

# **PRACTICE EXAM 11: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)**

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1. An LCSW has been treating a 35-year-old woman for major depressive disorder for nine months. During a routine session, the client casually mentions that she has been leaving her 3-year-old daughter home alone for two to three hours each evening while she goes to a nearby gym. She does not view this as problematic. What is the LCSW's FIRST obligation?

- A. File a mandated child abuse report based on general neglect, as leaving a 3-year-old unsupervised for extended periods places the child at substantial risk of harm
- B. Explore the client's reasoning and assess whether the child is actually being left completely alone before determining whether a report is necessary
- C. Educate the client about the developmental needs of a 3-year-old and help her identify safer alternatives before considering a report
- D. Contact the client's family members to arrange alternative childcare and document the intervention as a preventive measure in the treatment record

2. A licensed clinical social worker is providing court-ordered therapy to a sex offender on parole. During a session, the client reveals detailed sexual fantasies about a specific child who lives on his street. He states he has not acted on these fantasies. The child is identifiable by name and address. Under California law, what should the LCSW do?

- A. Document the fantasies and continue monitoring since sexual fantasies without action do not meet the threshold for Tarasoff notification
- B. Report the fantasies to the client's parole officer at the next scheduled check-in and allow the parole officer to determine the appropriate response
- C. Increase the frequency of sessions and implement a more intensive relapse prevention protocol while documenting the elevated risk level
- D. Conduct a thorough risk assessment and, if a credible threat to the identifiable child is determined, take appropriate protective action including notification of the potential victim's parents and law enforcement

3. An LCSW working in a hospital notices that a physician colleague routinely makes disparaging comments about patients' mental health diagnoses during interdisciplinary rounds, calling them "attention seekers" and "malingerers." This behavior is affecting how the nursing staff interacts with these patients. What is the LCSW's professional obligation?

- A. Document the physician's comments privately and submit them to hospital administration anonymously to avoid professional retaliation
- B. Address the issue directly with the physician, advocating for the patients' dignity and accurate clinical understanding, and escalate through appropriate institutional channels if the behavior continues
- C. Report the physician to the medical board since the disparaging language constitutes unprofessional conduct that is harming patient care
- D. Limit advocacy to the LCSW's own patients and avoid confrontation with the physician since interdisciplinary relationships must be preserved

4. An LCSW has maintained a therapeutic relationship with a client for five years. The client informs the LCSW that she has named the LCSW as the executor of her estate in her will. She is not terminally ill and has no immediate health concerns. What is the LCSW's most appropriate response?

- A. Accept the role since it is a personal legal decision by the client that does not affect the current therapeutic relationship
- B. Accept the role but defer any executor responsibilities until at least two years after the therapeutic relationship ends
- C. Decline the role and explain that serving as a client's executor would create a dual relationship that could compromise the therapeutic relationship and the LCSW's professional objectivity
- D. Accept the role on the condition that the client documents in writing that the decision was made independently and without therapeutic influence

5. An LCSW is treating a 28-year-old client who discloses that he was sexually abused by his high school teacher when he was 16 years old. The abuse occurred twelve years ago. The client has never reported it. The teacher is still actively teaching at the same school. Does the LCSW have a current mandated reporting obligation?

- A. No, because the statute of limitations for mandated reporting has expired since the abuse occurred more than ten years ago

B. No, because the client is now an adult and mandated reporting applies only when the victim is currently a minor at the time of disclosure

C. Yes, but only if the client provides written consent for the LCSW to file a report on his behalf since the client is now an adult

D. Yes, because the suspected abuser still has access to children, and California law requires mandated reporters to report known or suspected child abuse regardless of when it occurred

6. An LCSW practicing in private practice sees a new client for an initial session. At the end of the session, the client reveals that her health insurance does not cover outpatient therapy and asks the LCSW to use a different diagnostic code that would be covered. She offers to pay an additional cash bonus on top of the insurance reimbursement for the accommodation. What should the LCSW do?

A. Decline the request because submitting a false diagnostic code constitutes insurance fraud, and the additional payment would not mitigate the ethical and legal violation

B. Agree to the request since the client is voluntarily offering additional compensation and the accommodation facilitates the client's access to needed treatment

C. Use the covered diagnostic code only if it reasonably approximates the client's clinical presentation and document the clinical rationale for the code selection

D. Agree to the diagnostic code change but decline the cash bonus to avoid the appearance of financial impropriety in the therapeutic relationship

7. An LCSW is providing therapy to a 45-year-old man who was recently diagnosed with early-onset Alzheimer's disease. The client currently retains decision-making capacity. During a session, he asks the LCSW to help him create an advance directive for his mental health treatment specifying his preferences for when he can no longer make decisions. What is the LCSW's most appropriate role?

A. Decline to assist since advance directives are legal documents that must be prepared by an attorney, and assisting would constitute the unauthorized practice of law

B. Create the advance directive as a clinical document within the therapy session and include it in the client's treatment record for future reference

C. Support the client in articulating his mental health treatment preferences, provide psychoeducation about the process, and refer the client to appropriate legal resources to formalize the advance directive

D. Inform the client that mental health advance directives are not recognized under California law and suggest alternative planning mechanisms

8. An LCSW at a community agency is assigned a client who is a registered sex offender. Several other therapists at the agency refused the case. The LCSW has adequate training in treating sex offenders but feels strong personal revulsion toward the client's offense history. What is the most ethically appropriate course of action?

A. Accept the client without reservation since personal feelings are irrelevant to professional obligations and all clients deserve access to competent treatment

B. Honestly assess whether the personal revulsion can be managed without compromising the quality of care, seek consultation or supervision, and accept the case only if competent and objective treatment can be provided

C. Accept the client but limit treatment to the specific conditions of the court order without engaging in deeper therapeutic work that might be compromised by personal feelings

D. Decline the case and refer the client to a specialist in sex offender treatment since strong negative countertransference cannot be adequately managed in generalist practice

9. An LCSW working at a skilled nursing facility observes that a certified nursing assistant consistently handles a cognitively impaired elderly resident roughly during bathing and transfers. The LCSW has observed this on three separate occasions. The CNA's behavior has not caused visible injuries. What is the LCSW's obligation?

A. Speak with the CNA directly and provide coaching on gentle handling techniques before involving administration or filing a report

B. Report the observations to the nursing supervisor only since internal resolution is always preferred before external reporting for workplace conduct issues

C. Document the observations and wait until visible injuries occur before filing a report since rough handling alone does not meet the threshold for elder abuse

D. File a mandated report of suspected elder abuse, as repeated rough physical handling of a vulnerable adult constitutes reasonable suspicion of physical abuse regardless of whether visible injuries are present

10. An LCSW receives a referral for a client whose previous therapist died unexpectedly. The client is in acute grief and requests that the LCSW obtain the deceased therapist's records to ensure continuity of care. The deceased therapist was in solo private practice with no designated records custodian. What should the LCSW do?

- A. Assist the client in identifying who may have legal custody of the deceased therapist's records, such as the estate executor or the therapist's licensing board, while beginning treatment based on the client's self-report
- B. Contact the deceased therapist's family members directly to request the records since the therapeutic need constitutes an emergency that overrides normal privacy procedures
- C. Begin treatment entirely from scratch without referencing prior records since incorporating another therapist's clinical perspective could bias the new therapeutic relationship
- D. Advise the client that the records are permanently inaccessible due to the therapist's death and that no legal mechanism exists for obtaining them

11. An LCSW is providing therapy to a minor child whose divorced parents share joint legal custody. The mother, who brings the child to sessions, tells the LCSW in confidence that she plans to relocate with the child to another state without the father's knowledge or legal permission. She asks the LCSW to keep this confidential. What should the LCSW do?

- A. Maintain the mother's confidentiality since the relocation plan was disclosed in a therapeutic context and the LCSW's duty of confidentiality extends to the parent who participates in the child's treatment
- B. Immediately inform the father about the planned relocation since he has joint legal custody and a right to be informed about decisions affecting his child
- C. Consider the potential impact of the relocation on the child's wellbeing and the treatment, inform the mother that the LCSW cannot keep information that may be harmful to the child confidential, and consult with legal counsel about obligations
- D. File a mandated child abuse report since unauthorized interstate relocation with a child constitutes custodial interference, which is a form of emotional abuse

12. An LCSW is conducting an intake at an outpatient clinic. The prospective client, a 24-year-old man, states he is seeking therapy because he experiences persistent sexual attraction to children. He reports he has never acted on these attractions, has never viewed child sexual abuse material, and is seeking help specifically to manage these unwanted feelings. What is the LCSW's obligation?

- A. File a mandated child abuse report because the client's disclosure of pedophilic attraction indicates a likelihood of future abuse that necessitates preventive intervention
- B. Accept the client for treatment since the disclosure of attraction alone does not trigger a mandated reporting obligation, and provide evidence-based treatment to help the client manage the unwanted feelings

C. Refuse to treat the client and refer to a forensic specialist since pedophilic disorder falls outside the scope of general outpatient clinical social work practice

D. Accept the client but require the client to sign an agreement that any disclosure of having acted on the attractions will result in immediate reporting

13. An LCSW has been treating a client with hoarding disorder for two years. During a home visit, the LCSW observes that the client's 82-year-old mother, who also lives in the home, is unable to safely navigate the dwelling due to the accumulated items. The mother has limited mobility, and the exits are partially blocked. The client is resistant to any intervention regarding the living conditions. What should the LCSW do?

A. Continue working therapeutically on the hoarding behavior and respect the client's pace of change since imposing external interventions could damage the therapeutic alliance

B. File a report with Adult Protective Services regarding the elderly mother's living conditions, as the environment creates a serious safety risk for a dependent elderly person that constitutes neglect

C. Contact the local fire department to conduct a safety inspection of the home, as the blocked exits represent a fire hazard requiring immediate external intervention

D. Document the unsafe conditions in the treatment record and discuss the risks with the client while offering referrals for professional organizing services

14. An LCSW supervisor learns that a supervisee has developed romantic feelings for a client and has been exchanging personal text messages with the client outside of sessions. The supervisee states that nothing physical has occurred and the messages are not sexual in nature. What is the supervisor's obligation?

A. Document the situation and continue to monitor it since personal text messages and romantic feelings do not constitute an ethical violation unless physical or sexual contact occurs

B. Counsel the supervisee privately about the risks and allow the supervisee to continue treating the client while establishing a no-contact agreement for outside-session communication

C. Report the supervisee to the BBS immediately since the exchange of personal text messages with a client constitutes a sexual boundary violation under California law

D. Require the supervisee to transfer the client to another clinician immediately, provide intensive supervision addressing professional boundaries, and determine whether a report to the BBS is warranted based on the full scope of the boundary violations

15. An LCSW is providing services to a family in which a 9-year-old child discloses during a session that an older child at school has been forcing him to look at pornographic images on a phone during recess. The child is visibly distressed. Does this trigger a mandated reporting obligation?

A. Yes, because a child being forced to view pornographic material by another individual constitutes sexual abuse or exploitation that must be reported regardless of the perpetrator's age

B. Yes, but only if the child showing the pornographic material is 14 years of age or older since children under 14 cannot legally be perpetrators of abuse

C. No, because the perpetrator is another child and mandated reporting applies only when the suspected abuser is an adult in a caretaking or authority role

D. No, but the LCSW should notify the school administration so they can address the behavioral issue through the school's disciplinary process

16. An LCSW has been providing therapy to a client for several months when the client reveals that she is the LCSW's new neighbor — she recently purchased the house directly adjacent to the LCSW's home. The LCSW was previously unaware of this. What is the most appropriate response?

A. Immediately terminate the therapeutic relationship since the proximity of their residences makes any continued professional relationship inherently unethical

B. Continue therapy without modification since the client's residence is a personal matter unrelated to the therapeutic work

C. Discuss the situation openly with the client, assess the potential impact on the therapeutic relationship and both parties' personal boundaries, and collaboratively determine whether continuing treatment is feasible or whether a referral is more appropriate

D. Continue therapy on the condition that both parties agree to a written contract specifying that they will avoid all personal interaction outside of the therapeutic setting

17. An LCSW who specializes in child custody evaluations completes an evaluation and recommends that primary custody be awarded to the mother. Before submitting the report to the court, the father contacts the LCSW and offers to pay double the evaluation fee if the LCSW will reconsider the recommendation. What is the LCSW's obligation?

A. Report the attempted bribery to the court but avoid modifying the evaluation report since the clinical findings remain unchanged

- B. Agree to meet with the father for an additional interview session to ensure all perspectives have been adequately considered before finalizing the recommendation
- C. Decline the offer but agree to review the evaluation methodology to ensure no bias influenced the recommendation before submitting the final report
- D. Decline the offer, submit the original report unchanged, and document the attempted influence as it may be relevant to the court's understanding of the family dynamics

18. An LCSW working in a residential treatment facility for adolescents discovers that a 15-year-old client has been communicating with an adult man online who has been sending sexually explicit messages and requesting nude photographs. The client says she has not sent any photographs. What is the LCSW's obligation?

- A. File a mandated child abuse report as the adult's conduct constitutes sexual exploitation of a minor regardless of whether the minor has sent photographs, and take appropriate steps to ensure the client's immediate safety
- B. Confiscate the client's device, preserve the evidence of the communication, and notify law enforcement directly rather than filing a child abuse report since this is a criminal matter
- C. Counsel the client about the dangers of online communication with adults and monitor the situation to determine whether the contact escalates before deciding whether to file a report
- D. Report the situation to the residential facility's administration and allow the facility to determine the appropriate response since the facility holds legal custody of the resident

19. An LCSW is providing crisis services at a community mental health center. A client arrives without an appointment in acute distress, stating that voices are telling him to "end it all." The LCSW's caseload is fully booked for the day. What is the LCSW's obligation?

- A. Instruct the front desk to give the client the crisis hotline number and schedule the client for the next available appointment
- B. Assess the client immediately regardless of the schedule, as the presentation suggests an imminent safety crisis that takes priority over existing appointments
- C. Refer the client to the nearest emergency department and contact paramedics for transport since active command hallucinations with suicidal content exceed the scope of community mental health crisis services

D. Ask a colleague to see the client since the LCSW's existing appointments represent pre-existing clinical commitments that cannot be cancelled

20. An LCSW is treating a client who is a foster parent. The client mentions during a session that one of the foster children in her care has been having repeated nightmares, wetting the bed, and exhibiting fear of a specific male relative who visits the home regularly. The client dismisses these as adjustment difficulties. What is the LCSW's obligation?

A. Accept the foster mother's assessment since she is the caretaker most familiar with the child's adjustment process and behavioral baseline

B. Recommend that the foster mother seek a psychological evaluation for the child and document the recommendation in the session notes

C. Explore the client's observations further and provide psychoeducation about trauma symptoms in children while monitoring for additional indicators

D. Nothing further to explore with the client is needed — the behavioral indicators described constitute reasonable suspicion of sexual abuse requiring a mandated child abuse report

21. An LCSW has been providing individual therapy to a client for three years. The client's adult sibling contacts the LCSW requesting a session to discuss concerns about the client's mental health. The sibling states the client has given verbal permission for this conversation. What should the LCSW do?

A. Meet with the sibling since the client provided verbal consent and the sibling's perspective could provide valuable collateral information for treatment

B. Decline the meeting entirely since the LCSW's therapeutic relationship is with the client and meeting with family members could compromise the therapeutic alliance

C. Meet with the sibling but only in the client's presence to prevent any confidential information from being disclosed outside the client's knowledge

D. Obtain written authorization from the client specifying the scope of information that may be shared before meeting with the sibling, and discuss with the client the potential clinical implications

22. An LCSW is treating a 70-year-old client with early-stage dementia. The client drives to sessions independently. During a session, the client becomes confused about where she parked and cannot recall the route she takes to the office, though she drove herself there 30 minutes ago. The LCSW has observed a gradual decline in cognitive functioning over recent months. What should the LCSW consider?

- A. Whether the client's driving poses a safety risk, including the potential obligation to report to the DMV under California law, and the clinical responsibility to address the safety concern with the client and her family
- B. Whether the client should be placed on a 5150 hold due to her confusion and inability to recall basic spatial information, as this represents an acute safety crisis
- C. Whether the LCSW should confiscate the client's car keys at the end of the session and arrange alternative transportation home to prevent any immediate harm
- D. Whether the client's insurance coverage includes transportation services that could replace the need for independent driving

23. An LCSW is treating a couple in which the husband has a traumatic brain injury resulting in significant personality changes, irritability, and verbal aggression. The wife reports feeling increasingly unsafe. During a conjoint session, the husband makes a threatening gesture toward the wife. What is the LCSW's most appropriate immediate response?

- A. Continue the session while processing the threatening behavior therapeutically since addressing conflict in the moment is an important component of couples therapy
- B. End the session and file a domestic violence report with law enforcement since the threatening gesture constitutes probable cause for intimate partner violence
- C. De-escalate the immediate situation, assess for safety, meet with each partner separately to evaluate risk, and develop a safety plan with the wife while considering whether conjoint therapy remains appropriate given the safety concerns
- D. Refer the husband for a neuropsychological evaluation to determine whether the traumatic brain injury has impaired his capacity to control aggressive impulses before continuing treatment

24. An LCSW is treating a client who is a public school teacher. The client discloses during therapy that she has been experiencing romantic feelings toward a 17-year-old student in her class but states she would never act on them. She has not engaged in any inappropriate contact with the student. Does this disclosure trigger a mandated reporting obligation?

- A. Yes, because the romantic feelings toward a student indicate grooming behavior that constitutes the early stage of child sexual abuse
- B. No, because private feelings that have not been acted upon do not constitute child abuse or neglect, and no reportable conduct has occurred

C. Yes, because the teacher holds a position of authority over the student and romantic feelings in this context create a foreseeable risk that must be reported

D. No, but only if the LCSW documents the disclosure and creates a safety plan requiring the client to report immediately if the feelings intensify

25. An LCSW is providing therapy to a woman who is the primary caretaker of her elderly father with Parkinson's disease. The client breaks down crying, saying she has been so overwhelmed that she has occasionally forgotten to give her father his medication on time, resulting in periods of increased tremor and confusion. She immediately corrects the missed doses when she realizes the error. What is the LCSW's obligation?

A. No mandated report is required since forgetting medication occasionally in the context of caregiver burden is a self-correcting human error, not neglect

B. File a mandated elder abuse report immediately since failure to administer prescribed medication to a dependent elderly person constitutes neglect regardless of intent

C. Refer the client to a caregiver support group and document the medication errors without filing a report since the errors are being addressed therapeutically

D. Assess the severity, frequency, and impact of the medication lapses, the father's level of dependence, and whether the pattern constitutes neglect, recognizing that caregiver burden alone does not excuse conduct that endangers a dependent adult

26. An LCSW supervisor reviews a supervisee's case notes and discovers that the supervisee has been conducting therapy sessions lasting only 20 minutes while billing insurance for 45-minute sessions. When confronted, the supervisee explains that the clients are progressing well and don't need the full time. What is the supervisor's obligation?

A. Require the supervisee to immediately begin conducting full sessions or billing accurately for the actual time provided, report the billing discrepancy through appropriate institutional and regulatory channels, and increase supervisory oversight

B. Accept the supervisee's clinical rationale and allow the shorter sessions to continue since the clients are reportedly progressing well

C. Instruct the supervisee to adjust future billing without correcting past claims since retroactive corrections could trigger an insurance audit that would expose the agency

D. Allow the supervisee to continue the practice but require documentation in each client's chart justifying the abbreviated session length

27. An LCSW is treating a client who reveals that she volunteers at an animal shelter and has been secretly euthanizing healthy animals that she believes will not be adopted. She describes this as an act of mercy. The client is not employed by the shelter in a capacity that authorizes euthanasia. What is the LCSW's obligation?

A. Maintain confidentiality since animal cruelty, while illegal, does not fall within any exception to therapist-client privilege under California law, and address the behavior clinically within the therapeutic relationship

B. Report the conduct to law enforcement immediately since animal cruelty is a serious criminal offense that mental health professionals are mandated to report under California law

C. Report the conduct to the animal shelter so they can take steps to protect the animals and address the volunteer's unauthorized actions

D. Maintain confidentiality but refuse to continue therapy unless the client agrees to stop the behavior, as continuing to treat a client who is actively harming animals is ethically untenable

28. An LCSW is treating a 16-year-old client who discloses marijuana use in the context of peer pressure at school. The client consented to treatment under California's minor consent provisions. The client's parents are aware the client is in therapy but do not know the specific content of sessions. Under what circumstances would the LCSW be permitted to disclose the marijuana use to the parents?

A. The LCSW may disclose at any time since parents have an unconditional right to know about their minor child's substance use regardless of the consent provisions

B. The LCSW must disclose because any substance use by a minor constitutes a danger to the minor's health that automatically triggers an exception to the minor's confidentiality

C. The LCSW may disclose if a determination is made that the marijuana use poses a serious threat to the minor's health or safety, such as use that is escalating or creating significant functional impairment

D. The LCSW may never disclose since the minor consented to treatment independently and retains absolute control over all information disclosed during therapy

29. An LCSW who operates a private practice is going through a contentious personal divorce. The LCSW notices that the emotional turmoil is affecting concentration during sessions, particularly with clients who present with relationship issues. What is the LCSW's ethical obligation?

- A. Continue seeing all clients normally while managing personal stress through private coping strategies since personal difficulties do not automatically constitute professional impairment
- B. Seek consultation or personal therapy to address the emotional impact, honestly evaluate whether clinical competence is compromised, and consider reducing caseload or referring relationship-focused clients if impairment is identified
- C. Immediately stop seeing all clients presenting with relationship issues and refer them to colleagues until the personal divorce is finalized
- D. Inform all current clients about the divorce to ensure transparency and allow them to make informed decisions about whether to continue treatment

30. An LCSW is working with a client who was recently released from prison after serving 15 years for a violent offense. The client has been compliant with parole conditions and engaged in therapy. During a session, the client reveals that his parole officer has been making derogatory racial comments and threatening to fabricate parole violations. The client asks the LCSW for help. What is the LCSW's most appropriate response?

- A. Report the parole officer's conduct to law enforcement since threatening to fabricate parole violations constitutes a criminal act
- B. Contact the parole officer directly to discuss the client's allegations and advocate on the client's behalf for professional treatment
- C. Document the client's report but take no further action since the LCSW cannot verify the allegations and intervening in the parole relationship could create complications
- D. Support the client in exploring options for reporting the parole officer's conduct through appropriate channels, such as the parole officer's supervisor or an oversight body, while continuing to provide therapeutic support

31. An LCSW is working in an elementary school and a 7-year-old student is referred for behavioral problems. During the first session, the child draws a picture showing an adult figure striking a child with a belt. When the LCSW asks about the picture, the child says, "That's what happens when I'm bad." What should the LCSW do?

- A. Obtain additional details from the child about the frequency and severity of the physical discipline before determining whether a report is warranted
- B. Contact the parents to discuss their disciplinary practices and offer parenting education resources before filing a report

C. File a mandated child abuse report, as the child's disclosure and drawing provide reasonable suspicion of physical abuse regardless of whether the parents view the conduct as discipline

D. Document the session but determine that the disclosure reflects culturally normative disciplinary practices that do not warrant a report

32. An LCSW is providing teletherapy services and records sessions with the client's written consent. The LCSW stores recordings on a personal cloud storage account that is not encrypted and is also used for personal photos and documents. What ethical and legal issues does this practice raise?

A. The storage method likely violates HIPAA security requirements for electronic protected health information, as it lacks adequate safeguards including encryption, access controls, and separation from personal data

B. The storage method is acceptable since the client provided written consent for recording, which constitutes a waiver of HIPAA security protections for the recorded material

C. The storage method is acceptable as long as the LCSW uses a strong password for the cloud account since password protection satisfies the HIPAA security requirements

D. The storage method is acceptable since cloud storage providers are automatically considered HIPAA-compliant business associates under current federal regulations

33. An LCSW is providing therapy to a client who works as a home health aide for elderly and disabled clients. During a session, the client describes feeling "burned out" and admits to occasionally yelling at and verbally berating the patients in her care when she is frustrated. She describes one homebound elderly patient in particular whom she calls "stupid" and "worthless" regularly. What is the LCSW's obligation?

A. Address the burnout therapeutically and help the client develop healthier coping strategies for workplace frustration without filing a report since verbal interactions do not constitute abuse

B. File a mandated elder abuse report since the verbal berating of dependent elderly and disabled individuals in the client's professional care constitutes emotional abuse of dependent adults

C. Recommend the client take a leave of absence from work and provide documentation supporting the leave request to protect the vulnerable adults in the client's care

D. Encourage the client to report her own behavior to her employer and offer to provide a reference letter if the client is terminated

34. An LCSW is treating a client with complex trauma who has been making steady progress over two years of treatment. The client's managed care organization abruptly assigns a new case reviewer who demands that the LCSW switch from the current trauma-focused treatment to a brief solution-focused model, citing cost-effectiveness. The LCSW believes this switch would be clinically harmful. What should the LCSW do?

- A. Comply with the directive since the managed care organization has the contractual authority to determine the treatment modality covered under the client's benefit plan
- B. Immediately terminate the relationship with the managed care organization and transition the client to self-pay to avoid any interference with the treatment plan
- C. Switch to the solution-focused model as directed but document clinical objections in the chart to establish a record of disagreement with the imposed treatment modification
- D. Appeal the decision by providing clinical documentation supporting the current treatment approach, advocate for the client's clinical needs through the MCO's formal appeals process, and explore alternative funding sources if the appeal is denied

35. An LCSW is treating a client who discloses that she is a surrogate mother and has decided to keep the baby despite having signed a legal surrogacy agreement. She is experiencing significant guilt and anxiety about the decision. The intended parents have contacted the LCSW's office demanding information about the client's mental state. What should the LCSW do?

- A. Provide the intended parents with limited information about the client's emotional state since they have a legitimate legal interest in the surrogacy arrangement
- B. Encourage the client to speak with the intended parents directly and mediate a conversation between all parties to resolve the dispute therapeutically
- C. Decline to provide any information to the intended parents, maintain the client's confidentiality, and continue providing therapeutic support while encouraging the client to consult with a family law attorney
- D. Contact the surrogacy agency to report the client's decision since the agency has a contractual relationship with all parties and should manage the dispute

36. An LCSW has been treating a client who is a nurse practitioner. During a session, the client reveals she has been prescribing controlled substances to family members without conducting proper evaluations. She is aware this is illegal but feels pressured by family expectations. What is the LCSW's obligation?

- A. Report the client to the Board of Registered Nursing immediately since the LCSW has knowledge that a licensed healthcare professional is engaging in conduct that endangers the public
- B. Maintain therapeutic confidentiality while addressing the behavior clinically, exploring the risks and consequences, and strongly encouraging the client to self-report and cease the prescribing practice
- C. Contact the family members receiving the prescriptions to warn them about the potential medical risks of medications prescribed without proper evaluation
- D. File a mandated report with the Department of Justice since diversion of controlled substances is a federal offense that therapists are required to report

37. An LCSW at a community mental health center is treating a client with schizoaffective disorder. The client has been stable for six months. The agency implements a new electronic health record system, and during the transition, the LCSW discovers that some of the client's previous records were entered under a different client's chart due to a data entry error. The records contain sensitive information including a psychiatric hospitalization. What should the LCSW do?

- A. Immediately report the error to the agency's privacy officer and take steps to correct the records, notify affected clients about the breach, and document the incident as required by HIPAA breach notification procedures
- B. Quietly correct the misplaced records without notifying anyone since drawing attention to the error could expose the agency to liability and reporting might alarm clients unnecessarily
- C. Report the error only to the LCSW's immediate supervisor and allow the supervisor to determine the appropriate response since data entry errors are administrative rather than clinical matters
- D. Leave the records as they are since retroactive corrections to medical records could be viewed as chart tampering

38. An LCSW is treating a couple in therapy. During a session, one partner reveals that they have a secret savings account with a substantial balance that the other partner does not know about. The disclosure was not made as a "secret" — it came up organically in the context of discussing financial stressors. What is the LCSW's obligation?

- A. Inform the unknowing partner immediately since financial deception in a marriage constitutes a form of relational betrayal that the therapist has a duty to address transparently
- B. Advise the disclosing partner to close the secret account immediately since maintaining hidden assets during couples therapy is incompatible with the therapeutic process

C. Ignore the disclosure and redirect the session to other topics since financial matters are outside the scope of couples therapy unless both partners specifically identify finances as a treatment goal

D. Address the disclosure within the established framework of the couples therapy, exploring its meaning and implications for the relationship while following the practice's policy on how information disclosed in conjoint sessions is handled

39. An LCSW working at a crisis stabilization unit evaluates a 19-year-old brought in by police after a suicide attempt by medication overdose. The client is medically cleared but remains passively suicidal. The client demands to leave, stating she does not want to be held. She arrived voluntarily and is not currently on a 5150 hold. What should the LCSW do?

A. Allow the client to leave since she arrived voluntarily and has the right to refuse further treatment at any time

B. Inform the client that the suicide attempt constitutes automatic grounds for a 72-hour hold and that voluntary departure is not permitted

C. Conduct a thorough risk assessment and, if the client continues to meet criteria for being a danger to herself, initiate a 5150 hold to ensure her safety despite her objection

D. Allow the client to leave but only after she signs a safety contract committing to contact the crisis hotline if suicidal feelings return

40. An LCSW is treating a client who reveals during therapy that he has been operating an illegal gambling operation from his home. He describes the operation in detail, including the involvement of several well-known community members. He is not a danger to himself or others. What are the LCSW's ethical and legal obligations regarding this information?

A. Report the illegal gambling operation to law enforcement since the LCSW has a professional duty to report criminal activity disclosed during therapy

B. Maintain confidentiality since illegal gambling does not fall within any mandatory exception to the psychotherapist-patient privilege in California, and address any related clinical issues within the therapeutic framework

C. Report the information to law enforcement only if the gambling operation involves minors or other vulnerable populations who could be exploited

D. Maintain confidentiality regarding the gambling itself but report the names of the community members involved since public officials have a higher standard of legal accountability

41. An LCSW is providing supervision to an ASW who is accumulating hours toward licensure. The ASW presents a case in which the client disclosed suicidal ideation during the previous week's session. The ASW documented the disclosure but did not conduct a risk assessment, create a safety plan, or follow up between sessions. The client has an appointment tomorrow. What is the supervisor's most critical immediate action?

A. Instruct the ASW to contact the client immediately to conduct a risk assessment by phone and develop a safety plan, while the supervisor ensures appropriate protocols are followed and documents the supervisory intervention

B. Wait until the client's appointment tomorrow since the disclosure occurred a week ago and intervening now could alarm the client unnecessarily

C. File a complaint with the BBS against the ASW for failing to meet the standard of care regarding suicidal clients

D. Reassign the client to a more experienced clinician since the ASW has demonstrated inadequate competence in managing suicidal clients

42. An LCSW is treating a client who reveals that he has been secretly microchipping his employees' personal vehicles to track their locations outside of work hours. He describes this as a security measure for his business. The client is the owner of a private company. What is the LCSW's obligation?

A. Report the client to law enforcement since unauthorized tracking of individuals constitutes stalking under California Penal Code, which the LCSW is mandated to report

B. Contact the employees to warn them that their vehicles have been fitted with tracking devices since they have a right to know they are being monitored

C. Advise the client to consult with an employment attorney about the legality of the tracking practices while exploring the underlying motivations in therapy

D. Maintain confidentiality since the conduct, while potentially illegal, does not trigger any mandatory exception to the psychotherapist-patient privilege, and address the behavior therapeutically including its legal and interpersonal implications

43. An LCSW has been treating a client for panic disorder using cognitive behavioral therapy. After six months, the client requests that the LCSW also provide career coaching services, offering to pay a separate fee for the coaching. The LCSW has training and certification in career coaching. What is the most ethically appropriate response?

- A. Agree to provide both services simultaneously since the LCSW is qualified in both areas and the client would benefit from an integrated approach
- B. Agree to provide career coaching only after formal termination of the therapeutic relationship to avoid role confusion
- C. Decline the career coaching request and refer the client to a separate career coach, explaining that combining therapeutic and coaching roles with the same client creates a problematic dual relationship that could compromise both services
- D. Agree to provide career coaching only if the client signs a separate informed consent document clearly delineating the boundaries between the therapeutic and coaching relationships

44. An LCSW is providing therapy to an adolescent in the juvenile justice system. The adolescent's defense attorney contacts the LCSW requesting therapy notes to use in an upcoming hearing. The attorney claims attorney-client privilege entitles access to all records related to the case. What should the LCSW do?

- A. Provide the records immediately since the defense attorney has a legal right to access all records relevant to the client's legal defense
- B. Obtain written authorization from the client and, if the client is a minor, from the person legally authorized to consent on the minor's behalf, before releasing any records to the attorney
- C. Provide only a treatment summary and decline to release process notes since process notes are exempt from legal discovery under California law
- D. Refuse to release records under any circumstances since therapy records in the juvenile justice system are sealed and cannot be disclosed to any party

45. An LCSW receives a phone call from a hospital emergency department nurse who states that the LCSW's client was just admitted after a serious car accident. The nurse requests information about the client's current medications and mental health history to assist with medical treatment. What should the LCSW do?

- A. Provide the requested clinical information, as the emergency treatment exception permits disclosure of necessary health information when the client is unable to authorize release due to a medical emergency
- B. Decline to provide any information and instruct the nurse to contact the client's primary care physician instead since medical emergencies do not override mental health confidentiality

C. Provide only medication information while withholding mental health diagnostic and treatment details since medication data is medically necessary but therapy content is not

D. Request that the nurse fax a formal written request before disclosing any information since verbal requests do not meet the documentation requirements for valid authorized disclosures

46. An LCSW is treating a 13-year-old child whose mother has primary physical custody. The child's father, who has regular visitation, calls the LCSW to report that during his last visit, the child told him that the mother's live-in boyfriend "touches her in weird places." The father and mother are in a bitter custody dispute. What is the LCSW's obligation?

A. Wait to discuss the allegation with the child in the next scheduled session before deciding whether to file a report, as the LCSW needs to assess the child's account firsthand

B. Disregard the father's report since custody disputes frequently produce false allegations designed to gain advantage in court proceedings

C. File the report but note in the report that the disclosure occurred in the context of a contentious custody dispute to provide context for the investigators

D. File a mandated child abuse report immediately based on the information received from the father, regardless of the custody dispute context, since the LCSW has reasonable suspicion of sexual abuse

47. An LCSW is treating a client who reports that her 14-year-old daughter has been engaging in self-harm by cutting. The mother describes seeing superficial cuts on the daughter's forearms. The daughter is not the LCSW's client and is already receiving treatment from another therapist. Does the LCSW have any reporting obligation?

A. Yes, the LCSW must file a mandated child abuse report since the mother's description indicates the child is being harmed and the LCSW received the information in a professional capacity

B. Yes, but only if the LCSW determines that the self-harm is a result of parental neglect rather than an internal mental health condition

C. No, because self-harm by a minor does not constitute child abuse under CANRA, and the child is already receiving mental health treatment from another provider

D. No, but the LCSW should contact the daughter's therapist to ensure they are aware of the self-harm behavior for coordinated safety planning

48. An LCSW has been providing therapy to a client for one year. The client informs the LCSW that she has been accepted to an MSW program and asks the LCSW to serve as her field placement supervisor. What is the LCSW's most appropriate response?

- A. Decline the supervisory role because the existing therapeutic relationship creates a dual relationship that would compromise both the supervision and the therapy, and refer the client to other qualified supervisors
- B. Accept the supervisory role since the LCSW's in-depth knowledge of the client's strengths and challenges would make the supervision especially productive and beneficial
- C. Accept the supervisory role but terminate the therapeutic relationship first to eliminate the dual relationship before the field placement begins
- D. Agree to serve as supervisor only if the MSW program provides written approval acknowledging the pre-existing therapeutic relationship

49. An LCSW working in a substance abuse treatment program has a client who has completed 90 days of inpatient treatment and is transitioning to outpatient care. The client asks the LCSW to write a letter to the court recommending that her children be returned from foster care. The LCSW has observed the client's progress in treatment but has never observed her parenting. What is the most appropriate response?

- A. Write a comprehensive letter recommending reunification based on the client's treatment completion and the LCSW's professional assessment of her recovery
- B. Offer to write a letter limited to factual statements about the client's participation in treatment, progress toward treatment goals, and clinical observations, without offering an opinion on parenting fitness or reunification readiness
- C. Decline to write any letter since doing so would constitute performing a custody evaluation without proper training and authorization
- D. Write the letter recommending reunification since completing 90 days of inpatient substance abuse treatment demonstrates sufficient recovery to resume parental responsibilities

50. An LCSW is conducting an intake assessment with a new client who states she wants help managing stress. Midway through the intake, the client reveals she is a licensed marriage and family therapist at another agency who is under investigation by the BBS for an ethical violation. She asks the LCSW to document the sessions in a way that would support her defense. What should the LCSW do?

- A. Agree to frame the documentation favorably since advocating for the client's wellbeing includes supporting her professional survival
- B. Provide treatment as usual and document sessions accurately but refuse to participate in crafting documentation designed to serve as legal evidence
- C. Decline to accept the client since the BBS investigation creates a conflict of interest for the LCSW as a fellow licensed professional regulated by the same board
- D. Accept the client for treatment, document sessions accurately and objectively, decline to manipulate documentation, and explain that clinical records must reflect the actual content and process of sessions regardless of external legal proceedings

51. An LCSW is treating a client with dissociative identity disorder. The client's primary alter contacts the LCSW between sessions and states that another alter is planning to drain the client's bank accounts and disappear. The primary alter is asking the LCSW to intervene by contacting the client's bank. What should the LCSW do?

- A. Contact the bank immediately to place a hold on the accounts since the LCSW has a duty to protect the client from self-destructive financial behavior driven by a dissociative state
- B. Contact the client's emergency contact person listed in the chart and inform them about the financial risk so they can take protective action
- C. Address the internal conflict between alters therapeutically, helping the system develop internal communication and cooperation, while exploring whether a trusted support person should be involved in financial safety planning
- D. Refuse to intervene since financial matters are outside the scope of the therapeutic relationship and the LCSW has no authority to contact the client's financial institution

52. An LCSW is treating a married couple. The husband has been diagnosed with antisocial personality disorder and has a history of domestic violence. During a session, the wife reveals that she is planning to leave the husband next week. She has developed a detailed safety plan with a domestic violence advocate. The husband is not aware of her plans. What should the LCSW do?

- A. Maintain the wife's confidentiality about her departure plans, support her safety planning, assess whether continuing conjoint therapy is appropriate given the safety concerns, and prioritize the wife's physical safety above the therapeutic framework of the couples treatment
- B. Inform the husband about the wife's plans to leave since withholding this information in conjoint therapy violates the principle of therapeutic transparency

C. Immediately terminate couples therapy since the wife's undisclosed plan to leave makes continued conjoint work fundamentally dishonest and therapeutically untenable

D. Encourage the wife to disclose her plans to the husband during the session so the couple can process the separation together in a safe therapeutic environment

53. An LCSW working in a school setting learns that the school principal has been reading confidential student therapy files without authorization. The principal states that as the building administrator, she has the right to access all records maintained on school premises. What should the LCSW do?

A. Comply with the principal's position since school administrators do have supervisory authority over records maintained in school buildings

B. Move all therapy files to an off-site location to prevent further unauthorized access by the principal

C. Allow the principal to continue accessing the files but begin redacting sensitive clinical information to minimize the breach

D. Inform the principal that student therapy records are confidential and that unauthorized access violates FERPA and potentially HIPAA, take immediate steps to secure the records, and report the breach through appropriate district channels

54. An LCSW has been treating a client for two years who was referred by her attorney for therapy related to a personal injury lawsuit. The lawsuit has been settled, and the attorney contacts the LCSW requesting a termination summary and final diagnosis to close the legal file. The client is still actively engaged in therapy and does not wish to terminate. What should the LCSW do?

A. Provide the attorney with the termination summary and diagnosis as requested since the attorney initiated the referral and has a legitimate need to close the legal file

B. Inform the attorney that the client remains in active treatment, that termination is not clinically indicated, and that any information release requires the client's current authorization

C. Terminate the client's therapy as the attorney requests since the legal purpose for the referral has concluded and continued treatment may be viewed as unnecessary

D. Continue therapy but transfer billing responsibility from the legal case to the client's personal insurance to formalize the separation between the legal and therapeutic processes

55. An LCSW working in a hospital setting is treating a patient who has a "Do Not Resuscitate" order documented in the medical chart. During a therapy session, the patient tells the LCSW that he has

changed his mind and now wants to be resuscitated if needed, but he has not yet informed his medical team. Minutes later, the patient experiences a cardiac event. What should the LCSW do?

- A. Instruct medical staff to disregard the DNR and resuscitate the patient based on the patient's verbal expression of changed wishes during the therapy session
- B. Allow the DNR to be followed since the patient did not formally revoke the order through proper medical channels before the cardiac event
- C. Immediately alert the medical team that the patient verbally expressed a desire to revoke the DNR during the therapy session, allowing the medical team to factor this information into their clinical decision-making
- D. Defer entirely to the medical team and avoid disclosing the patient's verbal statements since the LCSW's therapeutic communications are privileged

56. An LCSW is providing court-ordered co-parenting counseling to a divorced couple. During a session, the mother produces her phone and plays a recording of the father screaming profanities at the children during a visitation exchange. The recording was made without the father's knowledge. How should the LCSW respond to this disclosure?

- A. Refuse to listen to the recording since it was obtained in violation of California's two-party consent wiretapping law and is therefore inadmissible in any legal or clinical context
- B. Listen to the recording since it may contain clinically relevant information, and report any content that suggests child abuse or endangerment regardless of how the recording was obtained
- C. Refuse to listen and instruct the mother to delete the recording immediately to avoid being complicit in a violation of California privacy law
- D. Note the mother's concerns about the father's behavior, address the potential impact on the children, assess whether the described conduct constitutes emotional abuse or endangerment warranting a mandated report, and consider consulting with legal counsel about the clinical use of the recording

57. An LCSW is providing therapy to a veteran who was dishonorably discharged from the military. The client is not eligible for VA healthcare benefits due to the discharge characterization. The client presents with severe PTSD and limited financial resources. What is the LCSW's ethical obligation regarding access to care?

- A. Assist the client in identifying available treatment options including community mental health centers, pro bono services, sliding-scale providers, and the process for applying for a discharge upgrade that could restore VA eligibility
- B. Accept the client only if the client can pay the LCSW's standard fee since providing pro bono or reduced-fee services based on military status could be perceived as preferential treatment
- C. Refer the client to the VA and advise the client to appeal the discharge characterization since the VA is the only appropriate provider for military-related PTSD
- D. Provide treatment free of charge indefinitely since the LCSW has a professional obligation to serve veterans regardless of discharge status or ability to pay

58. An LCSW is treating a teenage client in a group home. The group home staff report that the client has been engaging in "consensual" sexual activity with another resident of the same age. Both residents are 15 years old. The group home asks the LCSW to address the behavior therapeutically. What must the LCSW consider regarding reporting obligations?

- A. No report is necessary since the sexual activity is consensual and between same-age peers, which does not constitute reportable abuse
- B. The LCSW must consider whether the sexual activity between minors in a residential care facility may constitute a reportable incident regardless of apparent consent, given the vulnerability of youth in institutional settings and the facility's duty of care
- C. A report is required only if one of the minors has a history of sexual offending or if there is evidence of coercion or force between the parties
- D. The group home is responsible for reporting any incidents occurring on their premises, and the LCSW has no independent reporting obligation for events reported secondhand by facility staff

59. An LCSW who specializes in treating eating disorders is treating a client with severe anorexia nervosa. The client's BMI has dropped to a medically dangerous level, and the LCSW has recommended inpatient treatment. The client, who is a 25-year-old competent adult, refuses hospitalization. What are the LCSW's options?

- A. Accept the refusal and continue outpatient treatment since the client is a competent adult with the right to refuse any level of care
- B. Involuntarily hospitalize the client since a dangerously low BMI constitutes an imminent medical emergency that overrides client autonomy

C. Terminate the therapeutic relationship since continuing to provide outpatient treatment when inpatient care is medically indicated falls below the standard of care

D. Document the recommendation and the client's informed refusal, continue to advocate for appropriate care, coordinate with medical providers to monitor physical health, and consult regarding whether the client's condition meets criteria for involuntary intervention

60. An LCSW is conducting a home-based therapy session with a family. During the visit, the LCSW notices several firearms stored in an unlocked cabinet accessible to the family's children, ages 4 and 7. The firearms are legal and registered. What should the LCSW address?

A. Nothing, since the firearms are legal and how the family stores them is a personal decision outside the scope of clinical intervention

B. File a mandated child abuse report since unsecured firearms in a home with young children constitutes child endangerment and general neglect

C. Address the safety concern with the parents during the session, provide psychoeducation about safe firearm storage around young children, and assess whether the storage situation creates a level of risk that constitutes general neglect warranting a mandated report

D. Report the unsafe storage to local law enforcement since California law requires firearms to be stored securely when accessible to minors

61. An LCSW is providing therapy to a client who is the CEO of a publicly traded company. During a session, the client reveals material, nonpublic information about an upcoming merger that will significantly affect the company's stock price. What are the LCSW's obligations?

A. Maintain therapeutic confidentiality and refrain from trading on or sharing the information, recognizing that using material nonpublic information for personal financial gain would constitute both an ethical violation and a federal crime

B. Report the information to the Securities and Exchange Commission since the client has disclosed potential securities fraud during a professional encounter

C. Advise the client to make a public disclosure of the merger information to comply with SEC regulations and document the clinical recommendation in the treatment record

D. Maintain confidentiality but sell any personal holdings in the company to avoid the appearance of a conflict of interest if the information later becomes public

62. An LCSW is treating a client who arrives at a session with her 5-year-old child because her regular childcare arrangement fell through. The client asks if the child can remain in the waiting room during the 50-minute session. The waiting room is unsupervised. What should the LCSW consider?

- A. Allow the child to wait in the waiting room since parents regularly make decisions about their children's supervision and this is a parental judgment call
- B. Consider the safety and appropriateness of leaving a 5-year-old unsupervised for 50 minutes, discuss alternatives with the client, and reschedule the session if a safe arrangement cannot be made
- C. Allow the child into the therapy session and adjust the session content to be appropriate for the child's presence
- D. Proceed with the session as planned and check on the child periodically during the session to ensure the child's safety

63. An LCSW is treating a client with paranoid personality disorder who becomes increasingly convinced that the LCSW is sharing session content with the client's enemies. The client demands to see the LCSW's phone records and email history to prove no communication has occurred. What is the most therapeutically and ethically appropriate response?

- A. Show the client selected phone records and emails to alleviate the paranoid concerns and preserve the therapeutic alliance
- B. Terminate the therapeutic relationship since the client's paranoid ideation has made effective therapy impossible
- C. Offer to sign a statement certifying that no information has been shared and provide it to the client as documentation
- D. Acknowledge the client's distress without validating the paranoid belief, maintain appropriate boundaries by declining to share personal records, address the paranoia therapeutically, and assess whether the level of distress warrants a change in the treatment approach

64. An LCSW is conducting a group therapy session for individuals with chronic pain. During the session, one member offers to sell prescription pain medication to another member who reports being unable to obtain an adequate prescription from her doctor. What is the LCSW's obligation?

- A. Allow the transaction to occur and process the relational dynamics therapeutically since intervening would violate the group's autonomous decision-making process

- B. Address the situation in the next individual session with each member rather than confronting the issue in the group context to avoid shaming either participant
- C. Privately report the offering member to law enforcement after the session since the attempt to distribute prescription medication constitutes a criminal offense
- D. Nothing beyond standard group facilitation is required since the exchange of prescription medication between consenting adults is a personal decision

65. An LCSW has been treating a client with severe obsessive-compulsive disorder for three years. The client's symptoms have been treatment-resistant. The client asks the LCSW about a new experimental neurostimulation treatment being offered at a research university. The LCSW has read about the treatment but has no direct experience with it. What is the most appropriate response?

- A. Provide the client with accurate information about the experimental treatment based on the LCSW's knowledge, acknowledge the limitations of that knowledge, and encourage the client to consult directly with the research team for a comprehensive evaluation
- B. Discourage the client from pursuing experimental treatments since evidence-based interventions should be exhausted first and experimental procedures carry unknown risks
- C. Refer the client to the research program immediately and terminate the current therapy since the treatment resistance indicates the LCSW's approach has been ineffective
- D. Avoid discussing the experimental treatment since the LCSW lacks expertise in neurostimulation and providing information could constitute practicing outside the scope of competence

66. An LCSW who works at a community agency runs into a current client at an AA meeting that the LCSW attends for personal recovery. The client appears surprised but does not approach the LCSW. At the next session, the client asks the LCSW about the encounter. How should the LCSW handle this?

- A. Deny being at the meeting to protect personal privacy since the LCSW's recovery status is not relevant to the client's treatment
- B. Acknowledge the encounter honestly, address the client's feelings about it, discuss the boundary implications, and evaluate whether the coincidental contact affects the therapeutic relationship or requires any clinical adjustments
- C. Transfer the client to another therapist at the agency since the accidental disclosure of the LCSW's personal recovery constitutes an irreparable boundary violation

D. Acknowledge being at the meeting but refuse to discuss personal details, redirecting the conversation exclusively to the client's experience and treatment goals

67. An LCSW provides therapy at a nonprofit agency that receives a large donation from a pharmaceutical company. The donation is contingent on the agency requiring all therapists to recommend the company's medication as a first-line treatment for depression. The LCSW has clinical concerns about this arrangement. What is the LCSW's ethical obligation?

A. Comply with the requirement since the agency depends on the funding and the medication may genuinely help some clients with depression

B. Continue recommending medications based on clinical judgment regardless of the funding arrangement, and document any concerns about institutional pressure to prescribe specific medications

C. Object to the arrangement as it compromises clinical independence and constitutes an unethical conflict of interest, advocating with agency leadership to reject or renegotiate the donation terms

D. Accept the funding terms but inform each client about the pharmaceutical company's involvement so clients can make informed decisions about the medication recommendations

68. An LCSW is treating a client who reveals she has been falsifying her time sheets at work, claiming overtime hours she did not actually work. She reports earning approximately \$500 per month in fraudulent overtime. She is not a government employee and no public funds are involved. What is the LCSW's legal and ethical obligation?

A. Report the time sheet fraud to the client's employer since the LCSW has a professional obligation to prevent ongoing financial crimes disclosed during therapy

B. Report the fraud to law enforcement since theft by deception is a criminal offense that exceeds the protections of therapist-client confidentiality

C. Maintain confidentiality and address the behavior therapeutically, exploring the motivations and consequences of the conduct while encouraging the client to stop the fraudulent behavior

D. Maintain confidentiality but refuse to continue therapy until the client agrees to stop falsifying time sheets since continued treatment would constitute implicit endorsement of criminal activity

69. An LCSW is working at a crisis center when a 17-year-old arrives alone, requesting therapy for depression. The adolescent states that her parents do not know she is seeking services and she does not

want them contacted. She is not in imminent danger. Under California law, can the LCSW provide treatment?

- A. Yes, because California law permits minors age 12 and older to consent to outpatient mental health treatment without parental consent, and the LCSW should proceed with an assessment
- B. Yes, but only if the LCSW first obtains a court order waiving the parental consent requirement for mental health treatment of the minor
- C. No, because minors under 18 require parental consent for all mental health services in California except in cases of imminent danger
- D. Yes, but only for a maximum of three sessions, after which parental consent must be obtained to continue treatment

70. An LCSW is treating a client who is an active gang member. The client discloses that his gang is planning a drive-by shooting at a rival gang's known gathering location this weekend. He identifies the specific location and approximate time. He has not identified a specific individual target. What is the LCSW's duty?

- A. Maintain confidentiality since the Tarasoff duty requires an identifiable individual victim and the client has not named a specific person
- B. Take appropriate protective action, which may include notifying law enforcement, as the threat involves foreseeable violence against people at a specific identifiable location even though individual victims are not named
- C. Document the disclosure and increase the frequency of sessions to monitor the client's involvement in the planned violence
- D. Encourage the client to withdraw from the planned shooting and process the situation therapeutically without breaching confidentiality

71. An LCSW has been providing therapy to a client who is HIV-positive and has been consistently practicing unprotected sex with multiple partners. The client knows his HIV status and has disclosed it to none of his partners. California eliminated criminal penalties for intentional HIV transmission in 2017. What is the LCSW's obligation?

- A. Notify the partners immediately since the LCSW has a Tarasoff duty to protect identifiable third parties from foreseeable serious harm

B. Report the client's behavior to the county health department since the health department has the authority and protocols for partner notification

C. Maintain confidentiality but strongly encourage the client to disclose his status and practice safe sex while documenting the clinical interventions

D. Maintain confidentiality as there is no mandatory duty for therapists to disclose a client's HIV status in California, while continuing to therapeutically address the client's behavior and strongly encourage both disclosure to partners and safe sex practices

72. An LCSW has been treating a 10-year-old child in play therapy. During a session, the child creates a detailed scene using figurines that depicts a violent sexual act between an adult figure and a child figure. When asked about the scene, the child becomes silent and appears fearful. The LCSW previously filed a mandated report regarding this child six months ago that was deemed unfounded. What should the LCSW do?

A. Document the play therapy content but do not file another report since the previous report was investigated and determined to be unfounded

B. Contact the CPS investigator who handled the previous case and provide an informal update rather than filing a new formal report

C. File a new mandated child abuse report based on the current disclosure, as each instance of new information creating reasonable suspicion requires a separate report regardless of the outcome of previous investigations

D. Gather additional evidence through continued play therapy sessions before filing another report to ensure this report will have a more substantial evidentiary basis

73. An LCSW who provides therapy at a university counseling center is treating a graduate student. The student reveals during a session that she has been fabricating data in her doctoral research, which involves a clinical drug trial for a new psychiatric medication. The fabricated data could lead to approval of a medication that may be ineffective or harmful. What should the LCSW consider?

A. Whether this situation creates an ethical obligation that may extend beyond standard confidentiality, as the data fabrication in a clinical drug trial poses a potential risk of serious harm to future patients who would receive a medication approved based on fraudulent data

B. Whether to report the student to the university's academic integrity office since research fraud is a violation of academic policy that the LCSW is required to report under institutional protocols

C. Whether to maintain strict confidentiality since research fraud, however serious, falls within the same category as other criminal conduct that is protected by the psychotherapist-patient privilege

D. Whether to terminate therapy with the student since continuing to treat someone who is committing research fraud could expose the LCSW to legal liability

74. An LCSW is treating a client who has disclosed a pattern of emotionally abusive behavior toward her romantic partner. The client describes regularly belittling, isolating, and controlling the partner. The partner is not the LCSW's client and has not sought help. The partner is a competent adult. Does the LCSW have a legal duty to warn or protect the partner?

A. Yes, because the pattern of emotional abuse constitutes a foreseeable threat of harm to an identifiable person, triggering the Tarasoff duty to protect

B. No, because the Tarasoff duty applies to threats of serious physical violence or death to identifiable victims, and emotional abuse alone does not meet this threshold, though the LCSW should address the behavior clinically

C. Yes, but only if the emotional abuse escalates to include threats of physical violence during the course of treatment

D. No, and the LCSW should not even address the abusive behavior in therapy since doing so could constitute blaming the client and damage the therapeutic alliance

75. An LCSW at a community mental health center is treating a client diagnosed with schizophrenia. The client has been stable on medication for a year and is functioning well. The client discloses that he has not told his new employer about his mental health diagnosis, even though the job application asked about psychiatric history. He asks the LCSW whether he was wrong not to disclose. What information should the LCSW provide?

A. Advise the client to disclose his psychiatric history to his employer immediately to avoid potential termination for dishonesty on the application

B. Inform the client that under the Americans with Disabilities Act, employers generally cannot require disclosure of psychiatric history during the application process, and explore the client's feelings and concerns about navigating disclosure in the workplace

C. Advise the client to consult with an employment attorney before making any decisions about disclosure since the legal protections may vary based on the specific job and employer

D. Inform the client that because he answered dishonestly on the application, he should begin looking for alternative employment to avoid the consequences of the employer discovering the omission

## Practice Exam 11: Answer Key and Explanations

1. A — Leaving a 3-year-old child unsupervised for two to three hours constitutes general neglect under CANRA, as a child of that age is developmentally incapable of self-care and is exposed to substantial risk of harm. The LCSW is a mandated reporter and must file immediately upon forming reasonable suspicion. Exploring the client's reasoning or providing education, while therapeutically valuable, cannot delay the legally required report.

2. D — A registered sex offender describing detailed sexual fantasies about a specific, identifiable child in his neighborhood warrants a thorough risk assessment considering the totality of clinical factors including offense history, proximity to the child, and the specificity of the fantasies. If the assessment determines a credible threat exists, the LCSW must take protective action under Tarasoff, including notifying the child's parents and law enforcement. Simply documenting fantasies without assessing the actual threat level falls below the standard of care.

3. B — The NASW Code of Ethics obligates social workers to advocate for client dignity and challenge conditions that compromise care. A physician's disparaging language that shapes nursing staff behavior toward patients is a systemic issue directly harming client welfare. The LCSW should address the behavior directly with the physician as a first step and escalate through institutional channels if the conduct continues.

4. C — Serving as executor of a current client's estate would create a fiduciary dual relationship involving financial oversight, legal decision-making, and access to personal information that would fundamentally compromise the LCSW's therapeutic objectivity. This role extends far beyond the therapeutic relationship and creates conflicts that cannot be managed. The LCSW should decline while exploring the clinical significance of the client's request.

5. D — California's mandated reporting law contains no statute of limitations. When a mandated reporter learns of past child abuse and the suspected perpetrator continues to have access to children, a report is required regardless of when the abuse occurred. The teacher's ongoing contact with minors makes this an active child safety concern that must be reported.

6. A — Submitting a diagnostic code that does not reflect the client's actual clinical presentation is insurance fraud under both state and federal law. Neither the client's request nor the offer of supplemental payment changes this legal and ethical reality. The LCSW must assign the clinically accurate diagnosis and explore alternative payment options with the client if coverage is unavailable.

7. C — While the client retains decision-making capacity, the LCSW can provide valuable support by helping articulate mental health treatment preferences and educating the client about advance directive options. However, the formal legal document should be prepared with appropriate legal counsel to ensure it meets California's statutory requirements. The LCSW's role is supportive and psychoeducational, not legal.

8. B — Strong personal reactions to a client's history do not automatically disqualify a clinician, but they must be honestly assessed. The LCSW should evaluate whether the revulsion can be managed through self-awareness, consultation, and supervision without compromising care quality. Accepting the case is ethical only if the LCSW can genuinely provide competent, objective treatment — a determination that requires rigorous self-examination.

9. D — Repeated rough handling of a cognitively impaired elderly resident constitutes reasonable suspicion of physical abuse under California's Elder Abuse and Dependent Adult Civil Protection Act. Visible injuries are not required to trigger the reporting obligation — the observed pattern of rough physical treatment itself is sufficient. The LCSW witnessed the behavior directly on three occasions, well beyond what is needed for reasonable suspicion.

10. A — When a therapist dies without a designated records custodian, records typically become the responsibility of the estate executor or may be managed through the licensing board's procedures. The LCSW should assist the client in locating the records through proper legal channels while beginning a new therapeutic relationship based on the client's self-report. This respects both legal protections and the client's need for continuity of care.

11. C — The mother's plan to relocate without the father's knowledge or legal permission could cause significant harm to the child and violate the father's custodial rights. The LCSW cannot simply maintain confidentiality when the information involves potential harm to the child client. The LCSW should inform the mother that this information cannot be held confidential if it may harm the child and consult legal counsel about specific obligations.

12. B — Experiencing sexual attraction to children, while clinically significant, does not constitute child abuse and does not trigger mandated reporting. No abusive conduct has occurred — no contact, no exploitation, no child sexual abuse material. The client is proactively seeking treatment for unwanted feelings. Accepting the client for evidence-based therapy serves both the individual and the public by supporting prevention.

13. B — The elderly mother's inability to safely navigate the home due to hoarding, combined with blocked exits and limited mobility, creates a serious safety risk for a dependent elderly person. This meets the threshold for reasonable suspicion of neglect under California's elder abuse reporting statutes. The LCSW must file a mandated report regardless of the therapeutic implications for the relationship with the hoarding client.

14. D — Exchanging personal text messages with a client and developing romantic feelings represent escalating boundary violations that place the client at significant risk. The supervisor must act immediately by requiring client transfer, providing intensive boundary training, and evaluating whether the scope of violations warrants a BBS report. Mere monitoring would constitute supervisory negligence given the trajectory of the boundary erosion.

15. A — Forcing a child to view pornographic material constitutes sexual exploitation under CANRA regardless of the perpetrator's age. Mandated reporting is triggered by the nature of the harm to the victim, not the age or role of the person responsible. The LCSW must file a report so investigators can assess the situation and intervene to protect both the victimized child and the child engaging in the harmful behavior.

16. C — The discovery that a client is now the LCSW's next-door neighbor creates an unanticipated dual relationship requiring careful evaluation rather than reflexive termination or continued silence. The LCSW should discuss the situation transparently with the client, assess potential impacts on therapeutic boundaries and personal privacy, and collaboratively determine whether the arrangement is workable or whether referral better serves everyone involved.

17. D — Offering additional payment to alter a custody evaluation recommendation constitutes attempted bribery and interference with a court-ordered process. The LCSW must decline the offer, submit the original report unchanged, and document the father's attempt to influence the findings. This documentation is relevant to the court's understanding of the family dynamics and each parent's conduct.

18. A — An adult sending sexually explicit messages to a minor and soliciting nude photographs constitutes sexual exploitation of a child regardless of whether the minor has complied. This triggers an immediate mandated reporting obligation. The LCSW must file the report and work with facility staff to ensure the client's safety, including measures to prevent further contact with the adult perpetrator.

19. B — A client presenting with command auditory hallucinations directing self-harm represents an imminent safety crisis that takes absolute priority over scheduling constraints. The LCSW must assess

the client immediately. Redirecting an acutely suicidal individual to a phone number or a future appointment would constitute a failure to meet the standard of care in a life-threatening situation.

20. C — The foster mother's description of behavioral indicators — nightmares, enuresis, regression, and fear of a specific individual — is concerning but is being reported secondhand. The LCSW should explore the foster mother's observations in greater depth to determine whether reasonable suspicion of abuse is established from the LCSW's own clinical assessment. Providing psychoeducation about trauma symptoms simultaneously helps the foster mother recognize indicators that may require further action, including a potential mandated report if the threshold is met.

21. D — Verbal consent from a client is insufficient to authorize disclosure of confidential information to a third party. The LCSW should obtain written authorization that specifies what information may be shared, discuss with the client the potential clinical implications of involving the sibling, and then determine whether the meeting serves the client's therapeutic goals. This protects the client's rights while allowing valuable collateral contact.

22. A — A client with progressive dementia who cannot recall basic spatial information shortly after performing a task raises significant driving safety concerns. Under California Health and Safety Code Section 103900, certain health practitioners may report patients with disorders affecting driving ability to the DMV. The LCSW should address this safety concern clinically and determine whether a report to the DMV or involvement of the client's family is warranted.

23. C — A threatening gesture during a conjoint session signals an immediate safety concern that requires de-escalation before any therapeutic processing. The LCSW should stabilize the situation, assess each partner's safety separately, develop a safety plan with the wife, and critically evaluate whether continued conjoint work is safe given the husband's aggression. Continuing the session as though nothing happened would endanger the wife.

24. B — Private feelings and thoughts that have not been acted upon do not constitute child abuse or neglect under CANRA. Mandated reporting is triggered by known or suspected abuse — not by a person's internal emotional experience. The LCSW should address the client's feelings clinically, assess the risk of future action, and help the client develop strategies for maintaining appropriate boundaries with the student.

25. D — The LCSW must assess the specific circumstances rather than reflexively reporting or dismissing the situation. Occasional medication lapses by an overwhelmed caregiver who self-corrects differ from a pattern of neglect causing harm. The LCSW should evaluate the severity, frequency, and

impact of the lapses, the father's vulnerability level, and whether the overall pattern constitutes neglect requiring a mandated report or a clinical issue requiring caregiver support.

26. A — Billing for 45-minute sessions while providing 20-minute sessions constitutes insurance fraud regardless of the clinical rationale. The supervisor must require immediate correction — either conducting full sessions or billing accurately for the time actually provided. The supervisor must also report the billing discrepancies through appropriate channels and increase oversight. Allowing the practice to continue would make the supervisor complicit in the fraud.

27. A — While animal cruelty is illegal and deeply concerning, it does not fall within any statutory exception to the psychotherapist-patient privilege in California. There is no mandated reporting obligation for animal cruelty. The LCSW must maintain confidentiality while addressing the behavior therapeutically, exploring the client's motivations, and considering the clinical significance of the conduct. The LCSW may also be aware that animal cruelty can be a predictor of violence toward humans.

28. C — When a minor has self-referred for treatment under California's minor consent provisions, the minor generally controls confidentiality. However, this right is not absolute. The LCSW may involve parents if the minor's behavior poses a serious threat to health or safety. Casual marijuana use may not meet this threshold, but escalating use, functional impairment, or risk-taking behavior could. The LCSW must exercise clinical judgment.

29. B — The LCSW's ethical obligation is to proactively address the impairment rather than either ignoring it or overreacting. Seeking consultation or personal therapy, honestly evaluating clinical competence, and considering targeted caseload modifications if impairment is identified protects clients while allowing the LCSW to continue practicing effectively. The duty of self-assessment is ongoing and particularly critical during personal crises.

30. D — The LCSW should support the client's empowerment by helping him identify and access appropriate channels for reporting the parole officer's misconduct, such as supervisory complaint processes or oversight bodies. This therapeutic approach respects the client's autonomy, avoids the LCSW overstepping professional boundaries by directly confronting the parole officer, and provides practical assistance while processing the emotional impact.

31. C — A child's drawing depicting physical punishment combined with a verbal statement describing the behavior constitutes reasonable suspicion of physical abuse under CANRA. The LCSW must file a mandated report. Cultural context does not exempt conduct from reporting requirements —

investigators, not the reporter, determine whether the conduct constitutes abuse. Delaying to gather additional information or consulting parents would be inappropriate.

32. A — Storing therapy recordings on an unencrypted personal cloud account that co-mingles clinical and personal data likely violates HIPAA's Security Rule, which requires encryption, access controls, and audit trails for electronic protected health information. Client consent for recording does not waive the requirement for secure storage. The LCSW must migrate the recordings to a HIPAA-compliant storage solution with a proper business associate agreement.

33. B — Regularly calling a dependent elderly patient "stupid" and "worthless" constitutes emotional abuse of a dependent adult under California law. The home health aide is in a caretaking role with power over vulnerable individuals, and the pattern of verbal berating is deliberate and recurring. The LCSW has a mandated reporting obligation based on the information received in a professional capacity, regardless of the caregiver's burnout.

34. D — When a managed care organization's directive conflicts with the LCSW's clinical judgment about appropriate care, the LCSW has an ethical obligation to advocate for the client. This includes appealing the decision with clinical documentation, utilizing the MCO's formal appeals process, and exploring alternative funding sources. Simply complying with a clinically harmful directive fails the duty of client advocacy.

35. C — The intended parents have no right to the LCSW's client's confidential therapy information regardless of the surrogacy agreement. The LCSW must maintain the client's confidentiality, decline all requests from the intended parents, and continue providing therapeutic support. The surrogacy dispute is a legal matter that should be handled by attorneys — the LCSW's role is limited to the therapeutic relationship.

36. B — While prescribing controlled substances to family members without proper evaluations is illegal and dangerous, this information was disclosed in a therapeutic context and does not fall within the mandatory exceptions to confidentiality in California. The LCSW should maintain confidentiality while vigorously addressing the behavior clinically — exploring the risks, consequences, and underlying pressures — and strongly encouraging the client to self-report and discontinue the practice.

37. A — A medical record data entry error that placed one client's sensitive psychiatric information in another client's chart constitutes a HIPAA breach requiring immediate action. The LCSW must report the error to the agency's privacy officer, correct the records, and follow HIPAA breach notification

procedures, which may include notifying affected individuals. Concealing the error or leaving records uncorrected would compound the violation.

38. D — Financial disclosures during conjoint therapy should be addressed within the established therapeutic framework rather than ignored, immediately disclosed to the other partner, or used as grounds for directive intervention. The LCSW should follow the practice's policy on handling information revealed in joint sessions, explore the meaning and implications of the hidden account, and facilitate the therapeutic process without acting as an arbiter of the couple's financial decisions.

39. C — A patient who recently attempted suicide and remains passively suicidal presents a clinical situation where voluntary departure could result in death. Despite the voluntary presentation, the LCSW has the authority and obligation to conduct a thorough risk assessment and, if criteria are met, initiate a 5150 hold. A safety contract is not a clinically adequate substitute for appropriate intervention when a client is actively suicidal.

40. B — Operating an illegal gambling enterprise, while criminal, does not fall within any mandatory exception to the psychotherapist-patient privilege in California. There is no identifiable victim of violence, no child or elder abuse, and no imminent threat of serious harm to a specific individual. The LCSW must maintain confidentiality while addressing any clinical dimensions of the behavior, such as impulsivity or risk-taking patterns.

41. A — When a supervisor learns that a suicidal disclosure was not properly assessed or managed, the most critical immediate action is ensuring client safety. The supervisor should instruct the ASW to contact the client now — not tomorrow — to conduct a risk assessment by phone and develop a safety plan. The supervisor must also provide direct oversight of this intervention, document the supervisory response, and address the competency gap through enhanced training.

42. D — Secretly tracking employees' vehicles without their knowledge or consent, while potentially criminal under California privacy and surveillance laws, does not trigger any mandatory exception to therapist-client confidentiality. The LCSW must maintain confidentiality while exploring the behavior therapeutically — including its legal implications, the underlying motivations, and the interpersonal consequences — and encouraging the client to seek legal counsel.

43. C — Combining therapeutic and coaching roles with the same client creates a problematic dual relationship. The power dynamics of the therapeutic relationship carry over into the coaching context, potentially compromising both services. The LCSW should explain this concern, decline the coaching

request, and refer the client to an independent career coach who can provide the service without the complications of the existing therapeutic relationship.

44. B — An attorney's claim of attorney-client privilege does not entitle access to a client's therapy records. Therapy records are protected by the separate psychotherapist-patient privilege. The LCSW must obtain proper written authorization from the individual legally empowered to consent — which, for a minor, may be a parent, guardian, or the court. Records should not be released based solely on an attorney's verbal claim.

45. A — HIPAA permits the disclosure of protected health information for treatment purposes when a client is unable to authorize release due to incapacity in a medical emergency. Providing medication and mental health history to the emergency department assists in safe medical treatment. The emergency treatment exception recognizes that rigid adherence to authorization procedures during a medical crisis could endanger the patient's life.

46. D — The father's report that the child disclosed being touched inappropriately by the mother's boyfriend constitutes reasonable suspicion of sexual abuse requiring an immediate mandated report. The LCSW must report regardless of the custody dispute context. While custody disputes can generate false allegations, the mandated reporter's role is to report — not to adjudicate credibility. Investigators assess the validity of the allegation.

47. C — Self-harm by a minor, while clinically concerning, does not constitute child abuse under CANRA. Self-inflicted injuries are not perpetrated by a caretaker or other individual. Additionally, the child is already receiving mental health treatment from another provider. The LCSW's obligation is to address the mother's distress therapeutically and ensure appropriate care is being provided, but no mandated report is triggered by self-harm alone.

48. A — The existing therapeutic relationship creates a dual relationship that would fundamentally compromise both the supervision and the therapy. As a supervisor, the LCSW would need to evaluate, grade, and potentially discipline the supervisee — roles incompatible with being the person's therapist. The LCSW should decline the supervisory role and provide referrals to other qualified supervisors while continuing the therapeutic work.

49. B — The LCSW can ethically write a letter limited to factual, firsthand clinical observations — treatment participation, engagement, progress, and clinical status. However, offering an opinion on parenting fitness or reunification readiness would exceed the LCSW's clinical observations, as the

LCSW has never assessed the client's parenting. Staying within the scope of direct clinical knowledge protects both the client and the LCSW's credibility.

50. D — The LCSW should accept the client for treatment and maintain accurate, objective documentation that reflects the actual content and process of sessions. Clinical records are legal documents that must be honest regardless of external proceedings. Declining the client solely because of the BBS investigation is unnecessary, and manipulating documentation would constitute fraud and its own ethical violation.

51. C — The internal conflict between alters regarding financial behavior should be addressed therapeutically as part of the DID treatment. Contacting the client's bank is outside the LCSW's authority and scope. The LCSW should help the alter system develop internal communication and cooperation around financial safety, and explore whether involving a trusted support person in a financial safety plan would be appropriate with the client's consent.

52. A — The wife's physical safety takes absolute priority. In a relationship with a documented history of domestic violence and a partner with antisocial personality disorder, disclosing departure plans during a session could trigger a violent response. The LCSW must maintain the wife's confidentiality regarding her safety plan, support the planned departure, and seriously assess whether conjoint therapy should be terminated given the safety dynamics.

53. D — Student therapy records are confidential and protected under FERPA and potentially HIPAA. A school principal's administrative authority over the building does not extend to unauthorized access to confidential clinical files. The LCSW must inform the principal of the confidentiality protections, immediately secure the records to prevent further unauthorized access, and report the breach through appropriate district and regulatory channels.

54. B — The attorney's role as referral source does not give the attorney authority over the therapeutic relationship. The client is actively engaged in treatment that remains clinically indicated. The LCSW should inform the attorney that the client remains in active treatment, that the decision to terminate is a clinical matter between the LCSW and client, and that any information release requires the client's current written authorization.

55. C — The patient's verbal expression of a desire to revoke the DNR during a therapy session is clinically significant information that the medical team needs to consider in a time-sensitive situation. The LCSW should immediately communicate this information to the medical team, allowing them to

factor the patient's most recently expressed wishes into their clinical decision-making. Withholding this information could result in an outcome the patient explicitly said he no longer wanted.

56. D — California's two-party consent law creates legal complications with the recording itself, but the LCSW's primary obligation is to the children's safety. The LCSW should focus on the substantive concern — the father's behavior toward the children — assess whether it constitutes emotional abuse or endangerment, and take appropriate action including a mandated report if warranted. Consulting legal counsel about the clinical use of the recording is prudent.

57. A — The LCSW has an ethical obligation to assist the client in accessing care despite systemic barriers. This includes identifying community mental health resources, pro bono providers, sliding-scale options, and information about the discharge upgrade process that could restore VA eligibility. Social work's commitment to social justice and access to services applies regardless of a client's military discharge characterization.

58. B — Sexual activity between minors in a residential care facility raises unique considerations beyond what would apply in a community setting. The institutional setting involves a heightened duty of care, the vulnerability of youth in out-of-home placement, and the possibility that apparent "consent" may involve power dynamics, prior victimization, or institutional factors. The LCSW must consider whether the situation requires reporting under CANRA given these contextual factors.

59. D — A competent 25-year-old adult has the right to refuse hospitalization, but the LCSW's obligation does not end with accepting the refusal. The LCSW should thoroughly document the recommendation and the client's informed refusal, continue to advocate for appropriate care, coordinate with medical providers for ongoing monitoring, and consult about whether the client's physical deterioration has reached a point where involuntary intervention criteria may be met.

60. C — Unsecured firearms accessible to children ages 4 and 7 present a serious safety concern that falls within the LCSW's clinical responsibility to address. The LCSW should discuss safe storage with the parents and provide education about the risks. Whether the situation rises to the level of a mandated report for general neglect depends on the totality of circumstances, which the LCSW should assess. Ignoring the issue entirely would be clinically negligent.

61. A — The LCSW must maintain therapeutic confidentiality regarding the client's disclosure of material nonpublic information. Additionally, the LCSW is personally prohibited from trading on this information under federal insider trading laws — even though the LCSW received it involuntarily. The

LCSW should not disclose the information to anyone and must not take any personal financial action based on knowledge gained in the therapeutic relationship.

62. B — A 5-year-old child is not developmentally capable of being safely unsupervised for 50 minutes in an unfamiliar waiting room. The LCSW should consider the child's safety, discuss alternatives with the client — such as bringing the child into session or rescheduling — and make a clinical judgment about the most appropriate course. Proceeding with the session while a young child is unsupervised creates an avoidable safety risk.

63. D — The LCSW should acknowledge the client's distress empathically without reinforcing the paranoid belief or capitulating to demands that violate appropriate boundaries. Sharing personal phone records would be a boundary violation that temporarily appeases but ultimately reinforces the paranoia. The LCSW should address the paranoid ideation therapeutically, maintain consistent boundaries, and assess whether the escalation in symptoms warrants a treatment adjustment.

64. C — The LCSW must intervene immediately to stop the attempted drug transaction within the group. Offering to sell prescription medication to another group member is illegal and potentially dangerous. The LCSW should set a clear boundary that such transactions are not permitted, address the behavior as a group process issue, and separately assess whether each member's conduct requires additional clinical or legal action.

65. A — The LCSW should provide accurate information about the experimental treatment based on existing knowledge while being transparent about the limitations of that knowledge. Encouraging the client to consult directly with the research team allows the client to make an informed decision with complete information. Neither discouraging exploration nor abandoning the current treatment serves the client's autonomy or clinical needs.

66. B — Honesty and transparency are essential to the therapeutic relationship. The LCSW should acknowledge the encounter at the AA meeting without excessive self-disclosure, address the client's feelings and any concerns about the LCSW's recovery status, and evaluate whether the accidental disclosure affects the therapeutic relationship. Denying the encounter would damage trust; transferring the client would be an overreaction to a manageable situation.

67. C — A funding arrangement that requires therapists to recommend a specific pharmaceutical company's medication as a first-line treatment compromises clinical independence and constitutes a conflict of interest. The LCSW has an ethical obligation to object and advocate for rejection or

renegotiation of the donation terms. Treatment recommendations must be based on clinical evidence and individual client needs, not pharmaceutical company funding.

68. C — Time sheet fraud, while illegal, does not fall within any exception to the psychotherapist-patient privilege in California. There is no mandated reporting obligation for this type of criminal conduct. The LCSW should maintain confidentiality while addressing the behavior therapeutically — exploring motivations, risks, and consequences — and encouraging the client to consider the potential professional and legal repercussions of continued fraud.

69. A — California Family Code Section 6924 permits minors age 12 and older to consent to outpatient mental health treatment without parental consent if the minor is mature enough to participate intelligently. The 17-year-old's self-presentation to a crisis center for depression meets these criteria. The LCSW should proceed with assessment and treatment while respecting the minor's confidentiality regarding the parents.

70. B — While the traditional Tarasoff formulation involves identifiable individual victims, courts have recognized that the duty to protect may extend to foreseeable victims at an identifiable location. A planned drive-by shooting at a specific location at a specific time creates a foreseeable risk to people who will be present. The LCSW should take protective action, which likely includes notifying law enforcement of the specific threat.

71. D — California law does not impose a mandatory duty on therapists to disclose a client's HIV status to third parties. Unlike the Tarasoff duty for threats of violence, HIV-related disclosures by therapists are not legally mandated. The LCSW should maintain confidentiality while persistently addressing the client's behavior therapeutically, strongly encouraging both disclosure to partners and consistent safe-sex practices, and documenting all clinical interventions.

72. C — Each new instance of information that creates reasonable suspicion of child abuse requires a new mandated report, regardless of the outcome of previous investigations. A prior unfounded finding does not exempt the LCSW from reporting new concerning information. The child's detailed play depicting sexual violence combined with the fearful response constitutes new reasonable suspicion that must be reported independently.

73. A — Data fabrication in a clinical drug trial creates a potential risk of serious harm to future patients who may receive a medication approved on fraudulent evidence. This situation pushes beyond standard confidentiality considerations because the scope of potential harm is significant and ongoing. The

LCSW must carefully weigh the ethical obligation to maintain confidentiality against the potential public health implications, seeking consultation and potentially legal guidance.

74. B — The Tarasoff duty to warn or protect applies to threats of serious physical violence or death to identifiable victims. Emotional abuse, while harmful and worthy of clinical intervention, does not meet the Tarasoff threshold. The LCSW has no legal duty to warn the partner but has a strong clinical obligation to address the abusive behavior pattern therapeutically, including exploring its impact and encouraging the client to change.

75. B — The Americans with Disabilities Act generally prohibits employers from requiring disclosure of psychiatric history during the application process. Pre-employment inquiries about psychiatric or disability status are restricted under ADA protections. The LCSW should inform the client about these legal protections and explore the client's feelings about workplace disclosure, helping the client navigate the balance between legal rights and personal comfort with openness about mental health.