

FULL-LENGTH PRACTICE TESTS

Practice Test 12 – 100 Questions - Comprehensive Coverage Across All Domains

1. A therapist learns their client has been experiencing command hallucinations telling them to hurt themselves. The therapist should:

- A. Conduct a thorough risk assessment and consider psychiatric referral
- B. Hospitalize immediately without assessment
- C. Ignore auditory symptoms and focus on presenting problem
- D. Report to law enforcement

2. Under California law, which statement about continuing education for LMFTs is TRUE?

- A. CE is optional for experienced therapists
- B. Only ethics courses are required
- C. Specific content areas including law and ethics are mandated
- D. CE requirements end after 10 years of practice

3. A client asks the therapist to be their sponsor in a 12-step program. The therapist should:

- A. Agree to support the client's recovery
- B. Decline due to dual relationship concerns and help identify appropriate alternatives
- C. Agree only if meetings are at different times than therapy

D. Accept if the client has no other options

4. An LMFT discovers that a client has been posting about their therapy sessions on social media without identifying the therapist. The therapist should:

A. Report to law enforcement

B. Demand the posts be removed

C. Ignore social media activity

D. Explore the meaning and address any clinical or confidentiality implications

5. A therapist treating a child receives conflicting instructions from divorced parents with joint legal custody. The therapist should:

A. Clarify consent and treatment decisions with both parents and seek agreement

B. Follow only the mother's instructions

C. Follow only the father's instructions

D. Terminate treatment until parents agree

6. Under HIPAA, the minimum necessary standard requires:

A. Sharing complete records with any requester

B. Denying all disclosure requests

C. Limiting disclosures to information needed for the stated purpose

D. Providing only verbal summaries

7. A client mentions they've been stealing prescription pads from their physician employer. The therapist should:

- A. Report to the medical board
- B. Address it clinically while assessing for substance use and other concerns
- C. Report to law enforcement
- D. Terminate for criminal activity

8. An AMFT notices their supervisor frequently cancels supervision meetings. The AMFT should:

- A. Practice without supervision until meetings resume
- B. Ignore the cancellations
- C. Wait indefinitely for the supervisor
- D. Address the concern and ensure adequate supervision is obtained

9. A therapist's client describes deliberately giving their partner an STI without disclosure. The therapist should:

- A. Assess the situation and address clinically while considering legal and ethical obligations
- B. Warn the partner immediately
- C. Report to law enforcement
- D. Terminate for harmful behavior

10. Under California law, which is TRUE about therapist-client privilege in criminal proceedings?

- A. Privilege never applies in criminal cases
- B. Privilege is automatically waived
- C. Privilege generally applies with specific exceptions

D. Only judges can assert privilege

11. A client reveals they have been impersonating a licensed professional online. The therapist should:

- A. Report to the relevant licensing board
- B. Address it clinically as a behavioral and ethical issue
- C. Report to law enforcement for fraud
- D. Terminate for dishonesty

12. A therapist receives a call from a hospital stating their client was admitted after a suicide attempt. The therapist should:

- A. Refuse to acknowledge the client relationship
- B. Share complete treatment records immediately
- C. Ignore calls from hospitals
- D. Verify the situation and coordinate care appropriately with proper authorization

13. An LMFT treating a couple notices that one partner consistently minimizes the other's concerns. The therapist should:

- A. Address the pattern therapeutically within the session
- B. Side with the minimized partner
- C. Ignore communication patterns
- D. Terminate the minimizing partner

14. A client asks the therapist for documentation stating they cannot work due to anxiety. The therapist should:

- A. Provide documentation to help the client
- B. Refuse all work-related documentation
- C. Assess clinical justification and provide honest documentation if appropriate
- D. Refer to a psychiatrist for all disability matters

15. Under California law, the BBS has authority to:

- A. Prosecute criminal cases
- B. Investigate complaints and impose disciplinary action on licensees
- C. Override court orders
- D. License physicians

16. A therapist notices a client's young child has cigarette burns on their arms during a family session. The therapist should:

- A. Wait to see if more injuries appear
- B. Ask the parents about the burns before reporting
- C. Assume they are accidental
- D. File a mandated report for suspected child abuse

17. A client mentions their elderly parent has been isolated from family by a new caregiver. The therapist should:

- A. Assess for potential elder abuse and report if isolation indicates abuse or neglect
- B. Ignore family dynamics

- C. Contact the caregiver directly
- D. Advise the client to handle it themselves

18. An LMFT providing group therapy learns a member has relapsed on substances. The therapist should:

- A. Immediately remove the member from group
- B. Report to law enforcement
- C. Address it therapeutically within the group context as appropriate
- D. Ignore substance use outside sessions

19. A client asks if they can bring a service animal to sessions. The therapist should:

- A. Refuse all animals in the office
- B. Allow legitimate service animals as required by law
- C. Require documentation of disability
- D. Allow only if other clients agree

20. Under California law, what happens when a therapist fails to make a required mandated report?

- A. No consequences exist
- B. Only civil liability applies
- C. The therapist receives a warning
- D. The therapist may face criminal charges and professional discipline

21. A therapist's client describes having an affair with a married coworker. The therapist should:

- A. Address it clinically as relevant treatment material
- B. Contact the coworker's spouse
- C. Advise the client to end the affair
- D. Report to the client's employer

22. A client gives the therapist their deceased mother's ring as a gift. The therapist should:

- A. Accept immediately to honor the gesture
- B. Accept only if appraised first
- C. Explore the meaning and generally decline items of significant sentimental value
- D. Report to the BBS

23. An LMFT learns their supervisee has developed a social media friendship with a client's family member. The supervisor should:

- A. Ignore social media relationships
- B. Address the boundary concern and require appropriate action
- C. Report to the BBS immediately
- D. Allow it if no clinical information is shared

24. A client in therapy mentions they work as a building inspector and have been accepting bribes to overlook violations. The therapist should:

- A. Report to the building department
- B. Report to law enforcement
- C. Advise the client to stop immediately

D. Address it clinically while maintaining confidentiality

25. Under California law, informed consent must include:

A. Information about the therapy process, risks, benefits, alternatives, and confidentiality limits

B. Only fee information

C. Only the therapist's credentials

D. Only emergency contact procedures

26. A therapist notices that sessions with a particular client consistently run over time. The therapist should:

A. Continue without addressing it

B. Charge extra for overtime

C. Address the pattern and maintain appropriate session boundaries

D. Shorten other clients' sessions to compensate

27. A client asks the therapist to provide a letter confirming the client is a good parent for use in a custody dispute. The therapist should:

A. Write a supportive letter to help the client

B. Explain limitations of the treating therapist role in custody matters

C. Provide the letter if the client is indeed a good parent

D. Contact the other parent for their perspective

28. An LMFT's client reveals they have multiple other therapists they're seeing simultaneously without anyone knowing. The therapist should:

- A. Terminate for deception
- B. Report to the other therapists
- C. Ignore treatment choices
- D. Explore the situation clinically and discuss coordination of care

29. A therapist receives a request from a client's insurance company for treatment records. The therapist should:

- A. Provide only minimum necessary information with proper authorization
- B. Provide complete records automatically
- C. Refuse all insurance requests
- D. Provide records without authorization since insurance is paying

30. Under California law, a therapist's duty to protect applies when:

- A. Any client expresses anger
- B. A client has a history of violence
- C. A client makes a serious threat of violence against a reasonably identifiable victim
- D. A client mentions owning weapons

31. A client mentions their teenage daughter has been engaging in self-harm. The daughter is not the therapist's client. The therapist should:

- A. Immediately contact the daughter
- B. Explore the situation with the client and provide guidance on getting the daughter appropriate help

- C. Report to CPS for child abuse
- D. Ignore information about non-clients

32. A therapist treating an adolescent notices significant weight loss over several weeks. The therapist should:

- A. Compliment the weight loss
- B. Ignore physical changes
- C. Wait for the client to mention it
- D. Assess for eating disorders and consider medical referral

33. An LMFT receives notification that their license is due for renewal. The therapist must:

- A. Complete required CE hours and submit renewal with fee before expiration
- B. Continue practicing while renewal is processed regardless of deadline
- C. Only pay the fee
- D. Obtain supervisor approval

34. A client asks to see the therapist's notes from their sessions. Under California law, the therapist should:

- A. Refuse all record access
- B. Provide only a verbal summary
- C. Generally provide access with limited exceptions
- D. Require a court order

35. A therapist notices their client has been texting during sessions. The therapist should:

- A. Ignore the behavior
- B. Address the behavior and its impact on treatment
- C. Confiscate the phone
- D. End sessions when texting occurs

36. Under California law, which is TRUE about the treatment of minors?

- A. Only parents can consent to treatment
- B. Courts can never order treatment
- C. Minors have no confidentiality rights
- D. Some minors may consent to their own treatment under specific circumstances

37. A client reveals they have unreported income from a side business. The therapist should:

- A. Address it clinically while maintaining confidentiality
- B. Report to the IRS
- C. Advise the client to report the income
- D. Terminate for illegal activity

38. An LMFT providing telehealth services has a client who frequently has poor internet connection. The therapist should:

- A. Terminate for technology problems
- B. Ignore connection issues
- C. Discuss alternatives and develop a plan for managing technical difficulties

D. Require in-person sessions only

39. A client mentions their spouse has been monitoring their location through their phone. The therapist should:

- A. Ignore technology use in relationships
- B. Assess for potential intimate partner concerns and address clinically
- C. Report for stalking
- D. Contact the spouse

40. Under California law, the purpose of the licensing requirement for MFTs is:

- A. To generate state revenue
- B. To limit the number of therapists
- C. To increase therapist income
- D. To protect the public from unqualified practitioners

41. A therapist learns their client has been secretly videotaping sexual encounters without partners' consent. The therapist should:

- A. Address the serious legal and ethical implications clinically
- B. Report to law enforcement immediately
- C. Warn potential victims
- D. Terminate for criminal behavior

42. A client asks the therapist how they should vote on an upcoming ballot measure. The therapist should:

- A. Share their political opinion
- B. Tell the client how to vote
- C. Explore the client's values and decision-making process without directing
- D. Refuse to discuss civic matters

43. An LMFT notices a pattern of clients from one referral source terminating prematurely. The therapist should:

- A. Ignore referral source patterns
- B. Reflect on whether there are issues with fit or expectations from that source
- C. Stop accepting referrals from that source
- D. Report the referral source

44. A client discloses they have been watering down products at their retail job. The therapist should:

- A. Report to the employer
- B. Report to consumer protection
- C. Advise the client to stop
- D. Address it clinically as relevant to treatment

45. Under California law, how long must an LMFT retain client records after termination?

- A. A minimum of seven years
- B. Three years
- C. Ten years

D. Until the client requests destruction

46. A therapist receives a voicemail from someone claiming to be a client's spouse requesting information. The therapist should:

- A. Return the call and provide information
- B. Confirm the client is in treatment but share nothing else
- C. Not confirm or deny the client relationship without proper authorization
- D. Provide information only about diagnosis

47. A client describes regularly leaving their young children home alone while they go to work. The therapist should:

- A. Respect parenting choices
- B. Assess the situation including children's ages and safety, and report if neglect is suspected
- C. Report to CPS immediately without assessment
- D. Contact the client's employer

48. An LMFT providing supervision notices a supervisee seems emotionally distressed. The supervisor should:

- A. Ignore personal matters
- B. Report to the BBS
- C. Terminate supervision
- D. Express concern and assess whether it affects clinical work

49. A therapist's client mentions they found out personal information about the therapist online and wants to discuss it. The therapist should:

- A. Explore what the client found and its meaning for the therapeutic relationship
- B. Refuse to discuss personal information
- C. Immediately delete all online presence
- D. Terminate for boundary violation

50. Under HIPAA, a breach of unsecured PHI affecting 500 or more individuals requires:

- A. No notification
- B. Notification only to affected individuals
- C. Notification to affected individuals, HHS, and media
- D. Notification only to HHS

51. A client reveals they've been taking their elderly parent's pain medication. The therapist should:

- A. Report for elder abuse immediately
- B. Assess the situation including potential substance use and impact on the elder
- C. Ignore family medication sharing
- D. Report to law enforcement

52. A therapist notices a colleague making jokes about clients in the break room. The therapist should:

- A. Laugh along to maintain collegial relations
- B. Ignore colleague behavior
- C. Report to the BBS immediately

D. Address the concern with the colleague about professional ethics

53. An LMFT treating a family learns the parents are planning to kick out their 16-year-old for being gay. The therapist should:

A. Address the situation clinically while advocating for the minor's safety and wellbeing

B. Support parental authority unconditionally

C. Report to CPS immediately

D. Terminate treatment

54. A client asks the therapist to lie on a form saying they attended more sessions than they actually did. The therapist should:

A. Comply to help the client

B. Lie only if the client pays for the fake sessions

C. Decline and provide accurate documentation only

D. Report the client for fraud

55. Under California law, what must a therapist do when a client files a complaint with the BBS?

A. Destroy relevant records

B. Respond appropriately to the investigation while maintaining records

C. Contact the client to resolve it

D. Immediately admit fault

56. A therapist's client describes being in a consensual polyamorous relationship. The therapist should:

- A. Pathologize the relationship structure
- B. Convince the client to be monogamous
- C. Insist on seeing all partners
- D. Treat it as clinical material without imposing judgments about relationship structure

57. A client mentions they occasionally drive after drinking one or two beers. The therapist should:

- A. Explore the behavior clinically including frequency and impairment
- B. Report to the DMV
- C. Terminate for dangerous behavior
- D. Ignore legal alcohol consumption

58. An LMFT receives a Facebook friend request from a current client's adult child. The therapist should:

- A. Accept to gather information about the client's family
- B. Accept only professional network requests
- C. Decline to avoid boundary complications
- D. Accept after termination only

59. A client reveals they cheated on their spouse and contracted an STI but haven't told their spouse. The therapist should:

- A. Immediately tell the spouse
- B. Address the situation clinically including health implications and the client's decision-making
- C. Report to health authorities

D. Terminate for immoral behavior

60. Under California law, practicing under the influence of alcohol or drugs is:

A. Acceptable if it doesn't affect performance

B. A personal choice

C. Legal if licensed

D. Grounds for disciplinary action

61. A therapist learns their client has been spreading false rumors about a colleague. The therapist should:

A. Address it clinically as relevant to the client's interpersonal patterns

B. Warn the colleague

C. Report to law enforcement

D. Terminate for defamation

62. A client asks the therapist to complete a form certifying they are mentally fit to purchase a firearm. The therapist should:

A. Refuse all firearm-related requests

B. Complete whatever form the client needs

C. Consider the request carefully and provide honest documentation if clinically appropriate

D. Report the client for wanting a firearm

63. An LMFT providing family therapy notices tension between parents that seems unrelated to the identified patient. The therapist should:

- A. Ignore marital issues
- B. Address the family system dynamics as relevant to treatment
- C. Insist on couples therapy first
- D. Terminate family therapy

64. A client gives the therapist a small plant for their office. The therapist should:

- A. Refuse all gifts absolutely
- B. Accept only expensive gifts
- C. Report to the BBS
- D. Consider the gesture appropriately and often accept a small token gift graciously

65. Under California law, sexual contact between a therapist and client is:

- A. Always prohibited during and for at least two years after treatment
- B. Acceptable after termination
- C. Allowed with consent
- D. Only prohibited during treatment

66. A therapist's client describes using their company's computers for personal cryptocurrency mining. The therapist should:

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

D. Advise the client to stop immediately

67. A client in group therapy asks to meet another group member for coffee. The therapist should:

- A. Forbid all contact between members outside group
- B. Address the request and explore implications for group dynamics and boundaries
- C. Encourage socializing to build group cohesion
- D. Remove both members from group

68. An LMFT treating a client with severe depression notices the client has stopped grooming and appears disheveled. The therapist should:

- A. Ignore appearance changes
- B. Criticize the client's appearance
- C. Refer for medical evaluation only
- D. Assess for worsening depression and self-care capacity

69. A client reveals they've been maintaining a fake social media profile to monitor their ex. The therapist should:

- A. Address it clinically including boundary issues and moving on from the relationship
- B. Report for stalking
- C. Contact the ex
- D. Terminate for deceptive behavior

70. Under California law, a therapist who witnesses another therapist engaging in sexual misconduct with a client should:

- A. Ignore it as not their business
- B. Wait to see if it happens again
- C. Consider reporting to the BBS
- D. Handle it informally

71. A therapist notices their client smells strongly of alcohol at a morning session. The therapist should:

- A. Ignore the smell
- B. Address the observation and assess for substance use concerns
- C. Refuse to hold the session
- D. Report to law enforcement

72. A client mentions their neighbor keeps exotic animals that seem poorly cared for. The therapist should:

- A. Report to animal control
- B. Investigate the neighbor
- C. Contact the neighbor
- D. Keep focus on the client's concerns rather than third-party situations

73. An LMFT learns that a former client has become a licensed therapist and is now a colleague. The therapist should:

- A. Maintain appropriate professional boundaries while respecting confidentiality
- B. Disclose the former treatment to colleagues

- C. Refuse to interact professionally
- D. Pretend they don't know the person

74. A client asks for a letter stating they have PTSD for a legal case, though the therapist has not diagnosed them with PTSD. The therapist should:

- A. Write the letter to help the client
- B. Diagnose PTSD to provide the letter
- C. Provide honest documentation based on actual clinical findings
- D. Refuse any legal-related documentation

75. Under California law, an LMFT trainee must:

- A. Be fully licensed before seeing clients
- B. Be registered with the BBS and work under appropriate supervision
- C. Only observe sessions
- D. Have a medical degree

76. A therapist is subpoenaed to testify in a client's divorce case. The therapist should:

- A. Ignore the subpoena
- B. Testify fully without consulting the client
- C. Comply immediately with all requests
- D. Assert privilege, notify the client, and seek legal guidance

77. A client reveals they regularly exceed the speed limit significantly when driving. The therapist should:

- A. Address any risk-taking patterns clinically if relevant to treatment
- B. Report to law enforcement
- C. Report to the DMV
- D. Terminate for dangerous behavior

78. An LMFT providing couples therapy learns both partners want to continue but one wants to add individual therapy elsewhere. The therapist should:

- A. Forbid outside treatment
- B. Terminate couples therapy
- C. Support the client's right to seek additional treatment and discuss coordination
- D. Report to the other therapist

79. A client mentions they've been using a fake diploma to maintain their job. The therapist should:

- A. Report to the employer
- B. Address it clinically as treatment material including anxiety and consequences
- C. Report to law enforcement
- D. Terminate for fraud

80. Under California law, which is TRUE about records following a therapist's death?

- A. Records are automatically destroyed
- B. Records become public
- C. Family members may access all records

D. A designated person should manage records according to legal requirements

81. A therapist learns their client has written a will leaving them a significant inheritance. The therapist should:

A. Address this as a significant boundary issue and decline the bequest

B. Accept if the client insists

C. Wait until the client dies to decide

D. Report to the BBS

82. A client asks the therapist to recommend a specific medication to their psychiatrist. The therapist should:

A. Tell the psychiatrist what to prescribe

B. Refuse to discuss medication

C. Encourage the client to discuss their concerns with the psychiatrist directly

D. Prescribe the medication themselves

83. An LMFT notices that a client's injuries are inconsistent with their explanations. The therapist should:

A. Accept all client explanations

B. Gently explore the inconsistencies and assess for potential abuse or self-harm

C. Report to law enforcement immediately

D. Ignore physical observations

84. A client reveals they've been coaching their child on what to say in a custody evaluation. The therapist should:

- A. Report to the court
- B. Advise the client to continue
- C. Ignore custody-related behavior
- D. Address the behavior clinically and discuss potential implications

85. Under California law, which statement about supervision of AMFTs is TRUE?

- A. Supervisors must meet specific qualifications and requirements
- B. Any licensed professional can supervise
- C. Supervision is optional after one year
- D. Supervisors have no liability for supervisees

86. A therapist treating an adult client learns the client experienced childhood abuse by a perpetrator who now works with children. The therapist should:

- A. Ignore historical information
- B. Report only if the client requests it
- C. Assess whether current children may be at risk and report if warranted
- D. Contact the perpetrator's employer directly

87. A client asks the therapist to hold therapy sessions at a coffee shop instead of the office. The therapist should:

- A. Agree to accommodate the client
- B. Discuss confidentiality concerns and maintain appropriate treatment settings

- C. Agree if the coffee shop is quiet
- D. Report the request to the BBS

88. An LMFT learns that a colleague has been making discriminatory comments about LGBTQ+ clients. The therapist should:

- A. Ignore personal opinions
- B. Laugh along if the comments are meant as jokes
- C. Address the concern directly with the colleague regarding professional ethics
- D. Report to law enforcement

89. A client mentions they occasionally use their neighbor's WiFi without permission. The therapist should:

- A. Focus on presenting problems rather than minor issues unless clinically relevant
- B. Report for theft of services
- C. Demand the client stop
- D. Terminate for theft

90. Under California law, records created by the therapist belong to:

- A. The client exclusively
- B. The insurance company
- C. The therapist, with clients having access rights
- D. The BBS

91. A therapist realizes mid-session they are feeling unusually irritable with a particular client. The therapist should:

- A. Express the irritation to the client
- B. Note the countertransference and explore it in consultation or personal therapy
- C. Terminate the client
- D. Ignore personal reactions

92. A client asks the therapist what church they attend. The therapist should:

- A. Share religious beliefs freely
- B. Refuse to answer any personal question
- C. Demand to know why the client is asking
- D. Consider the therapeutic purpose of the question and respond appropriately

93. An LMFT providing group therapy notices that group members have been communicating outside of group about other members. The therapist should:

- A. Address confidentiality concerns in the group
- B. Ignore out-of-group communication
- C. Terminate all members involved
- D. Report to law enforcement

94. A client presents with symptoms that seem beyond the therapist's expertise. The therapist should:

- A. Continue treatment and learn as they go
- B. Pretend competence to retain the client
- C. Consult, seek additional training, or refer appropriately

D. Terminate without explanation

95. Under California law, the primary ethical obligation of an LMFT is to:

- A. The therapist's employer
- B. The client's welfare
- C. The insurance company
- D. The referral source

96. A therapist notices their client has track marks on their arms but the client denies drug use. The therapist should:

- A. Accept the denial without question
- B. Confront the client aggressively
- C. Report to law enforcement
- D. Note the observation and gently explore substance use when clinically appropriate

97. A client asks the therapist to FaceTime with them daily for support between sessions. The therapist should:

- A. Discuss appropriate between-session contact and maintain therapeutic boundaries
- B. Agree to provide daily support
- C. Block the client's number
- D. Report to the BBS

98. An LMFT learns their client is being investigated for a crime. The therapist should:

- A. Cooperate with investigators without authorization
- B. Terminate for potential criminal activity
- C. Continue treatment and maintain confidentiality unless legally compelled otherwise
- D. Advise the client to confess

99. A client reveals they occasionally shoplift for the thrill of it. The therapist should:

- A. Report to law enforcement
- B. Explore the behavior clinically including what needs it serves
- C. Advise the client to stop immediately
- D. Terminate for criminal activity

100. Under California law, an LMFT's advertising must:

- A. Make no claims about services
- B. Include only name and license number
- C. Avoid all social media
- D. Be truthful and not misleading or deceptive

PRACTICE TEST 12 — ANSWER KEY AND EXPLANATIONS

1. A. Conduct a thorough risk assessment and consider psychiatric referral Command hallucinations instructing self-harm represent a serious clinical concern requiring careful assessment. The therapist should evaluate the client's ability to resist the commands, history of acting on hallucinations, current suicide risk, and overall functioning. Psychiatric referral is often appropriate for medication evaluation when command hallucinations are present. Immediate hospitalization may become necessary based on assessment findings, but a thorough evaluation should guide that decision rather than automatic hospitalization without assessment.

2. C. Specific content areas including law and ethics are mandated California requires LMFTs to complete 36 hours of continuing education every two-year renewal period, with specific mandated content areas including law and ethics, suicide risk assessment and intervention, and aging and long-term care. These requirements apply throughout the therapist's career regardless of experience level. The mandated content areas ensure therapists maintain current knowledge in critical areas that affect client safety and legal compliance.

3. B. Decline due to dual relationship concerns and help identify appropriate alternatives Serving as a 12-step sponsor creates a dual relationship that would compromise the therapeutic relationship. The sponsor role involves a different type of relationship with different boundaries than therapy. The therapist should decline while helping the client understand why this boundary is important and assisting them in finding an appropriate sponsor through their 12-step community. This maintains professional boundaries while still supporting the client's recovery efforts.

4. D. Explore the meaning and address any clinical or confidentiality implications A client posting about their therapy on social media, even without identifying the therapist, provides clinical material worth exploring. The therapist should discuss what motivated the posts, what the client hopes to gain, and whether there are any confidentiality implications for the client. This behavior may reveal important information about boundaries, need for validation, or processing of therapeutic work that becomes valuable treatment material.

5. A. Clarify consent and treatment decisions with both parents and seek agreement When divorced parents share joint legal custody, both typically have rights regarding treatment decisions for their child. The therapist should clarify the custody arrangement, ensure proper consent from both parents, and work toward agreement on treatment goals. When parents disagree, the therapist may need to help facilitate communication or potentially require parents to resolve disagreements before treatment can proceed effectively.

6. C. Limiting disclosures to information needed for the stated purpose HIPAA's minimum necessary standard requires covered entities to make reasonable efforts to limit disclosures to the minimum amount of protected health information necessary to accomplish the intended purpose. This means providing only what is needed rather than complete records when responding to authorized requests. The standard protects client privacy while allowing appropriate information sharing for legitimate purposes.

7. B. Address it clinically while assessing for substance use and other concerns Stealing prescription pads suggests possible substance use issues or diversion that warrant clinical attention. The therapist should assess for substance use disorder, explore what's driving the behavior, and address it therapeutically. This is not a mandated reporting situation for the therapist, but the clinical implications are significant. The behavior may indicate addiction, financial problems, or other issues requiring therapeutic intervention.

8. D. Address the concern and ensure adequate supervision is obtained AMFTs cannot practice without adequate supervision, and frequent cancellations compromise the required oversight. The AMFT should address the concern directly with the supervisor, document the pattern, and ensure they receive the required supervision hours. If the supervisor cannot provide adequate supervision, the AMFT may need to arrange for a different supervisor. Practicing without supervision violates California law and puts clients at risk.

9. A. Assess the situation and address clinically while considering legal and ethical obligations Deliberately transmitting an STI without disclosure is both harmful and potentially criminal. The therapist should assess the full situation, including whether transmission actually occurred and the ongoing risk to the partner. California has specific laws regarding HIV transmission that may create reporting obligations in certain circumstances. The therapist should address this clinically while consulting on any legal obligations based on the specific circumstances.

10. C. Privilege generally applies with specific exceptions Therapist-client privilege generally applies in criminal proceedings, protecting confidential communications from compelled disclosure. However, specific exceptions exist, such as when the client raises their mental state as a defense or in certain court-ordered evaluations. The privilege belongs to the client and must be asserted on their behalf. Understanding how privilege operates in criminal contexts helps therapists protect client confidentiality appropriately.

11. B. Address it clinically as a behavioral and ethical issue Impersonating a licensed professional online is concerning behavior that warrants clinical attention, but therapists are not mandated to report to licensing boards. The therapist should explore what motivates this behavior, its implications, and what needs it serves for the client. This might connect to issues of identity, self-esteem, or desire for status that are relevant treatment material. The clinical focus should be on understanding and changing the pattern.

12. D. Verify the situation and coordinate care appropriately with proper authorization When a client is hospitalized after a suicide attempt, appropriate care coordination serves the client's interests. The therapist should verify the situation is legitimate, obtain or confirm proper authorization for information

sharing, and coordinate with hospital treatment providers as appropriate. This supports continuity of care and helps the hospital team understand the client's history. The therapist should not simply refuse contact or share records without proper authorization.

13. A. Address the pattern therapeutically within the session Communication patterns in couples therapy are clinical material to be addressed therapeutically. When one partner consistently minimizes the other's concerns, this pattern affects the relationship and treatment. The therapist should address this observation in the session, helping both partners understand the pattern and its impact. This might involve slowing down the interaction, inviting the minimized partner to express their experience, or exploring what drives the minimizing behavior.

14. C. Assess clinical justification and provide honest documentation if appropriate Work-related disability documentation should be based on honest clinical assessment. The therapist should evaluate whether the client's anxiety genuinely prevents them from working, consider the clinical evidence, and provide documentation that accurately reflects their professional findings. If the therapist cannot honestly state the client is unable to work, they should explain this to the client. Falsifying documentation constitutes fraud and violates professional ethics.

15. B. Investigate complaints and impose disciplinary action on licensees The Board of Behavioral Sciences has authority to investigate complaints against licensees, conduct disciplinary proceedings, and impose sanctions including license suspension or revocation. The BBS does not prosecute criminal cases (that's the district attorney's role) or override court orders. Understanding BBS authority helps therapists understand the regulatory framework governing their practice.

16. D. File a mandated report for suspected child abuse Cigarette burns on a child's arms constitute visible injuries that create reasonable suspicion of physical abuse requiring a mandated report. The therapist should not wait to see if more injuries appear or assume the burns are accidental when their appearance suggests intentional harm. Asking the parents before reporting is not required and could compromise the child's safety or the investigation. The therapist must file a report and let CPS investigate.

17. A. Assess for potential elder abuse and report if isolation indicates abuse or neglect Isolating an elderly person from family is a recognized form of elder abuse that may indicate exploitation or psychological abuse. The therapist should assess the situation carefully, gathering information about the parent's vulnerability, the caregiver's behavior, and whether the isolation appears to indicate abuse. If reasonable suspicion of elder abuse exists, a mandated report is required. The therapist is receiving this information in their professional capacity and must respond appropriately.

18. C. Address it therapeutically within the group context as appropriate Substance relapse in group therapy is clinical material to be addressed therapeutically. How and when to address it depends on the type of group, established norms, and clinical judgment. In many groups, relapse can be processed as valuable material that helps both the individual and other members. The therapist should not automatically remove the member or ignore the relapse but should handle it therapeutically within the group context.

19. B. Allow legitimate service animals as required by law Under the Americans with Disabilities Act, service animals must be allowed in places of public accommodation, which includes therapy offices. Therapists may only ask if the animal is required because of a disability and what task the animal is trained to perform. They cannot require documentation of disability or refuse service animals. Emotional support animals have different rules, but legitimate service animals must be accommodated.

20. D. The therapist may face criminal charges and professional discipline Failure to make a required mandated report can result in criminal misdemeanor charges and professional discipline by the BBS, including potential license revocation. California takes mandated reporting seriously, and therapists who fail to report suspected abuse of children, elders, or dependent adults face significant legal and professional consequences. Understanding these consequences underscores the importance of compliance with mandated reporting requirements.

21. A. Address it clinically as relevant treatment material An affair with a married coworker is significant clinical material that may relate to relationship patterns, workplace issues, or other treatment concerns. The therapist should address this therapeutically without imposing moral judgment or advising specific actions. This is not a reporting situation, and the therapist should not contact the coworker's spouse or the client's employer. The focus should be clinical exploration of what this relationship means and represents.

22. C. Explore the meaning and generally decline items of significant sentimental value A deceased parent's ring carries tremendous sentimental value that goes beyond monetary worth. The therapist should explore what the gesture means to the client while generally declining such meaningful items. Accepting could create complications, and the client might later regret giving away an irreplaceable family heirloom. The therapeutic exploration of the gift can be valuable even when the gift itself is declined.

23. B. Address the boundary concern and require appropriate action Social media friendships between supervisees and client family members create boundary complications that must be addressed. The supervisor should discuss why this is problematic, require the supervisee to address the boundary issue appropriately, and provide education about professional boundaries in the digital age. This is a correctable issue that requires supervisory intervention rather than immediate BBS reporting.

24. D. Address it clinically while maintaining confidentiality Accepting bribes as a building inspector is serious corruption but not a mandated reporting situation for therapists. The therapist should address this clinically, exploring what motivates the behavior, any ethical concerns the client has, and the potential consequences. This provides opportunity to examine the client's values, relationship with authority, and risk-taking behavior. Confidentiality must be maintained while providing therapeutic support.

25. A. Information about the therapy process, risks, benefits, alternatives, and confidentiality limits Complete informed consent includes information about the nature of therapy, potential risks and benefits, available alternatives, confidentiality and its limits, fee arrangements, and emergency procedures. Consent should be an ongoing process, not just a form signed at intake. Providing comprehensive information

allows clients to make truly informed decisions about their treatment and establishes the foundation for the therapeutic relationship.

26. C. Address the pattern and maintain appropriate session boundaries Consistently running over time creates boundary issues that affect both the client and the therapist's other clients. The therapist should address this pattern directly, exploring what makes ending difficult and working on appropriate closure within session time. Maintaining consistent session boundaries is an important aspect of the therapeutic frame and can itself be therapeutic, especially for clients with boundary issues.

27. B. Explain limitations of the treating therapist role in custody matters Treating therapists should not provide custody recommendations or letters advocating for a client's parenting fitness. The treating therapist's role is therapeutic, not evaluative, and they lack the objectivity and information needed for custody opinions. The therapist should explain these role limitations and suggest that custody evaluations be conducted by independent forensic evaluators who can assess both parents and children objectively.

28. D. Explore the situation clinically and discuss coordination of care A client seeing multiple therapists simultaneously without disclosure raises clinical questions worth exploring. The therapist should assess what this pattern represents, whether it's causing fragmented or contradictory treatment, and how it serves the client. Discussion of coordination of care is appropriate to ensure the client receives coherent treatment. This situation may reveal important information about the client's relationship patterns or treatment needs.

29. A. Provide only minimum necessary information with proper authorization Insurance company requests for records require proper authorization and should be responded to with only the minimum necessary information for the stated purpose. The therapist should verify authorization, determine what information is truly needed, and provide appropriately limited information. Complete records should not be provided automatically, and requests should not be honored without proper authorization simply because insurance is paying.

30. C. A client makes a serious threat of violence against a reasonably identifiable victim California's Tarasoff duty is triggered when a client makes a serious threat of physical violence against a reasonably identifiable victim. Simple expressions of anger, history of violence, or weapon ownership do not automatically trigger the duty. The threat must be serious, involve physical violence, and be directed toward someone who can be reasonably identified. Understanding these criteria helps therapists apply the duty appropriately.

31. B. Explore the situation with the client and provide guidance on getting the daughter appropriate help When a client reports their child is self-harming, the therapist should explore the situation and help the client respond appropriately. The daughter is not the therapist's client, so the therapist cannot contact her directly. However, the therapist can provide guidance to the parent about recognizing severity, communicating with the daughter, and accessing appropriate treatment. This supports both the client and the at-risk child through appropriate channels.

32. D. Assess for eating disorders and consider medical referral Significant weight loss in an adolescent warrants clinical attention and assessment. The therapist should explore the weight loss, assess for eating disorders or other causes, and consider referral for medical evaluation to ensure physical safety. Weight loss can indicate eating disorders, depression, substance use, or medical conditions, all of which require appropriate response. Ignoring physical changes fails to address potentially serious health concerns.

33. A. Complete required CE hours and submit renewal with fee before expiration License renewal requires completion of mandated continuing education hours and submission of the renewal application with appropriate fees before the license expires. Practicing on an expired license is illegal and constitutes unprofessional conduct. Therapists should track renewal deadlines carefully and ensure all requirements are met before expiration to maintain continuous legal authority to practice.

34. C. Generally provide access 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 would be harmful to the client or others. Therapists cannot deny all access or require court orders for routine requests. When exceptions apply, the therapist should explain the reason for limiting access and may offer alternatives such as releasing records to another professional.

35. B. Address the behavior and its impact on treatment A client texting during sessions affects engagement and treatment effectiveness. The therapist should address this behavior directly, exploring what it represents and its impact on the therapeutic work. This might reveal important information about avoidance, attention difficulties, or external stressors. Addressing it directly models healthy communication and maintains the focus needed for effective therapy.

36. D. Some minors may consent to their own treatment under specific circumstances California law allows minors to consent to their own mental health treatment under specific circumstances, including minors 12 and older who are mature enough to participate intelligently in treatment. Courts can order treatment, and minors have confidentiality rights that balance against parental rights. Understanding the nuances of minor treatment law helps therapists navigate consent and confidentiality appropriately.

37. A. Address it clinically while maintaining confidentiality Unreported income is tax evasion but not a mandated reporting situation for therapists. The therapist should address this clinically, exploring what it reveals about the client's relationship with rules, risk tolerance, or financial anxiety. This is treatment material rather than information requiring reporting. The therapist should not advise specific actions about tax compliance but can explore the clinical implications.

38. C. Discuss alternatives and develop a plan for managing technical difficulties Technical difficulties in telehealth are common and should be addressed proactively. The therapist should discuss the pattern with the client, explore alternatives such as phone sessions when video fails, and develop a clear plan for managing interruptions. Having established protocols for technical issues is part of appropriate telehealth practice and ensures continuity of care despite technology challenges.

39. B. Assess for potential intimate partner concerns and address clinically Covert location monitoring by a spouse can indicate controlling behavior associated with intimate partner abuse. The therapist should assess whether this represents concerning control, how the client feels about it, and whether there are other signs of intimate partner problems. This may be important safety information that warrants careful clinical attention and possible safety planning if other concerning behaviors are present.

40. D. To protect the public from unqualified practitioners The primary purpose of professional licensure is protecting the public from unqualified, incompetent, or unethical practitioners. Licensing ensures minimum competency standards, provides accountability mechanisms, and gives consumers recourse when harmed. While licensing has other effects, public protection is the fundamental purpose that justifies state regulation of mental health practice.

41. A. Address the serious legal and ethical implications clinically Secretly videotaping sexual encounters without consent is illegal in California and raises serious concerns about consent and boundaries. The therapist should address this clinically, exploring what motivates the behavior, its legal implications, and what it reveals about the client's relationship patterns. This is significant clinical material requiring direct therapeutic attention, though it is not a mandated reporting situation.

42. C. Explore the client's values and decision-making process without directing Political questions provide opportunity for therapeutic exploration rather than therapist influence. The therapist should help the client examine their own values, concerns, and decision-making process without sharing personal political opinions or directing how to vote. This promotes client autonomy and self-understanding while maintaining appropriate therapeutic neutrality on political matters.

43. B. Reflect on whether there are issues with fit or expectations from that source Patterns of premature termination from specific referral sources warrant professional reflection. The therapist should consider whether there are mismatches in expectations, communication problems with the referral source, or issues with client preparation. This self-reflection supports quality improvement and may reveal systemic issues worth addressing. Professional growth includes examining patterns in one's practice.

44. D. Address it clinically as relevant to treatment Watering down products is workplace misconduct worth clinical exploration but not a reporting situation. The therapist should address what motivates this behavior, any guilt or anxiety associated with it, and what it reveals about the client's relationship with work or authority. This provides clinical material about the client's patterns while maintaining confidentiality.

45. A. A minimum of seven years California law requires LMFTs to retain client records for a minimum of seven years following termination of treatment. For minor clients, records must be retained for seven years or until the minor reaches age 25, whichever is longer. Understanding retention requirements ensures compliance with legal obligations and availability of records for potential future needs.

46. C. Not confirm or deny the client relationship without proper authorization Confidentiality protections include not confirming whether someone is a client. The therapist should not acknowledge the client relationship to callers without proper authorization, even if the caller claims to be a family member.

The therapist can listen to information provided without confirming client status. If the caller has legitimate concerns, they can be directed to appropriate resources without the therapist confirming treatment.

47. B. Assess the situation including children's ages and safety, and report if neglect is suspected

Leaving children home alone may or may not constitute neglect depending on their ages, maturity, duration, and safety provisions. The therapist should assess these factors before determining whether reporting is warranted. Very young children left alone would likely warrant a report, while older teenagers might be appropriate. The assessment should focus on whether children are being placed at risk of harm.

48. D. Express concern and assess whether it affects clinical work When supervisees appear distressed, supervisors should express concern while assessing whether the distress affects their clinical work with clients. This supportive approach maintains the supervisory relationship while ensuring client welfare. If impairment is affecting clinical work, the supervisor may need to require the supervisee to address their issues or limit their caseload until they're functioning appropriately.

49. A. Explore what the client found and its meaning for the therapeutic relationship When clients research their therapists online, exploring what they found and what it means provides valuable clinical material. The therapist should understand what motivated the search, what the client learned, and how it affects their view of the therapist and the therapeutic relationship. This is an opportunity to discuss boundaries, curiosity, and the nature of the therapeutic relationship.

50. C. Notification to affected individuals, HHS, and media Under HIPAA's Breach Notification Rule, breaches affecting 500 or more individuals require notification to affected individuals, the Department of Health and Human Services, and prominent media outlets serving the affected area. These requirements ensure transparency and allow affected individuals to take protective action. Smaller breaches have different notification requirements.

51. B. Assess the situation including potential substance use and impact on the elder Taking an elderly parent's pain medication raises multiple concerns including possible substance use disorder in the client and potential harm to the parent who may not be receiving prescribed medication. The therapist should assess both dimensions carefully. If taking medication constitutes elder abuse through deprivation of necessary medication, mandated reporting might be required depending on the impact on the elder.

52. D. Address the concern with the colleague about professional ethics Making jokes about clients violates professional ethics and client dignity even when clients aren't present. The therapist should address this directly with the colleague, explaining why such behavior is inappropriate and harmful to professional culture. If the behavior continues, further action such as reporting to supervisors might become necessary. Colleagues have responsibility to uphold professional standards.

53. A. Address the situation clinically while advocating for the minor's safety and wellbeing Plans to expel a minor child for being gay raise serious safety and welfare concerns. The therapist should address this therapeutically, exploring the parents' concerns while advocating for the teen's safety and wellbeing. Homeless LGBTQ+ youth face significant dangers. The therapist might explore alternatives, provide

education about outcomes for homeless youth, and work to keep the family intact safely. Depending on circumstances, this might involve safety planning with the teen.

54. C. Decline and provide accurate documentation only Falsifying documentation about sessions attended constitutes fraud. The therapist must decline and explain they can only provide accurate documentation. This maintains professional integrity and legal compliance regardless of the client's reasons for the request. The therapist should explore what's driving the request and help the client address the underlying situation appropriately.

55. B. Respond appropriately to the investigation while maintaining records When a BBS complaint is filed, the therapist should respond appropriately to the investigation, maintain all relevant records, and typically seek legal consultation. Destroying records would be obstruction, and contacting the client to resolve it could appear as intimidation. The therapist should take complaints seriously and cooperate with the investigation process while protecting their own interests appropriately.

56. D. Treat it as clinical material without imposing judgments about relationship structure Consensual polyamorous relationships represent one of many relationship structures that clients may have. The therapist should treat this as clinical material, exploring the client's experiences, any concerns, and how the relationship functions, without imposing judgments about relationship structure. Professional ethics prohibit discrimination based on lifestyle, and therapists should maintain competence in working with diverse relationship configurations.

57. A. Explore the behavior clinically including frequency and impairment Driving after drinking raises safety concerns worth exploring clinically. The therapist should assess frequency, quantity of alcohol, any impairment experienced, and the client's perspective on risk. This may reveal substance use patterns, risk-taking behavior, or denial worth addressing. The exploration should be clinical rather than preachy, helping the client examine their own behavior and choices.

58. C. Decline to avoid boundary complications Social media connections with clients' family members create boundary complications and potential confidentiality concerns. The therapist should decline such requests to maintain clear professional boundaries. Accepting could reveal information about the client's treatment to family members or create complicated dynamics affecting therapy. Clear boundaries protect the therapeutic relationship.

59. B. Address the situation clinically including health implications and the client's decision-making This situation involves the client's health decisions, relationship honesty, and potential harm to another person. The therapist should address it clinically, exploring the client's thinking, the health implications for both parties, and decision-making about disclosure. California has specific laws regarding certain STI disclosures that might inform the discussion, but the primary focus should be therapeutic exploration of this difficult situation.

60. D. Grounds for disciplinary action Practicing while under the influence of alcohol or drugs constitutes unprofessional conduct subject to disciplinary action by the BBS. Impairment affects clinical judgment and client safety regardless of the therapist's perception of their performance. Therapists have

an obligation to ensure they are not impaired when providing services and to address any substance use issues that might affect their practice.

61. A. Address it clinically as relevant to the client's interpersonal patterns Spreading false rumors about others reveals information about the client's interpersonal patterns, conflict management, and possibly anger or resentment. The therapist should address this clinically, exploring what motivates the behavior and what it represents. This is not a reporting situation, and the therapist should not warn the colleague or take sides. The focus should be understanding and potentially changing the pattern.

62. C. Consider the request carefully and provide honest documentation if clinically appropriate Firearm-related documentation requests require careful consideration of what the therapist can honestly attest to based on clinical knowledge. The therapist should consider whether they have sufficient information to provide documentation and whether doing so is appropriate given their clinical relationship. Any documentation provided must be honest and based on actual clinical findings.

63. B. Address the family system dynamics as relevant to treatment Family therapy naturally involves attention to family system dynamics, including parental relationship issues that affect the entire family. The therapist should address observed tensions as part of the systemic work, recognizing that parental conflict often affects children and family functioning. This doesn't require switching to couples therapy but does require addressing relevant dynamics within the family treatment framework.

64. D. Consider the gesture appropriately and often accept a small token gift graciously A small plant is a token gift that is generally appropriate to accept graciously. Unlike expensive or highly personal items, small token gifts don't create significant boundary concerns. Accepting such gestures acknowledges the client's expression without creating obligation or boundary confusion. The therapist should remain thoughtful about gift-giving patterns but need not refuse every small token.

65. A. Always prohibited during and for at least two years after treatment California law prohibits sexual contact between therapists and clients during treatment and for a minimum of two years following termination. Even after two years, such relationships may constitute exploitation depending on circumstances. The prohibition is absolute during treatment, recognizing the inherent power differential and potential for exploitation in the therapeutic relationship.

66. C. Address it clinically as treatment material Using company resources for personal cryptocurrency mining is workplace misconduct worth exploring clinically but not a reporting situation. The therapist should address what this behavior represents, any concerns the client has about discovery, and what it reveals about boundaries or entitlement. This provides clinical material about the client's relationship with rules and authority.

67. B. Address the request and explore implications for group dynamics and boundaries Outside contact between group members raises important questions about group boundaries and dynamics. The therapist should address this in the group, exploring implications for confidentiality, subgroup formation, and group cohesion. The response depends on the type of group and established norms, but the request provides valuable material for group discussion about relationships and boundaries.

68. D. Assess for worsening depression and self-care capacity Declining self-care in a client with severe depression may indicate worsening symptoms requiring intervention. The therapist should assess current depression severity, self-care capacity, and whether the treatment plan needs adjustment. This might include more frequent sessions, medication evaluation, or higher level of care depending on the assessment. Physical presentation provides important clinical information about mental state.

69. A. Address it clinically including boundary issues and moving on from the relationship Maintaining fake social media profiles to monitor an ex-partner raises concerns about boundaries, letting go, and potentially problematic behavior. The therapist should address this clinically, exploring what needs it serves and its implications for moving forward. This is significant clinical material about the client's attachment patterns and coping with relationship loss.

70. C. Consider reporting to the BBS Witnessing therapist sexual misconduct with a client represents serious harm requiring response. Therapists have ethical obligations to address colleague misconduct, and sexual exploitation of clients is among the most serious violations. Reporting to the BBS allows appropriate investigation and protects other potential victims. The specific response depends on circumstances, but ignoring witnessed misconduct is not appropriate.

71. B. Address the observation and assess for substance use concerns Strong alcohol smell at a morning session raises significant concerns about substance use that warrant direct but compassionate attention. The therapist should address the observation, assess whether the client is impaired, and explore substance use patterns. Coming to therapy intoxicated affects session effectiveness and may indicate problematic drinking requiring clinical attention.

72. D. Keep focus on the client's concerns rather than third-party situations The neighbor's animal care is not the client's issue to address through the therapist. The therapeutic focus should be on the client's reactions, concerns, and how they're coping with the situation rather than investigating or reporting the neighbor. If the client wants to report animal welfare concerns, that's their decision, but it's outside the therapy's scope.

73. A. Maintain appropriate professional boundaries while respecting confidentiality When former clients become professional colleagues, the therapist must maintain confidentiality about the former treatment while navigating the new professional relationship. The therapist should not disclose the previous relationship to others, refuse all professional interaction, or pretend not to know the person. Professional interaction can occur while maintaining appropriate boundaries and protecting the former client's privacy.

74. C. Provide honest documentation based on actual clinical findings Documentation must be based on honest clinical assessment, not client requests for specific diagnoses. If the therapist has not diagnosed PTSD, they cannot write a letter claiming PTSD. The therapist should explain this to the client and offer to document what they have actually assessed and diagnosed. Falsifying diagnoses for legal purposes constitutes fraud and professional misconduct.

75. B. Be registered with the BBS and work under appropriate supervision LMFT trainees must be registered with the BBS and work under the supervision of qualified supervisors who meet specific requirements. Trainees are not fully licensed and cannot practice independently. The registration and supervision requirements ensure that trainees receive appropriate oversight while gaining experience, protecting clients from unsupervised practice by unlicensed individuals.

76. D. Assert privilege, notify the client, and seek legal guidance When subpoenaed in a divorce case, the therapist should assert privilege on the client's behalf, notify the client of the subpoena, and seek legal guidance about how to proceed. The therapist should not ignore the subpoena or comply fully without considering privilege. Working with an attorney helps ensure appropriate response that protects client confidentiality while meeting legal obligations.

77. A. Address any risk-taking patterns clinically if relevant to treatment Speeding is common enough that it may or may not be clinically significant depending on degree and context. The therapist should assess whether it represents meaningful risk-taking relevant to treatment. Extreme speeding might warrant clinical attention as part of broader risk-taking patterns, while occasional minor speeding may not be therapeutically significant. Clinical judgment guides whether and how to address it.

78. C. Support the client's right to seek additional treatment and discuss coordination Clients have the right to seek additional treatment providers, and the therapist should support this while discussing how to coordinate care effectively. The therapist should encourage communication between providers with appropriate releases to ensure coherent treatment. Adding individual therapy while continuing couples work is often appropriate and beneficial.

79. B. Address it clinically as treatment material including anxiety and consequences Using a fake diploma to maintain employment creates ongoing stress and risk that provide rich clinical material. The therapist should explore the client's experience, anxiety about discovery, and what led to the original deception. This is not a reporting situation, but the clinical implications of living with this secret are significant treatment material.

80. D. A designated person should manage records according to legal requirements Therapists should have plans for records management in case of death or incapacity. A designated person (often specified in a professional will) should manage records according to legal requirements, ensuring client confidentiality is maintained while allowing appropriate access. Records don't automatically become public or go to family members but require proper handling according to professional and legal standards.

81. A. Address this as a significant boundary issue and decline the bequest Being named in a client's will represents a significant boundary issue with potential for exploitation. The therapist should address this directly, explore what it means to the client, and decline the bequest. Accepting inheritance from clients creates the appearance of exploitation regardless of intent. The therapeutic discussion about this can be valuable while maintaining clear boundaries.

82. C. Encourage the client to discuss their concerns with the psychiatrist directly Medication decisions are between the client and their prescriber. The therapist should encourage the client to discuss

their medication concerns, including specific requests, directly with their psychiatrist. The therapist can support the client in communicating effectively but should not attempt to direct the psychiatrist's prescribing decisions. LMFTs do not have prescribing authority.

83. B. Gently explore the inconsistencies and assess for potential abuse or self-harm Injuries inconsistent with explanations warrant careful clinical attention. The therapist should gently explore the discrepancies, assess for possible abuse (intimate partner violence, self-harm, or other causes), and respond appropriately based on what's discovered. Direct confrontation may shut down communication, while gentle exploration creates space for disclosure of difficult information.

84. D. Address the behavior clinically and discuss potential implications Coaching a child for custody evaluation is manipulation that could harm the child and affect legal proceedings. The therapist should address this clinically, exploring what drives the behavior and discussing potential negative consequences including how it might affect the child and the custody case. This is treatment material rather than something to report to the court, but the clinical implications are significant.

85. A. Supervisors must meet specific qualifications and requirements California establishes specific requirements for LMFT supervisors including years of experience, completion of supervision training, and ongoing responsibilities. Not any licensed professional can supervise, and supervisors have liability for their supervisees' work. Understanding supervision requirements helps ensure proper oversight of unlicensed practitioners.

86. C. Assess whether current children may be at risk and report if warranted When learning of historical abuse by someone who now works with children, the therapist must assess current risk. If the perpetrator has access to potential victims, reporting may be required to protect those children. The focus is on current danger to children, not punishment for past behavior. The therapist should assess the situation and report if children may currently be at risk.

87. B. Discuss confidentiality concerns and maintain appropriate treatment settings Therapy in public settings like coffee shops compromises confidentiality and the therapeutic frame. The therapist should discuss these concerns with the client, explaining why appropriate settings are important for effective therapy. If the office is problematic for some reason, alternative appropriate settings might be explored, but public venues are generally unsuitable for confidential therapeutic work.

88. C. Address the concern directly with the colleague regarding professional ethics Discriminatory comments about any client population violate professional ethics and may indicate bias affecting clinical work. The therapist should address this directly with the colleague, discussing why such comments are problematic professionally. If the behavior continues, further action such as reporting to supervisors or the BBS might be necessary to protect clients.

89. A. Focus on presenting problems rather than minor issues unless clinically relevant Using a neighbor's WiFi without permission is technically theft of services but represents a minor issue that may not warrant therapeutic attention unless it connects to broader patterns or presenting problems. The

therapist should prioritize clinically relevant material rather than addressing every questionable behavior. Clinical judgment guides what deserves therapeutic attention.

90. C. The therapist, with clients having access rights Treatment records created by the therapist belong to the therapist (or their employer), while clients have rights to access their records with limited exceptions. This distinction is important for understanding record ownership, retention responsibilities, and release procedures. Clients don't own the records but have legal rights to access them.

91. B. Note the countertransference and explore it in consultation or personal therapy Unusual irritability with a particular client represents countertransference requiring attention. The therapist should note this reaction and explore it through consultation or personal therapy rather than expressing it to the client or ignoring it. Understanding countertransference helps therapists maintain objectivity and use their reactions productively rather than harmfully.

92. D. Consider the therapeutic purpose of the question and respond appropriately Personal questions provide opportunities for therapeutic exploration. The therapist should consider what's behind the question before responding. The question might relate to the client's concerns about values compatibility, curiosity about the therapist as a person, or other clinically meaningful material. A thoughtful response considers therapeutic purpose rather than automatically sharing or refusing.

93. A. Address confidentiality concerns in the group Group members discussing other members outside the group violates confidentiality norms essential to group safety. The therapist should address this in the group, reinforcing confidentiality expectations and exploring what led to the breach. This provides important material for the group about trust, boundaries, and commitment to group agreements.

94. C. Consult, seek additional training, or refer appropriately Treating conditions beyond one's competence risks client harm and violates ethical standards. The therapist should consult with specialists, seek additional training, or refer to someone with appropriate expertise. Continuing without competence or terminating without referral both fail the client. Ethical practice requires honest assessment of one's limitations.

95. B. The client's welfare The primary ethical obligation of an LMFT is to the client's welfare. While therapists have obligations to employers, payers, and others, client welfare takes precedence when conflicts arise. This principle guides ethical decision-making and reflects the fundamental purpose of the therapeutic relationship.

96. D. Note the observation and gently explore substance use when clinically appropriate Track marks suggest injection drug use that warrants clinical attention, but the therapist should approach this carefully rather than confrontationally. Noting the observation and gently exploring substance use when clinically appropriate creates opportunity for honest discussion. Aggressive confrontation may damage the therapeutic relationship without producing honesty about drug use.

97. A. Discuss appropriate between-session contact and maintain therapeutic boundaries Daily FaceTime for support goes beyond typical therapeutic boundaries and could foster dependency rather than

client growth. The therapist should discuss appropriate between-session contact, establish clear boundaries, and help the client develop other support resources. This conversation can explore what's driving the request while maintaining appropriate therapeutic structure.

98. C. Continue treatment and maintain confidentiality unless legally compelled otherwise Criminal investigation of a client doesn't change the therapist's confidentiality obligations. The therapist should continue treatment and maintain confidentiality unless legally compelled through proper court process to disclose information. The therapist should not cooperate with investigators without authorization or court order, and should not terminate solely because of legal involvement.

99. B. Explore the behavior clinically including what needs it serves Shoplifting for thrill-seeking provides clinical material about impulse control, risk-taking, and underlying needs. The therapist should explore this behavior clinically, understanding what drives it and what needs it serves. This might connect to broader patterns around excitement-seeking, acting out, or other clinical themes. This is treatment material rather than something requiring reporting.

100. D. Be truthful and not misleading or deceptive California law requires that LMFT advertising be truthful and not misleading or deceptive. Therapists may advertise their services but cannot make false claims about qualifications, specialties, or outcomes. Advertising regulations don't prohibit all claims or require minimal information, but do require accuracy and honesty in marketing professional services.