

# PRACTICE EXAM 10: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

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1. An LCSW has been treating a 38-year-old man for generalized anxiety disorder for four months. The client arrives at a session visibly intoxicated and discloses that he drove himself to the appointment. He insists on driving himself home after the session. The LCSW is concerned the client poses a danger to himself and others on the road. What is the LCSW's most appropriate course of action?

- A. Allow the client to leave since competent adults have the right to make their own decisions, including the decision to drive after drinking
- B. Attempt to persuade the client to use alternative transportation, and if the client insists on driving, consider contacting law enforcement to report an impaired driver
- C. Physically prevent the client from leaving the office until he is sober enough to drive safely, as the duty to protect overrides client autonomy
- D. Initiate a 5150 hold because driving while intoxicated constitutes evidence that the client is a danger to himself and others

2. Under California Business and Professions Code, an LCSW's license may be revoked or suspended for unprofessional conduct. Which of the following scenarios would LEAST likely constitute grounds for disciplinary action by the BBS?

- A. Failing to maintain client records for the required retention period after the termination of services
- B. Engaging in a sexual relationship with a former client three years after termination of the therapeutic relationship
- C. Advertising a specialty in neuropsychological testing despite having no formal training in neuropsychological assessment
- D. Expressing a clinical opinion in a published article that is considered controversial within the professional community

3. An LCSW at a community mental health center receives a new referral for a 25-year-old woman. During the intake, the client reveals that her previous therapist at another agency terminated her abruptly without explanation or referral after the client filed a grievance about the therapist's chronic lateness. The client is upset and asks the LCSW what her rights are. What is the most accurate information the LCSW can provide?

- A. The former therapist was within their rights to terminate since therapists may end treatment at any time without providing a reason to the client
- B. The former therapist's conduct may constitute client abandonment, and the client has the right to file a complaint with the BBS if the therapist is a licensed mental health professional
- C. The client should contact the previous therapist directly to request a formal explanation before pursuing any complaints or grievances
- D. The former therapist may terminate for any reason as long as the client was given a minimum of 72 hours advance notice

4. A licensed clinical social worker is treating a couple in which one partner has a diagnosis of narcissistic personality disorder. During a session, the partner without the diagnosis privately asks the LCSW after the session whether narcissistic personality disorder can be "cured." The LCSW has not discussed this diagnosis with the couple jointly. What should the LCSW do FIRST?

- A. Clarify with the asking partner how they learned about the diagnosis and address the breach of the treatment framework before answering the clinical question
- B. Provide psychoeducation about narcissistic personality disorder to both partners at the next conjoint session since both have a right to understand the diagnosis
- C. Answer the question honestly and directly since the partner has a right to information that affects the marital relationship and treatment prognosis
- D. Refer the asking partner to an individual therapist who can provide psychoeducation about personality disorders in a separate treatment context

5. An LCSW working at an inpatient psychiatric facility is asked by the treatment team to include a client's HIV-positive status in the multidisciplinary team meeting notes that will be accessible to all staff on the unit. The client disclosed the HIV status confidentially during an individual therapy session. What should the LCSW do?

- A. Include the HIV status in the team notes since all members of the treatment team need comprehensive medical information to provide appropriate care
- B. Discuss with the client the clinical relevance of sharing the HIV status with the treatment team and obtain consent before including it in multidisciplinary documentation
- C. Include the information without client consent since inpatient settings operate under implied consent for information sharing among treatment team members
- D. Omit the HIV status from all documentation entirely to protect the client from potential stigma and discrimination within the facility

6. An LCSW who specializes in treating adolescents maintains an active professional social media presence. A 16-year-old current client sends a friend request to the LCSW's personal social media account. The LCSW's personal account contains photos of family vacations, personal opinions on political topics, and social activities with friends. What is the most ethically appropriate response?

- A. Accept the request but restrict the client's access to professional content only using the platform's privacy settings
- B. Ignore the request without addressing it in therapy since discussing it could embarrass the adolescent client
- C. Decline the request and address the boundary in the next therapy session, using it as a therapeutic opportunity to discuss the professional relationship
- D. Accept the request to strengthen the therapeutic alliance since adolescent clients respond better to therapists they perceive as relatable

7. An LCSW is treating a 40-year-old client who recently immigrated from a country where mental illness carries severe social stigma. The client insists that the LCSW not document a diagnosis in the chart, expressing fear that a written diagnosis could be discovered and used against her in immigration proceedings. What should the LCSW do?

- A. Explore the client's concerns empathetically, explain the legal requirements for documentation, and discuss the protections afforded by confidentiality laws while maintaining clinically appropriate records
- B. Omit the diagnosis from the chart to honor the client's cultural values and protect the therapeutic alliance since cultural sensitivity takes precedence over documentation requirements
- C. Document a less stigmatizing diagnosis that approximates the client's presentation to balance the client's concerns with documentation obligations

D. Inform the client that federal immigration authorities have unrestricted access to mental health records and the client's fears are therefore warranted

8. An LCSW receives a request from an attorney to provide a deposition in a civil case involving a current client. The client has signed a release authorizing the LCSW to participate. During the deposition, the opposing attorney begins asking questions about the client's sexual history, which the LCSW believes is irrelevant to the civil matter and was disclosed in a therapeutic context. What should the LCSW do?

A. Answer all questions truthfully since the client signed a release and the LCSW is under oath during the deposition proceeding

B. Refuse to answer any further questions and terminate the deposition to protect the client from further invasive questioning

C. Answer the questions but limit responses to information directly relevant to the civil matter at hand while omitting sensitive details

D. Object to the line of questioning and defer to the client's attorney to assert privilege or relevance objections on the client's behalf

9. An LCSW who recently relocated from another state obtains California licensure through reciprocity. A colleague informs the LCSW that California has specific laws regarding mandated reporting that differ from the state where the LCSW previously practiced. What is the LCSW's professional responsibility regarding these legal differences?

A. Continue following the mandated reporting laws from the previous state of licensure since the LCSW's original training forms the foundation of their professional obligations

B. Immediately familiarize themselves with California-specific mandated reporting requirements, as the LCSW is legally bound by the laws of the state in which they are currently practicing

C. Rely on the policies of the employing agency to provide adequate guidance on California-specific reporting requirements rather than independently studying the law

D. Wait until the next continuing education cycle to take a California law and ethics course covering the state's mandated reporting requirements

10. An LCSW at a hospital is treating an elderly patient who has been determined to lack the capacity to make medical decisions. The patient's adult son holds durable power of attorney for healthcare. The son

instructs the LCSW to discontinue mental health treatment for his mother because he believes therapy is unnecessary and too expensive. The patient has expressed a desire to continue therapy. What should the LCSW do?

- A. Immediately comply with the son's instruction since the durable power of attorney for healthcare gives him full authority over all healthcare decisions
- B. Advocate for the patient's expressed treatment preferences while recognizing the legal authority of the healthcare proxy, consulting with the ethics committee if necessary to resolve the conflict
- C. Continue treatment and disregard the son's directive entirely since a healthcare proxy cannot override a patient's expressed preferences under any circumstances
- D. Discharge the patient from mental health services but provide detailed referral information so she can independently seek treatment elsewhere

11. An LCSW supervisor is reviewing the clinical documentation of a supervisee and notices that the supervisee has been consistently using diagnostic codes that maximize insurance reimbursement rather than codes that accurately reflect the clients' clinical presentations. The supervisee explains this is standard practice at their agency and that other clinicians do the same. How should the supervisor respond?

- A. Accept the practice since it is agency-wide and individual supervisees should not be held responsible for institutional billing norms
- B. Instruct the supervisee to continue current practices but document the supervisor's objection in the supervision notes for legal protection
- C. Inform the supervisee that upcoding constitutes insurance fraud regardless of agency norms, require immediate correction of diagnostic codes, and report the systemic issue through appropriate channels
- D. Advise the supervisee to quietly correct their own documentation without reporting the agency practice to avoid retaliation from the employer

12. An LCSW providing services through a telehealth platform experiences a technology failure during a session in which the client is actively expressing suicidal ideation with a plan. The video connection drops and the LCSW is unable to reconnect. What is the LCSW's immediate obligation?

- A. Wait a reasonable period for the client to reconnect to the session since the client may simply be experiencing a temporary internet disruption

- B. Send the client an email requesting they reconnect at their earliest convenience and providing the crisis hotline number
- C. Document the technology failure and the content of the session up to the point of disconnection, then follow up at the next scheduled appointment
- D. Immediately attempt to reach the client by phone, and if unsuccessful, initiate emergency procedures including contacting emergency services at the client's location

13. An LCSW is conducting a group therapy session for adults with substance use disorders. During the session, one group member mentions the name of another group member's employer during a heated exchange, suggesting that the employer should be informed about the member's addiction. What is the LCSW's most appropriate immediate intervention?

- A. Intervene immediately to reinforce the group confidentiality agreement, address the threatening behavior, and process the impact on group safety and trust
- B. Allow the exchange to continue since confrontation is therapeutically valuable in substance use treatment and premature intervention could stifle authentic group process
- C. Remove the threatening member from the group immediately and terminate their participation in the program to protect the other member's confidentiality
- D. Pause the session and meet individually with each member involved to assess the situation before deciding on the appropriate intervention

14. An LCSW is treating a 50-year-old client who reports that his 80-year-old father, who resides in a skilled nursing facility, has been complaining about rough handling by nursing staff during transfers. The client describes bruising on his father's arms that he observed during a recent visit. The LCSW has never met the father. Under California law, what is the LCSW's obligation?

- A. Encourage the client to file a complaint with the skilled nursing facility's administration and the California Department of Public Health
- B. Document the client's report in the session notes and continue to monitor the situation for additional information before taking further action
- C. Advise the client to contact Adult Protective Services directly since the client is the firsthand observer and would be a more credible reporter
- D. File a mandated report of suspected elder abuse, as the LCSW has received information in a professional capacity that gives rise to reasonable suspicion of abuse

15. An LCSW who is in recovery from alcohol use disorder has been sober for eight years and maintains an active recovery program. A prospective client specifically seeks out the LCSW because they want a therapist who has personal experience with addiction recovery. During the intake, the prospective client asks the LCSW directly whether they are in recovery. How should the LCSW handle this?

- A. Deny being in recovery to maintain strict professional boundaries since therapist self-disclosure about personal struggles is always clinically contraindicated
- B. Confirm being in recovery and share details about the recovery journey to establish rapport and credibility with the prospective client
- C. Make a thoughtful clinical decision about whether limited self-disclosure would serve the client's therapeutic needs while considering the potential impact on the professional relationship
- D. Refer the prospective client to a peer support specialist instead since a therapist in recovery should not treat clients with the same condition

16. An LCSW employed at a school district receives a referral for a 7-year-old student whose teacher reports concerning behavioral changes including withdrawal, declining grades, and regression to thumb-sucking. During the initial session using age-appropriate play therapy techniques, the child uses dolls to act out a scene that the LCSW interprets as potentially depicting sexual abuse. The child has not made any verbal disclosure. What should the LCSW do?

- A. File a mandated child abuse report based on the behavioral indicators and the play therapy observations that give rise to reasonable suspicion of sexual abuse
- B. Conduct additional play therapy sessions to gather more definitive evidence of abuse before making a determination about whether reporting is warranted
- C. Consult with the school psychologist to obtain a second opinion on the interpretation of the play therapy material before filing a report
- D. Contact the child's parents to discuss the behavioral concerns and the play therapy observations before deciding whether a report is necessary

17. An LCSW treating a client for PTSD learns that the client has been prescribed medical cannabis by a physician. The client reports that cannabis significantly reduces nightmares and hyperarousal symptoms. The LCSW's personal belief system is opposed to cannabis use. What is the most ethically appropriate approach?

- A. Inform the client that the LCSW cannot support cannabis use and offer a referral to a therapist whose values are more compatible with the client's treatment choices
- B. Set aside personal beliefs and continue providing evidence-based trauma treatment while respecting the client's legal medical decision and collaborating with the prescribing physician as appropriate
- C. Incorporate the cannabis use as a therapeutic focus, working to help the client find alternative coping strategies to eventually eliminate the need for medical cannabis
- D. Document an objection to the cannabis use in the treatment record to establish that the LCSW does not endorse this aspect of the client's treatment regimen

18. An LCSW is providing therapy to a 14-year-old client who self-referred for treatment under California's minor consent provisions. During a session, the minor discloses that she has been engaging in self-cutting behavior for the past two months, typically making superficial cuts on her forearms. She asks the LCSW not to tell her parents. Under California law, when can the LCSW involve the parents?

- A. The LCSW must immediately notify the parents since any form of self-harm by a minor triggers a mandatory duty to inform parents or guardians
- B. The LCSW cannot involve the parents under any circumstances since the minor self-referred and retains all confidentiality rights throughout treatment
- C. The LCSW may only involve parents if the minor provides written consent after the LCSW explains the clinical rationale for parental involvement
- D. The LCSW may involve the parents if the LCSW determines that the minor's self-harming behavior presents a serious threat to the minor's health or safety

19. An LCSW working in a primary care integrated behavioral health setting receives a warm handoff from a physician who wants the LCSW to see a patient immediately for anxiety. The physician mentions the patient's name in the hallway within earshot of other patients in the waiting area. What is the LCSW's most appropriate response?

- A. Accept the referral but later address the confidentiality breach with the physician privately, discussing the importance of conducting patient handoffs in private spaces
- B. Refuse the referral on ethical grounds since the patient's confidentiality has already been compromised by the physician's disclosure in a public area
- C. File a HIPAA complaint against the physician since the hallway disclosure constitutes a clear violation of the Privacy Rule regardless of the clinical context

D. Ignore the hallway disclosure since physicians are not bound by the same confidentiality standards as mental health professionals in integrated care settings

20. An LCSW is working with a client who reveals that she fabricated allegations of child abuse against her ex-husband during their custody battle two years ago. The ex-husband was investigated, and the case was deemed unfounded. The client now feels guilty but does not want to disclose the fabrication to anyone. What are the LCSW's obligations?

A. Maintain confidentiality since the client's disclosure does not fall within any mandatory reporting exception, while clinically exploring the guilt and its impact on the client and family system

B. Report the client to Child Protective Services for filing a false report since knowingly making a false child abuse report is a criminal offense in California

C. Inform the ex-husband directly that the allegations were fabricated since he has a right to know the truth to protect his parental relationship

D. Notify the family court that the original abuse allegation was fabricated since the court relies on accurate information to make custody determinations

21. An LCSW is providing therapy to a 17-year-old male who discloses that he has been having a sexual relationship with his 17-year-old girlfriend. Both are high school students. The client mentions they do not use contraception. Does this situation trigger the LCSW's mandated reporting obligation?

A. Yes, because any sexual activity involving a minor under 18 constitutes statutory rape under California law and must be reported

B. Yes, because the failure to use contraception constitutes a form of neglect that requires reporting to Child Protective Services

C. No, because California law does not classify consensual sexual activity between two minors of similar age as reportable child abuse

D. No, but only because both minors are the same age; if there were any age difference, the LCSW would be required to file a report

22. An LCSW has been providing pro bono therapy at a free clinic for two years. The clinic director asks the LCSW to begin seeing clients with a specific diagnosis that falls outside the LCSW's area of competence. The director states that no other qualified volunteer is available and clients will go without services if the LCSW declines. What is the most ethical response?

- A. Accept the cases since the ethical duty to provide services to underserved populations outweighs the principle of practicing within one's competence
- B. Decline the cases while offering to help the clinic recruit qualified volunteers, and seek additional training or consultation if the LCSW wishes to develop competence in the area
- C. Accept the cases temporarily while simultaneously pursuing training, but only if the LCSW discloses the limited experience to each client during informed consent
- D. Accept the cases on the condition that the clinic director provides weekly supervision despite the director lacking clinical expertise in the relevant diagnosis

23. An LCSW is providing outpatient therapy to a client who is also enrolled in a court-mandated batterer's intervention program (BIP). The BIP facilitator contacts the LCSW requesting detailed clinical information about the client's progress in individual therapy to incorporate into the BIP progress reports submitted to the court. The client has not authorized this communication. What should the LCSW do?

- A. Provide the information since court-mandated programs have an inherent right to access clinical information relevant to the court order
- B. Provide a general summary of the client's engagement in therapy without detailed clinical information since the BIP serves a public safety function
- C. Share only the client's attendance record since attendance is factual and non-clinical, making it exempt from confidentiality protections
- D. Decline to share information without the client's written authorization, inform the client of the request, and discuss the implications of authorizing or declining disclosure

24. An LCSW has been treating a client with bipolar disorder for three years. The client's condition has been well-managed with therapy and medication. The client's insurance company sends a letter to the LCSW stating that it will no longer authorize sessions because the client has reached "maximum therapeutic benefit" based on the insurer's utilization review. The client and LCSW both believe continued therapy is clinically necessary. What is the LCSW's ethical obligation?

- A. Accept the insurance company's determination and terminate treatment since continued sessions without insurance coverage would create a financial hardship for the client
- B. Terminate therapy as directed by the insurance company but provide the client with referrals to lower-cost community resources

C. Assist the client in appealing the determination, explore alternative payment arrangements if needed, and advocate for continued coverage based on clinical necessity

D. Continue treatment without authorization and bill the insurance company, then dispute any claim denials through the formal appeals process

25. An LCSW is providing therapy to a woman who is eight months pregnant. The client reveals that she has been using cocaine throughout her pregnancy and has not disclosed this to her obstetrician. She reports the pregnancy is progressing normally based on her prenatal visits. What is the LCSW's obligation under California law?

A. Maintain confidentiality as prenatal substance use is not a mandated reporting trigger under CANRA prior to the birth of the child, while strongly encouraging the client to disclose to her obstetrician

B. File a mandated child abuse report immediately since the prenatal cocaine use constitutes harm to the unborn child under California's child abuse reporting statutes

C. Notify the client's obstetrician directly since the substance use poses a significant medical risk that overrides the client's right to confidentiality in the therapeutic relationship

D. Contact Child Protective Services to initiate a prenatal intervention plan that will activate upon the birth of the child

26. An LCSW in private practice has been treating a client for eighteen months. The client's employer offers the LCSW a lucrative consulting contract to develop a workplace wellness program. The LCSW is excited about the opportunity. What is the primary ethical concern?

A. Whether the LCSW's fee for the consulting work is comparable to standard market rates for workplace wellness program development

B. Whether accepting the contract could create a conflict of interest that compromises the LCSW's objectivity and therapeutic relationship with the current client

C. Whether the LCSW has sufficient expertise in workplace wellness program development to accept the consulting contract competently

D. Whether the client's employer will expect the LCSW to share confidential information about the client as part of the consulting relationship

27. An LCSW is treating a client who is a college student. The client's parents, who are paying for therapy, call the LCSW and demand to know what their 20-year-old son is discussing in sessions, threatening to stop paying if the LCSW does not provide information. What should the LCSW do?

- A. Provide the parents with general information about the treatment plan since they are the financially responsible parties for the therapeutic services
- B. Share only attendance and billing information since the parents need this data for their own financial records and insurance submissions
- C. Inform the client that payment will likely be discontinued and suggest the client contact the parents directly to resolve the financial issue
- D. Explain to the parents that the client is a legal adult whose therapy is protected by confidentiality, and that payment for services does not entitle them to session content

28. An LCSW is conducting a clinical assessment of a new client who presents with symptoms of depression and reports difficulty functioning at work. The client asks the LCSW to complete a disability form for their employer certifying that the client is unable to work. The LCSW has seen the client for one session. What is the most appropriate response?

- A. Complete the disability form immediately since the client is presenting with symptoms that appear to support the claim of functional impairment at work
- B. Refuse to complete disability paperwork entirely since LCSWs are not qualified to make determinations about a client's ability to work
- C. Explain that a thorough clinical assessment over multiple sessions is needed before the LCSW can ethically provide an opinion about the client's functional capacity, and discuss interim options
- D. Complete the form but note that the assessment is preliminary and based on a single session, allowing the employer to make their own determination

29. An LCSW at a residential substance abuse treatment facility discovers that the facility has a policy requiring clients to sign blanket releases of information upon admission that authorize disclosure to any entity the facility deems appropriate during or after treatment. Many clients sign these releases during intake while in acute withdrawal. What is the LCSW's ethical obligation?

- A. Advocate for revision of the facility policy, as blanket releases obtained during acute withdrawal may not constitute valid informed consent and may violate federal substance abuse confidentiality regulations

- B. Continue to follow the facility policy since intake procedures are administrative matters outside the scope of individual clinical staff responsibility
- C. Refuse to participate in any disclosure authorized by the blanket releases and require individual, specific releases for each disclosure the LCSW initiates
- D. Accept the blanket releases as valid since clients signed them voluntarily and were not coerced into providing their authorization

30. An LCSW is working with a family in which the 13-year-old daughter has been diagnosed with anorexia nervosa. The parents are highly educated professionals who insist on managing their daughter's treatment using an approach they researched online that contradicts current evidence-based guidelines. The daughter's weight continues to decline. What should the LCSW do?

- A. Defer to the parents' wishes since they are legally authorized to make treatment decisions for their minor child and appear to be acting in good faith
- B. Provide the parents with clear, evidence-based information about effective treatments for anorexia nervosa, express concern about the daughter's declining weight, and discuss the potential consequences including the possibility of a child endangerment report if the child's health continues to deteriorate
- C. File an immediate child abuse report since the parents' refusal to follow medical advice constitutes medical neglect that is endangering the daughter's health
- D. Continue the current treatment approach while monitoring the daughter's weight, intervening only if the weight loss reaches a medically critical threshold

31. An LCSW practicing in California is subpoenaed to testify in a criminal trial involving a former client who is the defendant. The former client has not waived psychotherapist-patient privilege. The prosecutor argues that the crime-fraud exception to privilege applies because the client allegedly used the therapy sessions to further a criminal scheme. What should the LCSW do?

- A. Testify fully since a criminal subpoena from a prosecutor overrides the psychotherapist-patient privilege in all circumstances
- B. Testify only about observations of the client's demeanor and behavior during sessions, while withholding the content of the client's verbal communications
- C. Refuse to testify and accept any legal consequences since the therapist has an absolute obligation to protect client confidentiality at all times

D. Assert the privilege on behalf of the former client and let the court determine whether the crime-fraud exception applies before disclosing any information

32. An LCSW is providing therapy to a client who is an active participant in a multilevel marketing company. The client frequently attempts to recruit the LCSW into the business during sessions, bringing product samples and promotional materials. How should the LCSW address this?

A. Politely decline each recruitment attempt while allowing the client to continue bringing materials since restricting the behavior might be perceived as rejecting the client personally

B. Join the multilevel marketing company at the lowest membership tier to demonstrate support for the client while maintaining a clear separation between business and therapy

C. Address the pattern directly as a therapeutic issue, explore its meaning within the therapeutic relationship, set a clear boundary that the therapy space is not appropriate for business recruitment, and examine how the behavior may relate to the client's presenting concerns

D. Terminate the therapeutic relationship since the client's persistent boundary violations indicate a fundamental incompatibility with the therapeutic process

33. An LCSW who primarily serves Spanish-speaking clients encounters a new client who speaks Mandarin and very limited English. No interpreter is immediately available. The client appears to be in acute distress. What is the LCSW's most ethically appropriate initial response?

A. Attempt to stabilize the client using nonverbal communication and visual cues while arranging for a qualified Mandarin interpreter, and assess for immediate safety concerns using available resources such as a language line

B. Conduct the session in English since providing some level of service is better than turning a distressed client away entirely

C. Refer the client immediately to another provider who speaks Mandarin since providing therapy without a shared language constitutes practicing outside one's competence

D. Use an online translation application to conduct a basic intake assessment and determine the client's immediate clinical needs

34. An LCSW is treating a client who is a professional athlete. The client's agent contacts the LCSW directly, stating that the client authorized the call, and asks the LCSW to provide a letter confirming the

client is in good mental health for an upcoming contract negotiation. The client has not contacted the LCSW about this request. What should the LCSW do?

- A. Provide the letter since the agent stated the client authorized the request and agents routinely act on behalf of their athlete clients
- B. Contact the client directly to verify the request, obtain proper written authorization, and discuss the implications of providing such a letter before taking any action
- C. Provide a general letter confirming the client is engaged in therapy without commenting on the client's mental health status or fitness
- D. Decline the request entirely since providing a mental health clearance letter for a contract negotiation is outside the scope of the therapeutic relationship

35. An LCSW is providing teletherapy to a client in California. During a session, the client reveals that she is actually located in Mexico visiting family and has been conducting the past three sessions from there. What legal and ethical issues does this situation raise?

- A. No significant issues are raised since the client is a California resident and the LCSW is licensed in California, which is sufficient for telehealth services
- B. The LCSW may continue the sessions as long as the client acknowledges the limitations of practicing across international borders in a signed addendum to the consent form
- C. The only issue is technical — the LCSW should verify that the telehealth platform meets encryption standards for international transmission of protected health information
- D. The LCSW may not be authorized to provide therapy to a client physically located in another country and should assess the legal implications including licensing jurisdiction, liability coverage, and emergency response capabilities

36. An LCSW is treating a client who reveals that she is currently being investigated by Child Protective Services for allegations of child neglect. The client asks the LCSW to write a letter to CPS stating that the client is a good parent and that the allegations are unfounded. The LCSW has been treating the client individually for depression and has never observed the client's parenting. What should the LCSW do?

- A. Write the letter as requested since supporting clients through difficult situations is consistent with the LCSW's therapeutic role and professional obligation to the client

B. Write a letter describing the client's engagement in treatment and progress toward therapeutic goals without offering any opinion on parenting capacity or the validity of the CPS allegations

C. Decline entirely and explain that writing any letter to CPS would constitute a dual role violation since it would blur the line between therapist and forensic evaluator

D. Decline to offer an opinion on parenting fitness since the LCSW has not assessed parenting capacity, and offer to write a letter that is limited to factual statements about the client's treatment engagement without commenting on the allegations

37. An LCSW at a county jail provides mental health services to inmates. An inmate-client discloses during a therapy session that he knows about a planned violent attack against another inmate scheduled for the following day. The client identifies the targeted inmate by name and cell number. The client asks the LCSW to keep this confidential. What is the LCSW's obligation?

A. Maintain confidentiality since the threat is being made by a third party, not the client, and the client is merely reporting knowledge of the planned attack

B. Document the information and share it with the treatment team at the next scheduled multidisciplinary meeting for clinical consideration

C. Take immediate steps to protect the identified inmate, which includes notifying appropriate correctional authorities, as there is an identifiable potential victim of a credible and imminent threat

D. Encourage the client to report the planned attack through the facility's anonymous tip system rather than having the LCSW breach confidentiality

38. An LCSW is treating a client who discloses that she was the victim of therapist sexual misconduct by her previous therapist, a licensed psychologist. The client does not want to file a complaint and wants to focus exclusively on healing from the experience. What are the LCSW's obligations?

A. File a report with the Board of Psychology immediately since the LCSW has knowledge that a licensed professional engaged in sexual misconduct with a client

B. Provide the client with the legally required informational brochure about therapist sexual misconduct, respect the client's decision regarding filing a complaint, and continue to address the clinical impact therapeutically

C. Encourage the client to file a complaint but ultimately defer to the client's decision, and do not provide any documentation about the misconduct unless the client initiates the complaint process

D. Contact the accused psychologist directly to inform them that their conduct has been disclosed and provide an opportunity to respond before any reports are filed

39. An LCSW is treating a client with schizophrenia who has been stable on antipsychotic medication for two years. The client announces that he has decided to stop taking his medication because of unpleasant side effects and wants the LCSW to support his decision. What is the LCSW's most appropriate response?

A. Explore the client's concerns about side effects, discuss the potential risks of medication discontinuation including the likelihood of symptom relapse, and strongly recommend the client consult with the prescribing psychiatrist before making any changes

B. Support the client's decision unconditionally since the principle of self-determination requires the LCSW to respect the client's autonomous healthcare choices without attempting to influence them

C. Contact the prescribing psychiatrist immediately to report the client's intention to discontinue medication without the client's consent since medication noncompliance constitutes a safety concern

D. Refuse to continue therapy unless the client agrees to maintain the medication regimen because treating a client with active psychosis would exceed the LCSW's scope of competence

40. An LCSW has been treating a client for six months when the client reveals that she is the LCSW's child's fourth-grade teacher. The LCSW was unaware of this connection. Sessions have been therapeutically productive. What should the LCSW consider in deciding how to proceed?

A. Terminate treatment immediately since the relationship constitutes an inherently harmful dual relationship that cannot be ethically managed

B. Continue therapy without modification since the relationship between the client and the LCSW's child is professional and does not create a personal conflict

C. Assess the potential risks and benefits of continuing versus terminating, discuss the situation openly with the client, consider whether objectivity can be maintained, and consult with a colleague before making a decision

D. Continue therapy but instruct the client never to discuss the LCSW's child during sessions to maintain a clear boundary between the personal and professional domains

41. An LCSW has been providing therapy to a client who is an undocumented immigrant. Immigration and Customs Enforcement (ICE) agents arrive at the LCSW's office with an administrative warrant (not

signed by a judge) and demand access to the client's records and information about the client's appointment schedule. What should the LCSW do?

- A. Comply with the warrant immediately since federal immigration enforcement authority supersedes state confidentiality protections for therapy records
- B. Decline to provide records or information, as an administrative warrant does not compel disclosure of confidential therapy records, and consult with legal counsel about the LCSW's rights and obligations
- C. Provide only the client's appointment schedule since scheduling information is considered administrative data that is not protected by psychotherapist-patient privilege
- D. Cooperate with the agents to avoid potential charges of obstruction but limit disclosure to the client's name and demographic information only

42. An LCSW is providing therapy to a client who is also the LCSW's landlord. The client initiated therapy six months ago, and the tenancy predates the therapeutic relationship by two years. The LCSW initially believed the dual relationship was manageable, but the landlord-client has now raised rent significantly and is citing maintenance issues the LCSW considers fabricated. What should the LCSW do?

- A. Use the therapy sessions to address the landlord-tenant dispute directly since the issues are clearly affecting both the therapeutic and business relationships
- B. Maintain strict separation between the two relationships, addressing the rent dispute through standard tenant-rights channels while continuing therapy without acknowledging the conflict
- C. Attempt to negotiate a rent reduction in exchange for a reduced therapy fee to resolve the financial conflict between both parties equitably
- D. Recognize that the dual relationship has become harmful, take steps to terminate the therapeutic relationship ethically with appropriate referrals, and resolve the landlord-tenant issues through separate channels

43. An LCSW is treating a client who reports that her 10-year-old son has been exhibiting sexually reactive behaviors toward younger children in the neighborhood. The client attributes the behavior to exposure to internet pornography and has restricted the child's internet access. She has not sought professional help for the child. What is the LCSW's obligation?

- A. Assess whether the child's sexually reactive behavior toward younger children constitutes reasonable suspicion that the child may have been sexually abused, and if so, file a mandated report while also encouraging the mother to seek specialized treatment for the child
- B. Refer the mother to a child therapist for her son and document the recommendation in the session notes without filing a mandated report since the mother is already addressing the issue
- C. File a mandated report against the mother for neglect since she has not obtained professional treatment for a child exhibiting concerning sexual behaviors
- D. Maintain confidentiality since the information was disclosed by the client about her own child and the child is not the LCSW's client

44. An LCSW receives a referral from a colleague for a new client. During the first session, the LCSW recognizes the client as someone who posted a highly negative and personal review of the LCSW online two years ago, long before any professional relationship existed. The LCSW still feels upset about the review. What is the most ethically appropriate response?

- A. Proceed with the intake normally since the prior online interaction does not constitute a dual relationship and professionals should not allow personal feelings to influence clinical decisions
- B. Inform the client of the prior online review and request that it be removed as a condition for continuing therapy together
- C. Honestly assess whether personal feelings about the review would impair the LCSW's ability to provide objective, competent care, and if so, refer the client to another provider without disclosing the specific reason
- D. Accept the client but increase the frequency of clinical consultation to ensure that personal bias does not affect the quality of treatment

45. An LCSW provides therapy to a married couple. After four sessions, the wife discloses in an individual phone call that she is planning to leave the marriage and has already retained a divorce attorney. She asks the LCSW to continue couples therapy without revealing this information so that she can "build her case" for custody by demonstrating the husband's behavior in therapy. What should the LCSW do?

- A. Continue couples therapy as usual since the wife's individual legal planning is not the LCSW's concern and does not affect the therapeutic work

B. Inform the wife that continuing couples therapy under these circumstances would be therapeutically fraudulent, that the LCSW cannot collude in this plan, and terminate the couples therapy with appropriate referrals

C. Inform the husband about the wife's plans since he has a right to know that the couples therapy is being used under false pretenses

D. Continue couples therapy but shift the therapeutic focus toward separation and co-parenting to align with the likely trajectory of the relationship

46. An LCSW has been treating a 19-year-old college student for social anxiety. The client's mother calls the LCSW, identifies herself, and states that she has discovered her son has been "cutting himself" based on marks she saw on his arms when he visited home last weekend. The LCSW was not previously aware of self-harm behavior. What should the LCSW do?

A. Neither confirm nor deny the client is receiving services, avoid disclosing any information, and address the mother's concerns by suggesting she speak directly with her son while the LCSW independently follows up with the client

B. Confirm the therapeutic relationship and discuss the self-harm concern with the mother since the mother's observations suggest a safety issue that justifies breaking confidentiality

C. Thank the mother for the information and immediately initiate a 5150 evaluation since self-harm behavior warrants involuntary psychiatric assessment

D. Contact the client and disclose that his mother called with concerns about self-harm, then insist the client allow the LCSW to speak with the mother

47. An LCSW is providing clinical supervision to an ASW. During a supervision session, the ASW discloses that they are experiencing significant personal distress due to a recent divorce and have been crying during sessions with clients. The ASW states the crying happens briefly and they quickly redirect back to the client's issues. What is the supervisor's most appropriate response?

A. Document the disclosure and take no further action since the ASW is managing the emotional responses adequately during sessions

B. Immediately suspend the ASW's clinical activities until the personal issues are resolved and the ASW can demonstrate emotional stability in session

C. Reassign the ASW's most complex cases to other clinicians since the ASW's emotional state renders them unable to manage high-acuity clients competently

D. Assess the impact of the personal distress on clinical performance, encourage the ASW to seek personal therapy, increase supervision frequency, and monitor client outcomes while determining whether any caseload modifications are needed

48. A 15-year-old client in therapy with an LCSW at a community clinic has been discussing her desire to obtain an abortion. She has not told her parents and does not want them to know. Under California law, what is the LCSW's obligation regarding parental notification?

A. The LCSW must notify the parents since minors under 18 cannot consent to reproductive procedures without parental knowledge in California

B. The LCSW should encourage the client to involve her parents but must ultimately notify them if the minor proceeds with scheduling the procedure

C. The LCSW is not required to notify the parents, as California law allows minors to consent to reproductive care including abortion without parental involvement

D. The LCSW may maintain confidentiality only if the minor obtains a judicial bypass order that waives the requirement for parental consent

49. An LCSW works at an agency that primarily serves low-income families. The agency director instructs all clinicians to limit initial assessments to 30 minutes to increase the volume of clients served. The LCSW believes that 30-minute assessments are insufficient to conduct a competent evaluation, particularly for clients presenting with complex trauma histories. What should the LCSW do?

A. Comply with the directive while documenting in each chart that the assessment was time-limited and may not reflect the full clinical picture

B. Advocate with administration for adequate assessment time by presenting clinical and ethical arguments for comprehensive evaluations, propose alternative solutions that balance access with quality, and document the clinical rationale

C. Comply with the directive since agencies have the authority to determine service delivery parameters and individual clinicians should not challenge institutional policies

D. Refuse to conduct assessments under the directive and inform clients that the agency is providing substandard care due to administrative policies

50. An LCSW at a hospital is consulted to evaluate a patient who has been refusing all medical treatment for a serious but treatable condition. The medical team wants the LCSW to assess the patient's

capacity to refuse treatment. During the evaluation, the LCSW determines that the patient has full decision-making capacity and is making an informed choice based on deeply held religious beliefs. What should the LCSW communicate to the medical team?

- A. Report that the patient has decision-making capacity and that the refusal of treatment, while medically inadvisable, represents a competent autonomous decision that must be respected
- B. Recommend that the medical team pursue a court order to override the patient's wishes since the condition is treatable and the refusal of treatment will likely result in death
- C. Suggest that the medical team consult the hospital ethics committee before accepting the LCSW's capacity determination to ensure the assessment was conducted properly
- D. Recommend that the medical team provide the patient with additional information about the consequences of refusing treatment before the LCSW finalizes the capacity evaluation

51. An LCSW who is a military veteran treats other veterans at a VA clinic. A client who served in the same military unit as the LCSW begins therapy. During sessions, the client frequently references shared experiences and asks the LCSW to validate combat accounts by confirming events the LCSW also witnessed. How should the LCSW handle this?

- A. Validate the client's combat accounts since confirming shared experiences strengthens the therapeutic alliance and demonstrates genuine empathy based on lived experience
- B. Maintain strict therapeutic neutrality and refuse to acknowledge any shared military experiences to preserve the objective clinical stance required in therapy
- C. Transfer the client immediately since treating someone from the same military unit constitutes an inherently harmful dual relationship that cannot be managed
- D. Acknowledge the shared military background transparently while maintaining appropriate clinical boundaries, assess whether the connection enhances or compromises clinical objectivity, and seek consultation if needed

52. An LCSW working in a juvenile detention facility is informed by staff that a 16-year-old detainee has been placed in solitary confinement for 72 hours as a disciplinary measure. The LCSW has been treating this youth for PTSD related to childhood abuse and knows that isolation could be severely retraumatizing. What is the LCSW's ethical obligation?

- A. Accept the disciplinary action as outside the scope of clinical authority since security decisions in detention facilities are made by correctional staff, not mental health providers
- B. Document the potential clinical impact in the chart but take no further action since interfering with facility discipline could undermine the LCSW's working relationship with correctional staff
- C. Advocate for the client by communicating the clinical concerns about the impact of solitary confinement on the youth's mental health to facility administration and proposing alternative disciplinary measures
- D. Withdraw from treating the youth temporarily since providing therapy while the client is in solitary confinement would be clinically ineffective and could worsen the traumatic response

53. An LCSW provides therapy to a client whose adult daughter is also a client of the LCSW, seen separately. The LCSW was unaware of the family connection when each client began treatment. The mother now reveals information during her session that directly contradicts what the daughter has been reporting about a family conflict. What should the LCSW do?

- A. Share the contradictory information with both clients to facilitate honest communication and resolve the discrepancy that is affecting both treatment processes
- B. Recognize the conflict of interest created by treating related clients, assess whether objectivity can be maintained with both, and consider transferring one or both clients to eliminate the conflict
- C. Continue treating both clients without disclosing information between them, maintaining strict confidentiality while processing each client's perspective independently
- D. Immediately terminate treatment with both clients and refer them to separate therapists since the overlapping relationships create an unresolvable ethical conflict

54. An LCSW in private practice has been treating a client for three years. The client informs the LCSW that she has won a large personal injury settlement and would like to give the LCSW a substantial monetary gift as a token of gratitude for the LCSW's role in her recovery. What is the most appropriate response?

- A. Decline the monetary gift, explain how accepting it could alter the therapeutic dynamic and create a boundary issue, and explore the client's feelings of gratitude within the therapeutic framework
- B. Accept the gift since the client is offering it voluntarily and from a position of financial security, and refusing could be perceived as dismissive of the client's autonomy and generosity

C. Accept the gift but deposit it into a separate account to be donated to charity, thereby avoiding personal financial benefit while respecting the client's desire to express gratitude

D. Suggest that the client make a donation to a mental health charity in lieu of a personal gift to the LCSW, allowing expression of gratitude without crossing professional boundaries

55. An LCSW is treating a 12-year-old child whose parents have joint legal custody following a divorce. The mother brings the child to therapy and provides consent for treatment. After several sessions, the father contacts the LCSW furious, stating he never consented and demanding treatment stop. The court order does not specifically address therapy. How does California law generally apply?

A. The mother's consent alone is sufficient since the parent who transports the child to therapy has the authority to consent on behalf of both parents

B. The LCSW should continue therapy and inform the father that he can seek a court order to stop treatment if he objects to the mother's unilateral consent

C. The LCSW should contact the family court judge directly to obtain a ruling on whether therapy can continue over one parent's objection

D. The LCSW should pause or discontinue treatment pending resolution of the parental disagreement, as joint legal custody generally requires both parents' consent for mental health treatment decisions

56. An LCSW provides trauma therapy to a client who was involved in a mass casualty event. Several months into treatment, the LCSW realizes they are experiencing vicarious traumatization, including nightmares about the event, hypervigilance, and emotional numbing. The LCSW continues to function professionally. What is the LCSW's primary ethical obligation?

A. Continue providing treatment since the LCSW is still functioning professionally and terminating would abandon a client engaged in critical trauma processing

B. Immediately transfer the client to another trauma specialist to prevent any possibility that the vicarious traumatization will compromise the quality of care

C. Reduce the number of trauma cases in the LCSW's caseload while continuing to treat this specific client since the overall caseload composition is driving the vicarious traumatization

D. Proactively address the vicarious traumatization through personal therapy, consultation, and self-care strategies, honestly assess whether clinical effectiveness is compromised, and take appropriate action including possible transfer if impairment develops

57. An LCSW is working with a client who has a developmental disability and lives in a group home. The group home staff request copies of the client's therapy records to "better manage his behavior." The client has limited verbal communication but has been able to express, through supported communication, that he does not want his therapy information shared with staff. What should the LCSW do?

- A. Provide the records since the group home staff are part of the client's care team and need clinical information to provide appropriate behavioral support
- B. Honor the client's expressed wishes and decline to release the records, while exploring alternative ways to support the group home staff that do not require disclosure of confidential therapy content
- C. Provide a behavioral summary without detailed therapy content as a compromise between the client's wishes and the group home's operational needs
- D. Contact the client's legal guardian to obtain authorization for the release since the client's developmental disability may limit the legal weight of his expressed preferences

58. An LCSW who is a devout member of a particular religious faith receives a referral for a client who practices a different religion that the LCSW has strong personal objections to. The LCSW has no prior experience working with clients from this religious background. What is the most ethically appropriate course of action?

- A. Accept the client only if the client agrees not to discuss religious topics during therapy since the LCSW's religious objections could compromise objectivity on faith-related issues
- B. Accept the client without reservation since professional ethics require therapists to serve all clients regardless of religious differences or personal objections
- C. Honestly assess whether personal religious objections would impair the ability to provide competent, unbiased care, seek consultation, and if necessary, provide an appropriate referral while ensuring the client is not left without services
- D. Decline the referral immediately and explain that religious differences between therapist and client create an inherent therapeutic incompatibility that cannot be overcome

59. An LCSW is treating a client who is involved in an ongoing criminal investigation as a witness. The prosecuting attorney contacts the LCSW to request therapy records, stating that the records are needed to assess the witness's credibility. The client has not authorized the release. What should the LCSW do?

- A. Assert psychotherapist-patient privilege, decline to release the records, and inform the prosecutor that a court order would be necessary to compel disclosure over the client's objection
- B. Provide the records since assisting a criminal prosecution serves the public interest and outweighs the individual client's confidentiality rights
- C. Provide only records created prior to the criminal investigation since records created during the investigation period might be influenced by the litigation
- D. Contact the client to recommend they waive privilege voluntarily to support the prosecution and demonstrate their cooperation with the investigation

60. An LCSW conducts an initial intake assessment and determines that the prospective client would benefit most from a specific type of therapy the LCSW does not provide. The prospective client insists on continuing with the LCSW because of the convenient office location and appointment availability. What should the LCSW do?

- A. Accept the client since convenience and accessibility are important factors in treatment engagement and the LCSW can provide generalized therapeutic support
- B. Discuss the clinical recommendation openly with the prospective client, provide referrals to practitioners who offer the recommended treatment modality, and respect the client's right to make an informed choice while documenting the discussion
- C. Refuse to accept the client since providing a treatment modality other than the one clinically indicated would constitute substandard care
- D. Accept the client on the condition that they simultaneously pursue the recommended therapy with a second provider who specializes in the indicated treatment

61. An LCSW is working in a disaster response capacity following a major earthquake. During crisis debriefings at a shelter, a survivor discloses that before the earthquake she had been physically abusing her elderly mother who lived with her. The elderly mother died during the earthquake. Does the LCSW have a mandated reporting obligation?

- A. No, because the elder abuse reporting obligation terminates upon the death of the alleged victim and the report would serve no protective purpose
- B. No, because crisis debriefings are informal psychological first aid interventions that do not create a professional relationship triggering mandated reporting obligations

C. Yes, because the mandated reporting obligation is triggered by the receipt of information suggesting abuse regardless of the current status of the alleged victim, and reporting may uncover additional victims or relevant circumstances

D. Yes, but only if the LCSW obtains additional corroborating evidence beyond the self-report since crisis disclosures under extreme duress may not be reliable

62. An LCSW is treating a couple in which one partner identifies as polyamorous and the other is monogamous. The polyamorous partner wants the LCSW to help the monogamous partner become more accepting of polyamory. The monogamous partner feels pressured and invalidated. What is the LCSW's most ethically appropriate therapeutic stance?

A. Maintain neutrality by facilitating exploration of both partners' values and relational needs without advocating for either relational structure, helping the couple communicate effectively about fundamental compatibility

B. Advocate for the polyamorous partner's position since supporting diverse relationship structures is consistent with culturally affirmative practice and the LCSW's obligation to respect nontraditional identities

C. Advocate for the monogamous partner's position since the monogamous partner is expressing distress and the LCSW's primary obligation is to the partner who is experiencing psychological harm

D. Recommend the couple separate since fundamental incompatibility in relational values indicates the relationship is unlikely to succeed and continued therapy would be futile

63. An LCSW provides therapy to a 16-year-old client in foster care. The foster parent contacts the LCSW and requests that the LCSW adjust the treatment goals to focus exclusively on behavioral compliance in the foster home rather than processing the trauma from the biological family. The county social worker supports this request. What should the LCSW do?

A. Comply with the request since the county social worker holds legal decision-making authority for the child's treatment and the foster parent's concerns about behavioral management are legitimate

B. Comply with the request but document a clinical objection in the treatment record noting that the modification is inconsistent with the LCSW's clinical judgment

C. Defer to the county social worker's directive while simultaneously filing a complaint with the foster care licensing agency about the restriction on clinically appropriate treatment

D. Advocate for a treatment approach that addresses both behavioral concerns and trauma processing, explaining to the foster parent and social worker how unresolved trauma typically drives behavioral difficulties and that both goals are clinically interrelated

64. An LCSW who has been providing therapy to a client for two years develops a chronic health condition that will require the LCSW to reduce their caseload significantly. The LCSW must terminate with several long-term clients. What does the ethical standard for termination require?

A. Notify all affected clients by letter at least 30 days before the last session and include a list of alternative providers, without requiring a final session

B. Provide adequate notice, discuss the termination in session with each client, process the client's response, offer appropriate referrals, and ensure continuity of care during the transition

C. Continue treating all current clients at reduced frequency rather than terminating, since the obligation to avoid abandonment outweighs the LCSW's personal health needs

D. Terminate immediately with a brief explanation to avoid extended termination processes that could be emotionally difficult for both the LCSW and the clients

65. An LCSW is treating a client who has recently converted to a religious community that practices faith healing and rejects Western medicine. The client has type 1 diabetes requiring insulin. The client announces plans to stop insulin and rely exclusively on prayer for healing. What is the LCSW's obligation?

A. Respect the client's religious autonomy and support the decision as an expression of protected religious freedom and personal self-determination

B. Terminate the therapeutic relationship since continuing to treat a client who is making a medically life-threatening decision would make the LCSW complicit

C. Explore the client's decision-making process, assess for undue influence from the religious community, provide clear information about the medical risks of insulin discontinuation, and document the discussion thoroughly

D. Report the situation to Adult Protective Services since the client's religious community may be exerting undue influence constituting a form of psychological abuse

66. An LCSW working at a psychiatric emergency department evaluates a patient on a 5150 hold who insists on making phone calls. The patient is not conserved and has not been adjudicated incompetent. Under the LPS Act, what are the patient's rights regarding phone access?

- A. Patients on a 5150 hold retain the right to make and receive phone calls, and this right can only be denied when specific clinical justification exists and is documented in the chart
- B. Patients on a 5150 hold forfeit all communication rights for the duration of the hold since the involuntary status suspends standard patient rights
- C. Patients on a 5150 hold may make phone calls only during designated hours and only to a pre-approved list of contacts screened by the treatment team
- D. Patients on a 5150 hold may only contact their attorney or the patients' rights advocate and no other parties during the 72-hour evaluation period

67. An LCSW is treating a client who presents with complex PTSD. The client requests that the LCSW use a specific trauma processing protocol that the client learned about through personal research. The LCSW is familiar with but not trained in this particular protocol and believes another approach would be more appropriate for the client's presentation. What is the best course of action?

- A. Agree to use the client's preferred protocol since honoring client preferences is essential to trauma-informed care and supports empowerment and autonomy
- B. Acknowledge the client's preference, explain the LCSW's clinical recommendation and the reasoning behind it, discuss the risks and benefits of both approaches, and collaboratively develop a treatment plan
- C. Agree to use the requested protocol while simultaneously studying it through independent reading and online resources to develop competence during the treatment process
- D. Refuse to discuss alternative protocols and insist on the LCSW's recommended approach since the clinician's professional judgment should determine the treatment methodology

68. An LCSW is providing play therapy to a 6-year-old child. During a session, the child's noncustodial parent arrives unannounced at the office demanding to observe the therapy session. The noncustodial parent presents a court order granting supervised visitation but the order does not mention therapy observation. What should the LCSW do?

- A. Allow the noncustodial parent to observe since the court order granting visitation implies access to the child's therapeutic activities as well

B. Allow observation but position the parent behind a one-way mirror to minimize the impact on the therapeutic process and the child's sense of safety

C. Contact the custodial parent immediately to obtain verbal authorization for the observation before allowing the noncustodial parent into the session

D. Decline the observation request since the court order addresses visitation and not therapy participation, and therapy sessions require separate authorization consistent with the child's treatment needs

69. An LCSW operates a group practice with three other therapists. One of the partners has been struggling with a substance use disorder that is beginning to affect client care — showing up late, canceling sessions, and appearing impaired during working hours. The affected partner denies any problem. What is the LCSW's ethical obligation?

A. Terminate the business partnership immediately and report the impaired colleague to the BBS without attempting any intermediate intervention steps

B. Maintain silence about the concerns to avoid damaging the business relationship and potentially exposing the practice to liability claims from affected clients

C. Take direct action by addressing concerns with the impaired colleague, documenting observations, offering resources for treatment, and if the colleague refuses to address the impairment, pursuing formal channels including a potential report to the BBS to protect client welfare

D. Reassign the impaired colleague's clients to other partners and reduce the colleague's responsibilities while monitoring to see whether the substance use disorder resolves on its own

70. An LCSW has been providing therapy to a client who is a single mother of three children. The client loses her job and can no longer afford the LCSW's fee. The client is in the middle of processing significant childhood trauma and abrupt termination could be harmful. What is the LCSW's ethical responsibility?

A. Explore options to continue treatment such as adjusting the fee, offering a sliding scale, or providing pro bono services for a transitional period while helping the client identify longer-term resources that can meet her needs

B. Terminate treatment after the standard notice period and provide referrals to community mental health agencies that offer free or reduced-fee services

C. Continue treatment at the regular fee and allow the client to accumulate a balance with a payment plan to be settled when her financial situation improves

D. Immediately reduce the fee to zero and continue providing pro bono services indefinitely since the client's clinical needs outweigh the LCSW's financial interests

71. An LCSW receives a voicemail from an individual who identifies herself as a social worker at a hospital in another city. The caller states she is conducting a child abuse investigation and needs information about the LCSW's client, who is the subject of the investigation. The LCSW has no way to verify the caller's identity or authority. What should the LCSW do?

A. Before disclosing any information, take steps to verify the caller's identity and authority by calling the hospital directly, and determine whether the request falls within a legally recognized exception to confidentiality or whether client authorization is needed

B. Provide the information immediately since cooperation with child abuse investigations is a legal priority that overrides standard confidentiality verification procedures

C. Decline to provide any information under any circumstances since phone requests for client information can never be adequately verified and verified requests must be in writing

D. Provide only basic confirmation that the individual is a client while withholding all clinical information until written verification is received

72. An LCSW is treating a client with borderline personality disorder who has a pattern of idealizing and then devaluing therapists. The client is currently in an idealization phase, frequently telling the LCSW that the LCSW is the best therapist she has ever had and the only person who truly understands her. What clinical and ethical consideration is most important?

A. Accept the praise as genuine feedback that the therapeutic relationship is strong and use the positive alliance to deepen the therapeutic work during this favorable period

B. Recognize the idealization as a potential feature of the client's relational pattern, address it therapeutically without dismissing the client's experience, and prepare for possible devaluation while maintaining consistent boundaries

C. Confront the client directly about the idealization pattern and explain that the praise is a symptom of the personality disorder rather than an authentic reflection of the therapeutic relationship

D. Gradually reduce the frequency of sessions during the idealization phase to prevent the development of excessive dependence on the therapeutic relationship

73. An LCSW is working at a community health center that receives funding from a religious organization. The funding source sends a directive to the clinic stating that therapists may not discuss or affirm same-sex relationships, gender transition, or reproductive choices including abortion. The LCSW has several LGBTQ+ clients. What is the LCSW's ethical obligation?

- A. Follow the directive since the funding source has the right to establish conditions on the use of their financial support and the LCSW accepted employment knowing the organization's values
- B. Follow the directive but subtly communicate support for LGBTQ+ clients through nonverbal cues and indirect language to circumvent the restriction without openly defying it
- C. Inform affected clients about the restriction so they can make informed decisions about continuing treatment at the facility and provide referral options if needed
- D. Refuse to comply with the directive, as it conflicts with the NASW Code of Ethics and the LCSW's professional obligation to provide culturally competent, nondiscriminatory services, and advocate for policy change while ensuring client access to appropriate care

74. An LCSW at a community mental health center receives a request from a client's parole officer for information about the client's treatment progress. The client signed a release of information authorizing disclosure to the parole officer. However, during the most recent session, the client disclosed relapse to methamphetamine use and the LCSW is concerned that sharing this information will result in the client's parole being revoked. What should the LCSW do?

- A. Withhold the relapse information from the progress report since disclosing it would likely result in incarceration and thereby cause foreseeable harm to the client
- B. Provide the progress report with the relapse information omitted and document in the chart the clinical rationale for withholding this specific detail from the parole officer
- C. Provide accurate information consistent with the scope of the signed release, as the client authorized the disclosure and selective withholding undermines the integrity of the release and the therapeutic relationship
- D. Revoke the release of information on the client's behalf since the changed circumstances mean the original authorization no longer reflects the client's best interests

75. An LCSW is working at a community mental health center when a client discloses that another client at the same center, whom the LCSW does not treat, has been selling prescription medications in the center's parking lot. The LCSW does not have a therapeutic relationship with the person who is allegedly selling medications. What is the LCSW's most appropriate course of action?

- A. File a police report since the LCSW has direct knowledge of criminal activity occurring on agency property that poses a safety risk to other clients
- B. Take no action since the LCSW has no obligation regarding individuals who are not their clients and the information was obtained during a confidential therapy session
- C. Report the concern to the agency's administration or clinical director so that the safety issue can be addressed through appropriate institutional channels without breaching the reporting client's confidentiality
- D. Confront the individual directly in the parking lot and advise them that their behavior has been reported and they should stop immediately

## Practice Exam 10: Answer Key and Explanations

1. B — An intoxicated client who insists on driving poses a genuine safety risk, but the LCSW cannot physically detain or initiate a 5150 hold based solely on intoxication. The most appropriate action is to exhaust persuasion strategies first, and if the client still insists on driving, consider contacting law enforcement to report an impaired driver on the road. This balances respect for autonomy with the duty to prevent foreseeable harm to third parties.
2. D — Expressing a controversial clinical opinion in a published article is protected professional discourse and does not constitute unprofessional conduct. The BBS disciplines licensees for conduct such as sexual misconduct, fraudulent advertising, failure to maintain records, and practicing outside one's competence — not for participating in legitimate professional debate. Academic and clinical disagreement is foundational to the profession's development.
3. C — Terminating a client abruptly without explanation, referral, or adequate notice — particularly in apparent retaliation for a grievance — may constitute client abandonment under California law and professional ethics standards. The client has the right to file a complaint with the BBS if the former therapist is a licensed professional. Proper termination requires adequate notice, clinical justification, and referral resources.
4. A — Before addressing the clinical question about narcissistic personality disorder, the LCSW must first understand how the partner obtained diagnostic information that had not been disclosed in conjoint sessions. This may indicate a breach in the treatment framework — such as the partner accessing records or the diagnosed partner sharing information outside sessions. Clarifying the source protects the integrity of the couples treatment.

5. B — HIV status carries heightened confidentiality protections under California law. Even in inpatient settings, the LCSW should not unilaterally disclose a client's HIV status to the full treatment team without discussing the clinical relevance with the client and obtaining consent. The therapeutic relationship and legal protections for HIV-related information require informed consent before inclusion in multidisciplinary documentation.

6. C — Accepting a personal social media connection with a current client — especially a minor — creates boundary violations by exposing the client to the therapist's personal life and opinions. The LCSW should decline the request and use the situation therapeutically to discuss professional boundaries. With adolescent clients, this can be a valuable opportunity to explore relationship expectations and appropriate boundaries.

7. A — The LCSW must balance cultural sensitivity with legal and ethical documentation obligations. Omitting a diagnosis or documenting a false one are both ethically problematic. The appropriate response is to empathize with the client's fears, explain documentation requirements, and educate the client about confidentiality protections that prevent routine disclosure of therapy records to immigration authorities without a court order.

8. D — During a deposition, the LCSW is not required to answer every question without objection. When questioning exceeds the scope of the release or seeks information the LCSW believes is irrelevant and potentially harmful, the LCSW should object and defer to the client's attorney to assert privilege or relevance objections. The release authorizes participation, not unlimited disclosure of all therapeutic content.

9. B — Licensees are legally bound by the laws of the state in which they practice, not the state where they were originally trained or licensed. California's mandated reporting laws have specific provisions — including reporting timelines, categories of abuse, and designated agencies — that may differ significantly from other states. The LCSW must immediately learn and comply with California-specific requirements.

10. B — A durable power of attorney for healthcare grants decision-making authority when a patient lacks capacity, but the proxy's decisions should align with the patient's known preferences when possible. The LCSW should advocate for the patient's expressed desire to continue therapy while recognizing the proxy's legal authority, and consult the ethics committee if the conflict cannot be resolved. Patient advocacy is a core social work obligation.

11. C — Upcoding — using diagnostic codes that do not accurately reflect the clinical presentation to maximize reimbursement — constitutes insurance fraud regardless of whether it is an agency-wide practice. The supervisor has an ethical and legal obligation to require accurate diagnostic coding, educate the supervisee about the fraudulent nature of the practice, and report the systemic issue through appropriate compliance channels.

12. D — When a client expressing active suicidal ideation with a plan is disconnected during a telehealth session, the LCSW faces a potential life-threatening emergency. Waiting, emailing, or deferring to the next session are all inadequate responses. The LCSW must immediately attempt to reach the client by phone and, if unsuccessful, initiate emergency procedures including contacting emergency services using the client's location information collected during the informed consent process.

13. A — Threats to breach another group member's confidentiality require immediate intervention to protect the threatened member and to preserve the safety of the group environment. The LCSW should stop the exchange, reinforce the group confidentiality agreement, address the threatening behavior directly, and process the impact on all group members. Allowing the threat to continue unchecked could permanently damage group cohesion and trust.

14. D — Under California's Elder Abuse and Dependent Adult Civil Protection Act, mandated reporters must file a report when they receive information giving rise to reasonable suspicion of elder abuse, even when the suspected victim is not their client. The LCSW received this information in a professional capacity from a client who is a direct witness. The reporting obligation is triggered by the information, not the existence of a treatment relationship with the elder.

15. C — Therapist self-disclosure is neither categorically prohibited nor universally appropriate. The LCSW should make a thoughtful clinical decision about whether limited disclosure would serve the prospective client's therapeutic needs, considering factors such as the impact on the professional relationship, the client's potential reactions, and whether disclosure could shift the therapeutic focus inappropriately. The decision should be guided by clinical judgment, not rigid rules.

16. A — Mandated reporting is triggered by reasonable suspicion, not certainty. Behavioral indicators — including regression, withdrawal, and sexually themed play that depicts potential abuse scenarios — combined with the LCSW's clinical training in recognizing abuse indicators, can constitute reasonable suspicion. The LCSW should file a report and allow investigators to determine whether abuse occurred rather than delaying to gather more evidence.

17. B — The NASW Code of Ethics requires therapists to be aware of and manage personal biases that could interfere with professional practice. When a client is using a legally prescribed treatment, the LCSW's personal beliefs about cannabis do not constitute a clinical basis for refusing to treat or attempting to undermine the client's medical decisions. The LCSW should provide competent, evidence-based care while respecting the client's legal choices.

18. D — Under California's minor consent provisions, when a minor age 12 or older self-refers for outpatient mental health treatment, the minor generally controls confidentiality. However, this protection is not absolute. The LCSW may involve parents if the minor's behavior presents a serious threat to the minor's health or safety. Self-cutting requires careful clinical assessment to determine whether this threshold is met.

19. A — The LCSW should accept the clinical referral to serve the patient's immediate needs, then address the confidentiality breach privately with the physician. Integrated care settings require close collaboration, but patient handoffs should occur in private spaces. Refusing the referral would harm the patient, and filing a formal complaint is a disproportionate first response. Professional education and collegial feedback are the appropriate initial interventions.

20. A — The client's confession of fabricating abuse allegations does not trigger any mandatory reporting exception. False reporting is a criminal matter, but the LCSW is not mandated to report crimes disclosed in therapy. Confidentiality applies, and the LCSW should work therapeutically with the client's guilt while exploring the impact of the fabrication on the family system, potentially including encouraging the client to come forward voluntarily.

21. C — California Penal Code Section 261.5 addresses unlawful sexual intercourse, which is defined as intercourse with a minor who is not the spouse of the perpetrator. However, when both individuals are minors of similar age, the conduct does not constitute reportable child abuse under CANRA. Consensual sexual activity between same-age adolescents is not a mandated reporting trigger, though the LCSW should address contraception and health concerns clinically.

22. B — The ethical obligation to practice within one's competence takes precedence over the desire to serve underserved populations. Accepting cases outside one's competence risks providing substandard care that could harm vulnerable clients. The LCSW should decline while actively helping the clinic find qualified volunteers. If the LCSW wishes to develop competence in the area, pursuing appropriate training and consultation is the ethical path.

23. D — Court-mandated treatment does not automatically waive confidentiality. The BIP facilitator has no inherent right to the LCSW's clinical records without client authorization. The LCSW should decline the request, inform the client, and collaboratively discuss whether authorization is appropriate. If the client authorizes disclosure, the LCSW should apply the minimum necessary standard to protect the client's privacy.

24. C — The LCSW has an ethical obligation to advocate for the client's clinical needs when an insurer's determination conflicts with clinical judgment. This includes assisting with the appeals process, providing clinical documentation supporting continued treatment, and exploring alternative payment arrangements. Simply accepting the denial and terminating treatment fails to fulfill the advocacy obligation central to social work ethics.

25. A — Under California law, prenatal substance use alone is not a mandated child abuse reporting trigger prior to the birth of the child. CANRA applies to born children. However, the LCSW has a clinical obligation to strongly encourage the client to disclose the cocaine use to her obstetrician, as it poses significant medical risks. Once the child is born, a positive toxicology screen may trigger a report by hospital staff.

26. B — The primary ethical concern is the conflict of interest created by accepting a business relationship with a current client's employer. This arrangement could compromise the LCSW's therapeutic objectivity, create pressure to disclose client information, or place the client in an uncomfortable position if the employer-client connection becomes known. The potential for conflicted loyalties makes this the central ethical issue.

27. D — A 20-year-old is a legal adult whose therapy is protected by full confidentiality. The fact that parents are paying for services does not entitle them to session content. The LCSW should clearly explain this to the parents while maintaining the therapeutic boundary. If necessary, the LCSW should discuss the situation with the client and explore options for managing the parental pressure and potential loss of financial support.

28. C — Completing a disability certification based on a single intake session would be clinically premature and ethically questionable. An adequate assessment of functional capacity requires multiple sessions, collateral information, and a thorough evaluation. The LCSW should explain that a responsible clinical opinion requires adequate assessment time, discuss interim options such as the client's PCP completing a temporary form, and proceed with a comprehensive evaluation.

29. A — Blanket releases obtained during acute withdrawal raise serious questions about the validity of informed consent, as individuals in active withdrawal may lack the capacity to understand and voluntarily authorize broad disclosures. Additionally, 42 CFR Part 2 requires specific elements in consent forms for substance abuse treatment records. The LCSW has an ethical obligation to advocate for policy revision to protect client rights.

30. B — The LCSW should provide evidence-based information and express clinical concern while respecting parental authority. However, if the daughter's weight continues to decline to a dangerous level, the situation may cross the threshold into medical neglect requiring a mandated report. The LCSW's role is to educate, advocate, and monitor — escalating to a report only if the child's health deterioration becomes a safety concern.

31. D — The psychotherapist-patient privilege belongs to the client. When a former client has not waived privilege, the LCSW should assert it on the client's behalf and allow the court to rule on whether any exceptions — such as the crime-fraud exception — apply. The LCSW should not unilaterally decide whether an exception applies, nor should they simply comply or refuse without judicial guidance.

32. C — Persistent recruitment attempts during therapy sessions represent a boundary issue that should be addressed therapeutically rather than ignored or met with punitive consequences. The LCSW should set a clear boundary about the therapy space, explore the meaning of the behavior within the therapeutic framework, and examine whether the recruitment pattern connects to the client's presenting concerns or relational dynamics.

33. A — When a client in acute distress speaks a language the LCSW does not speak, the immediate priority is stabilization and safety assessment. The LCSW should use available resources — including nonverbal communication, visual aids, and telephone interpreter services — to assess for immediate safety concerns while arranging for a qualified interpreter. Turning away a distressed client without attempting to provide any assistance would be ethically problematic.

34. B — Third-party requests for clinical information — even from agents — require direct verification with the client and proper written authorization. The LCSW cannot rely on a third party's claim that the client authorized a request. Additionally, the LCSW should discuss the implications of providing a mental health clearance letter, as it could require disclosing clinical information in a context that may not serve the client's interests.

35. D — Providing therapy to a client physically located in another country raises significant legal and ethical issues including licensing jurisdiction, malpractice liability coverage, ability to manage

emergencies, and compliance with the laws of the country where the client is located. The LCSW should assess these issues carefully and may need to pause services until the client returns to a jurisdiction where the LCSW is authorized to practice.

36. D — The LCSW should not offer an opinion on parenting fitness without having assessed parenting capacity directly. Writing a letter opining on the validity of CPS allegations would exceed the therapeutic role. However, the LCSW can ethically provide a factual letter limited to the client's treatment engagement, attendance, and therapeutic goals without commenting on the abuse allegations or parenting ability.

37. C — Knowledge of a credible, imminent threat against an identifiable person triggers the duty to protect. Even though the client is not the perpetrator, the LCSW has information about a planned attack on a specific, identifiable individual. The duty to protect the potential victim requires immediate notification of appropriate authorities — in this case, correctional staff who can intervene to prevent the assault.

38. B — California Business and Professions Code Section 728 requires therapists to provide clients who disclose being victims of therapist sexual misconduct with a specific informational brochure. This is a legal obligation, not optional. Beyond this requirement, the LCSW should respect the client's autonomy regarding whether to file a complaint and continue to address the clinical impact of the misconduct therapeutically.

39. A — The LCSW should explore the client's concerns about side effects empathetically while providing clear clinical information about the risks of abruptly discontinuing antipsychotic medication, including the high probability of psychotic relapse. The LCSW should strongly recommend the client consult with the prescribing psychiatrist before making changes. This balances respect for autonomy with the clinical duty to ensure informed decision-making.

40. C — Discovering that a client is the teacher of the LCSW's child creates a dual relationship that was not anticipated but now must be evaluated. The LCSW should assess whether objectivity can be maintained, discuss the situation transparently with the client, consider how the connection might affect the therapy or the child's educational relationship, and consult with a colleague. Neither automatic termination nor ignoring the issue is appropriate.

41. B — An administrative warrant — one not signed by a judge — does not carry the legal authority to compel disclosure of confidential therapy records. Psychotherapist-patient privilege and California confidentiality protections remain in effect. The LCSW should decline to provide records or scheduling

information and immediately consult legal counsel about the LCSW's rights and the proper response to the administrative warrant.

42. D — When a dual relationship that was initially manageable deteriorates into one that is causing harm or creating conflicts, the ethical obligation is to address the harm. The LCSW should recognize that the landlord-tenant dispute has compromised the therapeutic relationship and take steps to terminate therapy ethically with appropriate referrals, while handling the housing dispute through separate legal channels.

43. A — A child exhibiting sexually reactive behaviors toward younger children may be displaying indicators of having been sexually abused. The LCSW should assess whether the information gives rise to reasonable suspicion of abuse and, if so, file a mandated report. Additionally, the LCSW should encourage the mother to seek specialized treatment for the child, as sexually reactive behavior requires professional intervention beyond restricting internet access.

44. C — The LCSW must honestly evaluate whether lingering negative feelings about the online review would impair clinical objectivity and the ability to provide competent care. If the LCSW determines that personal feelings could compromise treatment, referring the client is the ethical choice. This protects the client from potential bias while also protecting the LCSW's professional integrity. The specific reason for referral need not be disclosed.

45. B — The wife is asking the LCSW to participate in deception that instrumentalizes the therapeutic process for litigation advantage. Continuing couples therapy under these conditions would be therapeutically fraudulent — the fundamental premise of conjoint work requires both partners' genuine engagement. The LCSW must inform the wife that collusion is not possible, and terminate the couples therapy with appropriate referrals for each partner.

46. A — The client is a 19-year-old legal adult with full confidentiality protections. The LCSW cannot confirm or deny the therapeutic relationship to the mother, regardless of the safety concern she raises. The LCSW should handle the call by suggesting the mother speak directly with her son, and then independently follow up with the client to assess for self-harm. The mother's observations can inform clinical inquiry without breaching confidentiality.

47. D — The supervisor should respond with a measured, comprehensive approach rather than either dismissing the concern or overreacting with immediate suspension. A thorough assessment of the impact on clinical performance, encouragement to seek personal therapy, increased supervision frequency, and

monitoring of client outcomes allows the supervisor to protect client welfare while supporting the supervisee's professional development and personal wellbeing.

48. C — California law explicitly allows minors to consent to reproductive care — including pregnancy testing, contraception, and abortion — without parental consent or notification. There is no judicial bypass requirement for abortion in California. The LCSW has no obligation to notify the parents and should respect the minor's confidentiality regarding reproductive healthcare decisions.

49. B — The LCSW has an ethical obligation to advocate for adequate assessment time when administrative directives conflict with competent clinical practice. Simply complying without advocacy or refusing without offering alternatives both fail to serve clients. The LCSW should present evidence-based arguments for comprehensive assessments, propose solutions that balance access with quality, and document the clinical rationale for the advocacy effort.

50. A — When a patient with demonstrated decision-making capacity makes an informed choice to refuse treatment — even life-sustaining treatment — based on deeply held values, the ethical and legal obligation is to respect that decision. The LCSW should clearly communicate the capacity finding and the patient's autonomous, informed refusal to the medical team. A competent patient's right to refuse treatment is legally protected.

51. D — Having served in the same unit creates a complex dynamic that could either enhance or undermine the therapeutic relationship. The LCSW should acknowledge the shared background transparently rather than pretending it doesn't exist, while maintaining clinical boundaries by not validating specific combat accounts. Ongoing self-assessment of objectivity and consultation help ensure the connection serves rather than harms the therapeutic process.

52. C — LCSWs have an ethical obligation to advocate for client welfare, including when institutional practices may cause psychological harm. Solitary confinement of a youth with PTSD related to childhood abuse risks severe retraumatization. The LCSW should communicate these clinical concerns to facility administration and propose alternative disciplinary approaches that address behavioral issues without exacerbating trauma symptoms.

53. B — Treating two related clients who are providing contradictory accounts of a shared conflict creates a significant conflict of interest. The LCSW's knowledge from one client's sessions may unconsciously influence work with the other. The LCSW should assess whether objectivity can truly be maintained and strongly consider transferring one or both clients to eliminate the conflict, rather than attempting to maintain a compromised arrangement.

54. A — Accepting a substantial monetary gift from a client creates a boundary violation that could fundamentally alter the therapeutic dynamic, create a sense of obligation, and compromise the LCSW's objectivity. The LCSW should decline the gift while exploring the client's feelings of gratitude therapeutically. Processing gratitude within the therapeutic framework honors the client's emotions without crossing professional boundaries.

55. D — California law generally requires both parents with joint legal custody to consent to a child's mental health treatment unless a court order provides otherwise. When one parent objects to treatment the other authorized, the LCSW faces a legal conflict. The most prudent course is to pause treatment pending resolution — either through parental agreement or a court order — to avoid practicing without proper authorization.

56. D — Vicarious traumatization is a recognized occupational hazard that requires proactive management. The LCSW's primary obligation is to honestly assess whether clinical effectiveness is being compromised and take corrective action — including personal therapy, consultation, enhanced self-care, and potential caseload adjustments. Waiting until impairment is severe risks harm to clients; proactive intervention protects both the LCSW and the clients.

57. B — Individuals with developmental disabilities retain confidentiality rights, and their expressed preferences — even when communicated through supported methods — deserve respect. The LCSW should honor the client's stated wishes and decline to release records. The LCSW can explore alternative strategies to support the group home staff, such as providing general behavioral guidance without disclosing confidential therapy content.

58. C — The LCSW must honestly evaluate whether personal religious objections would impair the ability to provide competent, unbiased treatment. Neither automatic acceptance nor blanket refusal is appropriate. Self-assessment, consultation, and if necessary, a thoughtful referral that ensures the client is not left without services reflects the ethical standard. Cultural competence requires self-awareness about one's own values and limitations.

59. A — Psychotherapist-patient privilege protects therapy records from disclosure without the client's consent, even in the context of criminal proceedings. A prosecutor's request does not override this privilege. The LCSW should assert the privilege on the client's behalf and require a court order before disclosing any records. The client's role as a witness does not waive their confidentiality rights as a therapy client.

60. B — The LCSW should openly discuss the clinical recommendation, explain the reasoning behind it, and provide referrals to practitioners who offer the indicated modality. However, the LCSW should also respect the client's right to make an informed choice about their own treatment after receiving accurate clinical information. Documenting the discussion protects both the client and the LCSW.

61. C — The mandated reporting obligation is triggered by the receipt of information suggesting abuse in a professional context — it does not require that the alleged victim be alive or that the report will lead to a protective intervention for that specific individual. Reporting may uncover additional victims, patterns of abuse, or other relevant circumstances. The LCSW should file the report consistent with mandated reporting requirements.

62. A — The LCSW's role in couples therapy is to facilitate exploration of both partners' values and needs without advocating for either relational structure. Pushing either partner toward polyamory or monogamy would compromise therapeutic neutrality and potentially cause harm. The LCSW should help both partners communicate openly about their fundamental relational values while assessing overall compatibility.

63. D — The LCSW should advocate for an integrated treatment approach that addresses both behavioral concerns and underlying trauma. Current evidence strongly supports the understanding that behavioral difficulties in traumatized foster youth are frequently driven by unresolved trauma. The LCSW should educate the foster parent and social worker about this connection while incorporating both goals into a comprehensive treatment plan.

64. B — Ethical termination requires adequate notice, in-session discussion of the ending, processing of the client's emotional responses, provision of appropriate referrals, and planning for continuity of care. Simply sending a letter or terminating abruptly fails to meet the standard. The LCSW should conduct meaningful termination sessions with each client, allowing time for therapeutic closure and a smooth transition.

65. C — The LCSW should explore the decision-making process to assess whether the client is making a truly informed and autonomous choice or is being subjected to undue influence from the religious community. Clear information about the medical consequences of insulin discontinuation must be provided. This approach respects the client's autonomy while fulfilling the LCSW's duty to ensure the client understands the potentially fatal consequences.

66. A — Under the LPS Act, patients on a 5150 hold retain numerous rights, including the right to make and receive phone calls. This right can be restricted only with specific clinical justification documented

in the medical record. The default is that the patient retains phone access. Blanket restrictions on communication for all involuntary patients are not consistent with LPS Act protections.

67. B — The LCSW should acknowledge the client's research and preference while providing transparent clinical guidance about the recommended approach. Shared decision-making — discussing the evidence base, risks, and benefits of both approaches — respects client autonomy and empowerment while fulfilling the LCSW's obligation to provide competent, evidence-informed care. Agreement on a collaborative treatment plan strengthens the therapeutic alliance.

68. D — A court order for supervised visitation does not automatically grant access to therapy sessions. Therapy observation requires separate authorization consistent with the child's treatment needs and the custodial arrangement. Allowing unauthorized observation could compromise the therapeutic space and potentially harm the child's sense of safety. The LCSW should decline and advise the parent to seek appropriate legal authorization.

69. C — The LCSW has an ethical obligation to address impairment in a colleague when client welfare is at risk. This requires a graduated response: direct discussion with the colleague, offering resources, and documenting observations. If the colleague refuses to address the impairment, the LCSW must escalate through appropriate channels, potentially including a BBS report. Silence that allows client harm to continue is ethically untenable.

70. A — The LCSW should explore all available options to prevent an abrupt termination that could be clinically harmful. This may include adjusting the fee, implementing a sliding scale, providing limited pro bono services during the transition, or helping the client access community resources. Ethical practice requires balancing the LCSW's financial needs with the obligation to avoid abandoning a vulnerable client mid-treatment.

71. A — Before disclosing any information, the LCSW must verify the caller's identity and authority. Phone requests can be fabricated, and the LCSW cannot confirm or deny the client relationship without verification. The LCSW should call the hospital directly through a verified number, confirm the caller's identity and role, and then determine whether the request falls within a legally recognized exception to confidentiality.

72. B — Idealization is a hallmark relational pattern in borderline personality disorder that typically alternates with devaluation. The LCSW should recognize this pattern clinically and address it therapeutically without dismissing the client's current positive experience. Maintaining consistent

boundaries and preparing for the potential shift to devaluation helps the LCSW manage the therapeutic relationship effectively and model relational stability.

73. D — The NASW Code of Ethics prohibits discrimination and requires culturally competent services for all clients, including LGBTQ+ individuals. A funding source cannot ethically override these professional obligations. The LCSW should refuse to comply with the discriminatory directive, advocate for policy change, and ensure that clients continue to receive affirming, nondiscriminatory care. Compliance with the directive would violate core professional ethics.

74. C — When a client has signed a valid release of information, the LCSW is obligated to provide accurate information within the scope of that authorization. Selectively withholding material information undermines the integrity of the release and the therapeutic relationship. If the LCSW is concerned about the consequences, the appropriate step is to discuss these concerns with the client and explore whether the client wishes to revoke the release — not to unilaterally censor the report.

75. C — The LCSW should report the safety concern to the agency's administration through internal channels. This approach allows the agency to address the safety issue — prescription drug diversion on agency property — without requiring the LCSW to breach the reporting client's confidentiality or take actions outside the clinical role. The agency has the institutional authority and responsibility to manage safety on its premises.