

FULL-LENGTH PRACTICE TESTS

Practice Test 14 — 100 Questions - Comprehensive Coverage Across All Domains

1. A therapist's client reveals they have been secretly recording conversations with family members without their knowledge. The therapist should:

- A. Report to law enforcement for illegal recording
- B. Demand the recordings be destroyed
- C. Address it clinically including legal implications and underlying motivations
- D. Terminate for illegal behavior

2. Under California law, what is the minimum age at which a minor may consent to outpatient mental health treatment if determined mature enough?

- A. 12 years old
- B. 14 years old
- C. 16 years old
- D. 18 years old

3. A client asks the therapist to testify as a character witness at their child custody hearing. The therapist should:

- A. Agree to help the client retain custody
- B. Testify if the client is a good parent

- C. Testify only about treatment observations
- D. Explain limitations of the treating therapist role and decline to serve as a character witness

4. An LMFT providing supervision discovers their supervisee has been seeing clients without maintaining required documentation. The supervisor should:

- A. Ignore documentation issues
- B. Address the deficiency and require immediate compliance with documentation standards
- C. Report to the BBS without discussion
- D. Allow the supervisee to catch up over time

5. A client mentions their spouse has been tracking their location without consent using hidden software. The therapist should:

- A. Report to law enforcement for stalking
- B. Contact the spouse
- C. Assess for intimate partner abuse concerns and address clinically
- D. Ignore technology issues in relationships

6. Under HIPAA, protected health information (PHI) includes:

- A. Individually identifiable health information transmitted or maintained in any form
- B. Only electronic health records
- C. Only billing information
- D. Only diagnosis codes

7. A therapist learns their client has been pretending to be a licensed professional at work. The therapist should:

- A. Report to the relevant licensing board
- B. Report to law enforcement
- C. Report to the employer
- D. Address it clinically while maintaining confidentiality

8. A client asks the therapist to meet them at a park for their session because they feel more comfortable outdoors. The therapist should:

- A. Agree to accommodate client preferences
- B. Discuss confidentiality concerns and generally maintain appropriate professional settings
- C. Meet at parks only in good weather
- D. Refuse without explanation

9. An LMFT treating an adolescent discovers the teen has been self-harming with increasing severity. The therapist should:

- A. Assess severity, develop a safety plan, and consider appropriate level of care and parental involvement
- B. Immediately hospitalize
- C. Keep it confidential from parents regardless of severity
- D. Terminate and refer to a specialist

10. Under California law, which statement about the Tarasoff duty is TRUE?

- A. It requires warning only and no other action
- B. It applies to all clients who express anger
- C. It only applies to psychiatrists
- D. It can be discharged through warning, notifying police, or taking other reasonable protective steps

11. A therapist's client describes using company time and resources to run a personal side business. The therapist should:

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

12. A client gives the therapist an expensive piece of jewelry as a thank you gift. The therapist should:

- A. Accept to avoid hurting the client's feelings
- B. Explore the meaning of the gift and decline expensive items
- C. Accept if the therapy is ending
- D. Report to the BBS

13. An LMFT receives a phone call from a client's family member stating the client attempted suicide. The therapist should:

- A. Take the information seriously, attempt to verify, and coordinate care appropriately
- B. Refuse to speak with family members
- C. Share complete treatment information with the family

D. Ignore calls about clients from others

14. A client reveals they have been systematically overcharging customers at their small business. The therapist should:

A. Report to consumer protection

B. Advise the client to stop and make restitution

C. Report to law enforcement

D. Address it clinically while maintaining confidentiality

15. Under California law, how many hours of individual supervision must an AMFT receive per week at minimum?

A. Three hours

B. Two hours

C. One hour

D. No minimum is specified

16. A therapist notices their client's child has a black eye during a family session. The parent explains it was from sports. The therapist should:

A. Accept the explanation without question

B. Note the observation and assess further before determining if reporting is warranted

C. Report to CPS immediately without any assessment

D. Ignore injuries in family sessions

17. A client asks the therapist to write a letter confirming a disability for their employer. The therapist should:

- A. Assess the situation and provide honest documentation based on clinical findings if appropriate
- B. Write whatever the client needs
- C. Refuse all employment-related documentation
- D. Refer to a psychiatrist for disability assessments

18. An LMFT providing group therapy has a member who consistently arrives late. The therapist should:

- A. Remove the member from group
- B. Ignore lateness as a personal choice
- C. Allow the group to handle it themselves
- D. Address the behavior therapeutically within the group context

19. A client mentions they have discovered their financial advisor has been making unauthorized trades. The therapist should:

- A. Report to the SEC for the client
- B. Contact the financial advisor
- C. Explore the situation and support the client in determining their own response
- D. Ignore financial matters

20. Under California law, records for adult clients must be retained for a minimum of:

- A. Three years after termination
- B. Seven years after termination
- C. Ten years after termination

D. Indefinitely

21. A therapist's client describes deliberately damaging property belonging to an ex-partner. The therapist should:

A. Report to law enforcement

B. Report to the ex-partner

C. Advise the client to stop

D. Address it clinically including legal and relationship implications

22. A client asks the therapist to friend them on social media so they can see the therapist's posts. The therapist should:

A. Decline and explain boundary reasons

B. Accept only professional network requests

C. Accept after treatment ends

D. Accept to build rapport

23. An LMFT treating a client with PTSD notices the client has started drinking heavily between sessions. The therapist should:

A. Refer to AA only

B. Ignore substance use

C. Assess the drinking, address it clinically, and consider its relationship to the PTSD

D. Terminate for substance abuse

24. A client reveals they have been filing fraudulent expense reports at work for years. The therapist should:

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

25. Under California law, which is TRUE about confidentiality when treating multiple family members?

- A. Each family member has complete access to all family communications
- B. The therapist may share any information between family members
- C. Confidentiality never applies in family therapy
- D. Confidentiality policies should be clearly established and communicated at the outset

26. A therapist notices their depressed client has started giving away prized possessions. The therapist should:

- A. Assess for suicidal ideation and intent as this may be a warning sign
- B. Compliment the client's generosity
- C. Ignore changes in behavior
- D. Encourage the client to keep their belongings

27. A client asks the therapist to call their employer and confirm they have a medical appointment. The therapist should:

- A. Call to help the client
- B. Lie if the client really needs the time off

- C. Decline to make calls on the client's behalf but provide appropriate documentation if warranted
- D. Report to the employer that the client is in therapy

28. An LMFT providing couples therapy discovers that one partner has been hiding significant debt. The therapist should:

- A. Tell the other partner immediately
- B. Address how secrets and financial issues affect the relationship therapeutically
- C. Advise the hiding partner to confess
- D. Ignore financial matters in couples therapy

29. A client reveals they have created multiple social media accounts to cyberbully someone who hurt them. The therapist should:

- A. Report to law enforcement immediately
- B. Contact the victim
- C. Advise the client to stop
- D. Address it clinically including the behavior's implications and underlying feelings

30. Under California law, an LMFT who learns a client has HIV:

- A. Must maintain confidentiality with limited exceptions related to identifiable third parties at risk
- B. Must report to the health department
- C. Must tell the client's partners
- D. Has no confidentiality obligations for HIV status

31. A therapist's client describes using multiple identities to defraud online retailers. The therapist should:

- A. Report to law enforcement
- B. Report to the retailers
- C. Address it clinically as treatment material
- D. Terminate for criminal activity

32. A client asks the therapist to provide them with extra copies of receipts for insurance purposes. The therapist should:

- A. Provide multiple copies to help the client
- B. Provide only accurate documentation reflecting actual services
- C. Provide copies only if the client paid cash
- D. Refuse all receipt requests

33. An LMFT notices that a client's stories about their childhood keep changing significantly. The therapist should:

- A. Confront the client about lying
- B. Ignore inconsistencies
- C. Accept all versions as equally true
- D. Note the pattern and explore it clinically when appropriate

34. A client mentions they found the therapist's home address online and sent flowers there. The therapist should:

- A. Address this boundary violation directly in therapy
- B. Accept the flowers graciously
- C. Call the police
- D. Ignore the gesture

35. Under California law, which is TRUE about practicing via telehealth with California clients?

- A. No special consent is required
- B. Therapists from any state may practice with California clients
- C. Specific informed consent for telehealth is required
- D. Telehealth is prohibited for therapy

36. A therapist treating a couple notices one partner seems afraid of the other during sessions. The therapist should:

- A. Continue couples therapy as usual
- B. Assess for intimate partner violence and consider whether couples therapy is appropriate
- C. Confront the intimidating partner
- D. Report to law enforcement

37. A client asks the therapist for a loan until their next paycheck. The therapist should:

- A. Loan money if the client is trustworthy
- B. Loan a small amount only
- C. Help the client find other resources

D. Decline as this is outside the therapeutic role and discuss appropriate alternatives

38. An LMFT learns that their supervisee has developed romantic feelings for a client. The supervisor should:

A. Address the issue immediately, ensure appropriate boundaries, and determine if transfer is needed

B. Allow the relationship after therapy ends

C. Report to the BBS immediately

D. Ignore feelings unless they are acted upon

39. A client reveals they have been hacking into their ex's email account to monitor communications. The therapist should:

A. Report to law enforcement

B. Contact the ex to warn them

C. Address it clinically including legal implications and letting-go issues

D. Ignore the behavior

40. Under California law, breaking confidentiality to protect a client from self-harm:

A. Is never permitted

B. May be permitted when the client poses a danger to themselves

C. Is required in all cases of depression

D. Requires written client consent

41. A therapist's client describes intentionally spreading rumors at work to undermine a colleague. The therapist should:

- A. Report to the employer
- B. Advise the client to stop
- C. Contact the colleague
- D. Explore the behavior clinically including motivations and interpersonal patterns

42. A client asks the therapist if they can hire the therapist's spouse for professional services. The therapist should:

- A. Discuss potential complications and generally discourage creating intertwined relationships
- B. Agree if the spouse provides good service
- C. Demand the client use the spouse's services
- D. Report to the BBS

43. An LMFT providing family therapy has parents who want the therapist to report to them everything their 16-year-old discusses. The therapist should:

- A. Agree to tell parents everything
- B. Refuse to work with adolescents
- C. Clarify confidentiality parameters that balance parental involvement with adolescent privacy
- D. Tell the teen nothing is confidential

44. A client reveals they have been lying to their partner about where they spend money. The therapist should:

- A. Tell the partner
- B. Explore the behavior clinically as relationship and financial treatment material
- C. Advise the client to confess
- D. Ignore financial matters

45. Under California law, a therapist who has sexual contact with a client may face:

- A. Only license suspension
- B. Only civil penalties
- C. Only termination from professional associations
- D. Criminal prosecution, civil liability, and license revocation

46. A therapist notices their client has bruises on their neck during a telehealth session. The therapist should:

- A. Ask about the bruises and assess for potential abuse or self-harm
- B. Ignore what cannot be addressed in person
- C. End the session immediately
- D. Report to law enforcement without assessment

47. A client asks the therapist to advocate for them in a dispute with their insurance company. The therapist should:

- A. Aggressively advocate as the client's ally
- B. Contact the insurance company without authorization

- C. Provide appropriate documentation while maintaining professional boundaries
- D. Refuse any involvement with insurance matters

48. An LMFT receives a message from a former client asking to reconnect socially now that therapy has ended. The therapist should:

- A. Accept if significant time has passed
- B. Consider the request carefully given former therapeutic relationship and generally maintain boundaries
- C. Report to the BBS
- D. Accept only professional connections

49. A client mentions they have been using their work computer to access pornography. The therapist should:

- A. Report to the employer
- B. Report to law enforcement
- C. Advise the client to stop
- D. Address it clinically if relevant to treatment issues

50. Under California law, which is TRUE about the duty to report suspected child abuse?

- A. The duty is triggered by reasonable suspicion, not certainty
- B. The duty requires certainty of abuse before reporting
- C. The duty applies only to severe physical abuse
- D. The duty can be waived with parental consent

51. A therapist's client describes planning to fake an injury to collect workers' compensation. The therapist should:

- A. Report to the workers' compensation board
- B. Advise the client against fraud
- C. Address it clinically while maintaining confidentiality
- D. Report to law enforcement

52. A client gives the therapist a religious text they find meaningful and want to share. The therapist should:

- A. Refuse all gifts
- B. Consider accepting a meaningful but low-value item graciously while exploring its significance
- C. Accept only if the therapist shares the client's religion
- D. Report to the BBS

53. An LMFT treating an adolescent learns the teen has been sending threatening messages to classmates. The therapist should:

- A. Report to school authorities immediately
- B. Report to law enforcement immediately
- C. Notify parents without assessment
- D. Assess the situation including threat severity and address it clinically while considering appropriate notifications

54. A client reveals they regularly exceed their authority at work to make decisions above their pay grade. The therapist should:

- A. Explore the pattern clinically as relevant treatment material
- B. Report to the employer
- C. Advise the client to stay in their lane
- D. Terminate for boundary violations

55. Under California law, when may a therapist break confidentiality without client consent?

- A. Whenever the therapist believes it is clinically helpful
- B. Whenever family members request information
- C. When required by law such as mandated reporting or court orders
- D. Only when the client is deceased

56. A therapist notices their client's appearance has deteriorated significantly with poor hygiene and disheveled clothing. The therapist should:

- A. Ignore appearance as superficial
- B. Address the observation sensitively and assess for depression, psychosis, or functioning changes
- C. Refer to a social worker
- D. Terminate for poor self-care

57. A client asks the therapist to see them twice per week but the therapist believes once is clinically appropriate. The therapist should:

- A. Agree to twice weekly to satisfy the client
- B. Refuse without explanation

- C. See the client twice weekly since they are paying
- D. Discuss clinical recommendations while respecting client autonomy

58. An LMFT learns that a colleague has been practicing with an expired license. The therapist should:

- A. Address the concern directly with the colleague as this is a serious violation
- B. Ignore licensing matters as not their business
- C. Report to law enforcement
- D. Wait to see if the colleague renews

59. A client reveals they have been using their elderly parent's credit card without permission. The therapist should:

- A. Report for elder financial abuse immediately
- B. Contact the parent
- C. Assess the situation including the parent's awareness and capacity, and report if exploitation is indicated
- D. Ignore financial matters between family members

60. Under California law, telehealth services require:

- A. Video only, never phone
- B. Specific informed consent addressing telehealth considerations
- C. BBS pre-approval
- D. In-person backup for every session

61. A therapist's client describes deliberately excluding a coworker from meetings and communications. The therapist should:

- A. Report to the employer for workplace bullying
- B. Advise the client to include the coworker
- C. Contact the coworker
- D. Explore the behavior clinically including motivations and workplace relationship patterns

62. A client mentions they want to name the therapist as beneficiary of their life insurance policy. The therapist should:

- A. Address this as a significant boundary issue and decline the designation
- B. Accept if the client insists
- C. Accept only if the client has no family
- D. Report to the BBS

63. An LMFT providing group therapy notices that members have formed a subgroup that meets separately. The therapist should:

- A. Ignore out-of-group meetings
- B. Terminate the subgroup members
- C. Address the situation in group including implications for group cohesion and confidentiality
- D. Report to individual therapists

64. A client reveals they have been telling their spouse they are working late when they are actually at therapy. The therapist should:

- A. Tell the spouse
- B. Explore the secrecy and what it means for the client's relationships
- C. Advise the client to tell their spouse
- D. Refuse to participate in deception

65. Under California law, an LMFT trainee must:

- A. Work independently after six months
- B. Never see clients
- C. Only observe sessions
- D. Work under supervision and maintain BBS registration

66. A therapist treating a client for grief notices the client has started talking about joining their deceased loved one. The therapist should:

- A. Conduct a thorough suicide assessment and respond appropriately based on findings
- B. Assume they mean spiritually after natural death
- C. Ignore grief-related statements
- D. Immediately hospitalize

67. A client asks the therapist to hold their session at a coffee shop because the office feels too clinical. The therapist should:

- A. Agree to accommodate the client
- B. Agree if the coffee shop is quiet

- C. Explain confidentiality concerns and maintain appropriate professional settings
- D. Meet at coffee shops for intake only

68. An LMFT receives records from a client's previous therapist that reveal information the client hasn't disclosed. The therapist should:

- A. Confront the client about not disclosing
- B. Integrate the information clinically without necessarily revealing the source immediately
- C. Return the records unread
- D. Share the information with the client immediately

69. A client reveals they have been manipulating their elderly parent into changing their will. The therapist should:

- A. Report for elder abuse immediately
- B. Contact the parent
- C. Advise the client to stop
- D. Assess for potential elder abuse including undue influence and report if warranted

70. Under California law, psychotherapy notes under HIPAA receive:

- A. Special protection requiring specific authorization for release
- B. No special protection
- C. Protection only in court cases
- D. Protection only from insurance companies

71. A therapist's client describes using a fake identity to obtain government benefits. The therapist should:

- A. Report to government agencies
- B. Report to law enforcement
- C. Address it clinically while maintaining confidentiality
- D. Terminate for fraud

72. A client asks the therapist to attend their graduation ceremony. The therapist should:

- A. Refuse all outside contact
- B. Consider the request thoughtfully including therapeutic implications
- C. Attend all client events to show support
- D. Report to the BBS for consultation

73. An LMFT learns their client has been experiencing command auditory hallucinations. The therapist should:

- A. Ignore symptoms outside their specialty
- B. Continue treatment without changes
- C. Terminate and refer to a psychiatrist only
- D. Assess the symptoms thoroughly and coordinate with or refer to a psychiatrist for medication evaluation

74. A client reveals their therapist friend has advised them their current treatment is wrong. The therapist should:

- A. Explore this dynamic and its impact on treatment
- B. Contact the friend to correct them
- C. Terminate the client for disloyalty
- D. Ignore outside influences

75. Under California law, a client's right to access their records may be denied when:

- A. The therapist prefers not to share
- B. The records contain negative information about the client
- C. Access would cause substantial harm to the client or others
- D. The client has an outstanding balance

76. A therapist notices their client flinches whenever the therapist moves suddenly. The therapist should:

- A. Ignore nonverbal behavior
- B. Gently explore the reaction and assess for trauma history
- C. Stop moving during sessions
- D. Refer to a trauma specialist without discussion

77. A client asks the therapist for detailed advice about whether to accept a specific job offer. The therapist should:

- A. Provide detailed career advice
- B. Make the decision for the client
- C. Refuse to discuss career matters

D. Help the client explore factors and their own preferences without directing the decision

78. An LMFT receives a request from an attorney to provide expert testimony about their client. The therapist should:

A. Explain that treating therapists generally should not provide expert testimony about their clients

B. Agree to testify as an expert

C. Testify only if paid appropriately

D. Report to the BBS

79. A client reveals they have been secretly feeding a neighbor's pet unhealthy food to make it sick. The therapist should:

A. Report to animal control

B. Report to the neighbor

C. Address it clinically including the concerning nature of the behavior

D. Ignore behavior toward animals

80. Under California law, mandated child abuse reporting must include:

A. The therapist's diagnosis of the perpetrator

B. A telephone report made immediately or as soon as practically possible

C. Only written documentation

D. Family consent

81. A therapist's client describes regularly lying on their time sheets to leave work early. The therapist should:

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

82. A client mentions they found compromising information about the therapist online and hints they might share it. The therapist should:

- A. Address this directly as potential manipulation and its implications for therapy
- B. Pay the client to stay quiet
- C. Ignore the comment
- D. Terminate immediately

83. An LMFT treating a couple learns that one partner has a secret addiction. The therapist should:

- A. Tell the other partner immediately
- B. Ignore individual disclosures
- C. Navigate the secret within the therapy's established confidentiality framework
- D. Terminate couples therapy immediately

84. A client reveals they have been exaggerating symptoms to their psychiatrist to get stronger medication. The therapist should:

- A. Report to the psychiatrist
- B. Address it clinically including motivations and concerns about appropriate treatment

- C. Support the client's medication decisions
- D. Terminate for manipulation

85. Under California law, the primary purpose of the LMFT licensing examination is:

- A. To generate state revenue
- B. To limit competition in the field
- C. To reduce the number of therapists
- D. To ensure minimum competency for public protection

86. A therapist notices their adolescent client has become secretive and anxious about their phone. The therapist should:

- A. Gently explore changes in behavior and assess for concerning issues
- B. Demand to see the phone
- C. Report to parents immediately
- D. Ignore technology use

87. A client asks the therapist to provide documentation for an emotional support animal they can use on airplanes. The therapist should:

- A. Provide documentation to help the client
- B. Refuse all airline-related documentation
- C. Assess clinical justification and provide honest documentation only if warranted
- D. Refer to a psychiatrist for ESA letters

88. An LMFT providing supervision notices a supervisee seems resistant to feedback. The supervisor should:

- A. Address the pattern directly as it affects professional development
- B. Stop providing feedback
- C. Report to the BBS
- D. Terminate supervision

89. A client reveals they have been dumpster diving at businesses to find discarded merchandise to sell. The therapist should:

- A. Report to law enforcement
- B. Report to the businesses
- C. Advise the client to stop
- D. Focus on clinically relevant material rather than minor behaviors unless therapeutically significant

90. Under California law, which statement about HIPAA and state law is TRUE?

- A. When state law provides greater protection, it generally takes precedence over HIPAA
- B. HIPAA always takes precedence
- C. State law always takes precedence
- D. They never conflict

91. A therapist's client describes using intimidation to collect personal debts from friends. The therapist should:

- A. Report for extortion
- B. Advise the client to use proper channels

- C. Explore the behavior clinically including relationship and anger patterns
- D. Terminate for threatening behavior

92. A client gives the therapist a detailed handwritten letter expressing gratitude for their help. The therapist should:

- A. Refuse all written communications
- B. Accept the heartfelt gesture and potentially explore its meaning
- C. Report to the BBS
- D. Return unopened

93. An LMFT learns that a client's child has been truant from school for extended periods. The therapist should:

- A. Report to school authorities
- B. Report to CPS immediately
- C. Ignore the child's behavior
- D. Assess whether the truancy indicates neglect and address appropriately

94. A client reveals they have been secretly reading their teenager's diary. The therapist should:

- A. Explore the behavior clinically including parenting concerns and privacy issues
- B. Tell the teenager
- C. Report to CPS
- D. Support parental monitoring unconditionally

95. Under California law, a supervisor may be held liable for a supervisee's misconduct when:

- A. Never
- B. Only for billing errors
- C. The supervisor failed to provide adequate supervision
- D. Only if the supervisor was present during the misconduct

96. A therapist treating an adult client learns the client experienced childhood abuse that was never reported. The therapist should:

- A. Report the historical abuse immediately
- B. Assess whether current children may be at risk from the perpetrator
- C. Ignore historical information
- D. Require the client to report

97. A client asks the therapist for their personal cell phone number for emergencies. The therapist should:

- A. Provide personal contact to all clients
- B. Refuse without discussion
- C. Share if the client seems stable
- D. Discuss emergency protocols and establish appropriate boundaries for between-session contact

98. An LMFT receives a subpoena for records in a case where privilege applies. The therapist should:

- A. Assert privilege and notify the client while responding appropriately to the subpoena
- B. Ignore the subpoena since privilege applies
- C. Provide all records since subpoenas override privilege

D. Destroy the records

99. A client reveals they have been tampering with a coworker's food as a prank. The therapist should:

A. Report to law enforcement

B. Report to the employer

C. Address it clinically including the potentially harmful nature of the behavior

D. Ignore workplace pranks

100. Under California law, a therapist's duty to maintain confidentiality:

A. Ends immediately when therapy ends

B. Continues after the therapeutic relationship ends

C. Only applies during active sessions

D. Is waived upon termination

PRACTICE TEST 14 — ANSWER KEY AND EXPLANATIONS

1. C. Address it clinically including legal implications and underlying motivations California is a two-party consent state, making secret recording of conversations illegal under Penal Code Section 632. The therapist should address this clinically, exploring what motivates the recording, what the client hopes to discover, and the legal risks involved. This behavior may reveal trust issues, paranoia, or relationship concerns worth therapeutic exploration. The clinical approach allows honest discussion while helping the client understand potential consequences.

2. A. 12 years old Under California Family Code Section 6924, minors who are 12 years of age or older may consent to outpatient mental health treatment if the treating professional determines the minor is mature enough to participate intelligently in treatment. This provision allows adolescents to access mental health services independently when appropriate, recognizing that some teens need help but may be unable or unwilling to involve parents.

3. D. Explain limitations of the treating therapist role and decline to serve as a character witness Treating therapists should not serve as character witnesses in custody proceedings. The treating role is therapeutic, not evaluative, and the therapist lacks the objectivity required for forensic opinions. Character testimony could compromise the therapeutic relationship and put the therapist in an inappropriate advocacy role. The therapist should explain these limitations and suggest the client seek appropriate character witnesses from others who know them in non-therapeutic capacities.

4. B. Address the deficiency and require immediate compliance with documentation standards Adequate documentation is a legal and ethical requirement that protects clients and ensures continuity of care. The supervisor must address documentation deficiencies directly, requiring immediate compliance rather than allowing gradual catch-up that leaves gaps. This supervisory intervention protects clients and helps the supervisee develop proper professional habits. Documentation standards are not optional, and supervisors are responsible for ensuring compliance.

5. C. Assess for intimate partner abuse concerns and address clinically Covert location tracking without consent may indicate controlling behavior associated with intimate partner abuse. The therapist should assess for other indicators of abuse, explore how the client feels about the tracking, and address safety concerns if present. This surveillance pattern can be part of a broader controlling dynamic warranting careful clinical attention and potential safety planning.

6. A. Individually identifiable health information transmitted or maintained in any form HIPAA defines protected health information (PHI) as individually identifiable health information transmitted or maintained in any form, including electronic, paper, and oral. This broad definition ensures protection

regardless of the format in which information is created, received, maintained, or transmitted. Understanding this definition helps therapists recognize their obligations across all forms of client information.

7. D. Address it clinically while maintaining confidentiality Impersonating a licensed professional is illegal but not a mandated reporting situation for therapists. The therapist should address this clinically, exploring what motivates the deception, the risks involved, and what it reveals about the client's self-concept or situation. This provides significant treatment material while maintaining the confidentiality that enables honest therapeutic exploration.

8. B. Discuss confidentiality concerns and generally maintain appropriate professional settings Therapy in public settings like parks compromises confidentiality as conversations can be overheard. The therapist should discuss these concerns with the client, explaining why appropriate settings matter for effective and confidential therapy. While accommodating client preferences is important, confidentiality protection takes precedence. Alternative solutions such as a more comfortable office arrangement might address the underlying concerns.

9. A. Assess severity, develop a safety plan, and consider appropriate level of care and parental involvement Increasing self-harm severity requires thorough assessment, safety planning, and consideration of whether the current level of care is adequate. The therapist must balance the adolescent's confidentiality with safety needs, which may require parental involvement depending on severity. A thoughtful, graduated response based on assessment serves the client better than automatic hospitalization or maintaining confidentiality regardless of risk.

10. D. It can be discharged through warning, notifying police, or taking other reasonable protective steps California's Tarasoff duty provides flexibility in how therapists discharge their duty to protect. Options include warning the intended victim, notifying law enforcement, or taking other reasonable steps to protect the foreseeable victim. The duty applies when a client makes a serious threat of physical violence against a reasonably identifiable victim, not to all expressions of anger or to therapists of specific disciplines only.

11. C. Address it clinically as treatment material Using company time and resources for personal business is workplace misconduct providing clinical material but not a reporting situation. The therapist should explore what this behavior represents, any concerns about discovery, and what it reveals about the client's relationship with work, boundaries, or authority. This clinical approach promotes insight while maintaining confidentiality.

12. B. Explore the meaning of the gift and decline expensive items Expensive gifts create boundary complications and potential exploitation concerns regardless of the giver's intent. The therapist should explore what the gift means to the client while declining expensive items. This therapeutic conversation can be valuable, examining the client's feelings about the therapist and the therapeutic relationship. The exploration itself provides clinical material while maintaining appropriate boundaries.

13. A. Take the information seriously, attempt to verify, and coordinate care appropriately When family members report suicide attempts, therapists should take the information seriously while being mindful of confidentiality. The therapist can receive information without confirming the client relationship, attempt to verify the situation and contact the client, and coordinate care appropriately with proper authorization. Client safety takes priority while maintaining appropriate confidentiality boundaries.

14. D. Address it clinically while maintaining confidentiality Systematically overcharging customers is fraud but not a mandated reporting situation for therapists. The therapist should address this clinically, exploring motivations, any guilt or justification, and what it reveals about the client's ethics and decision-making. This significant treatment material deserves attention while confidentiality protects the space for honest exploration.

15. C. One hour California requires AMFTs to receive a minimum of one hour of individual or triadic supervision per week. Additional group supervision may supplement but not replace this individual supervision requirement. Understanding supervision requirements ensures proper oversight of unlicensed practitioners and compliance with BBS regulations governing the path to licensure.

16. B. Note the observation and assess further before determining if reporting is warranted A child's black eye explained as a sports injury requires professional judgment. The therapist should note the observation and assess further, considering whether the explanation is plausible, whether there are other indicators of abuse, and whether the injury pattern is consistent with the stated cause. Not all injuries require immediate reporting, but careful assessment is essential before accepting explanations or dismissing concerns.

17. A. Assess the situation and provide honest documentation based on clinical findings if appropriate Disability documentation requests require careful clinical assessment. The therapist should evaluate whether the client's condition genuinely creates workplace limitations, consider what they can honestly document based on clinical findings, and provide accurate documentation if appropriate. Providing whatever the client wants or refusing all employment documentation both fail to serve the client's legitimate needs appropriately.

18. D. Address the behavior therapeutically within the group context Consistent lateness in group therapy is a behavioral pattern worth addressing therapeutically within the group. The therapist should address this in the group, exploring its impact on other members, what the lateness might represent, and how the group experiences it. This provides valuable material about responsibility, commitment, and interpersonal awareness for the late member and the group.

19. C. Explore the situation and support the client in determining their own response Unauthorized trading by a financial advisor is a significant stressor affecting the client. The therapist should explore the situation, help the client understand their options, and support their autonomous decision-making about how to respond. The therapist provides clinical support while the client determines their own course of action, which might include regulatory complaints, legal consultation, or other responses.

20. B. Seven years after termination 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.

21. D. Address it clinically including legal and relationship implications Deliberately damaging an ex-partner's property is illegal vandalism with relationship and legal implications worth clinical exploration. The therapist should address this behavior, exploring what drives it, how the client feels about it, and the potential consequences. This provides treatment material about anger management, relationship endings, and impulse control while maintaining confidentiality.

22. A. Decline and explain boundary reasons Social media connections between therapists and clients create boundary complications, confidentiality concerns, and potential dual relationships. The therapist should decline and explain that maintaining professional boundaries protects the therapeutic relationship and the client's privacy. This conversation provides opportunity to discuss boundaries and explore what prompted the request.

23. C. Assess the drinking, address it clinically, and consider its relationship to the PTSD Heavy drinking often develops as self-medication for PTSD symptoms and can interfere with trauma treatment effectiveness. The therapist should assess the drinking pattern, address it clinically, and explore its relationship to the PTSD. This integrated approach recognizes the connection between trauma and substance use while determining whether specialized substance treatment is needed alongside trauma work.

24. B. Address it clinically while maintaining confidentiality Long-term expense report fraud is serious misconduct providing clinical material but not a mandated reporting situation. The therapist should explore what motivated the behavior, how the client feels about it now, and what it reveals about their relationship with work and honesty. This clinical exploration can lead to important insights while maintaining confidentiality.

25. D. Confidentiality policies should be clearly established and communicated at the outset Family therapy involves complex confidentiality considerations that should be clearly established from the beginning. The therapist should explain how confidentiality works in family treatment, including how individual disclosures will be handled, before treatment begins. Clear policies help prevent complications and ensure all family members understand expectations. Different models handle confidentiality differently, but clarity is essential.

26. A. Assess for suicidal ideation and intent as this may be a warning sign Giving away prized possessions is a recognized warning sign for suicide, particularly in depressed clients. The therapist should conduct a thorough suicide assessment, exploring whether this behavior reflects preparation for death. This observation warrants direct but sensitive inquiry about suicidal thoughts, plans, and intent. Early identification allows appropriate intervention.

27. C. Decline to make calls on the client's behalf but provide appropriate documentation if warranted Making calls to employers on clients' behalf blurs professional boundaries and involves the therapist inappropriately in the client's life management. The therapist should decline while offering to provide appropriate documentation if clinically warranted. If the client needs verification of an appointment, standard documentation practices suffice without the therapist making personal calls.

28. B. Address how secrets and financial issues affect the relationship therapeutically Hidden debt in couples therapy represents significant relationship material about trust, secrecy, and financial partnership. The therapist should address how secrets and financial issues affect the relationship without simply forcing disclosure. How the couple navigates this issue becomes part of the therapeutic work, potentially revealing important patterns about honesty and communication.

29. D. Address it clinically including the behavior's implications and underlying feelings Creating multiple accounts to cyberbully someone reveals important clinical material about anger, coping with hurt, and online behavior. The therapist should address this clinically, exploring what drives the behavior, its potential legal implications, and what it reveals about processing relationship wounds. This approach promotes insight into concerning patterns while maintaining confidentiality.

30. A. Must maintain confidentiality with limited exceptions related to identifiable third parties at risk California law requires confidentiality for HIV status with limited exceptions. Therapists may have obligations related to identifiable third parties at significant risk in certain circumstances, but HIV status is not generally reportable to health departments by therapists. The specific rules governing HIV disclosure are complex and may require legal consultation in specific situations.

31. C. Address it clinically as treatment material Using multiple identities for online retail fraud is criminal behavior providing clinical material. The therapist should address this clinically, exploring what motivates the fraud, how the client views it, and its implications. This is not a mandated reporting situation, and the clinical focus promotes understanding of the behavior pattern while maintaining confidentiality.

32. B. Provide only accurate documentation reflecting actual services Therapists must provide accurate documentation regardless of client requests. Multiple copies of receipts should accurately reflect actual services provided. Providing inflated or false documentation constitutes fraud. The therapist should explain they can only provide accurate documentation and explore what's underlying the request if it suggests the client wants something other than accurate records.

33. D. Note the pattern and explore it clinically when appropriate Significantly changing stories about childhood may indicate various things including memory issues, dissociation, testing the therapist, or other clinical concerns. The therapist should note the pattern and explore it clinically when appropriate rather than immediately confronting or ignoring it. Understanding what drives the inconsistencies provides valuable clinical information.

34. A. Address this boundary violation directly in therapy Discovering a client found the therapist's home address and sent flowers there represents a boundary violation requiring direct discussion. The therapist should address this in therapy, exploring what motivated the behavior and setting appropriate

limits. This provides important clinical material about boundaries and the therapeutic relationship while maintaining safety awareness.

35. C. Specific informed consent for telehealth is required California requires specific informed consent for telehealth services addressing issues unique to technology-based treatment, including confidentiality in electronic communications, emergency protocols, and what to do if technology fails. Standard therapy consent is insufficient for telehealth services. This specialized consent ensures clients understand the unique aspects of receiving treatment via technology.

36. B. Assess for intimate partner violence and consider whether couples therapy is appropriate When one partner appears afraid of the other, the therapist must assess for intimate partner violence. Couples therapy may be contraindicated when violence or significant power imbalances exist, as it can increase danger to the victim. The therapist should assess carefully and consider whether individual treatment or other interventions are more appropriate than couples work.

37. D. Decline as this is outside the therapeutic role and discuss appropriate alternatives Financial transactions between therapists and clients are inappropriate and outside the therapeutic role. The therapist should decline clearly while helping the client explore alternatives for addressing their financial need. This maintains boundaries while still providing therapeutic support. The request itself might reveal clinical material about the client's financial management or relationship patterns.

38. A. Address the issue immediately, ensure appropriate boundaries, and determine if transfer is needed Romantic feelings toward clients are a serious clinical issue requiring immediate supervisory attention. The supervisor should address this directly, ensure the supervisee maintains appropriate boundaries, and determine whether the client should be transferred. This situation requires careful management to protect the client while supporting the supervisee's professional development.

39. C. Address it clinically including legal implications and letting-go issues Hacking into an ex's email is illegal and reveals difficulties with boundaries and moving on from the relationship. The therapist should address this clinically, exploring what drives the behavior, its legal risks, and what it reveals about processing the relationship ending. This provides important treatment material about attachment, letting go, and respecting boundaries.

40. B. May be permitted when the client poses a danger to themselves California law permits breaking confidentiality to protect clients who pose a danger to themselves. This exception recognizes that client safety may sometimes require disclosure to family members, emergency services, or others who can help protect the client. The therapist must use clinical judgment about when such disclosure is appropriate and limit it to what's necessary for protection.

41. D. Explore the behavior clinically including motivations and interpersonal patterns Deliberately undermining a colleague through rumors reveals important information about how the client manages workplace relationships, competition, and conflict. The therapist should explore this clinically, understanding motivations and patterns. This is treatment material rather than something requiring reporting or therapist intervention with the employer.

42. A. Discuss potential complications and generally discourage creating intertwined relationships

Having clients hire the therapist's spouse creates interconnected relationships that could complicate the therapeutic relationship. The therapist should discuss potential complications, including how problems with the spouse's services might affect therapy. Generally discouraging such arrangements protects both the therapeutic relationship and all parties involved from unnecessary complications.

43. C. Clarify confidentiality parameters that balance parental involvement with adolescent privacy

Treating adolescents requires balancing parental rights with the teen's developing autonomy and privacy needs. The therapist should clarify confidentiality parameters at the outset, explaining what will and won't be shared with parents. This typically involves sharing safety concerns while protecting the content of therapy discussions, allowing the teen space for honest exploration.

44. B. Explore the behavior clinically as relationship and financial treatment material

Lying to a partner about spending reveals relationship dynamics around trust, communication, and financial partnership. The therapist should explore this clinically, understanding what drives the deception and its implications for the relationship. This is significant treatment material about honesty and relationship patterns rather than something requiring therapist disclosure to the partner.

45. D. Criminal prosecution, civil liability, and license revocation

Sexual contact between therapists and clients carries severe consequences including criminal prosecution (it's a felony in California), civil liability for damages, and license revocation. These multiple layers of accountability reflect the seriousness of sexual exploitation in the therapeutic relationship and the state's interest in protecting vulnerable clients from predatory therapists.

46. A. Ask about the bruises and assess for potential abuse or self-harm

Visible bruises during telehealth sessions warrant the same clinical attention as in-person observations. The therapist should ask about the bruises directly and assess for potential intimate partner violence, self-harm, or other concerns. Telehealth doesn't change the therapist's clinical responsibilities or reduce the importance of addressing concerning observations.

47. C. Provide appropriate documentation while maintaining professional boundaries

Therapists can support clients in insurance disputes by providing appropriate documentation of treatment and clinical necessity. However, the therapist should maintain professional boundaries rather than becoming an aggressive advocate in business disputes. Providing honest, accurate documentation supports the client's legitimate interests while preserving the therapeutic role.

48. B. Consider the request carefully given former therapeutic relationship and generally maintain boundaries

Post-therapy social relationships with former clients raise boundary concerns because the power differential and emotional bonds from therapy can persist. The therapist should consider such requests carefully, recognizing that even after termination, the former therapeutic relationship creates complications for friendship. Generally maintaining boundaries protects both parties from potential complications.

49. D. Address it clinically if relevant to treatment issues Using work computers for pornography may or may not be clinically significant depending on patterns and presenting concerns. The therapist should assess whether this connects to broader issues like compulsive behavior, work performance problems, or risk-taking relevant to treatment. Clinical judgment determines appropriate attention rather than addressing every behavior.

50. A. The duty is triggered by reasonable suspicion, not certainty Mandated reporting of child abuse requires reasonable suspicion, not certainty. Therapists need not investigate or confirm abuse before reporting; reasonable suspicion based on professional observation triggers the duty. This standard ensures reports are made when children may be at risk rather than requiring proof that could delay protection.

51. C. Address it clinically while maintaining confidentiality Planning workers' compensation fraud is not a mandated reporting situation for therapists. The therapist should address this clinically, exploring what motivates the plan, the risks involved, and what it reveals about the client's decision-making and situation. This clinical approach promotes insight while maintaining confidentiality.

52. B. Consider accepting a meaningful but low-value item graciously while exploring its significance A religious text that holds personal meaning represents a different category of gift than expensive items. The therapist might appropriately accept such a meaningful but low-value item while exploring its significance to the client and what they hope to share. This therapeutic conversation can deepen understanding of the client's values and the therapeutic relationship.

53. D. Assess the situation including threat severity and address it clinically while considering appropriate notifications Threatening messages to classmates require careful assessment of severity and credibility before determining appropriate response. The therapist should assess the situation thoroughly, address it clinically, and consider whether notifications to parents or school authorities are warranted based on the level of danger. Not all threatening statements require immediate external notification, but serious threats may.

54. A. Explore the pattern clinically as relevant treatment material Regularly exceeding authority at work reveals information about the client's relationship with boundaries, rules, and authority worth clinical exploration. The therapist should explore what drives this pattern and its implications for the client's career and relationships. This is treatment material providing insight into the client's functioning.

55. C. When required by law such as mandated reporting or court orders Confidentiality may be broken without client consent when required by law, including mandated reporting obligations and valid court orders. Family requests and therapist beliefs about clinical helpfulness do not authorize breaches. Understanding legal exceptions helps therapists navigate the limited circumstances when disclosure without consent is appropriate.

56. B. Address the observation sensitively and assess for depression, psychosis, or functioning changes Significant deterioration in appearance and hygiene may indicate worsening mental health conditions such as depression, psychosis, or declining functioning. The therapist should address this

observation sensitively, assessing what's changed and whether treatment adjustments are needed. Appearance changes provide important clinical information about the client's mental state.

57. D. Discuss clinical recommendations while respecting client autonomy When client preferences differ from clinical recommendations, the therapist should discuss their professional opinion while respecting client autonomy. The therapist can explain why they believe once weekly is appropriate while remaining open to the client's perspective. Collaborative treatment planning serves clients better than rigid adherence to either party's preference.

58. A. Address the concern directly with the colleague as this is a serious violation Practicing with an expired license is illegal and puts clients at risk. The therapist should address this directly with the colleague, as collegial intervention is appropriate for serious professional violations. If the colleague doesn't address the situation, further steps such as reporting might become necessary to protect the public.

59. C. Assess the situation including the parent's awareness and capacity, and report if exploitation is indicated Using an elderly parent's credit card without permission may or may not constitute financial exploitation depending on circumstances including the parent's awareness, capacity, and the nature of the arrangement. The therapist should assess these factors carefully and report if exploitation is indicated. Not all family financial arrangements constitute abuse, but red flags warrant assessment.

60. B. Specific informed consent addressing telehealth considerations California requires specific informed consent for telehealth that addresses issues unique to technology-based services, including risks and benefits, confidentiality protections, emergency protocols, and procedures for technology failures. Standard therapy consent is insufficient for telehealth services. This ensures clients understand the unique aspects of technology-based treatment.

61. D. Explore the behavior clinically including motivations and workplace relationship patterns Deliberately excluding a coworker represents workplace relationship behavior worth clinical exploration. The therapist should understand what drives this behavior, its impact on the client's work environment, and what it reveals about interpersonal patterns. This is treatment material rather than something requiring external reporting or intervention.

62. A. Address this as a significant boundary issue and decline the designation Being named as a life insurance beneficiary creates a significant boundary violation with potential for exploitation appearance regardless of intent. The therapist should address this directly, explore what it means to the client, and decline the designation. Accepting inheritance or benefits from clients compromises professional boundaries and creates conflicts of interest.

63. C. Address the situation in group including implications for group cohesion and confidentiality Subgroup formation affects group dynamics, potentially creating in-group/out-group dynamics and confidentiality complications. The therapist should address this in the group, exploring what it means for the group and individual members. This discussion becomes valuable material about belonging, exclusion, and group relationships.

64. B. Explore the secrecy and what it means for the client's relationships Keeping therapy secret from a spouse provides clinical material about the client's relationships, communication patterns, and reasons for secrecy. The therapist should explore what drives the deception rather than judging it or requiring disclosure. Understanding the secrecy's meaning illuminates relationship dynamics relevant to treatment.

65. D. Work under supervision and maintain BBS registration LMFT trainees must register with the BBS and work under qualified supervision throughout their training period. They cannot work independently and must maintain required oversight. Understanding trainee requirements ensures proper compliance with the path to licensure and appropriate protection for clients receiving services from unlicensed practitioners.

66. A. Conduct a thorough suicide assessment and respond appropriately based on findings Statements about joining deceased loved ones in a grieving client warrant thorough suicide assessment. While such statements might be spiritual or metaphorical, they may also indicate suicidal ideation. The therapist should assess directly and sensitively, determining actual intent before deciding on appropriate response. Neither assuming the statement is benign nor automatic hospitalization serves the client without proper assessment.

67. C. Explain confidentiality concerns and maintain appropriate professional settings Coffee shops are public settings where therapy conversations can be overheard, compromising confidentiality. The therapist should explain these concerns and maintain appropriate professional settings. If the office feels too clinical, the therapist might explore modifications to the office environment rather than moving to inappropriate public settings.

68. B. Integrate the information clinically without necessarily revealing the source immediately Records from previous therapists may contain information the client hasn't disclosed. The therapist should integrate this information into their clinical understanding without necessarily confronting the client or revealing the source immediately. The information may inform treatment while respecting the client's pace of disclosure and the complexity of what they're ready to address.

69. D. Assess for potential elder abuse including undue influence and report if warranted Manipulating an elderly parent into changing their will may constitute elder abuse through undue influence, particularly if the parent has diminished capacity. The therapist should assess the situation carefully, including the parent's cognitive status and the nature of the manipulation. If elder abuse through undue influence is indicated, mandated reporting may be required.

70. A. Special protection requiring specific authorization for release Under HIPAA, psychotherapy notes receive special protection beyond other medical records. Release of psychotherapy notes requires specific written authorization separate from general consent for medical record release. This enhanced protection recognizes the sensitive nature of detailed therapy session notes and their importance to the therapeutic relationship.

71. C. Address it clinically while maintaining confidentiality Using fake identity for government benefit fraud is serious but not a mandated reporting situation for therapists. The therapist should address

this clinically, exploring what drove the behavior, any concerns about consequences, and what it reveals about the client's circumstances and decision-making. Clinical exploration maintains confidentiality while addressing significant behavior.

72. B. Consider the request thoughtfully including therapeutic implications Invitations to client events like graduations require thoughtful consideration of therapeutic implications, boundaries, and whether attendance would serve the client's interests. The therapist should consider factors including the treatment stage, the meaning of the invitation, and potential complications. A thoughtful decision-making process is more important than automatic acceptance or refusal.

73. D. Assess the symptoms thoroughly and coordinate with or refer to a psychiatrist for medication evaluation Command auditory hallucinations require thorough assessment and typically warrant psychiatric evaluation for potential medication. The therapist should assess the symptoms, their impact on functioning, and coordinate with or refer to a psychiatrist. Continuing without addressing psychotic symptoms or terminating without ensuring appropriate care both fail to serve the client adequately.

74. A. Explore this dynamic and its impact on treatment When clients receive conflicting advice from therapist friends, this creates important treatment material about outside influences, the therapeutic relationship, and how the client processes differing opinions. The therapist should explore this dynamic, understanding its impact on treatment engagement and the client's decision-making about their care.

75. C. Access would cause substantial harm to the client or others Client record access may be denied when access would cause substantial harm to the client or others. This limited exception protects clients from information that might be harmful, such as notes about a client's potential for violence that might escalate if disclosed. The exception is narrow, and general discomfort with sharing records doesn't justify denial.

76. B. Gently explore the reaction and assess for trauma history Flinching at sudden movement may indicate trauma history or current abuse. The therapist should gently explore this observation, creating space for the client to share what might underlie the reaction. This assessment should be sensitive and non-demanding, recognizing that trauma disclosure requires trust and readiness.

77. D. Help the client explore factors and their own preferences without directing the decision When clients seek advice about major life decisions, the therapist's role is helping them explore relevant factors and their own preferences rather than directing the choice. This promotes client autonomy and self-understanding. The therapist can help the client examine what matters to them and how different options align with their values and goals.

78. A. Explain that treating therapists generally should not provide expert testimony about their clients Treating therapists should not serve as expert witnesses about their clients because the treating role is therapeutic, not evaluative. Expert testimony requires objectivity the treating therapist lacks. The therapist should explain these role limitations, suggesting the attorney obtain an independent forensic evaluator if expert opinions are needed.

79. C. Address it clinically including the concerning nature of the behavior Deliberately harming a neighbor's pet reveals concerning behavior patterns about anger, boundaries, and potential cruelty. The therapist should address this clinically, exploring what drives the behavior and its implications. While therapists don't report to animal control for statements about past behavior, the clinical significance of animal harm warrants serious therapeutic attention.

80. B. A telephone report made immediately or as soon as practically possible California mandated reporting requires an immediate telephone report or report made as soon as practically possible, followed by a written report within 36 hours. Understanding these requirements ensures compliance with mandated reporting obligations and timely protection for potential victims.

81. D. Explore it clinically as treatment material Lying on timesheets provides clinical material about the client's relationship with work, honesty, and authority. The therapist should explore this clinically, understanding what drives the behavior and what it reveals about the client's patterns. This is treatment material rather than something requiring reporting or therapist judgment.

82. A. Address this directly as potential manipulation and its implications for therapy A client hinting they might share compromising information about the therapist represents potential manipulation requiring direct address. The therapist should address this directly, exploring what's happening in the therapeutic relationship and whether therapy can continue productively. This dynamic significantly affects the treatment relationship and must be addressed openly.

83. C. Navigate the secret within the therapy's established confidentiality framework Secret addictions in couples therapy require navigation within the therapy's established confidentiality framework. Many couples therapists establish no-secrets policies at the outset. The therapist should work within whatever framework was established, which might involve encouraging disclosure or addressing how secrets affect the therapeutic process.

84. B. Address it clinically including motivations and concerns about appropriate treatment Exaggerating symptoms to get stronger medication provides clinical material about the client's experience, their relationship with medication, and possible underlying issues. The therapist should explore what drives this behavior rather than reporting to the psychiatrist. This might reveal undertreated symptoms, medication-seeking for other reasons, or other clinical concerns worth addressing.

85. D. To ensure minimum competency for public protection The primary purpose of licensing examinations is ensuring minimum competency for public protection. Examinations verify that candidates have sufficient knowledge and skill to practice safely. Public protection, not revenue generation or competition limitation, drives licensing requirements and examination standards.

86. A. Gently explore changes in behavior and assess for concerning issues Secrecy and anxiety about phones in adolescents may indicate various concerns including problematic relationships, cyberbullying, or other issues. The therapist should gently explore these behavioral changes, creating space for the teen to share what might be happening. Assessment should be sensitive to adolescent developmental needs for privacy while remaining alert to potential problems.

87. C. Assess clinical justification and provide honest documentation only if warranted Emotional support animal documentation for air travel should only be provided when clinically justified. The therapist should assess whether the client has a qualifying mental health condition and whether an ESA provides legitimate therapeutic benefit for air travel. Honest documentation based on clinical assessment serves legitimate needs while preventing inappropriate accommodation requests.

88. A. Address the pattern directly as it affects professional development Supervisee resistance to feedback affects professional development and potentially client care quality. The supervisor should address this pattern directly, exploring what underlies the resistance and working to create a more productive supervisory relationship. Effective supervision requires the supervisee's openness to feedback and guidance.

89. D. Focus on clinically relevant material rather than minor behaviors unless therapeutically significant Dumpster diving for discarded merchandise is 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, using judgment about what deserves attention in treatment. Not every behavior requires therapeutic intervention.

90. A. When state law provides greater protection, it generally takes precedence over HIPAA HIPAA establishes a floor for privacy protections, but state laws providing greater protection generally take precedence. California's confidentiality laws in some areas exceed HIPAA requirements. Understanding this relationship helps therapists apply the more protective standard when state and federal law differ.

91. C. Explore the behavior clinically including relationship and anger patterns Using intimidation to collect debts reveals concerning patterns about anger, relationships, and problem-solving that warrant clinical exploration. The therapist should address this clinically, understanding what drives the behavior and its implications. This provides treatment material about interpersonal functioning while maintaining confidentiality.

92. B. Accept the heartfelt gesture and potentially explore its meaning A handwritten gratitude letter is a heartfelt gesture that is generally appropriate to accept. Unlike expensive gifts, personal expressions of appreciation don't create significant boundary concerns. The therapist might explore what writing the letter meant to the client and what they wanted to communicate, adding depth to the therapeutic work.

93. D. Assess whether the truancy indicates neglect and address appropriately Extended truancy may or may not indicate neglect depending on circumstances including parental involvement and reasons for the absences. The therapist should assess whether the truancy rises to the level of educational neglect requiring mandated reporting. Understanding the full situation guides appropriate response rather than automatic reporting.

94. A. Explore the behavior clinically including parenting concerns and privacy issues Reading a teenager's diary raises questions about parenting approaches, trust, and adolescent privacy worth clinical exploration. The therapist should explore what drove the behavior, what the parent found or feared finding,

and the implications for the parent-teen relationship. This is treatment material about parenting rather than something requiring external reporting.

95. C. The supervisor failed to provide adequate supervision Supervisors may be held liable for supervisee misconduct when supervision was inadequate. This responsibility includes ensuring proper oversight, addressing deficiencies, and monitoring client care. Understanding supervisory liability encourages appropriate attention to supervisory responsibilities and protects both clients and supervisees.

96. B. Assess whether current children may be at risk from the perpetrator When adult clients disclose historical childhood abuse, the therapist should assess whether the perpetrator currently has access to children who might be at risk. Historical abuse of the current adult client is not reportable, but current danger to other children may trigger mandated reporting obligations. The assessment focuses on present-day risk to potential victims.

97. D. Discuss emergency protocols and establish appropriate boundaries for between-session contact Requests for personal contact information provide opportunity to discuss emergency protocols and establish clear boundaries for between-session contact. The therapist should explain how emergencies should be handled (crisis lines, emergency services, answering service) while maintaining appropriate professional boundaries. This ensures client safety without inappropriate personal accessibility.

98. A. Assert privilege and notify the client while responding appropriately to the subpoena When subpoenaed for privileged records, the therapist should assert privilege on the client's behalf and notify the client. The therapist cannot simply ignore the subpoena or comply without considering privilege. Responding appropriately may require legal consultation to navigate the competing obligations of subpoena compliance and privilege assertion.

99. C. Address it clinically including the potentially harmful nature of the behavior Food tampering, even as a "prank," is potentially harmful behavior warranting clinical attention. The therapist should address this, exploring what motivates the behavior and helping the client understand its problematic nature. This provides treatment material about judgment, boundaries, and consideration for others.

100. B. Continues after the therapeutic relationship ends Confidentiality obligations continue after the therapeutic relationship ends. Former clients retain privacy protections for information shared during treatment. The therapist cannot disclose confidential information simply because treatment has ended. This ongoing duty protects clients' privacy interests indefinitely.