

FULL-LENGTH PRACTICE TESTS

Practice Test 13 – 100 Questions - Comprehensive Coverage Across All Domains

1. A therapist's client reveals they have been embezzling funds from their employer over several years. The therapist should:
 - A. Report to law enforcement immediately
 - B. Report to the employer
 - C. Terminate for criminal behavior
 - D. Address it clinically while maintaining confidentiality

2. Under California law, what is the maximum timeframe for filing a written child abuse report after making a telephone report?
 - A. 24 hours
 - B. 36 hours
 - C. 48 hours
 - D. 72 hours

3. A client asks the therapist to write a letter supporting their application for a emotional support animal. The therapist should:
 - A. Assess clinical justification and provide honest documentation if appropriate
 - B. Refuse all ESA documentation requests

- C. Write the letter without assessment to help the client
- D. Refer to a psychiatrist for all such requests

4. An LMFT learns that their client's spouse, who is not a client, has been calling the office repeatedly asking about their partner's treatment. The therapist should:

- A. Provide general information to ease concerns
- B. Confirm the client is in treatment but nothing else
- C. Decline to confirm or deny the client relationship without authorization
- D. Tell the spouse to stop calling

5. A therapist notices their adolescent client has started dressing in oversized clothing and avoiding eye contact. The therapist should:

- A. Ignore appearance changes as normal teen behavior
- B. Gently explore these changes and assess for potential concerns including abuse or body image issues
- C. Inform the parents immediately
- D. Refer to a psychiatrist

6. Under California law, which entity has authority to revoke an LMFT license?

- A. The California Attorney General
- B. Local courts
- C. The American Association for Marriage and Family Therapy
- D. The Board of Behavioral Sciences

7. A client reveals they have been falsifying their timesheet at work. The therapist should:

- A. Address it clinically as treatment material
- B. Report to the employer
- C. Advise the client to confess
- D. Terminate for dishonesty

8. An LMFT providing couples therapy discovers that one partner has been secretly meeting with an attorney about divorce. The therapist should:

- A. Tell the other partner about the meetings
- B. Terminate couples therapy immediately
- C. Address the therapeutic implications while respecting individual confidences appropriately
- D. Advise the partner to stop meeting with the attorney

9. A client presents with symptoms suggesting a possible neurological condition. The therapist should:

- A. Diagnose the neurological condition
- B. Refer for medical evaluation while continuing appropriate psychological support
- C. Treat it as a psychological issue only
- D. Terminate until medical clearance is obtained

10. Under California law, a therapist who suspects elder abuse must report to:

- A. Adult Protective Services or local law enforcement
- B. Only the client's family
- C. The BBS only

D. The client's physician

11. A therapist learns their client has been threatening a coworker with vague statements like "you'll regret this." The therapist should:

A. Warn the coworker immediately

B. Report to law enforcement

C. Ignore workplace conflicts

D. Assess whether the threat meets Tarasoff criteria for serious violence against an identifiable victim

12. A client asks the therapist to store important documents for them in the office safe. The therapist should:

A. Agree to help the client

B. Agree only for a limited time

C. Decline as this is outside the therapeutic role

D. Accept only legal documents

13. An LMFT's supervisee discloses they are experiencing burnout and compassion fatigue. The supervisor should:

A. Terminate supervision immediately

B. Address the concern and help the supervisee develop a self-care plan while monitoring client care

C. Ignore personal issues

D. Report to the BBS

14. A client reveals they are planning to file a false insurance claim for a car accident. The therapist should:

- A. Address it clinically while maintaining confidentiality
- B. Report to the insurance company
- C. Report to law enforcement
- D. Refuse to continue treatment

15. Under California law, what must be included in a Good Faith Estimate for self-pay clients?

- A. Only the therapist's license number
- B. Only the total estimated cost
- C. A diagnosis code
- D. Expected charges for services

16. A therapist treating a client with OCD notices the client's rituals have significantly increased. The therapist should:

- A. Wait for the client to mention it
- B. Ignore symptom changes
- C. Reassess treatment effectiveness and consider adjusting the treatment approach
- D. Terminate and refer to a specialist

17. A client mentions their roommate has been using their identity to open credit cards. The therapist should:

- A. Explore the situation clinically and help the client consider their options
- B. Report to law enforcement for the client

- C. Contact the roommate
- D. Ignore non-clinical matters

18. An LMFT receives a request from a client's parole officer for treatment information. The therapist should:

- A. Provide complete records to assist with supervision
- B. Verify authorization and provide only minimum necessary information
- C. Refuse all requests from parole officers
- D. Provide information without authorization since it's court-ordered supervision

19. A client reveals they have been catfishing someone online and now the person is threatening suicide. The therapist should:

- A. Contact the person being catfished
- B. Report to law enforcement
- C. Ignore the other person's wellbeing
- D. Address the clinical implications and help the client consider appropriate responses

20. Under California law, the term "psychotherapy notes" under HIPAA refers to:

- A. All treatment documentation
- B. Billing records
- C. Notes documenting or analyzing session contents kept separate from the medical record
- D. Progress notes in the chart

21. A therapist's client describes fantasies about harming animals. The therapist should:

- A. Assess the fantasies clinically including any history of acting on them
- B. Report to animal control
- C. Terminate for dangerous ideation
- D. Ignore fantasies that don't involve humans

22. A client asks the therapist to see them at home because they have mobility issues. The therapist should:

- A. Refuse all home visits
- B. Consider the request carefully including clinical appropriateness, safety, and boundary implications
- C. Agree immediately to accommodate the disability
- D. Require a physician's order for home visits

23. An LMFT providing group therapy has a member who dominates discussions. The therapist should:

- A. Remove the member from group
- B. Ignore group dynamics
- C. Allow members to work it out themselves
- D. Address the pattern therapeutically within the group

24. A client reveals they have been lying to their physician to obtain controlled substances. The therapist should:

- A. Report to the physician
- B. Report to law enforcement
- C. Address it clinically including assessing for substance use disorder

D. Terminate for drug-seeking behavior

25. Under California law, which is TRUE about the therapist-client privilege?

A. The privilege belongs to the client, not the therapist

B. The privilege belongs to the therapist

C. The privilege belongs to both equally

D. The privilege belongs to the court

26. A therapist notices their client has become increasingly isolated and withdrawn over several sessions. The therapist should:

A. Wait for the client to bring it up

B. Address the observation and assess for depression, suicidality, or other concerns

C. Recommend the client join social groups

D. Ignore behavioral changes

27. A client asks the therapist to recommend them for a job at the therapist's spouse's company. The therapist should:

A. Provide the recommendation to help the client

B. Agree only if the client is qualified

C. Ask the spouse first

D. Decline due to dual relationship and boundary concerns

28. An LMFT discovers their client has been posting negative reviews about them online using false claims. The therapist should:

- A. Consult with an attorney while maintaining client confidentiality
- B. Respond publicly to defend their reputation
- C. Terminate the client immediately
- D. Report to the BBS

29. A client reveals they occasionally drive their commercial vehicle while taking prescribed sedatives. The therapist should:

- A. Report to the DMV
- B. Report to the employer
- C. Address the safety and clinical implications therapeutically
- D. Ignore legal medication use

30. Under California law, how long after termination must pass before a therapist may engage in sexual contact with a former client at minimum?

- A. Six months
- B. Two years
- C. Five years
- D. Sexual contact is permanently prohibited

31. A therapist's client describes using manipulation to control family members. The therapist should:

- A. Confront the client about their behavior
- B. Report to the family members

- C. Advise the client to stop
- D. Explore the pattern clinically as relevant treatment material

32. A client mentions their child's teacher seems "overly interested" in students. The therapist should:

- A. Explore the concern and assess whether there is reasonable suspicion warranting a report
- B. Report to the school board immediately
- C. Ignore secondhand concerns
- D. Contact the teacher directly

33. An LMFT providing telehealth learns their client is located in another state during the session. The therapist should:

- A. Continue the session without concern
- B. Ignore location issues
- C. Address the jurisdictional issue and determine appropriate next steps
- D. Terminate immediately

34. A client reveals they have been billing clients at their own business for services never rendered. The therapist should:

- A. Report to consumer protection
- B. Address it clinically while maintaining confidentiality
- C. Advise the client to provide refunds
- D. Report to law enforcement

35. Under California law, informed consent for telehealth must include:

- A. Specific information about telehealth including risks, confidentiality, and emergency protocols
- B. Only verbal agreement
- C. The same consent as in-person therapy
- D. Only technical requirements

36. A therapist notices their elderly client has become confused about dates and appointments recently. The therapist should:

- A. Ignore cognitive changes in elderly clients
- B. Terminate for inability to participate
- C. Diagnose dementia
- D. Assess the changes and consider referral for medical or neurological evaluation

37. A client asks the therapist what they should do about their troubled marriage. The therapist should:

- A. Tell the client whether to stay or leave
- B. Advise divorce if the marriage seems unhealthy
- C. Help the client explore their own thoughts, feelings, and values about the decision
- D. Refuse to discuss relationship decisions

38. An LMFT's client reveals they work as a corrections officer and have used excessive force on inmates. The therapist should:

- A. Report to the prison administration
- B. Address it clinically while assessing for ongoing patterns and concerns
- C. Report to law enforcement

D. Terminate for violent behavior

39. A client mentions they've discovered their therapist's home address online and have driven by the house. The therapist should:

A. Address the boundary violation directly and assess for concerning patterns

B. Call the police immediately

C. Ignore the behavior

D. Terminate without discussion

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

A. A civil infraction

B. Not illegal if the person has a degree

C. Legal if clients consent

D. A misdemeanor criminal offense

41. A therapist's client describes deliberately underperforming at work to avoid a promotion. The therapist should:

A. Advise the client to perform better

B. Report to the employer

C. Explore the underlying motivations and fears clinically

D. Ignore work-related behaviors

42. A client asks the therapist to be a reference for their adoption application. The therapist should:

- A. Agree to help the client become a parent
- B. Explain the limitations of the treating therapist role and suggest appropriate alternatives
- C. Refuse all adoption-related requests
- D. Write a character reference if the client seems appropriate

43. An LMFT providing family therapy notices the identified patient improves but another family member worsens. The therapist should:

- A. Address the systemic patterns and adjust treatment to consider all family members
- B. Focus only on the identified patient
- C. Terminate the worsening member
- D. Ignore changes in other family members

44. A client reveals they have been systematically harassing an ex-partner through fake social media accounts. The therapist should:

- A. Report for stalking immediately
- B. Warn the ex-partner
- C. Ignore behavior toward non-clients
- D. Address the pattern clinically including potential legal and relationship implications

45. Under HIPAA, which requires specific written authorization beyond general consent?

- A. Sharing records with another treating provider
- B. Billing insurance
- C. Release of psychotherapy notes

D. Discussion with a supervisor

46. A therapist treating a client for anxiety notices the client has started losing weight rapidly. The therapist should:

- A. Assess for eating disorders, medical conditions, or other causes and consider appropriate referrals
- B. Compliment the weight loss
- C. Ignore physical changes
- D. Immediately diagnose anorexia

47. A client mentions they occasionally let their young children stay home alone while running errands. The therapist should:

- A. Report to CPS immediately
- B. Assess the situation including children's ages and duration to determine if neglect is indicated
- C. Respect parenting decisions
- D. Advise the client to never leave children alone

48. An LMFT learns that a former client from five years ago has requested their records. The therapist should:

- A. Deny access since treatment ended
- B. Require a court order
- C. Destroy records older than three years
- D. Provide access according to records retention and access requirements

49. A client reveals they have multiple personalities/identities and want each identity treated separately. The therapist should:

- A. Agree to the client's treatment preferences
- B. Refer immediately to a specialist
- C. Assess appropriately and develop an integrated treatment approach consistent with best practices for dissociative disorders
- D. Refuse to treat dissociative disorders

50. Under California law, what is the primary purpose of requiring continuing education for LMFTs?

- A. To ensure ongoing competence and current knowledge for public protection
- B. To generate revenue for CE providers
- C. To increase therapist workload
- D. To limit the number of practicing therapists

51. A therapist's client describes having sex with multiple anonymous partners without protection. The therapist should:

- A. Lecture the client about unsafe behavior
- B. Explore the behavior clinically including risk awareness and underlying motivations
- C. Report to public health
- D. Terminate for self-destructive behavior

52. A client asks the therapist to hold their mail while they are traveling. The therapist should:

- A. Agree to help the client
- B. Agree for a small fee

- C. Do it if the client has no alternatives
- D. Decline as this is outside the therapeutic role

53. An LMFT providing supervision notices that a supervisee consistently avoids discussing certain clients. The supervisor should:

- A. Respect the supervisee's choices
- B. Ignore supervision patterns
- C. Address the pattern and ensure all clients are receiving appropriate oversight
- D. Report to the BBS

54. A client reveals they have discovered their teenager is using marijuana regularly. The therapist should:

- A. Explore the client's concerns and help them consider appropriate responses
- B. Report to law enforcement
- C. Contact the teenager directly
- D. Ignore the teenager's behavior

55. Under California law, an LMFT must report suspected abuse of which populations?

- A. Only children
- B. Children, dependent adults, and elders
- C. Only elders
- D. Anyone being abused

56. A therapist treating a couple learns that one partner has a secret second phone. The therapist should:

- A. Tell the other partner
- B. Demand to know what the phone is for
- C. Ignore technology use
- D. Explore the therapeutic implications including trust and secrecy in the relationship

57. A client mentions their boss has been making suggestive comments at work. The therapist should:

- A. Report to HR for the client
- B. Advise the client to quit
- C. Explore the situation clinically and support the client in considering their options
- D. Ignore workplace issues

58. An LMFT receives a subpoena for records in a case where they have no client relationship. The therapist should:

- A. Respond indicating they have no records and no client relationship
- B. Ignore the subpoena
- C. Provide fabricated records
- D. Report to the BBS

59. A client reveals they cheat at cards during friendly games with family. The therapist should:

- A. Advise the client to stop cheating
- B. Explore what the behavior represents clinically if relevant to treatment
- C. Report to family members

D. Terminate for dishonesty

60. Under California law, failure to maintain adequate client records may result in:

A. No consequences

B. Civil liability only

C. Criminal charges only

D. Professional discipline by the BBS

61. A therapist's client describes taking supplies from donation bins meant for disaster victims. The therapist should:

A. Report to authorities

B. Demand the supplies be returned

C. Address it clinically as relevant treatment material

D. Terminate for theft

62. A client asks the therapist to help them write a personal ad for a dating website. The therapist should:

A. Discuss what the client wants to communicate and help them explore their self-presentation therapeutically

B. Write the ad for the client

C. Refuse to discuss dating

D. Refer to a dating coach

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

- A. Terminate both members immediately
- B. Address the situation in group including implications for group dynamics and confidentiality
- C. Ignore relationships between members
- D. Report to the members' individual therapists

64. A client reveals they have been spreading false rumors about a neighbor they dislike. The therapist should:

- A. Advise the client to stop
- B. Contact the neighbor
- C. Report for defamation
- D. Explore the behavior clinically including underlying feelings and interpersonal patterns

65. Under California law, a therapist's advertising may include:

- A. Guaranteed outcomes
- B. False credentials
- C. Truthful information about services, qualifications, and specialties
- D. Claims of superiority over other therapists

66. A therapist notices their client frequently makes self-deprecating jokes during sessions. The therapist should:

- A. Explore the pattern including what the humor might mask or communicate
- B. Laugh along to build rapport

- C. Ignore humor in session
- D. Tell the client to stop making jokes

67. A client mentions their elderly parent has been giving large amounts of money to a new romantic partner. The therapist should:

- A. Contact the romantic partner
- B. Assess for potential elder financial exploitation and report if warranted
- C. Ignore financial matters
- D. Advise cutting off the parent's money

68. An LMFT treating an adolescent learns the teen has been sexting with a peer of similar age. The therapist should:

- A. Report to law enforcement immediately
- B. Report to the school
- C. Tell the parents immediately
- D. Address it clinically including safety, consent, and decision-making while considering appropriate parental involvement

69. A client asks the therapist to lie about appointment times to help them get time off work. The therapist should:

- A. Help the client occasionally
- B. Lie if the client needs mental health time
- C. Decline and provide only accurate documentation
- D. Report to the employer

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

- A. Clients generally have the right to access their records with limited exceptions
- B. All records must be kept from clients
- C. Only courts can authorize record access
- D. Access is limited to billing information

71. A therapist's client describes being part of a multi-level marketing scheme that they know exploits participants. The therapist should:

- A. Report to consumer protection
- B. Explore the situation clinically including the client's awareness and motivations
- C. Advise the client to quit immediately
- D. Ignore business activities

72. A client mentions they have been accessing their adult child's bank account without permission. The therapist should:

- A. Report for financial exploitation
- B. Advise the client to stop
- C. Contact the adult child
- D. Address it clinically as relevant to relationship and boundary patterns

73. An LMFT receives a call from a prospective client's current therapist asking if they can discuss the potential transfer. The therapist should:

- A. Discuss freely since both are therapists
- B. Share observations about the prospective client

- C. Obtain proper authorization before discussing the prospective client
- D. Refuse all contact with other therapists

74. A client reveals they have been sabotaging a coworker's projects out of jealousy. The therapist should:

- A. Explore the behavior clinically including underlying feelings and patterns
- B. Report to the employer
- C. Advise the client to stop immediately
- D. Terminate for unethical behavior

75. Under California law, what happens if an LMFT's license expires while they are still seeing clients?

- A. Practice can continue for 30 days
- B. The therapist must immediately stop practicing until the license is renewed
- C. Practice can continue if renewal is pending
- D. Only new clients are prohibited

76. A therapist treating a client for depression learns the client has stopped taking their prescribed psychiatric medication. The therapist should:

- A. Insist the client restart medication
- B. Ignore medication compliance
- C. Report to the psychiatrist
- D. Explore the decision clinically and encourage communication with the prescriber

77. A client asks the therapist what religion they practice. The therapist should:

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

78. An LMFT learns that a client's employer has a policy against employees receiving mental health treatment. The therapist should:

- A. Continue treatment while maintaining confidentiality and supporting the client
- B. Report the discriminatory policy
- C. Terminate to protect the client's job
- D. Contact the employer's HR department

79. A client reveals they have been faking symptoms to extend their disability benefits. The therapist should:

- A. Report to the disability agency
- B. Address it clinically while maintaining confidentiality
- C. Provide documentation supporting the fake symptoms
- D. Terminate for fraud

80. Under California law, the statute of limitations for a client to file a civil malpractice suit against a therapist is generally:

- A. Six months from harm discovery
- B. One year from harm discovery

- C. Five years regardless of discovery
- D. Within specific timeframes depending on when harm is discovered or should have been discovered

81. A therapist's client describes having vivid dreams about harming their therapist. The therapist should:

- A. Terminate for safety concerns
- B. Refer to another therapist immediately
- C. Explore the dream content therapeutically as potentially meaningful material
- D. Report to law enforcement

82. A client asks the therapist to provide a written statement that they are not a danger to themselves or others. The therapist should:

- A. Assess the situation carefully and provide only honest documentation based on clinical findings
- B. Provide the statement to help the client
- C. Refuse all such requests
- D. Refer to a psychiatrist for danger assessments

83. An LMFT providing family therapy has a teenage member who wants to discuss something privately. The therapist should:

- A. Refuse individual contact during family therapy
- B. Consider the request within the context of family treatment and established confidentiality agreements
- C. Automatically grant private sessions
- D. Tell the parents everything discussed

84. A client reveals they have been photocopying copyrighted materials at work for personal use. The therapist should:

- A. Report to the copyright holder
- B. Report to the employer
- C. Advise the client to stop
- D. Focus on clinically relevant material rather than minor workplace behaviors

85. Under California law, when a minor client turns 18, the privilege for communications made during treatment:

- A. Is automatically waived
- B. Transfers to the parents
- C. Continues to belong to the now-adult client
- D. Is destroyed

86. A therapist notices their client has track marks but denies current drug use, claiming they are from blood donations. The therapist should:

- A. Note the observation and continue assessing for substance use concerns over time
- B. Accept the explanation without question
- C. Confront the client aggressively
- D. Terminate for dishonesty

87. A client mentions they have been parking in disabled spaces using a deceased relative's placard. The therapist should:

- A. Report to authorities
- B. Explore the behavior clinically as treatment material if relevant
- C. Advise the client to stop immediately
- D. Ignore minor legal violations

88. An LMFT learns that a colleague has been conducting therapy sessions at a bar. The therapist should:

- A. Ignore colleague practice choices
- B. Report to the media
- C. Join them to improve collegial relations
- D. Address concerns about professional standards directly with the colleague

89. A client asks the therapist for advice on whether to invest in a specific stock. The therapist should:

- A. Provide investment recommendations if knowledgeable
- B. Refuse and recommend consulting a financial professional
- C. Explore what's underlying the request for advice in a non-therapeutic area
- D. Research the stock and provide guidance

90. Under California law, which is required when terminating treatment?

- A. Providing appropriate closure and referrals as clinically indicated
- B. A minimum of six termination sessions
- C. Written approval from the client

D. BBS notification

91. A therapist's client describes reading their spouse's private journal regularly. The therapist should:

- A. Advise the client to stop
- B. Explore the behavior clinically including trust and boundary issues in the relationship
- C. Report for invasion of privacy
- D. Tell the spouse

92. A client mentions they have created a fake online profile pretending to be someone else. The therapist should:

- A. Report to law enforcement
- B. Report to the website
- C. Demand the profile be deleted
- D. Address it clinically exploring motivations and implications

93. An LMFT providing supervision learns that a supervisee failed to report suspected child abuse. The supervisor should:

- A. Ignore past decisions
- B. Report the supervisee to law enforcement
- C. Address the failure, ensure appropriate reporting occurs now if still applicable, and provide remedial training
- D. Terminate supervision immediately

94. A client reveals they have been telling people they have cancer to get sympathy and attention. The therapist should:

- A. Explore this behavior clinically including what needs it serves and possible factitious presentations
- B. Report to the people being deceived
- C. Diagnose cancer
- D. Terminate for pathological lying

95. Under California law, a supervisor's responsibility for a supervisee includes:

- A. No liability for supervisee actions
- B. Responsibility for ensuring the supervisee provides competent services
- C. Liability only for billing
- D. Responsibility only for documentation review

96. A therapist treating a client for anxiety discovers the client has been engaging in compulsive gambling. The therapist should:

- A. Refer to a gambling specialist only
- B. Report to a family member
- C. Ignore gambling unless it's the presenting problem
- D. Assess the gambling, address it clinically, and consider whether specialized treatment is needed

97. A client asks the therapist if they've ever experienced depression themselves. The therapist should:

- A. Share their mental health history freely
- B. Refuse to discuss their personal life
- C. Consider the therapeutic purpose and respond in a way that serves the client's treatment

D. Lie to appear more relatable

98. An LMFT providing couples therapy has one partner who refuses to participate in sessions. The therapist should:

A. Assess the situation and discuss options including whether couples therapy can continue

B. Force the partner to attend

C. Continue with only the willing partner as couples therapy

D. Report the refusing partner

99. A client reveals they have been taking credit for a coworker's ideas at work. The therapist should:

A. Report to the employer

B. Explore the behavior clinically including motivations and implications

C. Advise the client to confess

D. Terminate for unethical behavior

100. Under California law, the BBS may take disciplinary action against a licensee for:

A. Only criminal convictions

B. Only client complaints

C. Only malpractice judgments

D. Unprofessional conduct as defined in relevant codes and regulations

PRACTICE TEST 13 — ANSWER KEY AND EXPLANATIONS

PRACTICE TEST 13 — ANSWER KEY WITH EXPLANATIONS

1. D. Address it clinically while maintaining confidentiality Embezzlement, while a serious crime, is not a mandated reporting situation for therapists. The therapist should address this clinically, exploring what motivated the behavior, any guilt or anxiety associated with it, and what it reveals about the client's relationship with work, money, or authority. This provides significant treatment material while maintaining the confidentiality that allows honest therapeutic exploration. The therapist should not advise specific actions but can help the client examine the implications and consequences.

2. B. 36 hours California law requires that after making an immediate telephone report of suspected child abuse, the mandated reporter must submit a written follow-up report within 36 hours. This written report provides detailed documentation of the suspected abuse and becomes part of the official record. The report is typically made using the SS 8572 form and submitted to the appropriate child protective agency or law enforcement. Understanding these timelines ensures compliance with mandated reporting requirements.

3. A. Assess clinical justification and provide honest documentation if appropriate Emotional support animal documentation should only be provided when clinically justified. The therapist should assess whether the client has a qualifying mental health condition, whether an ESA would provide legitimate therapeutic benefit, and whether they have sufficient clinical information to support the request. If justified, documentation should accurately describe the clinical basis for the recommendation. Providing documentation without assessment or refusing all requests would both be inappropriate responses.

4. C. Decline to confirm or deny the client relationship without authorization Confidentiality protections extend to not confirming whether someone is a client. Even to a spouse, the therapist should not acknowledge the client relationship without proper authorization from the client. The therapist can listen to concerns expressed without confirming or denying treatment. If the situation persists, the therapist should discuss it with the client and help them address the spouse's concerns through appropriate channels.

5. B. Gently explore these changes and assess for potential concerns including abuse or body image issues Behavioral changes such as wearing oversized clothing and avoiding eye contact may indicate various concerns including abuse, body image issues, depression, or trauma. The therapist should gently explore these observations, creating space for the adolescent to share what might be happening. These changes warrant clinical attention rather than dismissal as normal teen behavior. Assessment should be sensitive and non-confrontational to maintain trust.

6. D. The Board of Behavioral Sciences The Board of Behavioral Sciences (BBS) is the regulatory body with authority to issue, suspend, and revoke LMFT licenses in California. The BBS investigates complaints, conducts disciplinary proceedings, and imposes sanctions when licensees violate laws or professional standards. Understanding the BBS's role and authority is essential for practicing within the regulatory framework governing the profession.

7. A. Address it clinically as treatment material Falsifying timesheets is workplace misconduct providing clinical material but not a reporting situation. The therapist should explore what motivates the behavior, any concerns about discovery, and what it reveals about the client's relationship with work, authority, or honesty. This clinical exploration can help the client examine their patterns without the therapist becoming an agent of the employer or taking a judgmental stance.

8. C. Address the therapeutic implications while respecting individual confidences appropriately Secret divorce consultations during couples therapy create complex therapeutic situations. The therapist must navigate confidentiality carefully while addressing the therapeutic implications. Many couples therapists establish no-secrets policies at the outset of treatment. The therapist should address how this information affects the viability of couples work and help the couple determine appropriate next steps, which might include transitioning to individual therapy or discernment counseling.

9. B. Refer for medical evaluation while continuing appropriate psychological support When symptoms suggest possible neurological conditions, medical evaluation is essential to rule out organic causes. The therapist should refer for appropriate medical workup while continuing psychological support. LMFTs cannot diagnose neurological conditions, and treating symptoms as purely psychological when they may have medical causes could harm the client. Collaboration with medical providers ensures comprehensive care.

10. A. Adult Protective Services or local law enforcement California law requires that suspected elder abuse be reported to Adult Protective Services (APS) or local law enforcement, depending on the setting and type of abuse. The therapist makes the report to the appropriate agency, which then investigates. Reporting to family members, the BBS, or physicians does not fulfill the mandated reporting requirement. Understanding proper reporting channels ensures compliance with legal obligations.

11. D. Assess whether the threat meets Tarasoff criteria for serious violence against an identifiable victim Vague statements like "you'll regret this" require careful assessment to determine whether they meet Tarasoff criteria. The therapist should explore what the client means, whether there is intent to cause serious physical harm, and whether the coworker is a reasonably identifiable victim of threatened violence. Not all threatening statements trigger the duty to protect. Clinical assessment determines appropriate response based on the specific circumstances.

12. C. Decline as this is outside the therapeutic role Storing documents for clients is outside the therapeutic role and creates boundary complications. If documents were lost or damaged, the therapist could become entangled in the client's affairs. The therapist should decline while exploring what's

underlying the request. If the client needs secure document storage, appropriate resources such as safe deposit boxes or legal services can be suggested.

13. B. Address the concern and help the supervisee develop a self-care plan while monitoring client care Supervisee burnout and compassion fatigue are serious concerns affecting both the supervisee's wellbeing and client care quality. The supervisor should address this directly, help develop a self-care plan, and monitor whether the supervisee's clinical work is being affected. This supportive approach maintains the supervisory relationship while ensuring client welfare. If impairment is significantly affecting clinical work, additional interventions may be needed.

14. A. Address it clinically while maintaining confidentiality Planning insurance fraud is not a mandated reporting situation for therapists. The therapist should address this clinically, exploring motivations, potential consequences, and what it reveals about the client's decision-making and risk tolerance. This provides treatment material while maintaining confidentiality. The therapist should not advise specific actions but can help the client examine the implications of their planned behavior.

15. D. Expected charges for services Under the No Surprises Act, Good Faith Estimates for self-pay and uninsured clients must include expected charges for services. This helps clients understand their likely costs before beginning treatment. The estimate should include expected services and their costs, allowing clients to make informed decisions about their care. This requirement promotes transparency in healthcare pricing.

16. C. Reassess treatment effectiveness and consider adjusting the treatment approach Significantly increased OCD rituals indicate that current treatment may not be adequate or that symptoms are worsening despite treatment. The therapist should reassess the situation, consider whether the treatment approach needs adjustment, and evaluate whether specialized OCD treatment such as Exposure and Response Prevention might be indicated. Continuing an ineffective approach fails to serve the client's interests.

17. A. Explore the situation clinically and help the client consider their options Identity theft by a roommate is a significant stressor affecting the client, making it clinically relevant. The therapist should explore the situation, the client's feelings about it, and help them consider their options for addressing it. This might include discussing whether to confront the roommate, report to authorities, or take protective measures. The therapist provides clinical support while the client determines their own course of action.

18. B. Verify authorization and provide only minimum necessary information Parole officer requests require proper authorization before information is released. Even with authorization, the therapist should provide only the minimum necessary information for the stated purpose. Court-ordered supervision doesn't automatically authorize complete record release. The therapist should verify what specific information is authorized and needed, protecting client confidentiality while meeting legitimate oversight requirements.

19. D. Address the clinical implications and help the client consider appropriate responses This situation involves the client's deceptive behavior and its consequences for another person. The therapist should address the clinical implications, including the client's responsibility for harm caused by their

deception. While the therapist cannot contact the person being catfished directly, they can help the client consider how to respond appropriately to the situation they've created, including potential ways to address the other person's distress.

20. C. Notes documenting or analyzing session contents kept separate from the medical record Under HIPAA, psychotherapy notes have a specific definition: notes documenting or analyzing the contents of conversation during counseling sessions that are kept separate from the medical record. These notes receive special protection and require specific authorization for release beyond general medical record consent. Progress notes in the regular chart, billing records, and treatment summaries are not psychotherapy notes under this definition.

21. A. Assess the fantasies clinically including any history of acting on them Fantasies about harming animals require careful clinical assessment. The therapist should explore the nature and frequency of these fantasies, whether the client has ever acted on them, and what they represent psychologically. Animal cruelty can be associated with various conditions and may indicate risk for other violent behavior. Clinical assessment guides appropriate intervention without overreacting to fantasies alone.

22. B. Consider the request carefully including clinical appropriateness, safety, and boundary implications Home visit requests for clients with disabilities require thoughtful consideration. The therapist should evaluate clinical appropriateness, safety concerns, boundary implications, and whether home visits would serve the client's therapeutic interests. While accommodating disabilities is important, home visits change the therapeutic frame significantly. Alternative accommodations such as telehealth might also be considered. The decision should be clinically based rather than automatic.

23. D. Address the pattern therapeutically within the group A member dominating discussions is a group dynamics issue to be addressed therapeutically. The therapist should address this in the group, helping members understand the pattern and its impact. This provides valuable material about communication, power dynamics, and interpersonal awareness. Removing the member without therapeutic intervention misses an important clinical opportunity.

24. C. Address it clinically including assessing for substance use disorder Lying to physicians to obtain controlled substances suggests possible substance use disorder requiring clinical attention. The therapist should assess for addiction, explore what's driving the behavior, and address it therapeutically. This is not a mandated reporting situation, but the clinical implications are significant. The therapist might encourage the client to be honest with their physician and explore appropriate treatment for any substance issues.

25. A. The privilege belongs to the client, not the therapist The therapist-client privilege belongs to the client, who has the right to assert or waive it. The therapist holds the privilege on the client's behalf but cannot waive it without client authorization. This principle recognizes that the privilege exists to protect the client's privacy and encourage open communication in therapy. The therapist should assert privilege when appropriate unless the client waives it.

26. B. Address the observation and assess for depression, suicidality, or other concerns Increasing isolation and withdrawal may indicate worsening depression, suicidal ideation, or other serious concerns.

The therapist should address these observations directly, assessing the client's current mental state and safety. This proactive approach allows early intervention for potentially serious conditions. Waiting for the client to bring it up could delay necessary assessment and treatment adjustments.

27. D. Decline due to dual relationship and boundary concerns Recommending a client for a job at the therapist's spouse's company creates multiple boundary complications including dual relationships and potential conflicts of interest. If problems arose with the employment, the therapist would be entangled in the situation. The therapist should decline while exploring what's underlying the request and helping the client identify appropriate ways to seek employment references.

28. A. Consult with an attorney while maintaining client confidentiality False negative reviews create a difficult situation where the therapist may want to defend their reputation but must maintain client confidentiality. The therapist cannot publicly identify the person as a client even to refute false claims. Consulting with an attorney helps the therapist understand their options while maintaining ethical obligations. This situation requires careful navigation of competing interests.

29. C. Address the safety and clinical implications therapeutically Driving a commercial vehicle while sedated creates serious safety concerns for the client and public. The therapist should address this directly, exploring the risks involved and the client's awareness of potential consequences. This might include discussing the medication's effects, responsibilities of commercial driving, and decision-making about safety. The therapeutic focus is on helping the client recognize and address the risk.

30. B. Two years California law prohibits sexual contact between therapists and former clients for a minimum of two years following termination of treatment. Even after two years, such relationships may be considered exploitative depending on circumstances. This prohibition recognizes that the power differential and emotional bonds from therapy can persist well beyond termination. The two-year minimum provides some protection against exploitation.

31. D. Explore the pattern clinically as relevant treatment material Using manipulation to control family members reveals important information about interpersonal patterns relevant to treatment. The therapist should explore this clinically, understanding how the client relates to others, what needs manipulation serves, and its impact on relationships. This is treatment material rather than something requiring confrontation or external reporting. The clinical focus promotes understanding and potential change.

32. A. Explore the concern and assess whether there is reasonable suspicion warranting a report Secondhand concerns about a teacher warrant careful exploration to determine whether reporting is appropriate. The therapist should gather more information from the client about specific observations and behaviors that raised concern. If the information creates reasonable suspicion of abuse or grooming, a mandated report may be required. Not all concerning observations constitute reportable abuse, but they should be assessed seriously.

33. C. Address the jurisdictional issue and determine appropriate next steps Telehealth across state lines raises licensure and jurisdiction issues. Therapists are generally licensed to practice only in states

where they hold licenses, and treating clients in other states may violate those states' laws. The therapist should address this with the client and determine appropriate next steps, which might include limiting sessions to when the client is in California or helping them find a local provider.

34. B. Address it clinically while maintaining confidentiality Billing fraud against clients is serious misconduct but not a mandated reporting situation for therapists. The therapist should address this clinically, exploring what motivates the behavior, any guilt or justification the client has, and the implications for their business and character. This provides significant treatment material about ethics, boundaries, and decision-making while maintaining confidentiality.

35. A. Specific information about telehealth including risks, confidentiality, and emergency protocols California requires specific informed consent for telehealth services beyond standard therapy consent. This must include information about telehealth risks and benefits, how confidentiality will be maintained in electronic communications, what to do if technology fails, and emergency protocols when the client may be at a distance from local emergency services. This specialized consent addresses the unique aspects of technology-based treatment.

36. D. Assess the changes and consider referral for medical or neurological evaluation New confusion in an elderly client may indicate medical conditions such as dementia, medication effects, infections, or other treatable conditions. The therapist should assess the changes and refer for appropriate medical evaluation rather than assuming it's normal aging or diagnosing dementia themselves. Early identification of medical causes can lead to treatment and improved outcomes.

37. C. Help the client explore their own thoughts, feelings, and values about the decision When clients seek advice about major life decisions like marriage, the therapist's role is to help them explore their own thoughts, feelings, and values rather than directing the decision. This promotes client autonomy and self-understanding. The therapist can help the client examine what they want, what factors are important to them, and how different choices align with their values.

38. B. Address it clinically while assessing for ongoing patterns and concerns Excessive force by a corrections officer raises serious concerns about violence and abuse of power. The therapist should address this clinically, exploring patterns, what triggers the behavior, and any rationalization. While this information doesn't trigger mandated reporting (inmates are not among the protected populations for mandated reporting), the clinical implications regarding violence and judgment are significant treatment material.

39. A. Address the boundary violation directly and assess for concerning patterns A client discovering the therapist's home address and driving by represents a boundary violation requiring direct discussion. The therapist should address this without panic but clearly, exploring what motivated the behavior, what the client was hoping to accomplish, and whether it indicates concerning patterns. This conversation provides important information about the client's boundaries and attachment while setting appropriate limits.

40. D. A misdemeanor criminal offense Practicing as an LMFT without a valid license is a criminal misdemeanor in California. This applies to individuals who hold themselves out as LMFTs without proper licensure. Client consent does not legalize unlicensed practice, and having a degree is insufficient without licensure. This criminal penalty underscores the state's interest in protecting the public from unqualified practitioners.

41. C. Explore the underlying motivations and fears clinically Deliberately underperforming to avoid promotion reveals important clinical material about fear of success, imposter syndrome, anxiety about change, or other underlying issues. The therapist should explore what drives this behavior, what the client fears about promotion, and how this pattern might appear elsewhere in their life. This clinical exploration can lead to significant therapeutic work.

42. B. Explain the limitations of the treating therapist role and suggest appropriate alternatives Treating therapists should not serve as references for adoption applications because their role is therapeutic, not evaluative. The therapist lacks the objectivity and comprehensive information needed for adoption assessments. The therapist should explain these limitations and suggest appropriate alternatives such as character references from others who know the client in different capacities or formal home study evaluations.

43. A. Address the systemic patterns and adjust treatment to consider all family members Family therapy requires attention to the entire system. When one member improves while another worsens, systemic dynamics may be at play, such as symptom shifting or role changes. The therapist should address these patterns and adjust treatment to consider all family members' wellbeing. Focusing only on the identified patient ignores important systemic factors.

44. D. Address the pattern clinically including potential legal and relationship implications Systematic harassment through fake accounts represents concerning behavior with legal and psychological implications. The therapist should address this clinically, exploring what drives the harassment, helping the client understand potential legal consequences, and examining what this reveals about processing the relationship ending. This is significant treatment material about boundaries, letting go, and coping with loss.

45. C. Release of psychotherapy notes Under HIPAA, psychotherapy notes require specific written authorization separate from general consent for treatment, payment, or healthcare operations. This special protection recognizes the sensitive nature of detailed session notes and their importance to the therapeutic relationship. General consent for record release does not authorize psychotherapy note disclosure without specific additional authorization.

46. A. Assess for eating disorders, medical conditions, or other causes and consider appropriate referrals Rapid weight loss in a client warrants clinical attention and assessment. The therapist should explore the weight loss, assess for eating disorders, and consider whether medical evaluation is needed to rule out physical causes. Weight loss can indicate various conditions requiring different interventions. The therapist should not ignore physical changes or immediately assume a specific diagnosis.

47. B. Assess the situation including children's ages and duration to determine if neglect is indicated

Whether leaving children home alone constitutes neglect depends on multiple factors including the children's ages, maturity, duration of absence, and safety provisions. The therapist should assess these factors before determining whether reporting is warranted. Very young children left alone likely require reporting, while older teenagers staying home briefly may be appropriate. Assessment should be thorough and consider all relevant factors.

48. D. Provide access according to records retention and access requirements Former clients retain rights to access their records. California requires record retention for minimum periods, and clients have access rights during that time. The therapist should respond appropriately to the request, providing access according to legal requirements. Records should not be destroyed prematurely, and access should not be denied simply because treatment ended.

49. C. Assess appropriately and develop an integrated treatment approach consistent with best practices for dissociative disorders Dissociative identity disorder requires specialized understanding and treatment approaches. The therapist should assess appropriately and develop treatment consistent with current best practices, which typically focus on integration and functioning rather than treating identities as completely separate. Simply agreeing to the client's treatment preferences without clinical judgment or automatically referring may not serve the client's best interests.

50. A. To ensure ongoing competence and current knowledge for public protection Continuing education requirements exist to ensure therapists maintain current knowledge and competence throughout their careers. This serves public protection by ensuring practitioners stay updated on developments in the field, changes in laws and ethics, and evolving best practices. CE requirements reflect the understanding that initial licensure alone doesn't guarantee ongoing competence.

51. B. Explore the behavior clinically including risk awareness and underlying motivations Risky sexual behavior provides clinical material worth exploring. The therapist should address this without lecturing, exploring what drives the behavior, the client's awareness of risks, and what needs it might serve. This clinical approach creates space for honest exploration while helping the client examine their choices. Judgment-free exploration is more likely to produce insight and potential change than lecturing.

52. D. Decline as this is outside the therapeutic role Holding mail for clients is outside the therapeutic role and creates unnecessary entanglement in the client's personal affairs. If mail were lost or mishandled, the therapist could become involved in problems unrelated to therapy. The therapist should decline while exploring what's underlying the request and helping the client identify appropriate alternatives such as mail holding services or trusted friends.

53. C. Address the pattern and ensure all clients are receiving appropriate oversight When supervisees consistently avoid discussing certain clients, it may indicate problems with those cases that require supervisory attention. The supervisor should address this pattern directly, ensuring all clients receive appropriate oversight. Avoidance might indicate the supervisee is struggling, boundary issues exist, or problems are being hidden. Comprehensive supervision requires attention to all clients.

54. A. Explore the client's concerns and help them consider appropriate responses The client's distress about their teenager's marijuana use is clinically relevant material. The therapist should explore the client's concerns, help them understand their options, and support them in determining how to respond. This might include discussing communication approaches, when to seek outside help, and how to balance relationship preservation with safety concerns. The therapist supports the client in their parenting role.

55. B. Children, dependent adults, and elders California mandated reporting requirements for therapists cover children (under 18), dependent adults (18-64 with specified disabilities that limit self-care), and elders (65 and older). Understanding which populations trigger mandated reporting obligations helps therapists recognize when reports are legally required. Different types of abuse and different reporting agencies may apply depending on the specific situation.

56. D. Explore the therapeutic implications including trust and secrecy in the relationship A secret second phone in couples therapy raises significant questions about trust, secrecy, and the relationship. The therapist should explore what this represents therapeutically rather than forcing disclosure or ignoring it. This provides material for examining patterns of secrecy and trust in the relationship. How the couple addresses this becomes part of the therapeutic work.

57. C. Explore the situation clinically and support the client in considering their options Workplace sexual harassment is a significant stressor affecting the client's wellbeing. The therapist should explore the situation, help the client understand their options, and support their decision-making process. Options might include HR reporting, documentation, seeking legal consultation, or other responses. The therapist provides clinical support while respecting the client's autonomy to determine their own response.

58. A. Respond indicating they have no records and no client relationship When subpoenaed regarding someone who was never a client, the therapist should respond appropriately indicating they have no records because no client relationship exists. Ignoring subpoenas is inappropriate, but the response is straightforward when there is no actual client relationship. This protects both the therapist and the individual named in the subpoena.

59. B. Explore what the behavior represents clinically if relevant to treatment Cheating at family card games may or may not be clinically significant depending on what it represents. The therapist should assess whether this connects to broader patterns of dishonesty, competition, or family dynamics relevant to treatment. Minor behaviors become clinically relevant when they reflect larger patterns or contribute to the client's presenting concerns. Clinical judgment determines appropriate attention.

60. D. Professional discipline by the BBS Failure to maintain adequate client records violates professional standards and can result in disciplinary action by the BBS. Adequate documentation is essential for client care continuity, legal protection, and professional accountability. Record-keeping requirements exist to protect clients and ensure accountability. Violations may result in sanctions ranging from citations to license revocation depending on severity.

61. C. Address it clinically as relevant treatment material Taking supplies from disaster donation bins raises ethical questions worth exploring clinically. The therapist should address what motivated this

behavior, any justifications the client has, and what it reveals about their decision-making and values. This is treatment material rather than a reporting situation. The clinical exploration can help the client examine their choices and their impact on others.

62. A. Discuss what the client wants to communicate and help them explore their self-presentation therapeutically Helping a client think about how they present themselves in dating can be therapeutically valuable. The therapist should explore what the client wants to communicate, what they're looking for, and how their self-presentation reflects their identity and goals. This becomes a therapeutic conversation about self-concept and relationships rather than the therapist simply writing the ad.

63. B. Address the situation in group including implications for group dynamics and confidentiality Romantic relationships between group members significantly affect group dynamics and raise confidentiality concerns. The therapist should address this in the group, exploring implications for the group process and individual treatment. This might include discussing how the relationship affects group members' comfort sharing, confidentiality between the couple, and potential complications. The discussion itself becomes valuable group material.

64. D. Explore the behavior clinically including underlying feelings and interpersonal patterns Spreading false rumors about a neighbor reveals information about how the client manages conflict, anger, and relationships. The therapist should explore this clinically, understanding what underlies the behavior and what it reveals about the client's interpersonal patterns. This is treatment material rather than something requiring external reporting or therapist intervention with the neighbor.

65. C. Truthful information about services, qualifications, and specialties California allows LMFTs to advertise their services but requires that advertising be truthful and not misleading. Therapists may include accurate information about their qualifications, specialties, and services offered. They may not guarantee outcomes, claim false credentials, or make superiority claims over other therapists. Honest advertising helps consumers make informed choices.

66. A. Explore the pattern including what the humor might mask or communicate Frequent self-deprecating jokes may indicate underlying issues such as low self-esteem, depression, or difficulty with direct emotional expression. The therapist should explore this pattern, understanding what the humor might mask or communicate. This exploration can lead to important clinical material about how the client views themselves and manages difficult feelings.

67. B. Assess for potential elder financial exploitation and report if warranted Large financial gifts from an elderly person to a new romantic partner may indicate financial exploitation, particularly if cognitive decline or undue influence is involved. The therapist should assess the situation, gathering information about the parent's capacity and the circumstances. If exploitation is suspected, mandated reporting to Adult Protective Services may be required. Not all gifts constitute exploitation, but red flags warrant assessment.

68. D. Address it clinically including safety, consent, and decision-making while considering appropriate parental involvement Peer sexting among similar-aged adolescents is common but raises

concerns about safety, judgment, and legal implications. The therapist should address this clinically, discussing risks, consent, and decision-making with the teen. Parental involvement depends on the teen's age, the nature of the behavior, and safety concerns. The therapist must balance the teen's confidentiality with safety considerations.

69. C. Decline and provide only accurate documentation Therapists must provide only accurate documentation regardless of client requests. Lying about appointment times to help clients deceive employers constitutes fraud and violates professional ethics. The therapist should decline clearly and explain they can only provide truthful documentation. Exploring what's underlying the request may reveal work-related stress or other clinical issues worth addressing.

70. A. Clients generally have the right to access their records with limited exceptions California law and HIPAA provide clients with the right to access their treatment records, with limited exceptions such as when access would cause substantial harm. Therapists cannot deny all access or require court orders for routine requests. Understanding access rights helps therapists respond appropriately to record requests while protecting clients when exceptions apply.

71. B. Explore the situation clinically including the client's awareness and motivations Participating in exploitative MLM schemes while knowing they harm others provides clinical material about the client's values, decision-making, and relationship with money. The therapist should explore this clinically, understanding the client's perspective and what motivates their participation. This examination can lead to important insights about the client's character and choices.

72. D. Address it clinically as relevant to relationship and boundary patterns Accessing an adult child's bank account without permission raises boundary and trust issues relevant to family relationships. The therapist should address this clinically, exploring what motivated the behavior and what it reveals about parent-child boundaries. This is treatment material about relationships rather than a reporting situation, as the adult child is not a protected population for mandated reporting purposes.

73. C. Obtain proper authorization before discussing the prospective client Even between therapists, discussing a specific client requires proper authorization. The therapist cannot discuss the prospective client without their consent, even if the purpose is coordinating a potential transfer. The therapist should obtain appropriate releases before sharing information. This protects client confidentiality while allowing appropriate professional communication when authorized.

74. A. Explore the behavior clinically including underlying feelings and patterns Sabotaging a coworker reveals important information about how the client manages jealousy, competition, and workplace relationships. The therapist should explore this clinically, understanding what drives the behavior and its implications. This provides significant treatment material about interpersonal patterns, emotional regulation, and ethical decision-making. The clinical focus promotes insight rather than simple judgment.

75. B. The therapist must immediately stop practicing until the license is renewed Practicing on an expired license is illegal regardless of intent to renew. The therapist must stop seeing clients immediately

upon license expiration and cannot resume until the license is properly renewed. This underscores the importance of tracking renewal deadlines and completing requirements before expiration. There is no grace period for continued practice.

76. D. Explore the decision clinically and encourage communication with the prescriber When clients stop psychiatric medication, the therapist should explore the decision clinically rather than insisting on compliance. Understanding the client's reasons, concerns about the medication, and experience can be valuable. The therapist should encourage communication with the prescriber about the decision. Collaboration between therapist and prescriber serves the client's integrated care.

77. C. Consider the therapeutic purpose of the question and respond appropriately Personal questions about the therapist's religion provide opportunities for therapeutic exploration. The therapist should consider what's behind the question before responding. It might relate to the client's concerns about values compatibility, religious issues they're processing, or curiosity about the therapist. A thoughtful response considers therapeutic purpose while maintaining appropriate boundaries.

78. A. Continue treatment while maintaining confidentiality and supporting the client Discriminatory employer policies against mental health treatment are problematic but don't require the therapist to terminate. The therapist should continue treatment, maintaining confidentiality that protects the client's employment. The therapist can support the client in navigating this difficult situation while providing needed treatment. Terminating to "protect" the client would abandon them when they need support.

79. B. Address it clinically while maintaining confidentiality Faking symptoms for disability benefits is fraud but not a mandated reporting situation. The therapist should address this clinically, exploring what motivates the deception, any actual symptoms present, and the implications of the behavior. The therapist should not provide false documentation supporting fake symptoms. Clinical exploration can address underlying issues while maintaining appropriate boundaries.

80. D. Within specific timeframes depending on when harm is discovered or should have been discovered Civil malpractice suits in California have specific statute of limitations provisions that depend on when harm was discovered or reasonably should have been discovered. Generally, suits must be filed within one year of discovery or three years from the negligent act, whichever is earlier, but various exceptions and circumstances can affect these timelines. Understanding these provisions requires legal consultation for specific situations.

81. C. Explore the dream content therapeutically as potentially meaningful material Dreams about harming the therapist can contain meaningful therapeutic content about the client's feelings toward the therapist, authority figures, or the therapeutic relationship itself. The therapist should explore this material therapeutically rather than reacting with alarm. Dream content is symbolic and exploratory rather than predictive of actual violence. This provides opportunity for deepening therapeutic work.

82. A. Assess the situation carefully and provide only honest documentation based on clinical findings Requests for documentation about danger require careful assessment. The therapist should

evaluate the situation clinically and provide only documentation that honestly reflects their professional findings. If the therapist cannot honestly state the client is not dangerous, they should discuss this with the client. Documentation must be accurate regardless of what the client wants it to say.

83. B. Consider the request within the context of family treatment and established confidentiality agreements Individual requests during family therapy should be considered within the family treatment context. The therapist should evaluate whether individual conversation serves the family treatment, what confidentiality agreements were established, and how to handle any information shared. The response depends on the specific circumstances, treatment agreements, and clinical judgment about what serves the family's therapeutic goals.

84. D. Focus on clinically relevant material rather than minor workplace behaviors Photocopying copyrighted materials for personal use, while technically wrong, represents a minor behavior that may not warrant therapeutic attention unless it connects to broader patterns or presenting concerns. The therapist should prioritize clinically relevant material. Clinical judgment determines what deserves attention in treatment rather than addressing every questionable behavior.

85. C. Continues to belong to the now-adult client When a minor client turns 18, they gain control of their own treatment decisions and privilege for all communications, including those made during treatment when they were a minor. The privilege doesn't transfer to parents or automatically waive. The now-adult client controls decisions about confidentiality for their entire treatment record regardless of when communications occurred.

86. A. Note the observation and continue assessing for substance use concerns over time When explanations for physical observations seem implausible, the therapist should note the concern and continue assessing over time rather than accepting the explanation without question or confronting aggressively. Building trust while remaining attentive to substance use indicators allows the therapeutic relationship to develop while the therapist gathers more information. Assessment is ongoing rather than a single event.

87. B. Explore the behavior clinically as treatment material if relevant Using a deceased relative's disability placard is illegal but minor in the context of treatment priorities. The therapist should consider whether this connects to broader patterns or clinical concerns worth addressing. If relevant to treatment themes, it can be explored clinically. Minor legal violations don't require therapist intervention unless they connect to clinical issues.

88. D. Address concerns about professional standards directly with the colleague Conducting therapy at a bar raises serious concerns about confidentiality, professional boundaries, and appropriate treatment settings. The therapist should address these concerns directly with the colleague as a collegial intervention. If the behavior continues and appears to harm clients, further action such as reporting might become necessary. Professional standards require appropriate treatment settings.

89. C. Explore what's underlying the request for advice in a non-therapeutic area When clients seek advice in areas outside the therapist's role, exploring what's underlying the request is often therapeutically

valuable. The therapist should explore what's prompting the request, what the client hopes to gain, and what it reveals about decision-making patterns. This exploration serves therapeutic purposes better than simply providing or refusing advice.

90. A. Providing appropriate closure and referrals as clinically indicated Ethical termination requires providing appropriate closure and referrals as clinically indicated to ensure clients aren't abandoned without resources for continued care. While specific procedures aren't rigidly mandated, professional standards expect appropriate termination practices. This includes summarizing progress, discussing ongoing needs, and providing referrals when continued treatment is recommended.

91. B. Explore the behavior clinically including trust and boundary issues in the relationship Regularly reading a spouse's private journal raises significant trust and boundary issues relevant to the relationship. The therapist should explore this clinically, understanding what drives the behavior, what the client is looking for, and what it reveals about trust in the relationship. This provides important material about boundaries, trust, and communication patterns.

92. D. Address it clinically exploring motivations and implications Creating fake online profiles provides clinical material about identity, deception, and online behavior. The therapist should explore what motivates this behavior, what needs it serves, and its implications. This examination can reveal important information about the client's self-concept, relationship with others, and online behavior patterns.

93. C. Address the failure, ensure appropriate reporting occurs now if still applicable, and provide remedial training Supervisor discovery that a supervisee failed to report suspected child abuse requires immediate attention. The supervisor should address the failure, determine whether reporting is still applicable and ensure it occurs if so, and provide remedial training on mandated reporting. This protects potential victims while educating the supervisee about legal obligations.

94. A. Explore this behavior clinically including what needs it serves and possible factitious presentations Falsely claiming cancer for sympathy represents significant clinical material that may indicate factitious disorder or other conditions. The therapist should explore what needs this behavior serves, how it affects relationships, and what it reveals about the client's functioning. This is important treatment material requiring careful clinical attention.

95. B. Responsibility for ensuring the supervisee provides competent services Supervisors have significant responsibility for their supervisees' clinical work, including ensuring that supervisees provide competent services. This responsibility includes oversight, training, and accountability for the quality of care supervisees provide. Supervisors can face liability for supervisee misconduct when supervision is inadequate. Understanding supervisory responsibility guides appropriate oversight.

96. D. Assess the gambling, address it clinically, and consider whether specialized treatment is needed Discovering compulsive gambling in a client being treated for anxiety requires attention regardless of the original presenting problem. The therapist should assess the gambling, its severity and impact, and address it clinically. Specialized gambling treatment may be needed, but the therapist shouldn't ignore gambling simply because it wasn't the presenting problem.

97. C. Consider the therapeutic purpose and respond in a way that serves the client's treatment

Questions about the therapist's personal mental health history require thoughtful responses. The therapist should consider what's behind the question and what response serves the client's treatment. Limited, thoughtful disclosure might be appropriate in some circumstances, while deflecting might be better in others. The response should be based on therapeutic purpose rather than automatic rules.

98. A. Assess the situation and discuss options including whether couples therapy can continue

When one partner refuses to participate in couples therapy, the therapist must assess whether couples work can continue meaningfully. This requires honest discussion about options, which might include pausing couples therapy, transitioning the willing partner to individual therapy, or exploring what's behind the refusal. Couples therapy requires both partners' participation to be effective.

99. B. Explore the behavior clinically including motivations and implications

Taking credit for coworker's ideas reveals information about workplace behavior, ethics, and interpersonal patterns worth exploring clinically. The therapist should understand what motivates this behavior, its implications for the client's relationships and career, and what it reveals about their functioning. This clinical exploration promotes insight into the client's patterns.

100. D. Unprofessional conduct as defined in relevant codes and regulations

The BBS may take disciplinary action for unprofessional conduct as defined in the Business and Professions Code and related regulations. This includes but is not limited to criminal convictions, client complaints, and malpractice judgments. The broad category of unprofessional conduct encompasses various violations of professional standards, ethics, and laws governing practice.