

# **PRACTICE EXAM 12: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)**

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1. An LCSW receives a referral for a 15-year-old whose parents request that the LCSW provide therapy aimed at changing the adolescent's sexual orientation from gay to heterosexual. The parents believe this is in the child's best interest based on their religious convictions. Under California law, what is the LCSW required to do?

A. Provide the requested therapy since the parents are legally authorized to make treatment decisions for their minor child and their religious beliefs must be respected

B. Accept the referral but redirect the treatment goals toward helping the adolescent reconcile their sexual identity with their family's religious values

C. Accept the referral and provide individual therapy to the adolescent while working separately with the parents on acceptance, regardless of the parents' stated treatment goals

D. Decline to provide sexual orientation change efforts, as California law (SB 1172) prohibits licensed mental health professionals from engaging in conversion therapy with minors

2. An LCSW is closing a private practice due to retirement. The LCSW has 45 active clients and records spanning 30 years of practice. Under California law and professional ethics, what must the LCSW do to properly close the practice?

A. Notify active clients by mail at least 30 days before the closure date and shred all records older than seven years on the final day of practice

B. Provide active clients with adequate notice, assist with transitions to new providers, arrange for secure storage of records for the legally required retention periods, and create a professional will designating a records custodian

C. Transfer all active clients and their records to a colleague who agrees to assume the practice, thereby eliminating the LCSW's responsibilities upon the date of transfer

D. Notify the BBS of the closure and surrender the license, which automatically transfers record custody obligations to the Board for the remainder of the retention period

3. An LCSW is treating a client who has a severe phobia of needles and has been avoiding all medical care, including vaccinations for her children. The children are now barred from attending school due to missing required immunizations. The children are otherwise healthy and well-cared for. Does this trigger a mandated reporting obligation?

A. The LCSW should assess whether the children's exclusion from school due to the parent's untreated phobia constitutes neglect and, if reasonable suspicion exists, file a mandated report while also addressing the phobia therapeutically

B. No, because the parent has a personal medical exemption from vaccination requirements that extends to her children under California's religious freedom protections

C. No, because the children are otherwise healthy and the parent's behavior stems from a diagnosable mental health condition rather than intentional neglect

D. Yes, the LCSW must file an immediate mandated report since failure to vaccinate children constitutes medical neglect per se under California law

4. An LCSW working at a county behavioral health department is informed by administration that all clinical staff must begin using a new evidence-based screening tool that requires asking clients detailed questions about firearm ownership and storage practices. Several clients have expressed discomfort with these questions. What ethical considerations should guide the LCSW's approach?

A. Refuse to administer the screening tool since asking about firearms ownership violates clients' Second Amendment rights and could deter individuals from seeking mental health services

B. Administer the tool exactly as directed without discussion since evidence-based screening protocols should be followed without modification by individual clinicians

C. Consider the clinical rationale for the screening within the context of informed consent, address client discomfort transparently, and balance the public health purpose with the potential impact on the therapeutic alliance

D. Administer the tool only to clients who present with suicidal ideation or homicidal ideation since firearm screening is clinically relevant only in the context of acute safety concerns

5. An LCSW has been providing therapy to a client who is also a licensed LCSW. During a session, the client-therapist reveals that she has been practicing while her license is expired, having failed to complete required continuing education. She has been seeing clients for the past four months without a valid license. What is the treating LCSW's obligation?

- A. File an immediate report with the BBS since practicing on an expired license constitutes unprofessional conduct that directly endangers the public
- B. Address the disclosure clinically, inform the client of the legal and ethical consequences of practicing without a valid license, and strongly encourage the client to cease practicing immediately and take steps to remedy the licensure lapse
- C. Maintain strict confidentiality without addressing the licensing issue since the LCSW's role is as a therapist and not as a regulatory authority
- D. Report the client to both the BBS and law enforcement since practicing therapy without a valid license is a criminal misdemeanor under California Business and Professions Code

6. An LCSW is conducting an initial assessment with a client who presents with depressive symptoms following the recent death of their spouse. The client mentions that they have been prescribed an antidepressant by their primary care physician but have also been taking a friend's benzodiazepine medication without a prescription. The client asks the LCSW not to document the unprescribed benzodiazepine use. What should the LCSW do?

- A. Omit the benzodiazepine use from the clinical record as the client requests since honoring the client's preferences builds trust during the early stages of the therapeutic relationship
- B. Document only that the client is taking an antidepressant and note generically that the client reports using "additional medications" without specifying the unprescribed benzodiazepine
- C. Document the medication use and report it to law enforcement since taking another person's prescription medication is a criminal offense that the LCSW is obligated to report
- D. Document the benzodiazepine use accurately in the clinical record, explain to the client that accurate documentation is essential for safe treatment, and address the health risks of using unprescribed controlled substances

7. An LCSW is providing therapy to a 30-year-old client with intellectual disability who lives semi-independently with support services. The client's state-appointed conservator contacts the LCSW and requests that the LCSW change the treatment goals to focus on compliance with the conservator's directives rather than the client's stated personal goals. The client has expressed a desire to work on building romantic relationships. What should the LCSW do?

- A. Comply with the conservator's request since a court-appointed conservator has legal authority to direct all aspects of the conservatee's care including mental health treatment goals

B. Decline the conservator's request entirely since the client's right to self-determination in therapy is absolute and cannot be overridden by any external authority

C. Explore the conservator's concerns, assess the scope of the conservatorship to determine what authority it grants over mental health treatment decisions, advocate for the client's expressed goals, and seek to develop treatment goals that balance the client's autonomy with legitimate safety considerations

D. Transfer the client to another therapist to avoid the conflict between the conservator's directives and the client's preferences

8. An LCSW is treating a client who is deaf and communicates primarily through American Sign Language. The agency provides an ASL interpreter for sessions. During a session, the client discloses that the interpreter is a family member of someone in the client's social circle and the client no longer feels comfortable with this interpreter but does not want to make a formal complaint. What should the LCSW do?

A. Arrange for a different qualified interpreter immediately, as the current arrangement compromises confidentiality and could inhibit the client's willingness to communicate openly in therapy

B. Continue with the current interpreter since the client stated they did not want to make a formal complaint, and changing interpreters could be perceived as escalating the situation

C. Conduct future sessions using written communication to eliminate the need for any interpreter and avoid the confidentiality concern entirely

D. Inform the interpreter about the client's concern and allow the interpreter to decide whether to continue or recuse themselves from the assignment

9. An LCSW supervisor is providing supervision to an ASW who works primarily with Latino immigrant families. The supervisor notices that the ASW consistently avoids exploring immigration-related stressors with clients, instead focusing exclusively on individual psychopathology. When asked about this pattern, the ASW states that immigration is a political topic that should not be discussed in therapy. What is the supervisor's obligation?

A. Respect the supervisee's clinical judgment since individual therapists should determine which topics are appropriate to explore based on their own assessment of clinical relevance

B. Provide supervision that addresses the ASW's avoidance as a potential competence issue, educate the supervisee about culturally responsive practice, and ensure clients are receiving comprehensive assessments that consider systemic and contextual factors

C. Reassign the ASW's Latino immigrant clients to a bilingual clinician who is better equipped to address immigration-related issues in treatment

D. Document the disagreement in the supervision record but allow the ASW to continue their current approach since mandating specific therapeutic content would violate the supervisee's clinical autonomy

10. An LCSW is providing outpatient therapy to a 9-year-old child. During a session, the child spontaneously states, "My babysitter makes me play a special game where we take off our clothes, but it's a secret." The child then quickly changes the subject and begins playing with toys. What should the LCSW do?

A. File a mandated child abuse report immediately based on the child's spontaneous disclosure, as the statement provides reasonable suspicion of sexual abuse by the babysitter

B. Gently probe for additional details during the session to gather more specific information before determining whether the disclosure meets the threshold for a mandated report

C. Contact the child's parents to inform them about the babysitter's behavior so they can take immediate protective action before the LCSW files an official report

D. Document the child's statement verbatim and schedule an emergency session to conduct a more thorough assessment before deciding whether a report is warranted

11. An LCSW has been treating a client for PTSD using prolonged exposure therapy. During an exposure session, the client experiences an intense dissociative episode and becomes unresponsive for approximately ten minutes. After the client regains awareness, they appear confused and do not remember the last portion of the session. What should the LCSW prioritize?

A. Continue the exposure session once the client has fully reoriented since ending prematurely would reinforce avoidance and undermine the treatment protocol

B. Document the incident and proceed with the planned exposure in the next session since isolated dissociative episodes are an expected component of trauma processing

C. Refer the client to a psychiatrist for a medication evaluation to prevent future dissociative episodes during therapy sessions

D. Immediately assess the client's safety and orientation, stabilize the client, modify the treatment plan to address the dissociative response, and evaluate whether the current treatment modality is appropriate or requires adaptation before continuing exposure work

12. Under California's Laura's Law (AB 1421), which allows for assisted outpatient treatment, an LCSW working at a county behavioral health department receives a petition for court-ordered outpatient treatment for an individual with a serious mental illness. The individual has a history of psychiatric hospitalizations and has repeatedly decompensated after refusing voluntary treatment. What must be true for the court to order assisted outpatient treatment?

- A. The individual must have been convicted of a violent crime during a period of untreated mental illness within the past 36 months
- B. The individual must have been offered and refused all available voluntary treatment options within the past 30 days
- C. The individual must meet specific criteria including a history of lack of compliance with treatment that has resulted in hospitalization or incarceration, and the condition must be substantially deteriorating
- D. The individual must be currently gravely disabled as defined by the LPS Act and unable to provide for food, clothing, or shelter

13. An LCSW working in a prison mental health unit is treating an inmate who discloses that a correctional officer has been sexually assaulting him in his cell at night. The inmate is terrified of retaliation and begs the LCSW not to report. Under the Prison Rape Elimination Act (PREA) and California law, what is the LCSW's obligation?

- A. Maintain confidentiality since the therapeutic relationship in a correctional setting carries the same privilege protections as any other treatment context
- B. File a report as required by PREA, which mandates that all staff with knowledge of sexual abuse in a correctional facility report immediately, regardless of the inmate's wishes regarding confidentiality
- C. Encourage the inmate to file a grievance through the prison's internal complaint system and support the inmate in pursuing the report through official channels
- D. Report the allegation to the prison warden only, as correctional administration has the authority to determine whether external reporting is warranted

14. An LCSW is treating a client with body dysmorphic disorder who requests a letter supporting cosmetic surgery. The client has had six previous cosmetic procedures and continues to express intense dissatisfaction with their appearance. The LCSW believes the surgery would reinforce the client's pathological preoccupation. What is the most ethically appropriate response?

- A. Decline to provide the letter, explain the clinical reasoning including the relationship between BDD and compulsive cosmetic procedures, and refocus treatment on evidence-based interventions for body dysmorphic disorder
- B. Provide the letter since the client is a competent adult with the right to make their own decisions about elective medical procedures
- C. Provide a neutral letter confirming the client is in therapy without offering an opinion on the appropriateness of the surgery
- D. Provide the letter on the condition that the client agrees to complete a specified course of CBT for BDD before proceeding with the surgery

15. An LCSW provides therapy to a client who was sexually abused by a previous therapist. During treatment, the client develops an erotic transference toward the LCSW and begins making sexually suggestive comments during sessions. What is the most therapeutically and ethically appropriate response?

- A. Terminate the therapeutic relationship immediately since the erotic transference creates an unsafe clinical dynamic that cannot be managed therapeutically
- B. Ignore the comments and redirect the session content to avoid reinforcing the transference behavior or embarrassing the client
- C. Set a firm boundary by telling the client that any further sexually suggestive comments will result in termination of the therapeutic relationship
- D. Acknowledge the transference as a clinically significant phenomenon that likely relates to the client's abuse history, maintain clear professional boundaries, and address the dynamic therapeutically while consulting with a colleague or supervisor

16. An LCSW is conducting a biopsychosocial assessment with a new client who recently immigrated as a refugee from a country experiencing civil war. The client describes symptoms consistent with PTSD but attributes their distress to spiritual causes — specifically, that they are being afflicted by spirits of deceased family members. How should the LCSW approach this?

- A. Document the spiritual attribution as a delusional belief and assign a psychotic disorder diagnosis in addition to the PTSD diagnosis
- B. Integrate the client's cultural and spiritual framework into the assessment, recognizing that culturally specific idioms of distress are valid expressions of psychological suffering that do not necessarily indicate psychopathology beyond the trauma response

C. Refer the client to a spiritual healer from their cultural background and postpone Western therapeutic interventions until the spiritual concerns are resolved

D. Educate the client that the symptoms are caused by PTSD rather than spiritual forces, as therapeutic progress requires the client to adopt a biomedical understanding of their condition

17. An LCSW is treating a couple in which both partners are licensed professionals — one is a physician and the other is an attorney. During a session, the attorney partner makes a statement that appears to disclose confidential information about a legal case. The physician partner appears uncomfortable. What should the LCSW do?

A. Continue the session without intervening since the partners' professional confidentiality obligations are their own responsibility and outside the scope of couples therapy

B. Immediately stop the session and advise the attorney that they may be violating attorney-client privilege by discussing case details in the presence of a third party

C. Note the apparent discomfort, gently redirect the conversation, and explore what the disclosure means within the relational dynamic without inserting the LCSW into the partners' professional obligations

D. Document the potentially privileged information in the session notes and warn both partners that the LCSW cannot guarantee the confidentiality of information that involves ongoing legal matters

18. An LCSW working in a hospital is asked to evaluate a 16-year-old patient who was admitted after a suicide attempt. The patient's parents are divorced. The mother, who has sole legal custody, is present and consents to the evaluation. The father arrives and demands to be included in the treatment planning. The mother objects. What should the LCSW do?

A. Include only the mother in treatment planning decisions since she holds sole legal custody and has the legal authority to make mental health treatment decisions for the minor

B. Include both parents equally in treatment planning since both biological parents retain treatment participation rights regardless of custody arrangements

C. Decline to make a determination and defer the decision to hospital legal counsel since custody disputes in medical settings require formal legal resolution

D. Include the father in the evaluation over the mother's objection since a suicide attempt constitutes an emergency that supersedes standard custody arrangements

19. An LCSW is providing therapy to a client who is a social media influencer with over one million followers. During a session, the client reveals plans to publicly share details of their therapy sessions, including the LCSW's name and specific therapeutic techniques used, in an upcoming video promoting mental health awareness. What should the LCSW discuss with the client?

A. Encourage the client's plans since reducing mental health stigma is a worthy public health goal that aligns with social work values of social justice and advocacy

B. Forbid the client from mentioning the LCSW by name since the therapist has the right to control how their professional identity is used in public media

C. Discuss the potential clinical and personal implications of public disclosure, the impact on the therapeutic relationship, the client's motivations, and the importance of informed decision-making while respecting the client's ultimate right to share their own therapy experience

D. Terminate the therapeutic relationship preemptively since the anticipated public disclosure will compromise the LCSW's ability to maintain appropriate professional boundaries

20. An LCSW is providing therapy to a client who reveals that she is employed as an exotic dancer. The LCSW holds personal moral objections to the sex industry. The client is not seeking therapy related to her employment and is presenting with generalized anxiety. What is the LCSW's ethical obligation?

A. Inform the client of the LCSW's personal objections in the interest of therapeutic transparency and allow the client to decide whether to continue treatment

B. Refer the client to another therapist since the LCSW's moral objections will inevitably influence the treatment and compromise clinical objectivity

C. Continue treatment but suggest the client explore whether her employment is contributing to the anxiety symptoms since the LCSW suspects a connection

D. Provide competent, nonjudgmental treatment for the presenting concern, manage personal biases through self-awareness and consultation, and avoid imposing personal values on the client's lawful life choices

21. An LCSW is treating a client who has been diagnosed with antisocial personality disorder and has a documented history of manipulating therapists. The client requests access to his own therapy records under California law. The LCSW is concerned that the client may use the information in the records to manipulate future treatment providers. What should the LCSW do?

- A. Deny the request based on clinical judgment that providing the records would be detrimental to the client's treatment
- B. Provide the records as requested, since California law grants clients the right to access their own mental health records, and the LCSW's speculation about potential misuse does not constitute a legally sufficient basis for withholding them
- C. Provide a summary of the records rather than the full records and note in the summary that the client has a history of manipulating treatment providers
- D. Require the client to have an attorney submit a formal written request before releasing the records to ensure proper legal documentation

22. An LCSW who recently completed EMDR training begins using the modality with clients. After several sessions with one client, the LCSW realizes that the client's complex presentation requires a level of EMDR expertise beyond the LCSW's current training. The client has responded positively to the initial sessions and wants to continue. What should the LCSW do?

- A. Seek additional EMDR consultation or supervision from a certified EMDR consultant to safely continue treating the client while developing greater expertise with the modality
- B. Continue using EMDR independently since the client is responding positively and interrupting a successful treatment would be clinically contraindicated
- C. Terminate EMDR treatment and switch to a modality in which the LCSW has more extensive training, even if it is less appropriate for the client's specific presentation
- D. Refer the client to a fully certified EMDR practitioner since continuing to provide EMDR beyond one's competence level constitutes an ethical violation regardless of supervision arrangements

23. An LCSW at a domestic violence agency is providing services to a woman who discloses that she has been physically violent toward her male partner on multiple occasions, causing injuries. She describes herself as "defending herself" but the details suggest she is the primary aggressor. The male partner has not sought services. What should the LCSW consider?

- A. Accept the client's characterization of self-defense since victims of domestic violence often minimize their own experience and the client's self-report should be taken at face value
- B. Refuse to continue providing services through the domestic violence agency since the client appears to be a perpetrator rather than a victim and is therefore ineligible for victim services

C. Assess the situation carefully without making assumptions based on gender, consider the dynamics of the relationship including power, control, and pattern of violence, and determine the most appropriate treatment approach and setting for the client's presentation

D. File a police report against the client for intimate partner violence since the LCSW has received a disclosure of ongoing criminal conduct involving physical injury

24. An LCSW is treating a client who was referred by their employer's employee assistance program (EAP). The EAP contract authorizes six sessions. During the third session, the client discloses severe childhood trauma that will require long-term treatment far exceeding the six-session limit. What is the LCSW's ethical obligation?

A. Terminate at the end of six sessions as contracted and provide the client with referrals for long-term therapy through their personal insurance

B. Contact the employer directly to advocate for additional EAP sessions given the severity of the clinical presentation

C. Continue seeing the client beyond the six sessions free of charge since terminating a client in the middle of trauma processing would constitute abandonment

D. Discuss the limitations of the EAP authorization with the client, begin appropriate stabilization within the remaining sessions, and develop a comprehensive referral plan for long-term therapy while ensuring a smooth transition of care

25. An LCSW is providing therapy to a client who shares that she regularly leaves her prescription psychiatric medication in an unlocked cabinet accessible to her three children, ages 2, 5, and 8. The medications include lithium and benzodiazepines. She states the children know not to touch the medications. What is the LCSW's obligation?

A. Document the discussion and provide psychoeducation about medication safety but take no further action since the parent is aware of the issue and has verbally instructed the children

B. Assess the risk and file a mandated child abuse report if the accessible storage of dangerous medications constitutes general neglect placing the children at substantial risk of harm, while also addressing the safety concern directly with the client

C. Report the situation to the prescribing psychiatrist and request that the psychiatrist intervene to ensure proper medication storage before the LCSW takes any additional action

D. Address the safety concern verbally but do not file a report since no child has actually ingested the medication and the risk remains hypothetical

26. An LCSW is providing therapy to a client who is transgender and has recently begun hormone replacement therapy. The client's endocrinologist contacts the LCSW requesting a letter confirming the client's gender dysphoria diagnosis to support continued hormone therapy. The client has signed a release of information authorizing communication with the endocrinologist. What should the LCSW do?

A. Provide the letter confirming the diagnosis and relevant clinical information within the scope of the signed release, as this supports the client's healthcare needs and is consistent with the authorized communication

B. Decline to provide the letter since confirming a diagnosis to support a medical treatment constitutes a forensic evaluation that conflicts with the therapeutic role

C. Provide the letter only if the client meets the specific diagnostic criteria in the DSM-5-TR for gender dysphoria as determined by a formal structured diagnostic interview

D. Provide the letter but insist that the endocrinologist conduct an independent psychological assessment before prescribing hormones to ensure the LCSW is not solely responsible for the medical authorization

27. An LCSW is conducting group therapy for adolescents at an outpatient clinic. During a session, a 14-year-old group member discloses to the group that she is pregnant and has been hiding the pregnancy from her parents. She is approximately 20 weeks along. What are the LCSW's obligations regarding this disclosure?

A. Immediately notify the client's parents since a 14-year-old is too young to make independent decisions about pregnancy and prenatal care

B. Maintain the client's confidentiality within the group setting and address the disclosure only in an individual session to protect the client's privacy from other group members

C. File a mandated child abuse report since a 14-year-old who is pregnant may have been the victim of statutory rape depending on the age of the father

D. Consider whether the pregnancy may involve unlawful sexual intercourse requiring a mandated report based on the ages of the parties involved, ensure the client has access to prenatal care under California's minor consent provisions for reproductive health, and address the group process implications of the disclosure

28. An LCSW working at a community mental health center receives a new client who presents with psychotic symptoms. During the intake, the LCSW learns the client has no health insurance and no income. The client needs antipsychotic medication but cannot afford it. What is the LCSW's ethical obligation beyond providing therapy?

- A. Assist the client in accessing medication through available resources such as Medi-Cal enrollment, pharmaceutical patient assistance programs, county mental health services, or community health centers that provide psychiatric services on a sliding scale
- B. Prescribe a generic antipsychotic medication since the client's inability to access a psychiatrist creates an emergency that justifies the LCSW expanding their scope of practice
- C. Provide therapy only and inform the client that medication access is outside the LCSW's scope of responsibility and the client must resolve this independently
- D. Contact a psychiatrist colleague and request that they provide a pro bono medication evaluation as a professional courtesy

29. An LCSW is treating a client who works as a commercial airline pilot. The client has been experiencing panic attacks during flights but has not reported this to the Federal Aviation Administration or the airline. He continues to fly commercial aircraft with hundreds of passengers. What are the LCSW's ethical and legal obligations?

- A. Assess the severity and frequency of the panic attacks, discuss the safety implications with the client, strongly encourage self-reporting to the FAA, and carefully evaluate whether the situation creates a Tarasoff-level duty to protect given the potential for serious harm to identifiable groups of people
- B. Report the client to the FAA immediately since the LCSW has knowledge that a pilot with a disqualifying medical condition is endangering hundreds of passengers per flight
- C. Maintain strict confidentiality since panic disorder is not among the conditions that trigger a mandatory exception to the psychotherapist-patient privilege under California law
- D. Continue treating the panic attacks therapeutically and trust that the client will self-report when clinically ready

30. An LCSW at a university counseling center is treating a graduate student who discloses that a faculty member in her department has been sending her sexually explicit text messages and pressuring her for a sexual relationship. The student does not want to report the faculty member because she fears academic retaliation. What is the LCSW's obligation?

- A. Report the faculty member to the university's Title IX office immediately since the LCSW may be considered a responsible employee with mandatory reporting obligations under Title IX
- B. Respect the client's autonomy regarding reporting while providing information about campus reporting options, Title IX protections against retaliation, and available support resources, and clarify the LCSW's own reporting obligations based on the institution's specific policies

C. Encourage the client to report but ultimately maintain therapeutic confidentiality since the client is an adult making an autonomous decision about a personal matter

D. Inform the faculty member's department chair about the allegations to initiate an informal investigation that would protect the student's anonymity

31. An LCSW is providing family therapy to a family in which the identified patient is a 10-year-old child with behavioral problems. During a family session, the 10-year-old's 16-year-old sibling abruptly discloses that she has been sexually assaulted by a neighbor and has never told anyone. The parents appear shocked. What should the LCSW do?

A. Continue the family session and process the disclosure within the family system since the presence of supportive family members creates an ideal therapeutic environment for trauma disclosure

B. Request that the parents leave the room so the LCSW can speak with the 16-year-old privately and gather more details about the assault before involving the family

C. Pause the session and address the 16-year-old's emotional state privately, but do not file a mandated report since the adolescent is not the identified client in the family therapy

D. Acknowledge the disclosure with sensitivity, attend to the immediate emotional needs of the 16-year-old and the family, file a mandated child abuse report based on the disclosure of sexual assault of a minor, and arrange for appropriate follow-up services

32. An LCSW has been treating a client with severe social anxiety for two years. The client has made significant progress but now wants to terminate therapy. The LCSW believes the client would benefit from additional treatment to address underlying attachment issues that were not part of the original treatment goals. What should the LCSW do?

A. Respect the client's decision to terminate, share the clinical perspective about potential additional work in a non-pressuring way, ensure the client knows they can return if needed, and complete the termination process

B. Strongly recommend the client continue treatment and explain that premature termination will likely result in relapse and loss of the progress made over two years

C. Agree to terminate but schedule a series of gradually spaced follow-up sessions to monitor for relapse without the client's explicit agreement

D. Refuse to terminate and explain that the LCSW has a professional obligation to ensure treatment is complete before allowing the client to leave therapy

33. An LCSW is called to testify as a fact witness in a civil lawsuit involving a client. The client has waived psychotherapist-patient privilege for the purpose of the litigation. During cross-examination, the opposing attorney asks the LCSW a hypothetical question requesting an expert clinical opinion about the client's future psychological functioning. The LCSW has not been retained as an expert witness. What should the LCSW do?

- A. Answer the hypothetical question since the client waived privilege and the LCSW has clinical knowledge about the client's condition
- B. Answer the question but clarify that the opinion is based on clinical observations from therapy rather than a formal forensic evaluation
- C. Decline to offer an expert opinion, explaining to the court that the LCSW was called as a fact witness, not an expert witness, and that offering speculative opinions about future functioning exceeds the scope of the fact witness role
- D. Object to the question independently on the grounds that hypothetical questions are not permitted in civil proceedings

34. An LCSW is working with a family whose 12-year-old child has been diagnosed with gender dysphoria. The child identifies as transgender and has expressed a desire to socially transition at school. The parents are supportive but the school district has refused to use the child's preferred name and pronouns. The parents ask the LCSW to intervene with the school. What should the LCSW consider?

- A. The LCSW should avoid intervening with the school since educational policy decisions are outside the scope of clinical practice
- B. California law (AB 1266 and related legislation) supports the right of transgender students to be addressed by their preferred name and pronouns, and the LCSW can advocate for the child's wellbeing by providing clinical documentation and psychoeducation to the school while collaborating with the family
- C. The LCSW should intervene only if the school district's refusal is causing measurable psychological harm as documented through standardized assessment measures
- D. The LCSW should refer the family to a civil rights attorney and avoid direct involvement with the school to prevent the appearance of clinical bias in a potential legal dispute

35. An LCSW is treating a 55-year-old client with treatment-resistant depression. The client has tried multiple medications and therapeutic approaches without significant improvement. The client's psychiatrist recommends electroconvulsive therapy (ECT). The client asks the LCSW for guidance. What is the most appropriate response?

- A. Discourage ECT and recommend the client seek a second psychiatric opinion since ECT is an outdated treatment with significant risks that outweigh the potential benefits
- B. Encourage the client to proceed with ECT since the psychiatrist has determined it is medically indicated and the LCSW should defer to the psychiatric recommendation
- C. Avoid offering any opinion on ECT since the LCSW is not qualified to comment on medical procedures and doing so would exceed the scope of practice
- D. Explore the client's feelings about the recommendation, provide support for informed decision-making, encourage the client to discuss risks and benefits thoroughly with the psychiatrist, and respect the client's ultimate autonomous choice

36. An LCSW works at a residential facility for adults with severe and persistent mental illness. A client with schizophrenia has been refusing to shower or change clothes for three weeks, resulting in significant hygiene concerns and complaints from other residents and staff. The client is not conserved. What ethical principles should guide the LCSW's approach?

- A. The client's right to refuse personal hygiene practices is absolute since competent adults have the right to make all decisions about their bodily care and living habits
- B. The client should be placed on a 5150 hold since the inability to maintain basic hygiene constitutes evidence of grave disability under the LPS Act
- C. Balance respect for the client's autonomy with consideration of the impact on the therapeutic community, assess whether the hygiene refusal reflects a symptom of psychosis or a capacitated choice, and explore interventions that respect the client's dignity while addressing health and community concerns
- D. Mandate daily supervised showering as a condition of continued residency since residential facilities have the authority to establish and enforce hygiene standards for all residents

37. An LCSW has been treating a client for three years. The client is a talented artist and offers the LCSW an original painting they created specifically for the LCSW. The painting has an estimated market value of \$2,000. The client states the painting represents their gratitude and therapeutic journey. What is the most appropriate response?

- A. Decline the gift, explain that accepting a gift of significant monetary value could alter the therapeutic dynamic, and explore the meaning and emotions behind the offer therapeutically
- B. Accept the painting since it represents the client's creative expression and therapeutic progress, and refusing would devalue the client's artistic work and emotional gesture

C. Accept the painting but pay the client fair market value to transform the gift into a commercial transaction that eliminates the ethical concern

D. Accept the painting on the condition that it will be donated to the agency or a charity, thereby preventing the LCSW from personally profiting from the therapeutic relationship

38. An LCSW is treating a client who is an undocumented immigrant and a victim of domestic violence. The client is eligible for a U-visa, which provides legal immigration status to crime victims who cooperate with law enforcement. The client asks the LCSW to complete the certification form required for the U-visa application. What should the LCSW know?

A. LCSWs are not authorized to complete U-visa certification forms since only law enforcement officials have the legal authority to certify U-visa applications

B. While LCSWs cannot certify the U-visa form itself, the LCSW can provide clinical documentation supporting the application, assist the client in understanding the process, and connect the client with legal resources and victim advocacy organizations that can facilitate the certification

C. LCSWs can complete U-visa certification forms directly since mental health professionals who have treated victims of qualifying crimes have the authority to certify the application

D. Decline any involvement in the U-visa process since participating in immigration-related documentation could be perceived as political advocacy that compromises the LCSW's clinical neutrality

39. An LCSW is treating a 13-year-old client whose parents are going through a divorce. Both parents have been calling the LCSW separately, each attempting to elicit statements from the LCSW that would support their custody position. The father asks the LCSW to testify that the mother's mental health makes her an unfit parent. The mother asks the LCSW to testify that the father's anger issues make him dangerous. What is the LCSW's most appropriate response?

A. Agree to testify on behalf of whichever parent the LCSW believes would be the better custodial placement based on clinical observations from the child's therapy

B. Agree to testify for both parents simultaneously, presenting balanced clinical observations about each parent without advocating for either position

C. Decline to serve as a custody evaluator or advocate for either parent, explain that the LCSW's role is as the child's therapist and that offering custody opinions would compromise the therapeutic relationship, and recommend the court appoint an independent custody evaluator

D. Withdraw from treating the child entirely since the parents' competing demands have made it impossible to maintain therapeutic neutrality

40. An LCSW is treating a client who discloses that they have created a social media account impersonating the LCSW, posting fabricated therapeutic advice using the LCSW's name and credentials. The posts contain medically dangerous recommendations. The client finds this amusing and sees no problem. What actions should the LCSW consider?

A. Address the behavior exclusively within the therapeutic framework and avoid any legal action since pursuing legal remedies against a client would constitute a boundary violation

B. Immediately terminate the therapeutic relationship and file a police report since the client's behavior constitutes identity theft and could endanger the public

C. Address the behavior therapeutically while also taking appropriate steps to protect the public from the dangerous misinformation, which may include requesting the platform remove the content, consulting with an attorney about legal options, and informing the client of the serious legal and ethical implications

D. Report the client to the BBS since the client's impersonation of a licensed clinician constitutes the unauthorized practice of therapy

41. An LCSW is providing therapy to a client who is also receiving acupuncture from a traditional Chinese medicine practitioner for the same presenting complaint of chronic pain and depression. The client reports that the acupuncture is helping significantly. The LCSW is skeptical of acupuncture's efficacy. What is the most appropriate approach?

A. Support the client's engagement with both treatment modalities, inquire about the acupuncture experience as part of holistic care, and avoid undermining the client's confidence in a complementary treatment that is providing subjective benefit

B. Recommend the client discontinue acupuncture and focus exclusively on evidence-based Western psychotherapy to avoid diluting the therapeutic intervention

C. Inform the client that acupuncture has no scientific basis for treating depression and that continuing with it could delay meaningful therapeutic progress

D. Request that the acupuncture practitioner provide clinical documentation before the LCSW will support the client's continued participation in both treatments

42. An LCSW is providing supervision to an ASW who has a caseload of clients from a Native American tribal community. The ASW is non-Native and has limited experience working with Indigenous populations. The tribal community has expressed concerns about the cultural competency of the services being provided. What is the supervisor's obligation?

- A. Reassign all tribal community clients to a Native American clinician since non-Native therapists are inherently unable to provide culturally competent services to Indigenous populations
- B. Provide culturally responsive supervision that includes education about Native American cultural values, historical trauma, and tribal sovereignty; facilitate consultation with tribal elders or cultural liaisons; and support the ASW in developing culturally humble clinical practice
- C. Defend the ASW's clinical competence and dismiss the tribal community's concerns since clinical training provides adequate preparation for working with diverse populations
- D. Advise the ASW to incorporate Native American cultural practices such as smudging and sweat lodge ceremonies into therapy sessions to demonstrate cultural sensitivity

43. An LCSW is treating a client who lost their home in a wildfire. The client has received a substantial insurance settlement and disaster relief funds. During therapy, the client reveals they inflated their insurance claim by \$50,000, listing items they did not actually own. The client is not a government employee, and no public funds are involved in the inflated claim. What is the LCSW's obligation?

- A. Report the insurance fraud to the insurance company since disaster-related fraud undermines the integrity of systems designed to help genuine disaster victims
- B. Report the fraud to law enforcement since insurance fraud exceeding a specified dollar amount constitutes a felony that the LCSW is mandated to report
- C. Maintain confidentiality since insurance fraud does not fall within any mandatory exception to the psychotherapist-patient privilege, and address the behavior clinically including its legal, financial, and psychological implications
- D. Maintain confidentiality regarding the specific fraud but notify the disaster relief agency that the client may have received funds under false pretenses

44. An LCSW provides therapy to a married couple. After eight sessions, the LCSW begins to develop strong romantic feelings toward one of the partners. The LCSW has not acted on these feelings and has not disclosed them to either partner. What is the LCSW's most appropriate course of action?

- A. Seek immediate consultation or personal therapy to address the countertransference, assess whether the feelings are manageable without compromising the quality of care, and if not, arrange an ethical transfer of the couple to another therapist without disclosing the specific reason

B. Disclose the feelings to both partners in the spirit of therapeutic transparency since honesty is a cornerstone of effective couples therapy

C. Continue the couples therapy while privately managing the feelings since countertransference is a normal therapeutic phenomenon that does not require external intervention

D. Disclose the feelings to the partner who is the object of the attraction in a private conversation and explore whether the feelings are mutual before deciding how to proceed

45. An LCSW treating a client with hoarding disorder receives a call from the city code enforcement department. The caller states that the client's property has been cited for multiple code violations and the city intends to condemn the property unless conditions improve within 30 days. The caller asks the LCSW to confirm that the resident is receiving mental health treatment. What should the LCSW do?

A. Coordinate directly with the code enforcement department since failing to intervene could result in the client losing their housing

B. Confirm the client is receiving treatment since doing so could motivate the code enforcement department to extend the compliance deadline

C. Neither confirm nor deny that the individual is a client without proper authorization, inform the client about the code enforcement contact, and explore how to support the client in addressing the situation therapeutically

D. Inform the client's family about the code enforcement citation so they can help the client remediate the conditions before the property is condemned

46. An LCSW is working with a client who has recently been released from a psychiatric hospitalization following a manic episode during which the client made numerous impulsive financial decisions including large purchases and risky investments. The client is now stable on medication and deeply regretful. The client asks the LCSW to write a letter to the client's bank stating that the financial decisions were made during a period of mental incapacity. What should the LCSW do?

A. Write the letter exactly as requested since the LCSW treated the client during the manic episode and can attest to the client's mental state at the time

B. Offer to provide a clinical letter describing the client's diagnosis, the timeline of the manic episode, and the general impact of mania on decision-making capacity, while explaining that the LCSW cannot make a legal determination of incapacity and recommending the client consult an attorney for formal capacity proceedings

C. Decline to write any letter since providing documentation to support financial reversal constitutes a forensic function incompatible with the therapeutic role

D. Write the letter but include a disclaimer stating that the LCSW is providing a clinical opinion and not a legal determination of incapacity

47. An LCSW is treating a client who discloses that she discovered her 15-year-old son has been creating and distributing sexually explicit images of himself to peers through a messaging application. The son is not the LCSW's client. What must the LCSW consider?

A. No reporting obligation exists since the minor is creating images of himself voluntarily and is both the creator and subject of the material

B. The LCSW should contact the son's school to report the behavior since schools have the infrastructure and authority to address sexting among students

C. The LCSW should report the mother for failing to adequately supervise her son's online activities, as this constitutes a form of parental neglect

D. Whether the distribution of sexually explicit images by a minor may constitute exploitation, whether other minors are involved as recipients, and whether the circumstances suggest that the behavior warrants a mandated report or another form of intervention to protect the involved minors

48. An LCSW who recently obtained licensure is offered a salaried position at a clinic that exclusively uses a proprietary therapeutic modality developed by the clinic's founder. The modality has not been validated through peer-reviewed research. The clinic requires all therapists to use this modality exclusively with all clients, regardless of presenting problem. What ethical concern is most significant?

A. The requirement to use an unvalidated modality exclusively with all clients regardless of clinical presentation conflicts with the ethical obligation to provide competent, individualized care informed by the best available evidence

B. The proprietary nature of the modality raises financial conflict-of-interest concerns since the clinic founder profits from requiring its exclusive use

C. The clinic's restriction prevents the LCSW from obtaining supervised experience in other modalities necessary for full professional development

D. The salaried position creates an inherent financial dependency that would compromise the LCSW's ability to exercise independent clinical judgment

49. An LCSW receives a telephone call from a person claiming to be a CPS investigator requesting information about a current client and her children. The caller provides a case number and states the investigation involves allegations of emotional abuse. The client has not mentioned any CPS involvement. What should the LCSW do?

- A. Provide the requested information immediately since CPS investigations involve child safety and take priority over standard confidentiality protections
- B. Decline to provide any information regardless of verification since CPS investigations are adversarial proceedings and the LCSW must protect the client's interests
- C. Verify the caller's identity by calling the CPS office directly using a publicly listed number, and if verified, determine the scope of information that may be disclosed consistent with California law before releasing any information
- D. Provide only the client's attendance dates and diagnosis since this limited information does not constitute a substantive breach of confidentiality

50. An LCSW is treating a client who is a foster parent licensed by the county. During therapy, the client reveals that she has been using physical discipline — specifically spanking with a wooden spoon — on the foster children in her care. She states this is how she was raised and she believes it is effective. What is the LCSW's obligation?

- A. Address the spanking as a cultural practice and explore alternative discipline strategies without filing a report since the client is engaging in discipline rather than abuse
- B. File a mandated child abuse report since physical discipline of foster children with an implement is prohibited under California foster care regulations and constitutes reportable physical abuse
- C. Contact the county foster care licensing agency informally to inquire about their policies on physical discipline before deciding whether to file a formal report
- D. Document the disclosure and educate the client about appropriate discipline methods for foster children while monitoring for any escalation in the physical discipline

51. An LCSW is providing teletherapy to a client who, during a session, hears loud banging and screaming from the apartment next door. The sounds suggest a violent altercation. The client becomes frightened and tells the LCSW she thinks her neighbor is being seriously hurt. What should the LCSW do?

- A. Continue the session and process the client's fear response since the sounds are occurring in the client's environment and the LCSW has no direct knowledge of what is happening
- B. Terminate the session immediately since providing therapy during an active safety crisis in the client's environment is clinically inappropriate
- C. Instruct the client to go to the neighbor's door and check on the situation to determine whether anyone needs help
- D. Encourage the client to call 911 if she believes someone is in danger, assist with the client's emotional state, and adjust the session focus to address the client's immediate safety and distress

52. An LCSW working in a primary care setting is asked by a physician to conduct a capacity evaluation on an elderly patient who is refusing a recommended amputation for a gangrenous limb. The physician believes the patient lacks capacity. During the evaluation, the LCSW determines the patient has full decision-making capacity and understands the consequences of refusing amputation, including death. The patient cites quality of life concerns. What should the LCSW communicate?

- A. Recommend a second evaluation by a psychiatrist since the decision to refuse life-saving treatment raises questions about depression or cognitive impairment that exceed the LCSW's assessment capabilities
- B. Recommend that the medical team override the patient's wishes and proceed with the amputation since allowing a patient to die from a treatable condition violates the medical principle of beneficence
- C. Report the findings to the physician only verbally without written documentation to protect the LCSW from liability if the patient dies after refusing the amputation
- D. Report that the patient possesses decision-making capacity, document the evaluation thoroughly, and recommend that the medical team respect the patient's autonomous decision while ensuring the patient has been fully informed of all options

53. An LCSW is providing therapy to a client who is also the LCSW's insurance agent. The client has been providing the LCSW's homeowner's insurance for three years, predating the therapeutic relationship by one year. A hurricane damages the LCSW's home and the LCSW must now file a major claim that the client-agent will process. What should the LCSW do?

- A. Continue both relationships since the insurance relationship predates the therapy and the hurricane claim is an unforeseeable event that does not change the ethical analysis
- B. Transfer the insurance policy to a different agent at the same company before filing the claim to eliminate the conflict while continuing therapy

C. Recognize that the insurance claim has significantly intensified the dual relationship by creating competing financial interests, assess whether the therapeutic relationship can continue without compromise, and consider whether transferring either the insurance or the therapy is necessary to protect the client and the clinical work

D. Continue therapy but recuse from any conversations about insurance during sessions and maintain a strict boundary between the two relationships

54. An LCSW is treating a client who has been ordered by the court to complete a 52-week batterer intervention program (BIP). The client has completed 40 weeks and has made significant progress. The BIP facilitator contacts the LCSW requesting a letter stating the client has completed therapy, which the client intends to submit to the court as evidence of compliance. The client is in individual therapy with the LCSW, not a BIP. What should the LCSW do?

A. Provide the letter since the client has been engaged in therapy addressing anger and relational issues that overlap with the goals of a BIP

B. Decline to provide a letter misrepresenting individual therapy as BIP completion, clarify the distinction between individual therapy and a certified BIP, and offer to write a letter accurately describing the client's participation in individual therapy

C. Provide the letter if the client signs a waiver acknowledging that the LCSW's individual therapy is not a certified BIP

D. Report the client's request to the court since attempting to misrepresent therapy as BIP completion constitutes fraud upon the court

55. An LCSW is working at a crisis center when a client presents stating that God has told him to fast for 40 days and he has not eaten for 12 days. He appears emaciated and weak. He states this is a religious practice and he is at peace with his decision. He denies any desire to harm himself. What should the LCSW consider?

A. Respect the client's religious practice since fasting is a protected religious exercise and the client has explicitly denied suicidal intent

B. Immediately place the client on a 5150 hold for danger to self since the 12-day fast constitutes a life-threatening behavior regardless of the religious justification

C. Refer the client to a religious leader from his faith tradition to mediate between the spiritual practice and the medical concerns

D. Assess the client's mental status, evaluate whether the religious directive may represent psychotic symptomatology, determine the medical severity of the starvation, and consider whether the client's condition meets criteria for intervention based on danger to self or grave disability regardless of the stated religious motivation

56. An LCSW receives a request from a health insurance company asking the LCSW to complete a treatment review form that includes a question asking the LCSW to predict the client's date of "full recovery." The client has a chronic mental health condition with no anticipated cure. What should the LCSW do?

A. Complete the form accurately, noting that the client's condition is chronic and that treatment goals focus on symptom management and functional improvement rather than full recovery, and advocate for continued authorization based on clinical necessity

B. Provide an estimated recovery date to ensure the client's treatment continues to be authorized, as refusing to complete the form could result in loss of insurance coverage

C. Decline to complete the form entirely since the question about full recovery reflects a fundamental misunderstanding of chronic mental illness that the LCSW should not dignify with a response

D. Contact the insurance company's medical director to educate them about chronic mental health conditions before completing the form

57. An LCSW is treating a client who reveals that she has secretly installed surveillance cameras throughout her home, including in the bathroom and bedrooms used by her 16-year-old daughter and the daughter's friends during sleepovers. The client states this is for the daughter's safety. What should the LCSW consider?

A. This is a parenting decision that falls within the mother's authority since parents have the right to monitor their minor children's activities within their own home

B. Whether the recording of minors in private spaces such as bathrooms may constitute exploitation or an invasion of privacy that could rise to the level of child abuse, and whether the recording of the daughter's friends raises additional legal concerns

C. Document the disclosure and monitor for any indication that the recordings are being shared or used inappropriately before taking any action

D. Advise the client to inform her daughter about the cameras to convert the surveillance from covert to overt monitoring, which would eliminate the ethical concern

58. An LCSW is providing family therapy when a 17-year-old client discloses during a session that she has been working as an escort to earn money for college. She states that her activities involve companionship only and no sexual contact. Her parents are present and become upset. What must the LCSW consider?

- A. No reporting obligation since the minor is describing lawful employment involving companionship services without sexual contact
- B. Accept the minor's description at face value and refocus the session on the family's emotional response to the disclosure
- C. Whether the circumstances surrounding a minor working as an escort suggest possible sexual exploitation or trafficking regardless of the minor's characterization of the activities, and whether a mandated report is warranted based on the reasonable suspicion standard
- D. Report the parents for neglect since a 17-year-old engaging in escort work suggests inadequate parental supervision

59. An LCSW is treating a client who reveals that they have placed hidden audio recording devices in their ex-spouse's home to gather evidence for a custody modification proceeding. The client asks the LCSW to listen to the recordings during a session to provide a clinical opinion about the ex-spouse's parenting. What should the LCSW do?

- A. Listen to the recordings since they contain information relevant to the children's wellbeing and the LCSW has a duty to consider all available information
- B. Listen to the recordings but advise the client that they are likely inadmissible in court due to California's two-party consent law
- C. Decline to listen but take no further action since the client's extrajudicial surveillance activities are not the LCSW's concern
- D. Decline to listen to or incorporate the recordings, explain that the recordings were likely obtained illegally under California's wiretapping laws, address the behavior therapeutically, and refrain from providing custody opinions based on the therapeutic relationship

60. An LCSW at a community mental health center has been treating a client for depression. The client's condition has significantly worsened, and the LCSW suspects the client may have an underlying neurological condition based on new symptoms including word-finding difficulties, personality changes, and spatial disorientation. What is the LCSW's obligation?

- A. Communicate the concern to the client and make an urgent referral for a comprehensive neurological evaluation, as failing to identify and refer potential medical contributions to psychiatric symptoms could result in harm
- B. Expand the psychosocial assessment to include cognitive screening instruments before making a medical referral since the LCSW needs objective data to support the referral
- C. Add a neurocognitive disorder to the diagnostic formulation and adjust the treatment plan to include cognitive rehabilitation exercises
- D. Document the observations and continue monitoring the symptoms over the next several sessions to determine whether the pattern persists before alarming the client with a medical referral

61. An LCSW is providing therapy to a same-sex couple who are in the process of adopting a child. The adoption agency requests that the LCSW provide a "fitness to parent" letter. The LCSW has been treating the couple for relationship enhancement and has not conducted a formal parenting evaluation. What should the LCSW do?

- A. Provide a comprehensive fitness-to-parent letter based on the LCSW's observations from couples therapy since the LCSW has extensive knowledge of the couple's relational functioning
- B. Offer to provide a letter describing the couple's engagement in therapy and general relational strengths observed during treatment, while clarifying that the letter does not constitute a formal parenting evaluation and recommending the agency arrange an independent home study if a comprehensive assessment is needed
- C. Decline entirely since providing any documentation to an adoption agency constitutes a forensic evaluation function that conflicts with the therapeutic role
- D. Conduct a formal parenting assessment in addition to the ongoing therapy to meet the adoption agency's request

62. An LCSW is treating a client with an opioid use disorder who is stable on medication-assisted treatment with buprenorphine. The client's employer has implemented random drug testing. The client is concerned that the buprenorphine will result in a positive test and job loss. The client asks the LCSW to provide a letter to the employer. What should the LCSW consider?

- A. Provide a letter confirming the client is prescribed buprenorphine only if the client explicitly authorizes the disclosure in writing
- B. Decline to provide any documentation since disclosing a client's substance use treatment to an employer could violate 42 CFR Part 2

C. Discuss the protections and limitations of 42 CFR Part 2, the ADA's protections for individuals in MAT programs, and help the client make an informed decision about disclosure, obtaining proper authorization before any communication with the employer

D. Provide the letter without discussing potential consequences since the client's job security takes immediate priority over discussing regulatory nuances

63. An LCSW treating a client with chronic suicidal ideation implements a safety plan collaboratively with the client. Three months later, the client presents with acute suicidal ideation and a plan. The LCSW reviews the safety plan with the client, but the client states the plan is no longer helpful. What should the LCSW do?

A. Rely on the existing safety plan since it was collaboratively developed and remains the agreed-upon crisis protocol

B. Have the client sign a no-suicide contract as a more binding alternative to the safety plan that has proven ineffective

C. Reduce the frequency of sessions to decrease the client's dependence on the therapist during crisis periods

D. Conduct a comprehensive reassessment of risk, revise the safety plan based on the current clinical presentation, increase the level of care if indicated, and consider whether hospitalization or other intensive interventions are necessary to ensure the client's safety

64. An LCSW is treating a client whose 8-year-old child attends therapy with a different clinician. The client reports that the child's therapist has been asking the child detailed questions about the client's dating life, alcohol consumption, and financial situation during the child's therapy sessions. The client feels the child's therapist is using the child to gather information about her. What should the LCSW do?

A. Address the client's concerns therapeutically, encourage the client to communicate directly with the child's therapist about the perceived boundary issue, and support the client in advocating for appropriate treatment boundaries for the child

B. Contact the child's therapist directly to confront them about the alleged inappropriate use of the child to gather information about the parent

C. File an ethics complaint against the child's therapist with the therapist's licensing board based on the client's report of the therapist's conduct

D. Advise the client to immediately remove the child from therapy with the current therapist and find a new provider since the therapist is clearly acting unethically

65. An LCSW provides therapy to a client who has a service animal that accompanies them to sessions. The LCSW has a severe animal allergy that is exacerbated by the client's service animal, causing significant respiratory distress during sessions. What should the LCSW do?

A. Discuss the situation openly with the client, explore reasonable accommodations that would allow therapy to continue such as teletherapy sessions or an alternate clinical space, and ensure the client's treatment is not disrupted

B. Ask the client to provide documentation proving the animal is a legitimate service animal before making any accommodations since emotional support animals are not entitled to the same access rights

C. Continue sessions in person without accommodation since requesting changes would constitute disability discrimination against the client

D. Inform the client that therapy can continue only if the service animal is left outside the building during sessions

66. An LCSW is providing therapy to a client who reveals that she has been pretending to have cancer to receive financial donations through an online crowdfunding platform. She has raised over \$100,000. She presents with factitious disorder and is genuinely seeking help for the compulsive lying behavior. What is the LCSW's obligation?

A. Report the client to law enforcement since fraud exceeding \$100,000 constitutes a serious felony that the LCSW is required to report under mandatory crime reporting provisions

B. Maintain confidentiality since the fraudulent fundraising does not fall within any exception to the psychotherapist-patient privilege, and address the behavior clinically including the legal and interpersonal consequences while strongly encouraging the client to cease the fraud and make restitution

C. Contact the crowdfunding platform to report the fraudulent campaign since the LCSW has knowledge that donors are being defrauded

D. Refuse to continue treating the client since providing therapy to someone actively committing fraud would make the LCSW complicit in the ongoing criminal activity

67. An LCSW is treating a 14-year-old client who discloses that her mother's boyfriend has been coming into her bedroom at night and watching her sleep. He has not touched her or spoken to her during these incidents. The client feels uncomfortable but is unsure whether to tell her mother. What is the LCSW's obligation?

- A. Document the disclosure and continue to monitor the situation in future sessions before determining whether a report is necessary
- B. Encourage the client to tell her mother about the boyfriend's behavior so the mother can address the situation directly within the family
- C. Address the client's discomfort therapeutically but do not file a report since no physical contact or verbal interaction has occurred
- D. File a mandated child abuse report, as an adult male entering a minor's bedroom at night to watch her sleep constitutes concerning behavior that rises to the level of reasonable suspicion of child abuse or sexual exploitation

68. An LCSW is treating a couple in which one partner has recently been diagnosed with a progressive terminal illness. The healthy partner confides individually that they are considering ending the relationship because they "didn't sign up for this." They ask the LCSW to keep this from the terminally ill partner during conjoint sessions. What should the LCSW do?

- A. Explain that maintaining secrets in conjoint therapy is inconsistent with the therapeutic framework, explore the healthy partner's fears and motivations, and discuss how to address the concerns within the couples treatment or through individual referrals
- B. Maintain the secret temporarily to protect the terminally ill partner's emotional wellbeing during a vulnerable period
- C. Immediately disclose the healthy partner's feelings to the terminally ill partner in the next conjoint session to ensure therapeutic honesty
- D. Terminate couples therapy immediately and refer each partner for individual therapy since the relationship is no longer viable

69. An LCSW who works at a nonprofit agency discovers that the executive director has been diverting client donations intended for client emergency assistance into the agency's general operating fund to cover administrative expenses. Clients who applied for emergency assistance were told no funds were available. What is the LCSW's obligation?

- A. Focus on providing the best possible clinical services to clients and avoid involvement in agency financial management decisions

B. Report the diversion through appropriate channels, which may include the agency's board of directors, funding sources, or regulatory authorities, as the diversion of designated client funds constitutes both an ethical violation and potential fraud that directly harms the clients the LCSW serves

C. Discuss the concern privately with the executive director and allow them to correct the situation before involving external parties

D. Resign from the agency since remaining employed at an organization engaged in financial misconduct would compromise the LCSW's professional ethics

70. An LCSW treats a client with PTSD who has been making progress using cognitive processing therapy. The client's insurance company sends a letter denying further authorization for CPT, stating that the client should switch to a "lower-cost group therapy format" for continued treatment. The LCSW's clinical judgment is that the client is not appropriate for group therapy due to the nature of her trauma. What should the LCSW do?

A. Comply with the insurance company's directive and transition the client to group therapy since the insurance company has the authority to determine the format of covered services

B. Continue providing individual CPT without insurance authorization and absorb the cost personally since the LCSW has an ethical obligation to prioritize client welfare over financial considerations

C. Appeal the insurance company's decision by providing clinical documentation supporting the medical necessity of continued individual CPT, including the specific clinical contraindications for group therapy, and explore alternative coverage options with the client

D. Terminate treatment and provide referrals to clinicians who offer group therapy, documenting the clinical objection in the chart

71. An LCSW is treating a client whose ex-partner is also a client at the same agency, treated by a different clinician. The LCSW's client reports that the ex-partner has been stalking her and has violated a restraining order. The LCSW learns from agency records that the ex-partner has an upcoming appointment at the agency on the same day and time as the LCSW's client. What should the LCSW do?

A. The LCSW should not access the ex-partner's schedule since doing so would constitute an unauthorized access of another client's protected health information

B. The LCSW should warn the client that her ex-partner has an appointment at the same time so the client can reschedule to avoid an unsafe encounter

C. The LCSW should cancel the ex-partner's appointment to protect the client's safety without disclosing the reason to the ex-partner's clinician

D. The LCSW should bring the scheduling concern to the attention of agency administration or the clinical director to address the safety issue through appropriate institutional channels without directly accessing or disclosing either client's protected information

72. An LCSW is treating a client with severe panic disorder who has become increasingly dependent on the LCSW, calling multiple times daily and expressing an inability to function without the LCSW's reassurance. The client has stated, "You are the only person keeping me alive." What clinical and ethical concerns should the LCSW address?

A. Recognize the excessive dependency as a clinical issue requiring immediate attention, set appropriate boundaries around between-session contact, develop a plan to gradually increase the client's independent coping capacity, and assess whether the level of care is sufficient or whether a higher intensity of services is needed

B. Continue responding to all calls since the client's statement suggests suicidal ideation that requires constant monitoring to ensure safety

C. Terminate the relationship immediately since the level of dependency indicates the therapy is causing harm rather than promoting the client's independence and autonomy

D. Reduce availability gradually without discussing the boundary change with the client to avoid triggering an abandonment response

73. An LCSW at an outpatient clinic is informed that a former client who terminated therapy six months ago has died by suicide. The clinic director asks the LCSW to review and "update" the former client's records to ensure they reflect a thorough standard of care. What should the LCSW do?

A. Review the records and add any clinically relevant retrospective notes that would clarify the LCSW's clinical thinking at the time of treatment

B. Refuse to alter the existing records in any way, as modifying clinical documentation after a client's death could constitute evidence tampering, and instead consult with a malpractice attorney and the LCSW's professional liability insurance carrier

C. Add a supplementary note to the file documenting the client's death and the LCSW's recollection of the clinical rationale for decisions made during treatment

D. Comply with the clinic director's request since the director has administrative authority over clinical records and is acting in the agency's best interest

74. An LCSW is conducting a clinical assessment of an adolescent who reports experiencing auditory hallucinations. The adolescent's culture has a tradition of communicating with ancestral spirits, and the

family describes the experiences as a spiritual gift rather than a symptom of mental illness. What should the LCSW consider?

- A. Diagnose the adolescent with a psychotic disorder since auditory hallucinations are pathological regardless of cultural context
- B. Defer entirely to the family's cultural explanation and do not assign any psychiatric diagnosis since cultural practices must be respected above clinical judgment
- C. Conduct a comprehensive culturally informed assessment that differentiates between culturally normative spiritual experiences and psychopathology, considering the degree of distress, functional impairment, and cultural context before making diagnostic determinations
- D. Refer the adolescent to a traditional healer from their cultural background and discontinue the clinical assessment since Western psychiatric frameworks are not appropriate for evaluating spiritual experiences

75. An LCSW is providing therapy to a client who is a physician. During a session, the client mentions that she made a serious medical error last week that harmed a patient. She reported the error through the hospital's incident reporting system. She is experiencing significant guilt and self-blame. What is the LCSW's primary obligation?

- A. Report the physician to the Medical Board of California since the LCSW has knowledge that a healthcare professional's error harmed a patient
- B. Contact the injured patient directly to ensure they are receiving appropriate follow-up care since the LCSW has an ethical duty to protect vulnerable individuals
- C. Advise the physician to consult with a malpractice attorney before discussing the incident further in therapy since the session content could be subpoenaed
- D. Provide therapeutic support for the physician's emotional response to the error, address the guilt and self-blame clinically, and maintain confidentiality since the error has already been reported through appropriate institutional channels

## Practice Exam 12: Answer Key and Explanations

1. D — California Senate Bill 1172 (2012) explicitly prohibits licensed mental health professionals from performing sexual orientation change efforts (SOCE), commonly known as conversion therapy, on clients under age 18. The law applies regardless of parental consent or religious motivation. The LCSW must decline the request and may offer alternative therapeutic approaches such as supporting the adolescent's identity development and facilitating family dialogue.

2. B — Closing a practice requires comprehensive planning to protect client welfare. The LCSW must provide adequate notice to active clients, facilitate transitions to new providers, arrange for secure storage of all records for the legally mandated retention periods, and designate a records custodian through a professional will. Simply shredding records or surrendering the license does not fulfill these obligations.

3. A — The situation requires clinical assessment rather than an automatic response. While vaccination refusal alone is not per se neglect, the consequence — children being excluded from school and losing access to education — may constitute general neglect depending on the totality of circumstances. The LCSW should evaluate whether reasonable suspicion of neglect exists while simultaneously treating the underlying phobia that is driving the parent's avoidance.

4. C — Firearm screening tools in behavioral health settings serve a legitimate clinical and public health purpose, particularly for clients at risk of suicide or violence. The LCSW should integrate the tool within the informed consent process, address client discomfort transparently, and maintain the therapeutic alliance while fulfilling the agency's evidence-based protocol. Neither blanket refusal nor uncritical administration is appropriate.

5. B — Practicing on an expired license is a serious legal and ethical violation, but the information was disclosed within a confidential therapeutic relationship. There is no mandatory reporting exception that compels the LCSW to report. The LCSW should address the issue clinically, ensure the client understands the gravity of the situation, and strongly encourage the client to stop seeing clients immediately and resolve the licensure lapse. Clinical documentation should reflect the intervention.

6. D — Accurate clinical documentation is both an ethical obligation and a safety requirement. The unprescribed benzodiazepine use is clinically significant — it affects treatment planning, risk assessment, and coordination with prescribers. The LCSW must document it regardless of the client's preference and explain that omitting medically relevant information could jeopardize the client's safety and the integrity of the treatment.

7. C — Conservatorship does not automatically grant authority over all aspects of mental health treatment. The LCSW should determine the specific scope of the conservatorship, advocate for the client's expressed goals consistent with the client's rights, and seek a collaborative resolution that respects both the conservator's legitimate concerns and the client's autonomy. Individuals with intellectual disabilities retain the right to self-determination to the greatest extent possible.

8. A — Confidentiality in therapy requires that interpreters be neutral parties without social connections to the client. When a client reports that the interpreter's social proximity is inhibiting open communication, the LCSW must arrange a different qualified interpreter immediately. The client's comfort and willingness to disclose honestly are foundational to effective therapy, and this arrangement undermines both.

9. B — Systematically avoiding immigration-related stressors with immigrant clients represents a significant gap in culturally responsive practice. Immigration status, acculturation stress, family separation, and documentation-related anxiety are central psychosocial factors for this population. The supervisor must address this as a competence issue, provide education on culturally responsive assessment, and ensure clients receive comprehensive care that includes contextual and systemic factors.

10. A — A child's spontaneous statement describing a "special game" involving undressing with a babysitter, coupled with the characterization of secrecy, provides clear reasonable suspicion of sexual abuse. The LCSW must file a mandated report immediately. Probing for additional details risks contaminating the disclosure and is the investigator's role, not the therapist's. The child's abrupt change of subject and the secrecy element further support the report.

11. D — A significant dissociative episode during exposure therapy signals that the treatment approach may be exceeding the client's window of tolerance. The LCSW must prioritize stabilization, assess the client's safety and orientation, and critically evaluate whether the current treatment modality requires modification — such as incorporating phase-based treatment with greater emphasis on grounding and affect regulation before continuing exposure work.

12. C — Laura's Law (AB 1421) requires specific criteria for court-ordered assisted outpatient treatment, including a history of noncompliance with treatment that has resulted in hospitalization, incarceration, or acts or threats of violence, along with evidence that the person's condition is substantially deteriorating. It is not based solely on grave disability (which falls under the LPS Act) or on criminal history alone. The standard balances civil liberties with the need for intervention.

13. B — The Prison Rape Elimination Act (PREA) mandates that all staff in correctional facilities — including mental health providers — who have knowledge of sexual abuse must report immediately,

regardless of the inmate's wishes about confidentiality. PREA explicitly overrides the therapeutic confidentiality that would normally apply. The LCSW must report and take steps to ensure the inmate's safety, including protection from retaliation.

14. A — Writing a letter supporting cosmetic surgery for a client with body dysmorphic disorder would likely reinforce the client's pathological preoccupation and compulsive surgery-seeking behavior. Research strongly indicates that cosmetic procedures do not alleviate BDD symptoms and often worsen them. The LCSW should decline, explain the clinical reasoning, and redirect treatment toward evidence-based BDD interventions such as CBT with exposure and response prevention.

15. D — Erotic transference in a client with a history of therapist sexual abuse is a clinically significant phenomenon that requires careful therapeutic management, not avoidance or punitive responses. The LCSW should maintain clear boundaries, acknowledge the transference as meaningful clinical material likely connected to the prior abuse, and address it therapeutically. Consultation with a colleague or supervisor is essential given the complexity.

16. B — The DSM-5 and culturally responsive practice guidelines recognize that culturally specific idioms of distress — including spiritual attributions for psychological suffering — are valid expressions that do not automatically indicate psychopathology. The LCSW should integrate the client's cultural framework into the assessment, distinguish between cultural norms and pathological symptoms, and avoid imposing Western biomedical explanations that could alienate the client and damage the therapeutic alliance.

17. C — The LCSW's role in couples therapy is to facilitate relational dynamics, not to police each partner's professional obligations. The LCSW should note the discomfort in the room, gently redirect the conversation, and explore what the disclosure means within the relational context. Directly advising the attorney about privilege violations exceeds the therapeutic role and could disrupt the session's clinical purpose.

18. A — When one parent holds sole legal custody, that parent has the exclusive legal authority to make mental health treatment decisions for the minor. While the noncustodial father may have visitation rights and a meaningful relationship with the child, the custodial mother's treatment decisions govern. The LCSW should follow the custodial parent's directives unless a court order specifically grants the father treatment participation rights.

19. C — The client has the right to share their own therapy experience publicly. However, the LCSW should discuss the potential implications — including the impact on the therapeutic relationship, the permanence of public disclosure, and the possibility that sharing may be driven by clinical dynamics worth

exploring. The conversation should be thorough and non-directive, respecting the client's autonomy while ensuring informed decision-making.

20. D — The NASW Code of Ethics requires therapists to provide competent, nonjudgmental services regardless of personal moral views about a client's lawful occupation. The client is presenting with generalized anxiety, not employment-related concerns. The LCSW should treat the presenting problem competently, manage personal biases through self-awareness and consultation, and avoid inserting personal values into the therapeutic relationship.

21. B — California law grants clients the right to access their own mental health records. While limited exceptions exist — such as when the therapist determines that access would cause significant harm — speculative concern that a client might misuse records does not meet this threshold. A personality disorder diagnosis does not diminish a client's legal rights. The LCSW must provide the records as requested.

22. A — When a case exceeds the clinician's current competence level but the client is responding positively, seeking additional consultation or supervision from a certified EMDR consultant is the most appropriate path. This allows the LCSW to continue treating the client safely while developing greater expertise. Abruptly terminating a successful treatment or continuing without support both carry greater risks to the client.

23. C — Domestic violence dynamics are complex and cannot be assessed through gender-based assumptions alone. The LCSW should conduct a thorough assessment examining the pattern, context, severity, and dynamics of the violence — including power, control, coercion, and fear — before characterizing either partner as victim or perpetrator. This assessment determines the appropriate treatment setting and approach.

24. D — The LCSW must balance the EAP contractual limitations with the ethical obligation to ensure client welfare. The appropriate response is to discuss the authorization limits transparently, provide stabilization within the remaining sessions, and develop a comprehensive referral plan for long-term trauma therapy. Continuing beyond the contract without authorization or terminating without transition planning both create problems.

25. B — Lithium and benzodiazepines are medications with significant toxicity risk, particularly for young children. Leaving these medications in an unlocked cabinet accessible to a 2-year-old, 5-year-old, and 8-year-old creates a substantial risk of serious harm. The LCSW should assess whether this rises to the level of general neglect requiring a mandated report, which in most clinical judgments it would, given the lethality of these medications if ingested by young children.

26. A — The client has signed a valid release authorizing communication with the endocrinologist. Providing a letter confirming the diagnosis within the scope of the authorized communication supports the client's healthcare needs and is a standard clinical function. This is not a forensic evaluation — it is routine clinical correspondence between treating providers. The LCSW should provide the letter with appropriate clinical documentation.

27. D — A 14-year-old's pregnancy raises the question of whether the sexual contact involved unlawful sexual intercourse depending on the age differential between the minor and the other party. Under California Penal Code Section 261.5, the LCSW must consider whether a mandated report is required. Additionally, the LCSW should ensure the minor accesses prenatal care under California's minor consent provisions for reproductive health and address the group process implications.

28. A — Social work's commitment to holistic client welfare extends beyond the therapy room. When a client with psychotic symptoms cannot access necessary psychiatric medication due to financial barriers, the LCSW has an ethical obligation to assist with resource navigation — including Medi-Cal enrollment, patient assistance programs, and community psychiatric services. Therapy alone is insufficient when a client needs medication they cannot afford.

29. A — This scenario presents a genuine clinical and ethical dilemma. While panic disorder is not a standard mandatory reporting trigger, a commercial pilot experiencing panic attacks during flights creates a potential risk of catastrophic harm to hundreds of identifiable people. The LCSW should thoroughly assess the severity, explore the safety implications, strongly encourage self-reporting to the FAA, and carefully evaluate whether a Tarasoff-level duty exists given the magnitude of potential harm.

30. B — The LCSW's specific reporting obligations depend on the institution's policies regarding Title IX responsible employee status. Many university counseling centers have negotiated confidential resource status, while others designate all staff as responsible employees. The LCSW should clarify their own reporting obligations, inform the client of these obligations, provide information about campus reporting options and anti-retaliation protections, and respect the client's autonomy within those parameters.

31. D — A 16-year-old's disclosure of sexual assault by a neighbor triggers an immediate mandated reporting obligation regardless of whether the adolescent is the identified client in the family therapy. The LCSW must attend to the emotional needs of the disclosing sibling, manage the family's response, file the mandated report, and arrange appropriate follow-up services. The reporting obligation is based on the information received, not the client's designated role.

32. A — Client self-determination includes the right to terminate therapy. The LCSW should respect this decision while offering a clinical perspective about potential additional work — without pressure or guilt. Ensuring the client knows they can return and completing a proper termination process fulfills the LCSW's professional obligations. The LCSW's belief that more work is needed does not override the client's autonomous choice.

33. C — A fact witness testifies about what they directly observed or did during treatment. Expert opinion about a client's future psychological functioning exceeds the fact witness role and enters expert testimony territory, which requires separate retention, qualifications, and compensation. The LCSW should decline the hypothetical question and explain the distinction to the court without overstepping the designated role.

34. B — California AB 1266 and related legislation support transgender students' rights to be addressed consistently with their gender identity. The LCSW can appropriately advocate for the child's psychological wellbeing by providing clinical documentation and psychoeducation to the school regarding the impact of name and pronoun usage on the mental health of transgender youth. This falls within the LCSW's clinical role and professional advocacy obligations.

35. D — The LCSW's role is not to recommend for or against a specific medical procedure but to support the client's informed decision-making process. The LCSW should explore the client's feelings about the recommendation, support thorough discussion of risks and benefits with the psychiatrist, and respect the client's ultimate autonomous choice. Discouraging or endorsing ECT exceeds the LCSW's scope.

36. C — This situation requires balancing respect for the client's autonomy with the impact on health and the therapeutic community. The LCSW should assess whether the hygiene refusal reflects active psychotic symptoms, negative symptoms, a capacitated lifestyle choice, or something else entirely. Interventions should respect the client's dignity while addressing legitimate health and community concerns through therapeutic engagement rather than coercive measures.

37. A — A gift with an estimated market value of \$2,000 represents a substantial monetary value that could fundamentally alter the therapeutic dynamic, create a sense of obligation, or introduce a financial dimension to the relationship. The LCSW should decline while sensitively exploring the meaning and emotions behind the offer — which likely contains rich therapeutic material about gratitude, attachment, and the significance of the therapeutic relationship.

38. B — The U-visa certification form (Form I-918 Supplement B) must be signed by a certifying law enforcement agency, not a mental health professional. However, the LCSW plays an important supporting role by providing clinical documentation of the psychological impact of the crime, assisting the client in

understanding the process, and connecting the client with immigration legal services and victim advocacy organizations that facilitate the certification.

39. C — The LCSW's role is as the child's treating therapist, not a custody evaluator. Providing custody opinions based on therapy would compromise the therapeutic relationship, create a dual role conflict, and produce an opinion lacking the rigor of a formal custody evaluation. The LCSW should clearly communicate this boundary to both parents and recommend the court appoint an independent evaluator.

40. C — This situation involves both a clinical issue and a public safety concern. The fabricated therapeutic advice posted under the LCSW's name could endanger people who follow the dangerous recommendations. The LCSW must address the behavior therapeutically while also taking steps to protect the public — including platform removal requests and legal consultation. Both clinical and protective responses are necessary simultaneously.

41. A — The LCSW should support the client's engagement with complementary treatments that are providing subjective benefit, consistent with a holistic, client-centered approach. Undermining a client's confidence in a treatment they find helpful is clinically counterproductive. The LCSW can inquire about the acupuncture experience as part of understanding the client's overall wellness approach while continuing evidence-based psychotherapy for the presenting complaints.

42. B — The supervisor has an obligation to ensure culturally responsive services. This requires providing education about Native American cultural values, historical trauma, and the impact of colonization; facilitating consultation with tribal cultural liaisons or elders; and supporting the ASW's development of cultural humility. Neither wholesale reassignment nor dismissal of the community's concerns is appropriate — the supervisor should invest in the supervisee's cultural competence development.

43. C — Insurance fraud, while illegal and ethically concerning, does not fall within any mandatory exception to the psychotherapist-patient privilege in California. There is no mandated reporting obligation for fraud disclosed in therapy. The LCSW must maintain confidentiality while addressing the behavior clinically — including its legal, financial, and psychological dimensions — and encouraging the client to consider the consequences and potential restitution.

44. A — Developing romantic feelings toward a client represents countertransference that requires immediate professional attention. The LCSW should seek consultation or personal therapy to process the feelings, honestly assess whether they can be managed without compromising clinical objectivity, and if not, arrange an ethical transfer. Disclosing the feelings to either partner would be harmful, and ignoring them risks allowing the feelings to influence the treatment.

45. C — The LCSW cannot confirm or deny that any individual is a client to a code enforcement officer without proper authorization. The appropriate response is to maintain confidentiality, inform the client about the code enforcement contact, and work therapeutically to support the client in addressing the housing situation. This protects confidentiality while ensuring the client has the information needed to respond to the impending action.

46. B — The LCSW can appropriately provide a clinical letter describing the client's diagnosis, the timeline and nature of the manic episode, and the general impact of mania on judgment and decision-making. However, a legal determination of incapacity requires formal legal proceedings. The LCSW should clarify this distinction, provide what falls within the clinical scope, and recommend the client consult an attorney for any formal capacity proceedings.

47. D — A minor creating and distributing sexually explicit images of himself raises complex legal and safety considerations. The LCSW must consider whether other minors are involved as recipients or distributors, whether the behavior suggests the minor may have been sexually exploited or is being coerced, and whether the circumstances meet the threshold for a mandated report. The situation requires careful assessment rather than a reflexive determination.

48. A — Requiring all clinicians to use an exclusive, unvalidated modality for every client regardless of presentation directly conflicts with the ethical obligation to provide individualized, competent care informed by the best available evidence. Clinicians must be able to select and modify treatment approaches based on each client's unique needs. An institutional mandate that removes clinical judgment creates a fundamental ethical problem.

49. C — Before releasing any information, the LCSW must verify the caller's identity by independently contacting the CPS office through a publicly listed phone number. Phone-based requests can be fabricated. Once the caller's identity and authority are verified, the LCSW should determine what information may be disclosed consistent with California's reporting laws and confidentiality protections, releasing only what is legally permitted.

50. B — California foster care regulations explicitly prohibit corporal punishment of foster children, including spanking. Physical discipline of a foster child with an implement such as a wooden spoon constitutes reportable physical abuse under both CANRA and foster care licensing regulations, regardless of the foster parent's personal disciplinary philosophy or cultural background. The LCSW must file a mandated report.

51. D — The LCSW cannot directly intervene in the neighboring apartment but can support the client in responding appropriately. Encouraging the client to call 911 if she believes someone is being harmed is the most appropriate guidance. The LCSW should also attend to the client's emotional state, assess how the event is affecting the client, and adjust the session focus to address the immediate distress and safety concerns.

52. D — When an LCSW determines through a thorough capacity evaluation that a patient possesses decision-making capacity and is making an informed choice, the ethical and legal obligation is to report these findings clearly and recommend that the medical team respect the patient's autonomous decision. A competent patient's right to refuse treatment — even life-saving treatment — is legally protected regardless of the medical team's preference.

53. C — The dual relationship between the LCSW and the client-insurance agent has been significantly intensified by the hurricane claim, which introduces competing financial interests. The LCSW must honestly assess whether the claim process will compromise therapeutic objectivity or create power dynamics that harm either relationship. Transferring either the insurance policy or the therapy may be necessary to protect both the client and the clinical work.

54. B — Individual therapy is not a certified batterer intervention program. Providing a letter that could be misconstrued as evidence of BIP completion would misrepresent the services provided and could constitute fraud upon the court. The LCSW should decline to provide a misleading letter, clarify the distinction, and offer to write an accurate letter describing the client's participation in individual therapy and progress toward relevant treatment goals.

55. D — A 12-day fast with visible emaciation requires careful assessment beyond accepting the stated religious rationale at face value. The LCSW should evaluate mental status, consider whether the "command from God" may represent psychotic symptomatology, assess the medical severity of the starvation, and determine whether criteria for danger to self or grave disability are met. Religious motivation does not preclude involuntary intervention when the behavior is life-threatening and may be driven by psychosis.

56. A — The LCSW should complete the form honestly, noting that the client has a chronic condition for which full recovery is not an anticipated outcome. Documenting treatment goals focused on symptom management and functional improvement provides the insurance company with accurate clinical information. The LCSW should advocate for continued authorization based on medical necessity rather than fabricating a recovery timeline that misrepresents the clinical reality.

57. B — Recording minors in bathrooms and bedrooms — particularly the client's daughter's friends — raises serious concerns about child exploitation and invasion of privacy that may constitute reportable conduct. Bathroom recordings of minors could meet the threshold for exploitation or abuse under CANRA. The LCSW must assess whether the conduct creates reasonable suspicion warranting a mandated report, considering both the daughter and the friends who are being recorded without their or their parents' knowledge.

58. C — A minor working as an "escort" raises significant red flags for potential sexual exploitation or trafficking regardless of the minor's characterization of the activities as non-sexual. The LCSW must apply the reasonable suspicion standard and consider whether the circumstances suggest exploitation. Minors are particularly vulnerable to coercion in commercial contexts, and the LCSW should not accept the minor's description at face value when assessing reporting obligations.

59. D — Secretly placing recording devices in another person's home violates California's wiretapping and eavesdropping laws (Penal Code Section 632). The LCSW should decline to listen to illegally obtained recordings, explain the legal implications to the client, address the behavior therapeutically, and maintain the boundary against providing custody-related opinions. Incorporating illegal evidence into clinical work would be ethically inappropriate.

60. A — New-onset word-finding difficulties, personality changes, and spatial disorientation in a client previously presenting with depression suggest a possible neurological condition that could be progressive and treatable. The LCSW has an ethical obligation to communicate this concern and make an urgent referral for neurological evaluation. Delaying a referral to "monitor" potential neurological symptoms could result in significant harm if a treatable condition progresses.

61. B — The LCSW can ethically provide a letter describing observations from couples therapy — such as communication patterns, relational strengths, and therapeutic engagement — while clearly stating that the letter does not constitute a formal parenting evaluation. An independent home study provides the comprehensive assessment the adoption process requires. This approach is honest about the LCSW's scope of observation and avoids misrepresenting couples therapy as a parenting evaluation.

62. C — This situation involves the intersection of 42 CFR Part 2 (federal substance abuse treatment confidentiality), the ADA (which protects individuals in medication-assisted treatment from employment discrimination), and the client's practical need to avoid job loss. The LCSW should educate the client about these legal protections, discuss the risks and benefits of disclosure, and ensure that any communication with the employer occurs only with the client's properly executed informed consent meeting 42 CFR Part 2 requirements.

63. D — When a previously effective safety plan is no longer adequate, the LCSW must conduct a comprehensive reassessment rather than relying on outdated interventions. The safety plan should be revised based on the current risk profile, and the level of care should be escalated if indicated. No-suicide contracts have no empirical support and are not an acceptable substitute for thorough risk assessment and evidence-based safety planning.

64. A — The LCSW should process the client's concerns therapeutically and empower the client to communicate directly with the child's therapist. The LCSW has only the client's secondhand account, which may not fully represent what is occurring in the child's therapy. Supporting the client in self-advocacy is both therapeutically appropriate and avoids inserting the LCSW into a situation without complete information.

65. C — Both the client's right to accommodate their disability and the LCSW's health concerns are legitimate. The LCSW should discuss the situation openly and explore reasonable accommodations — such as switching to teletherapy, using an alternate space with better ventilation, or other creative solutions — that allow therapy to continue without jeopardizing either party's health. The goal is to ensure uninterrupted access to treatment.

66. B — Fraud, even at the scale of \$100,000, does not fall within any mandatory exception to the psychotherapist-patient privilege in California. There is no mandated crime-reporting obligation for therapists regarding financial fraud. The LCSW must maintain confidentiality while vigorously addressing the behavior clinically — including its legal consequences, the harm to donors, and the underlying factitious dynamics — and strongly encouraging the client to stop the fraud and make restitution.

67. D — An adult male entering a minor's bedroom at night to watch her sleep is behavior that creates reasonable suspicion of sexual abuse or exploitation. The behavior is intrusive, secretive, and inappropriate regardless of whether physical contact has occurred. Many forms of sexual abuse begin with boundary-testing behaviors that escalate over time. The LCSW must file a mandated report to protect the child.

68. A — Maintaining secrets in conjoint therapy fundamentally compromises the therapeutic process and places the LCSW in an untenable position. The LCSW should explain to the healthy partner that the no-secrets policy established at the outset of couples therapy applies, explore the fears and motivations driving the contemplated departure, and discuss how to address these concerns within the conjoint framework or through individual referrals.

69. B — Diverting designated client emergency assistance funds to general operating expenses is both an ethical violation and potential fraud that directly harms the vulnerable clients the LCSW serves. The LCSW has an obligation to report through appropriate channels — which may include the board of directors, funding sources, or regulatory authorities. Silence makes the LCSW complicit in the harm to clients who were denied emergency assistance they were entitled to receive.

70. C — The LCSW has an ethical obligation to advocate for clinically appropriate care. This includes appealing the insurance denial with clinical documentation demonstrating why individual CPT is medically necessary and why group therapy is contraindicated for this specific client. The appeal should include the clinical rationale, treatment progress, and specific contraindications. Exploring alternative coverage options ensures the client is not left without appropriate treatment.

71. D — The LCSW should not directly access the ex-partner's scheduling information, as doing so without a treatment purpose would violate HIPAA. However, the safety concern is legitimate and must be addressed. The appropriate channel is to bring the issue to agency administration or the clinical director, who can coordinate scheduling to prevent a dangerous encounter without requiring the LCSW to access or disclose either client's protected information.

72. A — Excessive therapeutic dependency is a clinical issue that must be addressed directly rather than passively accommodated or abruptly terminated. The LCSW should set appropriate boundaries around between-session contact, develop a structured plan to build the client's independent coping capacity, assess whether the current level of care is sufficient, and consider whether adjunctive services or a higher level of care is indicated.

73. B — Modifying clinical records after a client's death — particularly at the direction of an administrator concerned about liability — could constitute evidence tampering and would undermine the integrity of the clinical documentation. The records should remain exactly as they were written during the course of treatment. The LCSW should consult with a malpractice attorney and the professional liability insurance carrier before taking any action regarding the records.

74. C — The DSM-5 Cultural Formulation Interview framework recognizes that experiences such as communication with ancestral spirits may be culturally normative rather than pathological. A culturally informed assessment considers the cultural context, the degree of distress and functional impairment, and whether the experiences are consistent with the individual's cultural and spiritual framework. Reflexively pathologizing culturally normative experiences or deferring entirely to cultural explanation without clinical assessment are both inadequate.

75. D — The physician has already reported the error through the hospital's incident reporting system, fulfilling the institutional obligation. The LCSW's primary role is to provide therapeutic support for the physician's emotional response — including guilt, self-blame, and potential moral injury. The information was disclosed within a confidential therapeutic relationship, and no mandatory reporting exception applies. The LCSW should maintain confidentiality while addressing the psychological impact clinically.