

FULL-LENGTH PRACTICE TESTS

Practice Test 6 — 100 Questions - Comprehensive Coverage Across All Domains

1. A therapist receives a call from Child Protective Services asking for information about a family in treatment. The therapist should:

- A. Verify the caller's identity and provide information relevant to the child's safety
- B. Refuse all requests from CPS
- C. Provide complete treatment records
- D. Require a court order before responding

2. An LMFT's client reveals they have been stealing money from their elderly parent's bank account. The therapist should:

- A. Report to law enforcement immediately
- B. Advise the client to stop
- C. Document but take no action
- D. Assess for elder financial abuse and report if warranted

3. A therapist discovers that a former client from five years ago is now dating the therapist's adult child. The therapist should:

- A. Forbid the relationship
- B. Consider disclosure to the adult child with the former client's consent

- C. Contact the former client to end the relationship
- D. Report to the BBS

4. Under California law, which is TRUE about minor consent to mental health treatment?

- A. Minors under 18 can never consent to treatment
- B. Only parents can consent for minors under 16
- C. Minors 12 and older may consent if mature enough to participate
- D. Court approval is required for all minor treatment

5. A therapist providing couples therapy learns that one partner has been diagnosed with a terminal illness but hasn't told the other. The therapist should:

- A. Follow the confidentiality policy established at the outset
- B. Disclose to protect the other partner
- C. Terminate couples therapy immediately
- D. Require disclosure before continuing

6. What is the time frame for submitting a written child abuse report after making the initial phone report?

- A. 24 hours
- B. 36 hours
- C. 48 hours
- D. 72 hours

7. A client asks the therapist to testify as a character witness in a custody case. The therapist should:

- A. Agree to help the client
- B. Testify only about positive observations
- C. Testify for whoever subpoenas them
- D. Decline and explain the treating therapist's role limitations

8. An LMFT treating a client with severe anxiety learns the client has stopped taking prescribed psychiatric medication without consulting their psychiatrist. The therapist should:

- A. Prescribe alternative medication
- B. Report to the psychiatrist immediately
- C. Explore the decision clinically and encourage coordination with the psychiatrist
- D. Terminate until the client resumes medication

9. The ethical principle of autonomy refers to:

- A. Respecting the client's right to self-determination
- B. Avoiding harm to clients
- C. Being fair to all clients
- D. Maintaining accurate records

10. A therapist working with a family notices the adolescent client has been losing significant weight and appears malnourished. The therapist should:

- A. Monitor the situation over several sessions
- B. Assess for eating disorder or medical issues and address appropriately
- C. Report to CPS for neglect

D. Refer to a nutritionist without further assessment

11. Under California's Lanterman-Petris-Short Act, a 5250 hold allows for:

A. 24 hours of observation

B. 72 hours of detention

C. 30 days of treatment

D. Up to 14 days of intensive treatment

12. A therapist's client mentions they found information online suggesting the therapist had a malpractice claim years ago. The therapist should:

A. Refuse to discuss it

B. Terminate the client for boundary violation

C. Address it honestly and explore what it means for the therapeutic relationship

D. Deny the information

13. When treating a client who is also in a 12-step program, the therapist should:

A. Coordinate care while respecting the client's involvement in both

B. Require the client to choose one or the other

C. Discourage 12-step involvement

D. Report the client's attendance to the program

14. An AMFT receives a gift card from a client's parent thanking them for helping their child. The AMFT should:

A. Accept without consulting supervisor

- B. Consult with their supervisor about appropriate handling
- C. Return it immediately without discussion
- D. Accept only if under \$25

15. A therapist conducting a group notices one member appears intoxicated. The therapist should:

- A. Ignore it to avoid embarrassment
- B. Continue and address it after the group
- C. Call law enforcement
- D. Address the concern and determine whether the member can safely participate

16. Which is TRUE about the therapist's duty regarding client records after death?

- A. Records should be destroyed immediately
- B. Records become public information
- C. Confidentiality obligations continue after the client's death
- D. Records must be released to any family member who requests them

17. A client reports having sexual fantasies about children but states they have never acted on them. The therapist should:

- A. Treat this as clinical material while monitoring for any risk to children
- B. Report to law enforcement immediately
- C. Terminate the client
- D. Report to CPS

18. A therapist notices their own anxiety increasing when working with a particular client. The therapist should:

- A. Terminate the client
- B. Explore this reaction through consultation or personal therapy
- C. Share the anxiety with the client
- D. Ignore it and continue treatment

19. An LMFT may ethically terminate a client when:

- A. The client disagrees with the therapist's approach
- B. The client cannot afford the therapist's fees
- C. The therapist dislikes the client
- D. Treatment goals have been achieved or the client is not benefiting

20. A client brings a recording device to session and asks to record for personal review. The therapist should:

- A. Allow it without discussion
- B. Refuse under all circumstances
- C. Discuss the request, implications, and make a clinically informed decision
- D. Report to the BBS

21. Under HIPAA, a "business associate" is:

- A. A person or entity that handles protected health information on behalf of a covered entity
- B. Any employee of the therapist
- C. The client's employer

D. Insurance company representatives only

22. A therapist learns that their client's spouse, who is not a client, has died. The therapist should:

- A. Wait for the client to bring it up
- B. Acknowledge the loss and provide appropriate support
- C. Contact the client's family to offer condolences
- D. Refer the client to a grief specialist immediately

23. A former client contacts the therapist requesting records seven years after termination. The therapist should:

- A. Inform them records were destroyed after five years
- B. Require payment before providing records
- C. Ignore the request since too much time has passed
- D. Provide the records if still available as required by law

24. A therapist treating a client for depression learns the client is a commercial airline pilot who has been drinking heavily before flights. The therapist should:

- A. Report to the FAA immediately
- B. Maintain confidentiality under all circumstances
- C. Assess the danger and consider appropriate action including possible disclosure
- D. Refer to another therapist

25. Which statement about supervision of AMFTs is TRUE?

- A. Supervisors must observe every client session

- B. Supervision may include both individual and group formats
- C. Supervisors must share the same theoretical orientation
- D. Supervisees may never see clients without prior supervisor approval

26. A therapist's client is a teacher who describes having "favorite" students they give special attention to. The therapist should:

- A. Explore this clinically and assess for any concerning behaviors
- B. Report to the school administration
- C. Report to CPS
- D. Ignore it as normal teacher behavior

27. A client diagnosed with borderline personality disorder threatens to file a complaint with the BBS if the therapist doesn't extend session times. The therapist should:

- A. Extend session times to avoid complaints
- B. Terminate immediately
- C. Ignore the threat
- D. Maintain appropriate boundaries and address the behavior therapeutically

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

- A. License suspension only
- B. Civil liability only
- C. Criminal prosecution, civil liability, and license revocation
- D. Mandatory community service only

29. A client asks the therapist to advocate for them with their employer about workplace accommodations. The therapist should:

- A. Contact the employer directly
- B. Provide documentation of the client's condition within appropriate scope
- C. Refuse any involvement in workplace issues
- D. Testify at the workplace hearing

30. The primary purpose of the CAMFT Code of Ethics is to:

- A. Protect the public and guide professional conduct
- B. Increase therapist income
- C. Limit who can become a therapist
- D. Establish billing procedures

31. A therapist treating a client with PTSD from military service learns the client has been stockpiling weapons. The therapist should:

- A. Report to law enforcement immediately
- B. Terminate treatment
- C. Ignore it since veterans often have weapons
- D. Assess the clinical significance and any potential danger

32. An LMFT who moves their practice to a new location must:

- A. Notify the BBS within 30 days
- B. Notify current clients and update their records
- C. Obtain new licensure

D. Close their practice temporarily

33. A therapist discovers that a client has been untruthful about their identity and has been using a false name. The therapist should:

A. Report to law enforcement

B. Terminate immediately

C. Explore the reasons and address the implications for treatment

D. Continue without addressing it

34. When a therapist has a strong positive reaction to a client that goes beyond professional caring, this is called:

A. Positive countertransference

B. Appropriate therapeutic alliance

C. Professional admiration

D. Therapeutic neutrality

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

A. Report to the IRS

B. Advise against it and terminate if they proceed

C. Ignore it as outside the scope of therapy

D. Address it clinically without reporting

36. A therapist receives a phone call from someone claiming to be calling on behalf of an unconscious client at a hospital, requesting treatment information. The therapist should:

- A. Provide information to help medical treatment
- B. Verify the situation through official hospital channels before disclosing
- C. Refuse to provide any information
- D. Call the client's emergency contact first

37. Which is TRUE regarding LMFTs and psychological testing?

- A. LMFTs may administer any psychological test
- B. LMFTs may not administer or interpret any tests
- C. LMFTs may use tests within their scope of competence and training
- D. Only psychologists may use psychological tests

38. A therapist learns that a client has been posting the therapist's professional advice on social media with the therapist's name. The therapist should:

- A. Address confidentiality and boundary implications with the client
- B. Post a response on social media
- C. Report the client to law enforcement
- D. Terminate immediately

39. A client who is a prosecutor describes withholding evidence in a criminal case. The therapist should:

- A. Report to the bar association
- B. Report to law enforcement
- C. Advise the client to disclose

D. Address it clinically while maintaining confidentiality

40. Under California law, therapist-patient privilege does NOT apply when:

- A. The client discusses embarrassing information
- B. The therapist believes breaking privilege would help the client
- C. The client's family requests information
- D. The client has filed a lawsuit putting their mental state at issue

41. A therapist treating a child learns that the parents are going through a contentious divorce and both want separate updates. The therapist should:

- A. Provide information only to the parent who brings the child
- B. Refuse to speak with either parent
- C. Clarify custody arrangements and legal authority before providing information
- D. Provide identical information to both parents automatically

42. The concept of "informed consent" requires that clients:

- A. Understand the nature of treatment, risks, benefits, and alternatives
- B. Sign a form before the first session
- C. Agree with the therapist's approach
- D. Have a college education

43. A therapist notices that a supervisee seems romantically interested in a client. The supervisor should:

- A. Wait to see if it affects treatment

- B. Report to the BBS immediately
- C. Ignore it as the supervisee's personal life
- D. Address this concern directly and immediately

44. A client asks the therapist to be friends on social media during treatment. The therapist should:

- A. Accept to strengthen the therapeutic alliance
- B. Decline and explain boundary considerations
- C. Accept but limit what the client can see
- D. Report the request to the BBS

45. An LMFT who wants to use a new treatment technique they learned at a workshop should:

- A. Use it immediately with all appropriate clients
- B. Wait until it becomes standard practice
- C. Obtain additional training and supervision until competent
- D. Only use techniques from graduate school

46. A therapist discovers their client is the ex-spouse of a current colleague. The therapist should:

- A. Assess for conflicts and proceed with appropriate caution
- B. Terminate immediately
- C. Inform the colleague
- D. Continue without consideration

47. Under California law, when can a minor's mental health records be disclosed to parents?

- A. Anytime the parents request
- B. Only with court order
- C. Never under any circumstances
- D. When the therapist determines involvement is appropriate and not detrimental

48. A client in couples therapy discloses during an individual session that they are HIV-positive and have not told their partner. The therapist should:

- A. Disclose to the partner immediately
- B. Follow established confidentiality policies and address disclosure clinically
- C. Terminate couples therapy without explanation
- D. Report to the health department

49. A therapist who has been practicing for 20 years attends a continuing education seminar and learns that a technique they've been using is now considered harmful. The therapist should:

- A. Continue using it since they have experience
- B. Ignore new research
- C. Discontinue the technique and seek alternative approaches
- D. Use it only with certain clients

50. An LMFT receives notification that a former client has filed a complaint with the BBS. The therapist should:

- A. Seek legal consultation and respond appropriately to the investigation
- B. Contact the former client to resolve it

- C. Destroy records related to the client
- D. Ignore it until formally contacted

51. A therapist treating a client for work stress learns the client has been embezzling from their employer. The therapist should:

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

52. Which is NOT an exception to therapist-patient privilege under California law?

- A. When the client is in couples therapy
- B. Danger to self or others
- C. Child abuse reporting
- D. Court-ordered examination

53. A therapist providing telehealth notices the client appears to be in a public coffee shop. The therapist should:

- A. Continue without comment
- B. Terminate the session immediately
- C. Address privacy concerns and help the client find a confidential location
- D. Report the confidentiality breach

54. The requirement that therapists practice only within their areas of competence is based on:

- A. The ethical principle of nonmaleficence
- B. Insurance company requirements
- C. BBS regulations only
- D. Federal law

55. A client mentions their child's therapist has been making them uncomfortable with personal questions. The therapist should:

- A. Report the other therapist to the BBS
- B. Encourage the client to address concerns directly with the child's therapist or make a report if warranted
- C. Contact the other therapist directly
- D. Ignore it as outside the scope of treatment

56. A therapist who provides supervision learns that a supervisee provided services outside their competence. The supervisor should:

- A. Ignore it since supervision covers the supervisee
- B. Wait for a client complaint
- C. Terminate supervision immediately
- D. Address the issue, assess client impact, and take corrective action

57. When treating clients with severe mental illness, LMFTs should:

- A. Always refer to psychiatrists for primary treatment
- B. Refuse to treat severe mental illness

- C. Practice within competence and coordinate with other providers as needed
- D. Provide medication management

58. A client brings their emotional support animal to session. Unlike a service animal, the therapist:

- A. May establish reasonable policies about whether to allow emotional support animals
- B. Must allow the animal by law
- C. Should refuse all animals
- D. Must charge an additional fee

59. A therapist completes a disclosure statement for a client's insurance company and realizes they made an error after submitting it. The therapist should:

- A. Ignore minor errors
- B. Correct the error and notify the insurance company
- C. Wait to see if anyone notices
- D. Destroy the original and create a new document

60. An LMFT notices that many of their clients come from referrals by a single physician. The therapist should:

- A. Pay the physician for referrals
- B. Increase the physician's priority for appointments
- C. Accept gifts from the physician in appreciation
- D. Ensure the referral relationship does not create conflicts or inappropriate incentives

61. A client with paranoid ideation accuses the therapist of recording sessions secretly. The therapist should:

- A. Terminate for the accusation
- B. Become defensive
- C. Address the concern honestly while exploring its clinical significance
- D. Allow the client to search the office

62. When a client's treatment is being paid for by a third party (such as a parent or employer), the therapist should:

- A. Clarify the limits of confidentiality regarding the third party payer
- B. Provide full reports to whoever is paying
- C. Refuse third-party payment
- D. Keep the third party fully informed

63. A therapist learns that a colleague has been practicing with an expired license. The therapist should:

- A. Ignore it as the colleague's responsibility
- B. Address the concern with the colleague and report to the BBS if not resolved
- C. Anonymously report to law enforcement
- D. Take over the colleague's clients

64. A client asks the therapist to write a letter supporting their disability claim, stating they are unable to work. The therapist believes the client is capable of working. The therapist should:

- A. Write the letter as requested to support the client
- B. Refuse to write any letters

- C. Write a letter that misrepresents their clinical opinion
- D. Decline the specific request and offer to provide an objective assessment

65. An LMFT who serves on a licensing board must:

- A. Advocate for therapists in disciplinary hearings
- B. Share confidential board information with colleagues
- C. Maintain objectivity and follow conflict of interest guidelines
- D. Refuse to participate in any disciplinary actions

66. A therapist conducting therapy in the client's home notices signs of drug manufacturing. The therapist should:

- A. Address the safety concern and consider appropriate action
- B. Report to law enforcement immediately
- C. Continue treatment without comment
- D. Terminate without explanation

67. Which statement about dual relationships is TRUE?

- A. All dual relationships are prohibited
- B. Some dual relationships are unavoidable and can be managed ethically
- C. Dual relationships are encouraged to build rapport
- D. Only sexual dual relationships are prohibited

68. A client reveals they have been secretly going through their partner's phone and reading private messages. The therapist should:

- A. Report to law enforcement
- B. Advise the client to confess to their partner
- C. Terminate for unethical behavior
- D. Explore the behavior clinically and its implications for the relationship

69. A therapist learns that a former supervisee is now claiming expertise in an area where they received no training. The therapist should:

- A. Ignore it since supervision has ended
- B. Contact the supervisee's current employer
- C. Consider addressing the concern with the former supervisee or reporting to the BBS
- D. Post a warning on social media

70. When treating a client who is a healthcare worker, the therapist should:

- A. Recognize potential unique stressors and treat within competence
- B. Refuse to treat healthcare workers
- C. Assume they understand all mental health concepts
- D. Provide professional consultation rather than therapy

71. A therapist attending a social event realizes that another guest is a current client. The therapist should:

- A. Leave the event immediately
- B. Follow the client's lead regarding acknowledgment and maintain boundaries

- C. Introduce the client to others as a friend
- D. Confront the client about attending

72. A client who is completing court-ordered therapy asks what the therapist will report to the court. The therapist should:

- A. Refuse to discuss it
- B. Report only positive information
- C. Let the client determine what is reported
- D. Explain clearly what information will be provided to the court

73. The "reasonable person" standard in malpractice cases refers to:

- A. What the average person would expect from therapy
- B. What a perfect therapist would do
- C. What a reasonably prudent therapist would do under similar circumstances
- D. What the BBS requires

74. A client mentions their primary care physician prescribed them psychiatric medication. The therapist should:

- A. Coordinate care with the physician if appropriate and authorized
- B. Advise the client to stop the medication
- C. Refuse to treat clients taking medication
- D. Take over medication management

75. An LMFT treating an adolescent receives a request from the school for information about treatment. The therapist should:

- A. Provide information since schools have automatic access
- B. Verify authorization before providing any information
- C. Provide information only about academic issues
- D. Refuse all school requests

76. A therapist whose client has died receives a request from the client's family for treatment records. The therapist should:

- A. Provide records to anyone in the family
- B. Destroy records after client death
- C. Provide records without restriction since the client has died
- D. Follow legal requirements regarding release to authorized representatives

77. When treating a couple, if one partner calls between sessions with important information, the therapist should:

- A. Keep the information confidential from the other partner
- B. Refuse all between-session contact
- C. Follow the established policy about between-session communication
- D. Share all information with both partners

78. A therapist realizes they have a financial investment in a company owned by a client's family. The therapist should:

- A. Assess the conflict and take appropriate action

- B. Continue without disclosure
- C. Increase the investment
- D. Discuss investment tips with the client

79. An LMFT's client describes engaging in legal but potentially dangerous extreme sports. The therapist should:

- A. Report to authorities for self-harm
- B. Explore the meaning and function of the behavior clinically
- C. Require the client to stop participating
- D. Terminate for risky behavior

80. When a therapist disagrees with a managed care company's denial of authorization, they should:

- A. Accept all managed care decisions
- B. Terminate the client immediately
- C. Bill the client directly without discussion
- D. Assist the client in understanding options including appeals

81. A therapist learns that a client has been secretly taping sessions on their phone. Under California law:

- A. This is legal as the client is a party to the conversation
- B. The therapist may legally tape without informing the client
- C. Recording without all-party consent violates California law
- D. Only video recording requires consent

82. A client asks the therapist if they are religious. The therapist should:

- A. Consider the clinical purpose of the question before responding
- B. Answer immediately to build rapport
- C. Refuse to answer any personal questions
- D. Share detailed information about their religious practices

83. A therapist notices that a colleague's online advertising makes claims that appear exaggerated or misleading. The therapist should:

- A. Ignore it as the colleague's business
- B. Consider addressing the concern with the colleague or reporting to the BBS
- C. Report to the Federal Trade Commission
- D. Create competing advertisements

84. An LMFT treating a client for anxiety discovers the client has significant gambling debts. The therapist should:

- A. Report to the casino
- B. Pay off the debts to help the client
- C. Refer to a financial counselor
- D. Explore the gambling behavior as clinically relevant

85. A client requests that the therapist not take any notes during sessions. The therapist should:

- A. Comply with all client requests about documentation
- B. Refuse to see clients who make such requests
- C. Explain documentation requirements and explore the client's concerns

D. Take notes secretly

86. Under California law, a dependent adult is defined as a person aged:

A. 18-64 with physical or mental limitations restricting ability to carry out normal activities

B. 65 and older

C. Anyone receiving government assistance

D. Anyone with a disability

87. A therapist working with a minor discovers the child has a social media account where they post concerning content. The therapist should:

A. Report to law enforcement

B. Address it clinically and involve parents as appropriate

C. Contact the social media company

D. Ignore online behavior as outside therapy

88. A client asks the therapist to complete paperwork for an emotional support animal. The therapist should:

A. Always refuse such requests

B. Complete it without clinical basis

C. Complete it only if family members request

D. Assess whether there is clinical justification and document appropriately

89. When a client's treatment is mandated by the court, informed consent:

A. Is not required

- B. Only needs to be verbal
- C. Is still required and should address the specific circumstances
- D. Must be approved by the judge

90. An LMFT notices that a colleague appears to be impaired by alcohol at a professional conference. The therapist should:

- A. Express concern and consider appropriate action if the colleague is actively practicing
- B. Ignore it as a personal matter
- C. Post about it on social media
- D. Report to law enforcement

91. A client whose therapy is paid by workers' compensation asks about confidentiality. The therapist should:

- A. Explain that full confidentiality applies
- B. Clarify what information may be shared with the workers' compensation carrier
- C. Refuse workers' compensation clients
- D. Share all session content with the employer

92. A therapist realizes they need to terminate their practice due to serious illness. The therapist should:

- A. Stop seeing clients immediately
- B. Inform only new clients
- C. Continue practicing despite illness
- D. Plan for appropriate transfer of care and client notification

93. Which is TRUE about therapists and social media?

- A. Therapists should have no social media presence
- B. Therapists may not set any privacy boundaries
- C. Therapists should be thoughtful about their online presence and professional boundaries
- D. Searching for clients online is always appropriate

94. A therapist treating a trauma survivor learns the client has started using alcohol daily to manage symptoms. The therapist should:

- A. Address the alcohol use as clinically relevant and assess for substance use disorder
- B. Ignore it since the client isn't an alcoholic
- C. Report to law enforcement
- D. Refuse to continue trauma treatment

95. An LMFT who becomes aware of a subpoena for records should:

- A. Ignore it until a court order is issued
- B. Assert privilege on the client's behalf and seek legal guidance
- C. Comply immediately
- D. Destroy the requested records

96. A client in therapy for depression reveals they have been stealing from their employer. The therapist should:

- A. Report to the employer
- B. Report to law enforcement
- C. Terminate for illegal behavior

D. Address it clinically while maintaining confidentiality

97. When a therapist believes that continuing treatment is not benefiting the client, they should:

- A. Continue indefinitely to maintain income
- B. Terminate abruptly
- C. Discuss concerns with the client and consider alternatives including termination or referral
- D. Wait for the client to suggest termination

98. A therapist receives a call from a managed care reviewer asking detailed questions about treatment. The therapist should:

- A. Provide only the minimum necessary information with appropriate authorization
- B. Refuse all managed care inquiries
- C. Provide complete session notes
- D. Have the client speak directly with the reviewer

99. A client gives the therapist a piece of original artwork they created. The therapist should:

- A. Refuse all gifts
- B. Consider the meaning and make a clinically appropriate decision
- C. Accept without discussion
- D. Sell the artwork

100. A therapist's client successfully completes treatment goals. The termination process should:

- A. Be immediate to avoid dependency

- B. Be avoided since clients may always return
- C. Include reflection on progress only
- D. Include adequate processing, reflection on progress, and discussion of future resources

PRACTICE TEST 6 — ANSWER KEY AND EXPLANATIONS

- 1. A. Verify the caller's identity and provide information relevant to the child's safety** CPS investigations related to child welfare are an exception to confidentiality. However, the therapist should first verify the caller's identity through official channels. Once verified, the therapist may provide information relevant to the child's safety without a court order or client authorization when CPS is conducting a legitimate investigation.
- 2. D. Assess for elder financial abuse and report if warranted** Taking money from an elderly parent's account without permission may constitute elder financial abuse under California law. The therapist should assess the situation—including the parent's age, capacity, and whether the taking is authorized—and file a mandated report if elder abuse is suspected. This is a reportable situation if the parent qualifies as an elder (65+) or dependent adult.
- 3. B. Consider disclosure to the adult child with the former client's consent** This complex situation involves a former client now in a relationship with the therapist's family member. The most ethical approach is to contact the former client, explain the situation, and request consent to disclose the prior therapeutic relationship. This allows the therapist's adult child to have relevant information for their own decision-making.
- 4. C. Minors 12 and older may consent if mature enough to participate** Under California Family Code Section 6924, minors who are 12 years or older may consent to outpatient mental health treatment if the therapist determines they are mature enough to participate intelligently. This provision allows adolescents access to mental health services when they may be reluctant to involve parents.
- 5. A. Follow the confidentiality policy established at the outset** This scenario demonstrates why clear confidentiality policies must be established before beginning couples therapy. The therapist should follow whatever policy was communicated at the start of treatment regarding individual disclosures. Medical information shared by one partner remains subject to the agreed-upon confidentiality framework.
- 6. B. 36 hours** Under CANRA, after making an immediate phone report of suspected child abuse, the mandated reporter must submit a written report within 36 hours. The written report is typically submitted using Form SS 8572 (Suspected Child Abuse Report) to the same agency that received the phone report.
- 7. D. Decline and explain the treating therapist's role limitations** Treating therapists should not serve as character witnesses or make custody recommendations. The therapeutic role involves treatment, not evaluation or advocacy in legal proceedings. The therapist should explain this role limitation and suggest the client seek an independent evaluator if needed.

8. C. Explore the decision clinically and encourage coordination with the psychiatrist Stopping psychiatric medication without medical guidance can have serious consequences. The therapist should explore the client's reasons for discontinuing, discuss potential risks, and encourage the client to communicate with their psychiatrist. Direct contact with the psychiatrist requires client authorization.

9. A. Respecting the client's right to self-determination Autonomy is the ethical principle that recognizes clients' right to make their own decisions and direct their own lives. Therapists support autonomy by providing information, respecting client choices, and avoiding imposing their own values. This principle underlies informed consent and client-directed treatment.

10. B. Assess for eating disorder or medical issues and address appropriately Significant weight loss and malnourishment require clinical assessment. The therapist should evaluate for eating disorders, medical conditions, or other causes, and take appropriate action such as referral for medical evaluation. This may or may not rise to the level of reportable neglect depending on circumstances.

11. D. Up to 14 days of intensive treatment A 5250 hold under the Lanterman-Petris-Short Act allows for up to 14 days of intensive treatment following the initial 72-hour 5150 hold. This certification requires a finding that the person continues to meet criteria and needs extended treatment. Additional holds may follow if criteria continue to be met.

12. C. Address it honestly and explore what it means for the therapeutic relationship When clients bring up information about the therapist's professional history, honest acknowledgment is appropriate. The therapist should address it directly, explore what it means for the client and the therapeutic relationship, and use it as an opportunity to strengthen trust through transparency.

13. A. Coordinate care while respecting the client's involvement in both Many clients benefit from both professional therapy and 12-step programs. The therapist should support the client's participation in both, understanding they serve complementary functions. Coordination involves respecting the client's autonomy and the value of peer support while providing professional treatment.

14. B. Consult with their supervisor about appropriate handling As an AMFT working under supervision, the supervisee should consult with their supervisor about clinical decisions, including how to handle gifts. The supervisor can provide guidance on whether accepting the gift is appropriate given the clinical context, the gift's value, and the therapeutic relationship.

15. D. Address the concern and determine whether the member can safely participate A group member appearing intoxicated raises safety and therapeutic concerns. The therapist should address the observation directly, assess the member's condition, and determine whether they can participate safely and appropriately. This may require the member to leave the current session.

16. C. Confidentiality obligations continue after the client's death The duty to maintain confidentiality survives the client's death. The therapist cannot freely disclose information simply because the client has died. Records may only be released to properly authorized representatives of the client's estate or as otherwise permitted by law.

17. A. Treat this as clinical material while monitoring for any risk to children Sexual fantasies about children, without any action or specific threat, are clinical material to be addressed in therapy. The therapist should work with the client on understanding and managing these thoughts while remaining alert for any indication of actual risk to children that would trigger reporting obligations.

18. B. Explore this reaction through consultation or personal therapy Therapist anxiety triggered by a particular client represents countertransference that requires attention. The therapist should explore this reaction through consultation with colleagues or personal therapy to understand its origins and ensure it doesn't negatively impact treatment.

19. D. Treatment goals have been achieved or the client is not benefiting Ethical termination occurs when treatment goals are met, the client is no longer benefiting, or continuing treatment is not in the client's best interest. Disagreement with the therapist, financial issues, or personal dislike are not appropriate grounds for termination without proper handling.

20. C. Discuss the request, implications, and make a clinically informed decision A client's request to record sessions deserves thoughtful consideration. The therapist should discuss the reasons for the request, potential implications for the therapeutic process, privacy considerations, and make a clinical decision based on these factors rather than automatically allowing or refusing.

21. A. A person or entity that handles protected health information on behalf of a covered entity Under HIPAA, a business associate is a person or organization that performs functions involving protected health information on behalf of a covered entity. Examples include billing services, transcription services, and cloud storage providers. Business associate agreements are required to ensure HIPAA compliance.

22. B. Acknowledge the loss and provide appropriate support When the therapist learns of a significant loss in the client's life, acknowledging it demonstrates attunement and care. The therapist should provide appropriate support for grief while respecting the client's pace in processing the loss. Waiting for the client to bring it up may seem uncaring.

23. D. Provide the records if still available as required by law Adult records must be retained for seven years after termination. If seven years have passed and records still exist, they should be provided upon proper request. If properly destroyed after the retention period, the therapist should inform the former client that records are no longer available.

24. C. Assess the danger and consider appropriate action including possible disclosure A pilot drinking heavily before flights creates potential danger to many people. The therapist should assess the seriousness and imminence of the danger. While not a traditional Tarasoff situation, the potential for mass casualties may warrant consideration of disclosure to protect public safety.

25. B. Supervision may include both individual and group formats California allows supervision to include both individual and group formats, with specific requirements for each. Not every session needs observation, supervisors need not share theoretical orientation, and supervisees may see clients without prior approval for each session, though general oversight is required.

26. A. Explore this clinically and assess for any concerning behaviors Having favorite students is common among teachers, but the therapist should explore what this means and assess whether the "special attention" involves concerning behaviors. This clinical exploration helps determine if there are boundary issues that need to be addressed or reported.

27. D. Maintain appropriate boundaries and address the behavior therapeutically Threats to file complaints should not manipulate clinical boundaries. The therapist should maintain appropriate limits while addressing the threatening behavior as clinically relevant material—possibly related to the client's interpersonal patterns. Capitulating to threats would reinforce maladaptive behavior.

28. C. Criminal prosecution, civil liability, and license revocation Sexual contact with a client can result in criminal charges under California law, civil lawsuits for damages, and disciplinary action by the BBS including license revocation. The consequences are severe, reflecting the seriousness of this ethical violation.

29. B. Provide documentation of the client's condition within appropriate scope Therapists may provide documentation of a client's mental health condition to support workplace accommodation requests. This should be factual, within the therapist's expertise, and based on clinical findings. Direct employer contact or extensive advocacy goes beyond the appropriate therapeutic role.

30. A. Protect the public and guide professional conduct The primary purposes of the CAMFT Code of Ethics are to protect the public from harm and to provide guidance for ethical professional conduct. While the code serves other functions, public protection is the fundamental purpose of professional ethical standards.

31. D. Assess the clinical significance and any potential danger Veterans with PTSD stockpiling weapons requires careful clinical assessment. The therapist should explore the meaning and purpose of the behavior, assess for any danger to self or others, and determine appropriate intervention. Not all weapon ownership indicates danger, but it warrants thorough evaluation.

32. B. Notify current clients and update their records When moving to a new location, the therapist should notify current clients to ensure continuity of care and update relevant records. While the BBS should also be notified of address changes, the most important clinical responsibility is informing clients and maintaining accurate records.

33. C. Explore the reasons and address the implications for treatment A client using a false identity raises significant clinical and practical questions. The therapist should explore why the client felt the need for deception, what it means for the therapeutic relationship, and how it affects treatment. This may reveal important clinical information.

34. A. Positive countertransference Positive countertransference refers to the therapist's positive emotional reactions to a client that go beyond appropriate professional caring. Like negative countertransference, these feelings require awareness and management to prevent them from affecting clinical judgment or leading to boundary violations.

35. D. Address it clinically without reporting Planned tax fraud is not a mandated reporting situation. The therapist should address it clinically, exploring motivations, ethical implications, and potential consequences. The focus is on understanding the behavior and its meaning rather than enforcement.

36. B. Verify the situation through official hospital channels before disclosing Before providing any information based on a phone request about an unconscious client, the therapist must verify the situation is legitimate. This means calling the hospital directly using a verified number, not the number provided by the caller, to confirm the situation before disclosing any information.

37. C. LMFTs may use tests within their scope of competence and training LMFTs may administer and interpret psychological tests for which they have appropriate training and competence. This does not include all tests, and some instruments may be restricted to psychologists. The key is practicing within one's demonstrated competence.

38. A. Address confidentiality and boundary implications with the client Posting therapy content on social media with the therapist's name raises boundary and confidentiality concerns. The therapist should discuss this with the client, exploring motivations, potential consequences, and appropriate boundaries around sharing therapy content publicly.

39. D. Address it clinically while maintaining confidentiality A prosecutor withholding evidence presents an ethical dilemma but is not a mandated reporting situation. The therapist should address it clinically, exploring the client's reasoning, ethical conflicts, and potential consequences. Confidentiality applies to disclosures about the client's professional conduct.

40. B. The client has filed a lawsuit putting their mental state at issue The patient-litigant exception removes privilege when a client files a lawsuit that puts their mental or emotional condition at issue. This allows the opposing party fair access to relevant mental health information. The client effectively waives privilege by making their mental state a legal issue.

41. C. Clarify custody arrangements and legal authority before providing information In contentious divorces, the therapist must determine who has legal authority to receive information about the child's treatment. This requires reviewing custody documents to understand decision-making authority and information access rights before providing updates to either parent.

42. A. Understand the nature of treatment, risks, benefits, and alternatives Valid informed consent requires that clients understand what they're agreeing to, including the nature of treatment, potential risks and benefits, alternatives, and their rights. Simply signing a form is insufficient without this understanding. Consent is an ongoing process, not a one-time event.

43. D. Address this concern directly and immediately Romantic interest in a client is a serious boundary concern requiring immediate attention. The supervisor should address this directly with the supervisee, discuss the ethical implications, and determine appropriate action, which may include transferring the client and requiring the supervisee to address the issue in their own therapy.

44. B. Decline and explain boundary considerations Social media connections with current clients blur professional boundaries. The therapist should decline such requests and explain that maintaining clear boundaries protects the therapeutic relationship. This is an opportunity to discuss the importance of professional limits.

45. C. Obtain additional training and supervision until competent Learning a new technique at a workshop typically doesn't provide sufficient competence to begin using it with clients. The therapist should obtain additional training, supervision, and practice until they have demonstrated competence. Practicing outside competence puts clients at risk.

46. A. Assess for conflicts and proceed with appropriate caution Discovering a connection between a client and a colleague requires assessment of potential conflicts. This may include considering whether information might be inadvertently shared, whether it affects objectivity, and whether the client should be informed. Automatic termination isn't necessary if conflicts can be managed.

47. D. When the therapist determines involvement is appropriate and not detrimental For minors who consent to their own treatment under Family Code 6924, the therapist has discretion to involve parents when clinically appropriate and not detrimental to the minor. This protects minors' access to treatment while allowing parental involvement when beneficial.

48. B. Follow established confidentiality policies and address disclosure clinically This scenario illustrates why confidentiality policies must be clearly established before couples therapy begins. The therapist should follow the established policy while working with the HIV-positive partner on the importance of disclosure to their partner for both health and relationship reasons.

49. C. Discontinue the technique and seek alternative approaches When a previously accepted technique is found to be harmful, the therapist must stop using it regardless of personal experience with the method. Continuing to use harmful techniques violates the principle of nonmaleficence. The therapist should seek evidence-based alternatives.

50. A. Seek legal consultation and respond appropriately to the investigation A BBS complaint requires careful handling. The therapist should consult with an attorney, preserve all relevant records, and respond appropriately to the investigation. Contacting the complainant directly could worsen the situation, and destroying records is illegal.

51. D. Address it clinically while maintaining confidentiality Embezzlement is not a mandated reporting situation. The therapist should address it clinically, exploring underlying issues such as financial stress, entitlement, or impulse control problems. Confidentiality protects this disclosure from being reported to employers or law enforcement.

52. A. When the client is in couples therapy Couples therapy does not create an exception to privilege. The other listed situations—danger to self or others, child abuse reporting, and court-ordered examinations—are recognized exceptions. Being in couples therapy doesn't eliminate privilege protections.

53. C. Address privacy concerns and help the client find a confidential location Conducting therapy in a public location compromises confidentiality and the therapeutic process. The therapist should address this concern, help the client understand the importance of privacy, and assist them in finding a confidential location for the session.

54. A. The ethical principle of nonmaleficence The requirement to practice within competence stems from the principle of nonmaleficence—avoiding harm. Practicing outside one's competence risks harming clients through ineffective or inappropriate treatment. This ethical foundation applies regardless of specific regulatory requirements.

55. B. Encourage the client to address concerns directly with the child's therapist or make a report if warranted The client's concerns about another therapist should be addressed by empowering the client to take appropriate action. The therapist can encourage direct communication with the other therapist or suggest filing a complaint if the behavior appears unethical. Direct intervention by the treating therapist would be inappropriate.

56. D. Address the issue, assess client impact, and take corrective action Supervisors are responsible for supervisees' work. When a supervisee practices outside their competence, the supervisor must address it directly, assess any impact on clients, and take corrective action to prevent recurrence. This may include remedial training or limiting the supervisee's practice.

57. C. Practice within competence and coordinate with other providers as needed LMFTs may treat clients with severe mental illness within their competence. Effective treatment often involves coordination with psychiatrists, case managers, and other providers. The key is practicing within competence and ensuring appropriate collaboration for comprehensive care.

58. A. May establish reasonable policies about whether to allow emotional support animals Unlike service animals, emotional support animals are not covered by the ADA requirements for public accommodations. Therapists may establish reasonable policies about whether to allow emotional support animals in their practice, considering factors like office setup and other clients' needs.

59. B. Correct the error and notify the insurance company Errors in documentation should be corrected promptly. The therapist should correct the error and notify the insurance company of the correction. Ignoring errors or creating false documents would be dishonest and potentially constitute fraud.

60. D. Ensure the referral relationship does not create conflicts or inappropriate incentives Professional referral relationships are acceptable but must not involve inappropriate incentives. Paying for referrals is illegal and unethical. The therapist should maintain the relationship based on professional merit while avoiding any financial arrangements that could influence referrals.

61. C. Address the concern honestly while exploring its clinical significance Accusations from clients with paranoid ideation should be addressed honestly and calmly. The therapist should clearly state the truth while recognizing the accusation as clinically significant material to explore. This balances reality orientation with therapeutic engagement.

62. A. Clarify the limits of confidentiality regarding the third party payer When a third party pays for treatment, the therapist must clarify what information, if any, will be shared with the payer. Full confidentiality may not apply in the same way, and clients deserve to know what the payer will receive before treatment begins.

63. B. Address the concern with the colleague and report to the BBS if not resolved Practicing with an expired license is illegal and puts clients at risk. The therapist should first address this directly with the colleague, urging them to resolve the licensing issue. If the colleague continues practicing without a valid license, reporting to the BBS is necessary.

64. D. Decline the specific request and offer to provide an objective assessment Therapists must provide honest documentation based on clinical findings. If the therapist believes the client can work, they cannot write a letter claiming otherwise. The therapist can offer to provide an objective assessment of the client's condition and functional limitations.

65. C. Maintain objectivity and follow conflict of interest guidelines Therapists serving on licensing boards must maintain objectivity and follow conflict of interest guidelines. This includes recusing from cases involving personal connections and making decisions based on evidence rather than advocacy for either complainants or respondents.

66. A. Address the safety concern and consider appropriate action Signs of drug manufacturing create potential safety concerns for the therapist and others. The therapist should address this carefully, considering personal safety and whether continued home-based therapy is appropriate. This may also involve consultation about any reporting obligations.

67. B. Some dual relationships are unavoidable and can be managed ethically Not all dual relationships are prohibited or harmful. Some, particularly in small communities, are unavoidable. The ethical requirement is to manage dual relationships carefully, avoiding exploitation and maintaining objectivity. Only certain dual relationships, such as sexual ones, are absolutely prohibited.

68. D. Explore the behavior clinically and its implications for the relationship Secretly monitoring a partner's communications is a clinical issue relevant to relationship dynamics, trust, and boundaries. The therapist should explore this behavior, its motivations, and implications rather than reporting it or terminating treatment.

69. C. Consider addressing the concern with the former supervisee or reporting to the BBS False claims of expertise put the public at risk. The therapist may address this directly with the former supervisee, encouraging honesty in advertising. If the misrepresentation continues, reporting to the BBS may be necessary to protect potential clients.

70. A. Recognize potential unique stressors and treat within competence Healthcare workers may face unique stressors including burnout, secondary trauma, and ethical conflicts. The therapist should recognize these factors while treating within their competence. The client should receive therapy, not professional consultation, as their mental health needs are the focus.

71. B. Follow the client's lead regarding acknowledgment and maintain boundaries When encountering clients at social events, the therapist should follow the client's lead to protect confidentiality. If the client doesn't acknowledge the therapist, the therapist shouldn't approach them. If acknowledged, the therapist should keep interaction brief and maintain boundaries.

72. D. Explain clearly what information will be provided to the court Clients in court-ordered therapy deserve to know exactly what will be reported to the court. This information should be provided at the outset as part of informed consent. Clarity about reporting requirements allows clients to make informed decisions about what they share.

73. C. What a reasonably prudent therapist would do under similar circumstances The standard of care in malpractice cases is what a reasonably prudent therapist with similar training would do under similar circumstances. This is not perfection or best practices, but reasonable professional conduct. Falling below this standard may constitute negligence.

74. A. Coordinate care with the physician if appropriate and authorized When clients receive psychiatric medication from any provider, coordination of care supports effective treatment. With client authorization, the therapist may communicate with the prescribing physician to ensure integrated care. The therapist should not advise stopping medication or attempt medication management.

75. B. Verify authorization before providing any information Schools do not have automatic access to therapy records. The therapist must verify that proper authorization exists before providing any information. This typically requires a signed release from parents or, for mature minors who consented to treatment, from the minor.

76. D. Follow legal requirements regarding release to authorized representatives After a client's death, records may only be released to properly authorized representatives, typically the executor of the estate or as otherwise specified by law. Confidentiality continues after death, and not just any family member can access records.

77. C. Follow the established policy about between-session communication This situation illustrates why clear policies about between-session communication must be established at the beginning of couples therapy. The therapist should follow whatever policy was communicated, whether that involves sharing information with both partners or keeping individual communications confidential.

78. A. Assess the conflict and take appropriate action A financial interest in a client's family business creates a conflict of interest that could affect objectivity. The therapist should assess the significance of the conflict and take appropriate action, which may include disclosure, divesting the investment, or referring the client.

79. B. Explore the meaning and function of the behavior clinically Legal activities, even risky ones, are clinical material to explore rather than grounds for termination or reporting. The therapist should explore what extreme sports mean to the client, their function in the client's life, and any relevant psychological factors without imposing personal judgments.

80. D. Assist the client in understanding options including appeals When managed care denies authorization, the therapist should help the client understand their options. This includes explaining the appeal process, discussing alternative payment arrangements, and ensuring the client isn't abandoned due to insurance issues.

81. C. Recording without all-party consent violates California law California is a two-party consent state under Penal Code Section 632. Recording a confidential conversation without all parties' consent is illegal, even if one party to the conversation is doing the recording. This applies to therapy sessions.

82. A. Consider the clinical purpose of the question before responding When clients ask personal questions, the therapist should consider why they're asking and whether answering serves therapeutic goals. The question itself may be clinically significant. A thoughtful response considers these factors rather than automatically answering or refusing.

83. B. Consider addressing the concern with the colleague or reporting to the BBS Misleading advertising violates ethical standards and potentially harms consumers. The therapist may first address this directly with the colleague. If the misleading advertising continues, reporting to the BBS protects the public from deceptive practices.

84. D. Explore the gambling behavior as clinically relevant Significant gambling debts discovered during anxiety treatment represent clinically relevant information. The therapist should explore the gambling behavior, its relationship to anxiety, and its impact on the client's life. This may expand treatment goals to address the gambling.

85. C. Explain documentation requirements and explore the client's concerns While clients may prefer no documentation, therapists have legal and ethical obligations to maintain records. The therapist should explain these requirements while exploring the client's concerns about documentation. Understanding these concerns may reveal important clinical information.

86. A. 18-64 with physical or mental limitations restricting ability to carry out normal activities Under California law, a dependent adult is aged 18-64 with physical or mental limitations that restrict their ability to carry out normal activities or protect their rights. This distinguishes dependent adults from elders (65+) for purposes of mandated reporting.

87. B. Address it clinically and involve parents as appropriate Concerning social media content by a minor client should be addressed clinically. The therapist should explore the meaning and function of the posts, assess for safety concerns, and involve parents as appropriate based on the nature of the concerns and the established confidentiality framework.

88. D. Assess whether there is clinical justification and document appropriately Emotional support animal letters should only be provided when there is clinical justification—a documented mental health condition for which an ESA would provide therapeutic benefit. The therapist should assess this clinically and document the basis for any letter provided.

89. C. Is still required and should address the specific circumstances Court-ordered treatment still requires informed consent, though the circumstances are different. The client should understand the nature of treatment, what will be reported to the court, and their rights within the mandated context. Consent addresses these specific circumstances.

90. A. Express concern and consider appropriate action if the colleague is actively practicing Observing a colleague impaired at a professional event raises concerns about their practice. The therapist should express concern directly to the colleague and consider appropriate action if there's reason to believe the colleague is seeing clients while impaired.

91. B. Clarify what information may be shared with the workers' compensation carrier Workers' compensation treatment has different confidentiality rules than typical therapy. The therapist should clarify at the outset what information may be shared with the workers' compensation carrier, ensuring the client understands the limits of confidentiality in this context.

92. D. Plan for appropriate transfer of care and client notification Serious illness requiring practice termination needs careful planning to protect clients. The therapist should notify clients with adequate time, arrange for records transfer or storage, and ensure continuity of care through referrals. Abrupt termination without planning would abandon clients.

93. C. Therapists should be thoughtful about their online presence and professional boundaries Social media requires thoughtful attention to professional boundaries. Therapists need not avoid social media entirely but should manage privacy settings, consider how online presence affects professional image, and maintain appropriate boundaries regarding client interactions online.

94. A. Address the alcohol use as clinically relevant and assess for substance use disorder Daily alcohol use to manage trauma symptoms is clinically significant and potentially indicative of a developing substance use disorder. The therapist should address this directly, assess for substance use disorder, and integrate substance use into the treatment plan.

95. B. Assert privilege on the client's behalf and seek legal guidance A subpoena is an attorney's request that can be challenged. The therapist should assert privilege on the client's behalf and seek legal guidance about proper response. Automatic compliance without asserting privilege fails to protect client rights.

96. D. Address it clinically while maintaining confidentiality Stealing from an employer is not a mandated reporting situation. The therapist should address it clinically, exploring underlying issues and potential consequences, while maintaining confidentiality. The therapeutic focus is on understanding and addressing the behavior.

97. C. Discuss concerns with the client and consider alternatives including termination or referral When treatment isn't benefiting the client, the therapist should discuss this honestly, explore reasons for lack of progress, and consider alternatives. This might include trying different approaches, referral to another provider, or termination. Simply continuing ineffective treatment doesn't serve the client.

98. A. Provide only the minimum necessary information with appropriate authorization Managed care reviews require cooperation, but the therapist should provide only the minimum necessary information for the review's purpose. Proper authorization should be verified, and complete session notes are typically not required or appropriate to share.

99. B. Consider the meaning and make a clinically appropriate decision Original artwork as a gift carries both monetary and emotional significance. The therapist should consider the clinical meaning of the gift, the client's situation, and potential boundary implications before deciding whether to accept. The decision should be thoughtful rather than automatic.

100. D. Include adequate processing, reflection on progress, and discussion of future resources Successful termination is a therapeutic process, not an abrupt ending. It should include time for processing the ending, reflecting on progress made, consolidating gains, and discussing resources for the future. This provides closure and supports lasting change.