediately

69. A client reveals they've been taking office supplies from work regularly. The therapist should:

- A. Report to the employer
- B. Address it clinically as a behavioral pattern

- C. Report to law enforcement
- D. Terminate for theft

70. Under California law, the maximum length of a 5250 hold for intensive treatment is:

- A. 72 hours
- B. 7 days
- C. 30 days
- D. 14 days

71. A client asks the therapist for advice on whether to quit their job. The therapist should:

- A. Help the client explore the decision rather than giving direct advice
- B. Tell the client what to do
- C. Refuse to discuss work
- D. Advise staying employed for stability

72. An LMFT treating a minor learns the child's parents are engaged in a contentious custody battle. The therapist should:

- A. Side with the parent who brought the child
- B. Provide custody recommendations
- C. Maintain neutrality and focus on the child's therapeutic needs
- D. Terminate until custody is resolved

73. A client gives the therapist a homemade card expressing gratitude. The therapist should:

- A. Refuse all gifts
- B. Accept the heartfelt gesture graciously
- C. Analyze the card for pathology
- D. Return it immediately

74. A therapist notices a colleague appears impaired during a professional meeting. The therapist should:

- A. Ignore personal observations
- B. Spread concerns to other colleagues
- C. Wait to see if it happens again
- D. Express concern to the colleague directly and encourage appropriate support

75. Under California law, which statement about client access to records is TRUE?

- A. Clients have a right to access their records with limited exceptions
- B. Therapists may deny all access
- C. Records can only be accessed by court order
- D. Only summaries must be provided

76. A client mentions they've been avoiding jury duty by lying about hardships. The therapist should:

- A. Report to the court
- B. Advise the client to serve
- C. Address it clinically as relevant to the client's patterns
- D. Ignore civic matters

77. A therapist's client describes using their position as a manager to date subordinates. The therapist should:

- A. Report to the client's employer
- B. Explore the pattern and its implications clinically
- C. Terminate for harassment
- D. Contact the subordinates

78. An LMFT receives flowers delivered to their office from a client. The therapist should:

- A. Accept without comment
- B. Return immediately
- C. Report to the BBS
- D. Explore the gesture's meaning in the next session

79. A client reveals they've been forging their spouse's signature on financial documents. The therapist should:

- A. Address it clinically while maintaining confidentiality
- B. Report to law enforcement
- C. Inform the spouse
- D. Terminate for fraud

80. Under California law, an LMFT trainee must:

- A. Have a license from another state
- B. Complete specific educational requirements
- C. Work under the supervision of a qualified supervisor while meeting registration requirements

D. Pass the licensing exam first

81. A therapist's client mentions their child's teacher seems overly interested in the child. The therapist should:

A. Ignore secondhand concerns

B. Explore the concern and assess if reporting is warranted based on information gathered

C. Report immediately

D. Contact the school

82. A client asks the therapist to attend their wedding. The therapist should:

A. Attend to support the therapeutic relationship

B. Attend only the ceremony

C. Attend only if other clients won't be there

D. Consider the request carefully regarding boundaries and therapeutic implications

83. An LMFT treating a family learns that one child has been bullying siblings severely. The therapist should:

A. Address the family dynamics therapeutically

B. Report to CPS

C. Remove the bullying child from treatment

D. Contact the child's school

84. A client who is a psychologist describes boundary crossings with their own clients. The therapist should:

- A. Report to the psychology board
- B. Ignore colleague practices
- C. Address it clinically while considering ethical obligations
- D. Terminate for professional misconduct

85. Under California law, what must an LMFT do when a client terminates treatment?

- A. Nothing specific is required
- B. Provide appropriate closure and referrals as clinically indicated
- C. Require a termination session
- D. Report to the BBS

86. A therapist receives a subpoena for deposition testimony about a client. The therapist should:

- A. Ignore the subpoena
- B. Provide testimony without consulting the client
- C. Comply fully with any questions asked
- D. Notify the client and assert privilege while responding appropriately

87. A client mentions they plan to lie on their upcoming tax return. The therapist should:

- A. Address it clinically while maintaining confidentiality
- B. Report to the IRS
- C. Refuse to treat clients who break laws

D. Advise the client to be honest

88. An LMFT learns that a former supervisee has been misrepresenting their credentials. The therapist should:

A. Ignore former supervisees' behavior

B. Contact the supervisee's clients

C. Consider addressing with the former supervisee and reporting if appropriate

D. Defend the supervisee

89. A client asks the therapist to provide ongoing documentation for workers' compensation. The therapist should:

A. Refuse all workers' comp documentation

B. Provide honest documentation based on clinical assessment

C. Provide whatever the client needs to maintain benefits

D. Refer to a forensic evaluator

90. Under California law, which is TRUE about confidentiality after a client's death?

A. Confidentiality ends immediately

B. Records become public

C. All information can be shared with family

D. Confidentiality generally continues with authorized representatives

91. A therapist notices a client frequently mentions their therapist friend's advice during sessions. The therapist should:

- A. Explore the dynamic and its impact on treatment
- B. Demand the client stop seeing the friend
- C. Consult with the friend therapist
- D. Ignore outside influences

92. A client asks the therapist to connect on LinkedIn. The therapist should:

- A. Accept professional network connections
- B. Accept only after termination
- C. Consider professional implications and typically decline
- D. Accept if profile is private

93. An LMFT treating a client with severe OCD notices the client's rituals are significantly worsening. The therapist should:

- A. Continue current approach
- B. Reassess treatment and consider additional interventions or referral
- C. Hospitalize for OCD
- D. Terminate for lack of progress

94. A client reveals they've accessed their ex-partner's email without permission. The therapist should:

- A. Report to law enforcement
- B. Advise immediate cessation
- C. Warn the ex-partner

D. Address it clinically as relevant to relationship patterns and boundaries

95. Under California law, an LMFT who learns of child abuse from a non-client source:

A. Still has reporting obligations if reasonable suspicion exists based on their professional role

B. Has no reporting obligation

C. Must only report if the child is a client

D. Should refer the reporter to CPS

96. A therapist's client describes making anonymous threatening calls to businesses. The therapist should:

A. Report to law enforcement

B. Warn the businesses

C. Assess the behavior clinically and determine if Tarasoff applies

D. Terminate for criminal activity

97. A client mentions their neighbor is a hoarder and it's affecting the building. The therapist should:

A. Report to building management

B. Keep focus on the client's concerns and reactions to the situation

C. Contact the neighbor

D. Report to adult protective services

98. An LMFT providing couples therapy learns both partners want individual therapy with the same therapist. The therapist should:

- A. See both individually since they're already working together
- B. Agree if both sign consent
- C. See only one individually
- D. Discuss implications and typically refer one or both to other therapists for individual work

99. A client asks the therapist to help them compose a text message to their partner. The therapist should:

- A. Consider the therapeutic value and respond appropriately to the request
- B. Write the text for the client
- C. Refuse to engage with relationship communications
- D. Text the partner directly

100. Under California law, practicing as an LMFT without a valid license is:

- A. A civil matter only
- B. Subject to a warning only
- C. A misdemeanor offense
- D. Permitted with client consent

PRACTICE TEST 11 — ANSWER KEY AND EXPLANATIONS

1. B. Address the anger clinically without reporting Planning to key someone's car, while illegal vandalism, does not meet the criteria for Tarasoff reporting because it involves property damage rather than serious physical violence to a person. The therapist should address the client's anger and desire for revenge as clinical material, exploring underlying feelings about the infidelity and helping the client find healthier ways to process their emotions. This provides an opportunity to work on impulse control and emotional regulation without breaching confidentiality for a relatively minor planned offense.

2. D. Assess for educational neglect and report to CPS if warranted While parents have the right to homeschool their children, they must provide actual education. A child receiving no education may be experiencing educational neglect, which can constitute reportable child neglect under California law. The therapist should assess the situation carefully, gathering more information about what "no actual education" means, and file a mandated report if they develop reasonable suspicion that the child's welfare is being harmed by lack of educational provision.

3. A. 12 years old Under California Family Code Section 6924, minors who are 12 years of age or older may consent to outpatient mental health treatment if the treating professional determines that the minor is mature enough to participate intelligently in the treatment. This provision allows adolescents to access needed mental health services without parental consent in appropriate circumstances, recognizing that some teens may need help but be unable or unwilling to involve their parents.

4. C. Verify authorization and respond appropriately while protecting privilege Attorney requests for records do not automatically override confidentiality. The therapist must verify that proper authorization exists from the client before releasing any information. Even with authorization, the therapist should consider what information is appropriate to release and protect privileged communications. The therapist should not provide records simply because an attorney requests them, nor should they selectively provide only favorable information, as this would compromise professional integrity.

5. B. Address it clinically as a work-related stress issue A nurse describing shortcuts in patient care due to understaffing presents concerning information, but therapists are not mandated to report to nursing boards. The therapist should address this clinically, exploring the client's feelings about the situation, the ethical distress it may cause, and potential solutions. This might include helping the client consider reporting concerns through appropriate workplace channels, but the therapist's role is clinical support rather than regulatory enforcement.

6. D. Decline to avoid dual relationship complications Accepting significant discounts or financial benefits from clients creates dual relationship complications that can compromise the therapeutic

relationship. Even if the discount is offered to all employee referrals, accepting it creates a financial benefit tied to the client relationship. The AMFT should decline and explain that maintaining clear professional boundaries protects the therapeutic work. The supervisor should be consulted, but the appropriate answer is to decline regardless.

7. A. Release of psychotherapy notes Under HIPAA, psychotherapy notes receive special protection and require specific written authorization from the client before they can be released. This authorization must be separate from general authorization for release of medical records. Standard disclosures for treatment, payment, and healthcare operations do not require specific authorization under HIPAA, but psychotherapy notes are treated differently because of their sensitive nature and the importance of protecting the therapeutic relationship.

8. C. Address the observation and its impact on treatment When a client appears intoxicated during sessions, the therapist should address this observation directly. Intoxication affects the client's ability to engage meaningfully in therapy and may indicate substance use issues that need clinical attention. The therapist should discuss the observation, explore its implications, and make clinical decisions about how to proceed. Simply ending sessions without discussion misses a clinical opportunity, while ignoring the issue allows ineffective treatment to continue.

9. B. Address it clinically while maintaining confidentiality Expense report fraud is not a mandated reporting situation for therapists. The therapist should address this behavior clinically, exploring what motivates it, any guilt or anxiety associated with it, and its potential consequences for the client. This provides an opportunity to examine the client's values, risk tolerance, and decision-making patterns. Maintaining confidentiality allows the client to explore this honestly without fear of the therapist reporting them to their employer.

10. D. Comply with the court order after appropriate review Court orders carry legal weight that differs from subpoenas. While therapists should review court orders carefully and may seek legal consultation, they must ultimately comply with valid court orders to release records. Refusing to comply with a court order can result in contempt of court charges. The therapist should review the order to ensure it is valid and specific, provide only what is ordered, and document compliance appropriately.

11. A. Address it clinically as relevant to treatment Catfishing people for money is fraudulent behavior but not a mandated reporting situation for therapists. The therapist should address this clinically, exploring what drives the behavior, the client's feelings about deceiving others, and the potential consequences. This behavior likely relates to broader patterns around relationships, finances, or self-concept that are relevant to treatment. Maintaining confidentiality allows for honest exploration of these issues.

12. C. Decline and explore therapeutic alternatives for managing the behavior Holding a client's credit cards to prevent impulsive spending is outside the therapeutic role and creates boundary complications. If something goes wrong, the therapist could be blamed or become entangled in the client's financial issues. Instead, the therapist should explore therapeutic approaches to impulse control, which

might include behavioral strategies, exploring underlying triggers, or referral to financial counseling. The impulse control issue itself is valuable clinical material.

13. B. Respect the member's confidentiality while supporting them Group members retain individual confidentiality rights, including the right to keep personal health information private from other group members. The therapist should respect the member's wish not to disclose their terminal illness while providing appropriate support for coping with the diagnosis. The therapist might encourage the member to consider sharing when ready, as group support can be valuable, but cannot require disclosure as a condition of continued membership.

14. D. Decline due to the two-year prohibition on sexual relationships with former clients California law prohibits sexual relationships between therapists and former clients for a minimum of two years following termination of therapy. A client who completed therapy one year ago is still within this prohibited period. Even after two years, such relationships require careful consideration of whether exploitation of the former therapeutic relationship might occur. The therapist should decline and may need to address any boundary confusion that led to the request.

15. A. Designated peace officers, specific mental health professionals, and certain trained individuals California Welfare and Institutions Code Section 5150 authorizes specific categories of individuals to initiate 72-hour psychiatric holds, including peace officers, designated members of mobile crisis teams, and professional persons designated by the county. The authority is not limited to psychiatrists nor available to all licensed therapists. Family members cannot initiate holds directly but can request evaluation by those authorized to do so.

16. C. Explore the pattern clinically and address any barriers to attendance Consistent last-minute cancellations represent a pattern worth exploring clinically. The therapist should address this with the client, exploring what might be contributing to the cancellations, whether there are barriers to attendance, and what the pattern might mean therapeutically. This could reveal important information about ambivalence, avoidance, practical obstacles, or relationship patterns. Charging without discussion or ignoring the pattern misses valuable clinical material.

17. B. Address the boundary violation directly in therapy A client finding the therapist's home address and driving by represents a boundary violation that must be addressed directly. While this behavior is concerning, it is more appropriately handled therapeutically than through immediate law enforcement involvement unless the therapist feels genuinely threatened. The therapist should explore what motivated this behavior, set clear limits, and assess whether the therapeutic relationship can continue safely. This often reveals important clinical material about attachment and boundaries.

18. D. Explore concerns, provide information, and advocate for the teen's wellbeing Controversial residential programs for troubled teens have been associated with harm in some cases. The therapist should explore the parents' concerns that led to considering this option, provide information about potential risks and alternatives, and advocate for the teen's wellbeing. This doesn't mean opposing all parental decisions,

but ensuring parents have complete information to make an informed choice. The therapist's role includes protecting the minor client's interests.

19. A. Discuss email communication including benefits, limitations, and privacy considerations

Email communication between sessions can be useful but raises privacy and clinical considerations that should be discussed. The therapist should address issues including email security, what types of communication are appropriate via email, response time expectations, and how emails will be handled in the clinical record. Having this discussion as part of informed consent allows both parties to understand expectations and limitations rather than discovering problems later.

20. C. Three years from discovery or seven years from the act, whichever is earlier The BBS generally must initiate disciplinary action within three years of discovering the violation or seven years from when the act occurred, whichever comes first. Some exceptions exist for more serious violations. Understanding these timelines is important for both therapists facing complaints and those considering reporting colleagues. The statute of limitations protects against indefinite vulnerability while allowing reasonable time for violations to be discovered and addressed.

21. B. Address it clinically as an interpersonal pattern Using intimidation to control employees reflects interpersonal patterns relevant to treatment. The therapist should explore this behavior clinically, examining how the client relates to power, what they fear might happen without control, and how these patterns might appear in other relationships. This is not a reporting situation, and contacting the client's employer or employees would breach confidentiality. The clinical focus should be on understanding and potentially changing the pattern.

22. D. Decline to sign false documentation Signing documentation stating a client completed a program they did not complete constitutes fraud. The therapist must decline regardless of the consequences for the client. Falsifying documentation violates ethical standards, could result in loss of license, and may have legal consequences. The therapist should discuss the situation with the client, explain why they cannot sign, and explore what led to the client not completing the program and what options exist now.

23. A. Consider reporting to appropriate authorities after careful consideration Billing insurance for sessions that never occurred is fraud that harms clients, insurance companies, and the profession. Therapists have ethical obligations to address unethical colleague behavior. This might begin with direct conversation with the colleague, but if fraud continues, reporting to appropriate authorities including the BBS and potentially insurance fraud investigation units may be necessary. Ignoring such behavior fails to protect the public and undermines professional integrity.

24. C. Assess the situation and respond appropriately to potential exploitation A 16-year-old sending nude photos to an adult raises serious concerns about potential sexual exploitation of a minor. The therapist should assess the situation carefully, including the age of the adult partner and the nature of the relationship. Depending on circumstances, this could constitute child sexual exploitation requiring a mandated report. Even if not clearly reportable, the therapist should address safety concerns with the client and consider appropriate involvement of parents.

25. B. Seven years after termination or until the minor turns 25, whichever is longer California law requires that records for minor clients be retained for seven years after termination of treatment OR until the minor reaches age 25, whichever period is longer. This extended retention period recognizes that minors may need access to their records as adults and provides time for potential legal matters to arise. This requirement exceeds the standard seven-year retention for adult clients.

26. D. Address it clinically and assess for danger to household members requiring intervention Hoarding that creates fire hazards presents clinical and safety concerns. The therapist should address this within treatment, working on the hoarding behavior while assessing whether the living conditions endanger any household members, particularly children, elderly persons, or dependent adults who might require mandated reporting. The therapist should also assess the client's capacity to address the situation and consider whether additional interventions or referrals are needed.

27. A. Provide general information about finding legal resources without specific recommendations Therapists can provide general guidance about accessing legal resources without making specific attorney recommendations, which could create complications if the referral doesn't work out well. Recommending the therapist's own attorney or attorneys who refer clients to the therapist creates potential conflicts of interest. The therapist might suggest resources like the local bar association's referral service or legal aid organizations without endorsing specific attorneys.

28. C. Address the clinical and ethical implications of this complex situation Treating both partners in a marriage individually while one discloses infidelity creates an extremely complex ethical situation. The therapist cannot simply tell the spouse about the infidelity (confidentiality violation) but also faces challenges maintaining effective treatment relationships with both. The therapist should address these complications directly, which may ultimately require transferring one or both clients to other therapists. This situation illustrates why treating multiple family members individually requires careful consideration.

29. B. Consider the therapeutic meaning and respond appropriately Client-created artwork as a gift carries different meaning than purchased items and often has therapeutic significance. The therapist should consider what the gesture means to the client, the art's role in treatment, and how acceptance or refusal might affect the therapeutic relationship. In many cases, accepting artwork a client created during treatment can be appropriate and therapeutically meaningful, though the therapist should explore its significance.

30. D. Is waived for information relevant to the claims When a client files a malpractice lawsuit against their therapist, they waive privilege for information relevant to their claims. This is logical because the client cannot sue for harm while simultaneously preventing the therapist from discussing the treatment that allegedly caused harm. However, the waiver is limited to information relevant to the claims, and information unrelated to the lawsuit may remain privileged. The therapist should work with legal counsel to understand scope of waiver.

31. A. Explore the client's views while assessing for potential abuse Physical discipline of children is a topic where cultural values, parenting philosophies, and legal definitions of abuse intersect. The therapist should explore the client's views and intentions without immediately assuming abuse while remaining alert to descriptions that might cross the line into reportable abuse. Not all physical discipline constitutes abuse, but the therapist must assess whether what the client describes or intends could harm the child.

32. C. Clarify that LMFTs cannot provide medical recommendations but explore the client's needs LMFTs do not have authority to make medical recommendations, including recommendations for medical marijuana. The therapist should clarify this scope limitation while exploring what the client is hoping medical marijuana will help with. This might lead to discussion of symptoms, coping strategies, or appropriate referrals to providers who can evaluate medical marijuana appropriateness. The underlying concerns driving the request are clinically relevant.

33. B. Address the escalation and assess for safety concerns Increasing hostility in couples therapy requires therapeutic attention and safety assessment. The therapist should address the escalation pattern, help the couple understand what's happening, and assess whether the hostility poses safety risks outside sessions. This might involve discussing ground rules, de-escalation techniques, or whether couples therapy is currently appropriate. Ignoring escalation or taking sides would be therapeutically inappropriate.

34. D. Address it clinically as treatment material Lying on a resume to obtain employment is not a mandated reporting situation. The therapist should address this clinically, exploring the client's feelings about the deception, anxiety about being discovered, and what led to the decision to lie. This provides opportunity to examine the client's relationship with honesty, self-worth, and risk-taking. The therapist should not advise confession, which could have significant consequences, but should explore the clinical aspects.

35. A. Specific information about telehealth including risks, confidentiality, and emergency protocols California law requires specific informed consent for telehealth that addresses issues unique to technology-based services. This includes potential risks and benefits of telehealth, how confidentiality will be protected in electronic communications, what to do if technology fails, and emergency protocols when the client's location may be unknown or distant from the therapist. Standard consent language is insufficient for telehealth services.

36. C. Recording without all-party consent is illegal California is a two-party (all-party) consent state, meaning recording confidential communications without consent from all parties is illegal under Penal Code Section 632. A client secretly recording therapy sessions violates this law. The therapist should address this directly, explaining the legal issue and exploring what motivated the client to record secretly. This is also clinically significant material about trust and the therapeutic relationship.

37. B. Assess whether the situation involves exploitation of a vulnerable elder Religious giving is generally a personal choice, but elders with cognitive impairment may be vulnerable to exploitation, including by organizations that target vulnerable populations. The therapist should assess whether the mother has the cognitive capacity to make informed financial decisions and whether the giving represents

exploitation of a vulnerable elder that would require mandated reporting. Context matters significantly in these assessments.

38. D. Clarify that clinical judgment guides treatment while maintaining appropriate communication When attorneys refer clients and attempt to direct treatment goals, the therapist must clarify that clinical judgment, not attorney instructions, guides treatment. The therapist can communicate appropriately with attorneys within confidentiality bounds and with proper authorization, but treatment decisions must be made based on client welfare and professional standards, not legal strategy. This boundary protects both the client and the therapist's professional integrity.

39. A. Address it clinically while maintaining confidentiality A financial advisor prioritizing personal benefit over client interests raises ethical issues in their profession, but this is not a mandated reporting situation for therapists. The therapist should address this clinically, exploring the client's feelings about this practice, any ethical dissonance it creates, and what it reveals about the client's values and decision-making. Reporting to the SEC would breach confidentiality and is not required.

40. C. Can be discharged through warning, notifying police, or taking other reasonable steps California's Tarasoff duty allows therapists flexibility in how they discharge their duty to protect. Options include warning the intended victim, notifying law enforcement, or taking other reasonable steps to protect the foreseeable victim. The law does not require only warning, and the appropriate response may depend on circumstances. The duty applies when there is a serious threat of physical violence against a reasonably identifiable victim.

41. B. Explore this observation with the client including any safety concerns A partner waiting in the parking lot during every session could indicate concerning controlling behavior or could be completely benign. The therapist should explore this observation with the client, asking about the arrangement and assessing whether it raises any safety concerns such as intimate partner monitoring or control. This exploration may reveal important clinical information about the relationship dynamics.

42. D. Decline as this is outside the professional role and creates inappropriate dual relationship Cosigning a loan creates a financial and legal relationship with the client that is completely outside the therapeutic role. If the client defaulted, the therapist would be financially liable and potentially in conflict with the client. This request is so clearly outside appropriate boundaries that it should be declined without extensive deliberation. The therapist should explore what led to this request and what the client's actual needs are.

43. A. Assess for neglect and file a mandated report if warranted Poor hygiene and signs of hunger in children may indicate neglect. The therapist should assess the situation, considering patterns and severity, and file a mandated report if they develop reasonable suspicion of child neglect. Providing food during sessions might be appropriate as immediate assistance but doesn't address the underlying concern. The therapist's mandated reporting obligation applies even when the children are not direct clients.

44. C. Decline and explain professional boundary reasons Social media connections between therapists and current clients create boundary complications and confidentiality concerns. Accepting would reveal

the client is in treatment to anyone who can see their connections. The therapist should decline and explain that maintaining professional boundaries protects the therapeutic relationship and the client's privacy. This provides an opportunity to discuss boundaries and explore what prompted the request.

45. B. Advertising must be truthful and not misleading California Business and Professions Code requires that LMFT advertising be truthful and not misleading. Therapists may advertise their services but cannot make false claims about credentials, success rates, or specialties. Advertising regulations apply across media, not just newspapers. Understanding these requirements helps therapists market their practices appropriately while maintaining professional integrity.

46. D. Address it clinically while maintaining confidentiality Knowledge of environmental violations by a client's employer does not create reporting obligations for therapists. Environmental crimes are not among the mandated reporting categories for mental health professionals. The therapist should address this clinically, exploring how the client feels about working for such a company, any ethical dilemmas they face, and their options. Confidentiality must be maintained while providing therapeutic support.

47. A. Assess clinical justification and provide appropriate documentation if warranted Emotional support animal documentation should only be provided when clinically justified. The therapist should assess whether the client has a mental health condition that would benefit from an ESA, whether an ESA is appropriate for their living situation, and whether the request is clinically sound. If justified, documentation should accurately describe the clinical basis. Providing documentation without assessment or refusing all requests would both be inappropriate.

48. C. Address the dual relationship violation and take appropriate corrective action Providing therapy to friends constitutes a dual relationship that compromises clinical objectivity. The supervisor must address this violation directly with the supervisee, explaining why it's problematic and requiring corrective action. This might include transferring the client to another therapist, providing additional education about boundaries, and documenting the remediation. The supervisor has responsibility for ensuring appropriate practice.

49. B. Assess risk while exploring the fantasies clinically Violent fantasies about public figures require careful risk assessment but don't automatically trigger Tarasoff duties. Tarasoff typically requires a reasonably identifiable victim, and public figures may not meet this criterion in the same way as known individuals. The therapist should assess risk factors, explore the fantasies clinically to understand their meaning, and determine appropriate intervention. Many people have passing violent fantasies without intent or capability to act.

50. D. Using techniques significantly different from what the client originally consented to Informed consent is an ongoing process, and clients should be informed when treatment approaches change significantly from what they originally agreed to. This allows clients to make informed decisions about their care throughout treatment. While general consent covers standard therapy practices, introducing substantially different techniques, theoretical approaches, or treatment modalities should be discussed with the client and consent updated.

51. A. Consider the gesture and respond appropriately Gifts from family members who aren't clients present different considerations than gifts from clients. The therapist should consider the gesture's meaning, whether it creates any complications for the client's treatment, and how to respond appropriately. A gift basket from a family member expressing gratitude for help with their loved one may be appropriate to accept graciously in many circumstances, though the therapist should remain thoughtful about implications.

52. C. Address it clinically as relevant to treatment Gambling at work using company resources is problematic behavior but not a mandated reporting situation. The therapist should address this clinically, exploring whether it represents a gambling problem, what needs it serves, and potential consequences if discovered. This behavior pattern may relate to impulse control, risk-taking, or workplace dissatisfaction that are relevant to treatment goals.

53. B. Assess severity and work with the teen while considering appropriate parental involvement Self-harm by cutting requires careful assessment of severity, frequency, and suicidal intent. The therapist should work with the teen therapeutically while considering whether parental involvement is necessary for safety. Not all self-harm requires immediate parental notification, but parents may need to be involved if the behavior is severe or escalating. The therapist must balance the teen's confidentiality with safety concerns, following California's minor confidentiality provisions.

54. D. Decline as this is outside the professional role Storing cash for clients is completely outside the therapeutic role and creates numerous problems including potential liability, suspicion of money laundering, and boundary violations. The therapist should decline clearly and explore what's underlying the request. Why does the client need someone to hold cash? This might reveal important clinical information about financial management, relationships, or safety concerns that are relevant to treatment.

55. A. Maintain documentation and meet specific requirements for hours and format California law establishes specific requirements for LMFT supervision including documentation requirements, minimum hours of supervision, balance between individual and group supervision, and supervisor qualifications. Supervisors must maintain records of supervision provided and ensure supervisees receive appropriate oversight. These requirements protect clients by ensuring trainees receive adequate guidance and accountability.

56. C. Address it therapeutically as interpersonal conflict Neighbor conflict is common clinical material that should be addressed therapeutically. The therapist should help the client explore the conflict, their reactions to it, and potential responses. This is not a reporting situation and the therapist should not directly intervene by contacting the neighbor or law enforcement. The therapeutic focus should be on the client's experience and helping them navigate the situation effectively.

57. B. Explore the dissociative symptoms and address the behavior clinically Behavior during dissociative episodes provides important clinical information. The therapist should explore the dissociative symptoms, understand their triggers and frequency, and address how they affect the client's functioning. The shoplifting during dissociation is relevant to understanding the dissociative disorder

rather than being treated as simple theft. This may warrant additional assessment of the dissociative symptoms and appropriate treatment.

58. D. Disclose the connection and assess whether treatment can proceed objectively Prior social connections with clients, even distant ones like non-close high school classmates, should be disclosed so both parties can assess whether treatment can proceed objectively. The client has a right to know about the connection and decide whether they're comfortable continuing. In many cases, a distant prior acquaintance may not preclude effective treatment, but transparency allows informed decision-making.

59. A. Assess whether clinical documentation is appropriate and accurate for the request Disability parking documentation should be provided only when clinically appropriate. The therapist should assess whether the client's condition warrants the accommodation and whether they have sufficient clinical information to provide accurate documentation. LMFTs may document mental health conditions affecting functioning, but should only provide documentation they can support clinically. If the request seems outside their scope, referral to a physician may be appropriate.

60. C. Self-pay and uninsured clients The Good Faith Estimate requirement under the No Surprises Act applies to self-pay and uninsured clients, requiring providers to give them an estimate of expected charges before services are provided. This helps clients without insurance coverage understand their likely costs. The requirement doesn't apply the same way to clients with insurance coverage, where other cost-disclosure mechanisms exist.

61. B. Treat it as clinical material without judgment Adult consensual sex work, while illegal in most contexts, is not a mandated reporting situation. The therapist should treat this information as clinical material, exploring its meaning for the client, any concerns or conflicts they have, and how it relates to their therapeutic goals. Imposing judgment or attempting to convince the client to stop would compromise the therapeutic relationship and impose the therapist's values inappropriately.

62. D. Assess appropriateness and discuss limitations before making a clinical decision Text-only therapy has significant limitations that must be considered before agreeing. The therapist should assess whether this modality is appropriate for the client's needs, discuss limitations including inability to observe nonverbal cues and challenges with crisis management, and make a clinical decision about whether this can provide adequate care. Simply agreeing or refusing without thoughtful consideration would not serve the client well.

63. A. Take the information seriously and take appropriate clinical action Information about potential violence from any source should be taken seriously. The therapist can receive information without confirming the client is in treatment. Appropriate action might include attempting to contact the client for risk assessment, coordinating with emergency services if danger appears imminent, or taking other steps to ensure safety. The therapist should not simply ignore the information or tell the employer to handle it themselves.

64. C. Address any moral distress or clinical implications Veterinarians may face ethical dilemmas in their work, including owner requests for euthanasia of healthy animals. The therapist should address any

moral distress this causes the client and explore its clinical implications. This is not a reporting situation for the therapist, and the focus should be on the client's psychological experience rather than judging professional practices in another field.

65. B. A client presents a serious danger of violence to a reasonably foreseeable victim California's Tarasoff duty permits breaking confidentiality when a client presents a serious danger of physical violence to a reasonably foreseeable victim. This exception is specific and limited. Family concern, employer requests, and therapist disagreement with the client are not grounds for breaking confidentiality. The Tarasoff duty requires both serious violence threat and an identifiable victim.

66. D. Address the competence issue and ensure appropriate training or discontinuation Supervisors are responsible for ensuring supervisees practice within their competence. Using interventions without proper training can harm clients. The supervisor should address this directly, determine whether the supervisee should receive training in the intervention or stop using it, and ensure clients are receiving appropriate care. Allowing incompetent practice exposes clients to harm and the supervisee to liability.

67. A. Assess the situation and respond appropriately to potential child safety concerns A child communicating with adults online in concerning ways raises potential safety issues including grooming or exploitation. The therapist should gather more information about what "concerning" means, assess potential risk to the child, and respond appropriately. This might include filing a mandated report if exploitation is suspected or helping the parent address the situation. Child safety concerns warrant careful attention.

68. C. Address the privacy concern and determine who else is present Confidentiality requires that therapy conversations remain private. Unfamiliar voices in the background suggest others may be hearing the session without the therapist's knowledge or consent. The therapist should address this directly, asking who else is present and ensuring the session space is confidential. This protects both the client's privacy and the integrity of the therapeutic work.

69. B. Address it clinically as a behavioral pattern Taking office supplies from work is a behavioral pattern worth exploring clinically but not a reporting situation. The therapist should address what this behavior represents, whether it relates to feelings about work, entitlement, boundary issues, or other clinical concerns. This provides an opportunity to understand the client's patterns without the therapist becoming an agent of the employer or law enforcement.

70. D. 14 days The 5250 hold provides for up to 14 days of intensive treatment following a 5150 evaluation if the person continues to meet criteria and treatment certification is obtained. This is an important distinction from the initial 72-hour 5150 hold. Understanding these timeframes helps therapists know what to expect when clients are hospitalized and plan for continuity of care.

71. A. Help the client explore the decision rather than giving direct advice When clients seek direct advice about major life decisions, the therapist's role is typically to help them explore their own thoughts, feelings, and values rather than telling them what to do. This promotes client autonomy and self-

understanding. The therapist might help the client examine what's driving the desire to quit, what they hope to gain, and what factors they consider important in making the decision themselves.

72. C. Maintain neutrality and focus on the child's therapeutic needs In contentious custody situations, the treating therapist must maintain neutrality and focus on the child's therapeutic needs rather than becoming an advocate for either parent. The therapist should avoid making custody recommendations, which require formal evaluation by a qualified custody evaluator. Taking sides would compromise the therapeutic relationship and could harm the child by injecting the therapist into parental conflict.

73. B. Accept the heartfelt gesture graciously A homemade card expressing gratitude is a small, meaningful gift that is generally appropriate to accept graciously. Unlike expensive purchased items, handmade cards carry personal meaning without creating financial obligations or boundary concerns. Accepting such gestures acknowledges the client's expression while maintaining the therapeutic relationship. Analyzing the card for pathology or refusing it would be unnecessarily cold and potentially harmful to the relationship.

74. D. Express concern to the colleague directly and encourage appropriate support When a colleague appears impaired, the first step is typically direct, private expression of concern. This collegial approach respects the colleague while addressing potential harm to clients. The therapist might encourage the colleague to seek support, take time off, or address whatever is causing the impairment. If concerns aren't addressed and client safety appears at risk, further steps including reporting might become necessary.

75. A. Clients have a right to access their records with limited exceptions Under California law and HIPAA, clients generally have the right to access their treatment records. Limited exceptions exist, such as when access might cause substantial harm to the client or others. Therapists cannot deny all access, and access rights extend beyond what courts might order. Clients are entitled to their actual records, not just summaries, though therapists may offer to review records with clients.

76. C. Address it clinically as relevant to the client's patterns Lying to avoid jury duty reveals information about the client's relationship with civic responsibility, honesty, and authority. The therapist should address this clinically, exploring what motivates the avoidance and what it reveals about the client's patterns. This is not a reporting situation, and the therapeutic focus should be on understanding the behavior's meaning rather than enforcing compliance with civic duties.

77. B. Explore the pattern and its implications clinically Using managerial power to date subordinates raises workplace ethics and power dynamic concerns that are relevant clinical material. The therapist should explore this pattern, including how the client views power in relationships, potential consequences of their behavior, and what needs these relationships serve. This is not a reporting situation for the therapist but provides important information about the client's relationship patterns.

78. D. Explore the gesture's meaning in the next session Flowers delivered to the office warrant therapeutic exploration. The therapist should not simply accept without comment or return them abruptly but should explore what the gesture means to the client in the next session. This might reveal important

information about the therapeutic relationship, the client's attachment patterns, or boundary awareness. The exploration itself becomes valuable clinical material.

79. A. Address it clinically while maintaining confidentiality Forging a spouse's signature on financial documents is illegal but not a mandated reporting situation. The therapist should address this clinically, exploring what motivated the behavior, its implications for the marriage, and the client's feelings about the deception. This provides an opportunity to examine trust, boundaries, and communication in the client's relationships without the therapist breaching confidentiality to inform the spouse.

80. C. Work under the supervision of a qualified supervisor while meeting registration requirements LMFT trainees in California must be registered with the BBS and work under the supervision of qualified supervisors who meet specific requirements. The trainee status involves specific educational prerequisites and ongoing supervision requirements. Trainees cannot practice independently and must have their work overseen by supervisors who take responsibility for the quality of care provided.

81. B. Explore the concern and assess if reporting is warranted based on information gathered Secondhand concerns about a teacher's interest in a child warrant exploration to determine if reporting is appropriate. The therapist should gather more information from the client about what they've observed, assess whether this rises to reasonable suspicion of abuse or grooming, and file a mandated report if warranted. Not all concerning behavior constitutes abuse, but red flags should be taken seriously and assessed carefully.

82. D. Consider the request carefully regarding boundaries and therapeutic implications Invitations to client life events require careful consideration of boundaries and therapeutic implications. Attending could provide meaningful support or could blur boundaries inappropriately. The therapist should consider factors including the stage of treatment, the meaning of the invitation, potential complications, and whether attendance serves the client's therapeutic interests. A thoughtful decision-making process is more important than automatic acceptance or refusal.

83. A. Address the family dynamics therapeutically Severe bullying between siblings is concerning but represents family dynamics that should be addressed therapeutically within family treatment. The therapist should work with the family to understand and change the pattern. This is different from child abuse by a caregiver, which would require mandated reporting. Sibling aggression, while serious, is typically addressed through family intervention rather than external reporting.

84. C. Address it clinically while considering ethical obligations A psychologist describing boundary crossings presents a complex situation. The therapist should address this clinically, exploring the colleague's understanding of boundaries and the implications of their behavior. However, the therapist must also consider ethical obligations regarding colleague misconduct, particularly if the described behavior rises to the level of client exploitation. This may require consultation to navigate the competing considerations appropriately.

85. B. Provide appropriate closure and referrals as clinically indicated When clients terminate treatment, the therapist should provide appropriate closure and referrals as clinically indicated. This

includes summarizing progress, discussing ongoing needs, and providing referrals if continued treatment is recommended. While specific procedures aren't rigidly mandated, professional standards expect appropriate termination practices that serve client welfare. Therapists cannot require termination sessions but should offer them.

86. D. Notify the client and assert privilege while responding appropriately Upon receiving a deposition subpoena, the therapist should notify the client and assert privilege on their behalf. The therapist should not ignore the subpoena but also should not provide testimony without proper legal process and consideration of privilege. The therapist may need legal consultation to respond appropriately and protect the client's confidentiality while complying with legal requirements.

87. A. Address it clinically while maintaining confidentiality Planned tax evasion is not a mandated reporting situation for therapists. The therapist should address this clinically, exploring what motivates the plan, any concerns the client has, and what it reveals about their values and risk tolerance. Maintaining confidentiality allows the client to discuss this honestly. The therapist should not advise specific courses of action but can explore the implications the client identifies.

88. C. Consider addressing with the former supervisee and reporting if appropriate Credential misrepresentation by a former supervisee poses risks to clients and the profession. The therapist should consider addressing this with the former supervisee directly and may have obligations to report to the BBS if the misrepresentation involves falsely claiming licensure or credentials. Protecting the public from misrepresented credentials is an important professional responsibility that may extend beyond current supervisory relationships.

89. B. Provide honest documentation based on clinical assessment Workers' compensation documentation should be honest and based on clinical assessment. The therapist should document accurately what they observe and assess clinically, neither providing documentation beyond what they can support nor refusing reasonable requests for documentation. If the documentation needed is outside the therapist's expertise, referral to an appropriate evaluator may be warranted.

90. D. Confidentiality generally continues with authorized representatives Confidentiality obligations generally survive the client's death and do not end immediately. Records remain confidential and may be accessed by authorized representatives of the deceased, such as personal representatives or estate executors. The therapist cannot share information freely with family members simply because the client has died. This protects the deceased client's privacy interests and recognizes that disclosure could harm the client's memory or survivors.

91. A. Explore the dynamic and its impact on treatment A client frequently citing advice from a therapist friend creates an interesting dynamic worth exploring. The therapist should address what role this friend plays, how their advice affects the client's engagement in current treatment, and what the pattern might mean. This exploration provides insight into the client's relationship with authority, help-seeking patterns, and potential triangulation.

92. C. Consider professional implications and typically decline LinkedIn connections, while professional, still create boundary considerations with clients. The connection reveals the professional relationship to others and creates ongoing social media contact. The therapist should consider these implications and typically decline connections with current clients. After termination, the considerations may differ, but connections during active treatment generally should be avoided.

93. B. Reassess treatment and consider additional interventions or referral Significantly worsening symptoms indicate that current treatment may not be adequate. The therapist should reassess the treatment approach, consider whether additional interventions are needed, and potentially refer for more specialized treatment or medication evaluation. Continuing an ineffective approach or terminating for lack of progress would not serve the client's interests. OCD often requires specialized treatment approaches.

94. D. Address it clinically as relevant to relationship patterns and boundaries Accessing an ex-partner's email without permission raises boundary and legal concerns that are clinically relevant. The therapist should address this behavior, exploring what motivated it, what the client hoped to find, and what it reveals about their relationship patterns and boundary awareness. This is not a reporting situation but provides important clinical material about the client's functioning in relationships.

95. A. Still has reporting obligations if reasonable suspicion exists based on their professional role Mandated reporting obligations can be triggered by information received in a professional capacity, not only from direct clients. If a therapist learns of child abuse through their professional role and develops reasonable suspicion, they may have reporting obligations even if the abused child is not their client. The key is whether the information was received in a professional context and creates reasonable suspicion.

96. C. Assess the behavior clinically and determine if Tarasoff applies Anonymous threatening calls to businesses require careful assessment. The therapist should explore the behavior clinically while assessing whether Tarasoff duty applies. Anonymous threats to businesses may not meet the Tarasoff criteria of serious violence against identifiable victims, but this depends on the nature of the threats and whether specific individuals are at risk. Clinical assessment should determine appropriate response.

97. B. Keep focus on the client's concerns and reactions to the situation The neighbor's hoarding is not the client's issue to address through the therapist. The therapeutic focus should be on the client's concerns, reactions, and how they're coping with the situation. The therapist cannot report the neighbor to building management or protective services based on secondhand information from a client, and doing so would be outside the therapeutic role.

98. D. Discuss implications and typically refer one or both to other therapists for individual work When both partners in couples therapy want individual therapy with the same therapist, significant complications arise including confidentiality challenges, alliance concerns, and potential conflicts. The therapist should discuss these implications and typically refer one or both to other therapists for individual work. Some therapists have policies against providing both couples and individual therapy to the same people.

99. A. Consider the therapeutic value and respond appropriately to the request A request for help composing a text message can be addressed therapeutically. The therapist should consider what would serve the client, which might include helping them think through what they want to communicate, role-playing the conversation, or discussing communication patterns. The therapist should not simply write the text for the client, which wouldn't build their skills, but can help them develop their own message.

100. C. A misdemeanor offense Practicing as an LMFT without a valid license is a criminal offense in California, specifically a misdemeanor. This applies to individuals who hold themselves out as LMFTs without proper licensure. Client consent does not make unlicensed practice legal. This criminal penalty underscores the importance of maintaining valid licensure and the state's interest in protecting the public from unlicensed practitioners.