

PRACTICE EXAM 13: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. An LCSW suspects that a 7-year-old client is being physically abused by a parent. Under CANRA, the LCSW must make a mandated report. What is the legally required timeline for filing this report in California?

- A. The LCSW must submit a written report to the appropriate child protective agency within 72 hours of the initial telephone or online report
- B. The LCSW must submit a written report within seven business days and is not required to make an initial verbal report
- C. The LCSW must make an initial report by telephone or through an online reporting system immediately or as soon as practically possible, followed by a written report within 36 hours
- D. The LCSW must make a verbal report within 24 hours and submit a written follow-up report within five business days of the verbal notification

2. An LCSW is reviewing informed consent procedures for a private practice. Under California law and professional ethics, which of the following is a REQUIRED element of informed consent for psychotherapy?

- A. Information about the therapist's qualifications, the nature and anticipated course of treatment, the limits of confidentiality, and the client's right to refuse or withdraw from treatment at any time
- B. A guarantee of specific therapeutic outcomes along with estimated timelines for symptom improvement based on empirical research for the client's diagnosis
- C. A detailed listing of all therapeutic modalities the LCSW has been trained in, including dates of training completion and names of training institutions
- D. Written acknowledgment from the client that they understand all mental health treatment carries a risk of symptom worsening and agree to hold the LCSW harmless

3. An LCSW has been treating an adult client for two years. The therapeutic relationship ended three months ago by mutual agreement. The former client contacts the LCSW and asks if they can begin a romantic relationship. Under California law, what is the minimum waiting period after termination before a sexual or romantic relationship with a former client may potentially be considered?

A. There is no legally mandated waiting period in California; the relationship is permissible as long as both parties are consenting adults and treatment has formally ended

B. Two years from the date of termination, and even after this period, such a relationship is never free from ethical scrutiny and may still be considered exploitative depending on the circumstances

C. One year from the date of termination, after which the former therapist-client relationship is no longer relevant to the ethical analysis

D. Five years from the date of termination, which is the same standard applied to physicians under the Medical Board of California's regulations

4. An LCSW working at a community mental health agency learns that the agency has been systematically denying services to monolingual Spanish-speaking clients by requiring English proficiency for group therapy participation. No alternative Spanish-language services are offered. What is the LCSW's ethical obligation?

A. Accept the agency policy since group therapy requires all participants to share a common language for effective therapeutic process

B. Offer to personally provide individual therapy in Spanish to any denied clients if the LCSW is bilingual, while otherwise accepting the policy

C. Document a personal objection to the policy in the LCSW's personnel file to establish a record of dissent in case of future audits

D. Advocate for the agency to modify its practices to ensure equitable access to services for limited-English-proficient clients, consistent with federal civil rights requirements and the NASW Code of Ethics' mandate to challenge social injustice

5. An LCSW in private practice is considering whether to accept a referral from a current client's attorney. The attorney offers to refer multiple clients to the LCSW in exchange for the LCSW providing a percentage of fees collected from those referrals back to the attorney. What should the LCSW do?

- A. Decline the arrangement because fee-splitting based on referrals constitutes an unethical kickback arrangement that is prohibited under professional ethics standards and may violate California law
- B. Accept the arrangement only if the percentage is reasonable and the referral arrangement is disclosed to all clients who are referred by the attorney
- C. Accept the arrangement since fee-splitting is common practice among allied professionals and the attorney is providing a legitimate business development service
- D. Accept the arrangement only if the LCSW pays a flat administrative fee rather than a percentage of fees to avoid the appearance of a kickback

6. An LCSW is providing therapy to a client who is a party in active litigation. The client's attorney requests that the LCSW alter the client's diagnosis in the medical record to strengthen the legal case. The attorney argues that the change is minor and clinically defensible. What should the LCSW do?

- A. Comply with the request if the alternative diagnosis is within the range of clinically defensible options since the LCSW has an obligation to support the client's legal interests
- B. Comply with the request but document the attorney's directive in a separate file to protect the LCSW if the alteration is later questioned
- C. Refuse to alter the diagnosis, as modifying clinical records to benefit legal proceedings constitutes fraud and violates the LCSW's ethical obligation to maintain accurate, honest documentation regardless of external pressures
- D. Change the diagnosis temporarily for the duration of the litigation and revert to the original diagnosis once the legal matter is resolved

7. Under California law, which of the following is TRUE regarding the distinction between "confidentiality" and "privilege" as they apply to the psychotherapist-client relationship?

- A. Confidentiality and privilege are interchangeable legal concepts that provide identical protections under both California Evidence Code and HIPAA
- B. Confidentiality is the broader ethical and legal duty to protect client information in all contexts, while privilege is a narrower legal right that protects communications from compelled disclosure in judicial and quasi-judicial proceedings
- C. Privilege applies to all therapeutic communications without exception, while confidentiality permits disclosure when mandated by law

D. Privilege is automatically waived when a client files a lawsuit for any reason, while confidentiality protections continue to apply even during litigation

8. An LCSW is treating a 15-year-old minor under California's minor consent provisions. The LCSW determines that the minor's presenting issues would benefit significantly from family therapy that includes the parents. The minor does not want the parents involved. Under California law, what steps should the LCSW take?

A. Include the parents over the minor's objection since family therapy is clinically indicated and the parents have an inherent right to participate in their child's treatment

B. Obtain a court order authorizing parental involvement in the minor's treatment since the minor's objection creates a legal barrier that only a court can override

C. Accept the minor's refusal as absolute and final since a minor who self-consents to therapy retains complete authority over all treatment decisions including modality selection

D. Explore the minor's resistance therapeutically, explain the clinical rationale for family involvement, and seek the minor's agreement while recognizing that the minor's consent to family involvement is generally necessary when the minor self-referred under the consent provisions

9. An LCSW is contacted by a prospective client who wants to begin treatment. During the phone screening, the prospective client reveals that they are currently suing their previous therapist for malpractice. The prospective client wants the new LCSW to review the previous therapist's records and provide an expert opinion supporting their case. What should the LCSW do?

A. Agree to provide therapy if clinically indicated but decline to serve as an expert witness against the former therapist, explaining that combining the therapeutic and forensic roles would compromise both the treatment and the expert opinion

B. Decline to accept the client entirely since a client who has sued a previous therapist is likely to file a complaint against any future therapist

C. Accept both roles since the LCSW's direct therapeutic observations would make them the most credible expert witness in the malpractice case

D. Accept the client for therapy and agree to review the records, since providing a clinical opinion based on record review is within the LCSW's scope of practice

10. An LCSW is working at a county behavioral health department when a 14-year-old is brought to the facility by police officers who found the minor wandering in traffic, appearing confused and disoriented. The minor is displaying psychotic symptoms and is unable to provide a coherent history. No parent or guardian is available. Under what authority can the minor be held involuntarily?

- A. Welfare and Institutions Code Section 5585, which provides the framework for involuntary detention of minors who are a danger to self, a danger to others, or gravely disabled due to a mental disorder
- B. Welfare and Institutions Code Section 5150, which applies equally to adults and minors and does not require a separate statutory framework for involuntary detention of minors
- C. The LCSW cannot hold the minor involuntarily without parental consent since minors cannot be placed on psychiatric holds without the authorization of a parent or legal guardian
- D. The police officers' authority under the juvenile delinquency provisions of the Welfare and Institutions Code, since the minor was engaging in dangerous behavior in a public area

11. An LCSW has been treating a client who has been on a 5150 hold for 72 hours. The treatment team determines that the client continues to meet criteria for involuntary treatment. What is the next legal step under the LPS Act?

- A. The client must be released after 72 hours and can only be rehospitalized if a new 5150 hold is initiated based on new clinical information
- B. The treatment team may extend the 5150 hold for an additional 72 hours at their discretion without additional legal review or certification
- C. The client must be transferred to a state hospital since county facilities are not authorized to hold patients beyond the initial 72-hour evaluation period
- D. The client may be placed on a 5250 hold (14-day certification for intensive treatment) if specific criteria are met, and the client must be informed of their right to a certification review hearing

12. A client on a 5250 hold at a psychiatric facility tells the LCSW that she wants to refuse the antipsychotic medication the psychiatrist has prescribed. She is not conserved. Under California law, what are the client's rights regarding medication refusal?

- A. Involuntarily committed patients have no right to refuse prescribed psychiatric medication since the commitment itself constitutes consent to all recommended treatment

- B. The client may refuse only if she can demonstrate that the medication causes severe physical side effects that outweigh the therapeutic benefits
- C. The client retains the right to refuse antipsychotic medication, and if the facility seeks to administer it involuntarily, a capacity hearing (Riese hearing) must be held to determine whether the patient lacks capacity to make medication decisions
- D. The client may refuse medication only if her attorney files a formal objection with the court within 48 hours of the medication order being issued

13. An LCSW is providing psychotherapy to a client and realizes that the client would also benefit from psychological testing to clarify a differential diagnosis. The LCSW holds an LCSW license only and has not been trained in psychological test administration. What should the LCSW do?

- A. Refer the client to a licensed psychologist for the psychological testing, as administering and interpreting formal psychological tests is outside the scope of practice for an LCSW in California unless specifically trained and authorized
- B. Administer the psychological tests independently since an LCSW license authorizes all forms of clinical assessment including standardized psychological testing
- C. Administer the tests under the supervision of a licensed psychologist who reviews and co-signs the test results before they are incorporated into the treatment plan
- D. Purchase a testing kit and complete the online training module provided by the test publisher before administering the assessment to the client

14. An LCSW who provides therapy in a rural area is the only available clinician for a 50-mile radius. A close personal friend contacts the LCSW in crisis, requesting immediate therapy for acute depression with suicidal ideation. No other therapist is accessible. What is the most appropriate response?

- A. Decline to provide any services since treating a close personal friend constitutes a prohibited dual relationship regardless of the circumstances
- B. Provide crisis intervention services to address the immediate safety concern, develop a safety plan, and arrange for an appropriate referral or ongoing treatment with another provider as soon as one becomes accessible, documenting the rationale for the emergency intervention
- C. Accept the friend as a regular ongoing therapy client since the geographic isolation creates an exception to the dual relationship prohibition

D. Provide crisis intervention over the phone only, as in-person treatment of a friend would constitute a dual relationship but telephone crisis support does not

15. An LCSW advertises on a professional website that they specialize in "curing anxiety disorders" and guarantee results within eight sessions. What ethical and legal issues does this advertisement raise?

A. The advertisement is permissible as long as the LCSW has data from their own practice supporting the eight-session cure rate

B. The advertisement is permissible since it accurately describes a treatment protocol that has been validated in clinical research on anxiety disorders

C. The advertisement likely violates ethical standards and California law prohibiting misleading or fraudulent advertising, as therapists cannot guarantee specific outcomes, and the claim of "curing" anxiety disorders misrepresents the nature of psychotherapy

D. The advertisement is permissible if the LCSW includes a disclaimer stating that individual results may vary and the eight-session guarantee applies only to specific anxiety subtypes

16. An LCSW is providing supervision to an ASW who has been accumulating hours toward licensure. The ASW tells the supervisor that they have been logging supervision hours for weeks when no supervision session actually took place due to the supervisor's repeated cancellations. The ASW states they felt pressured to keep up with the hour requirements. What is the supervisor's obligation?

A. Instruct the ASW to correct the logged hours and continue supervision as planned, treating the situation as a minor administrative error

B. Allow the ASW to keep the logged hours since the supervisor's cancellations caused the situation and the ASW should not be penalized

C. Correct the supervision log privately and avoid reporting the issue since acknowledging the falsified hours would expose both the supervisor and the ASW to disciplinary action

D. Correct the supervision records to reflect only actual supervision provided, address the ethical violation with the ASW regarding falsifying professional documents, and self-report the supervision lapses to the BBS if required

17. An LCSW who works primarily with children has a practice of offering candy and small toys to child clients at the end of each session as a reward for participation. A parent objects, stating that their

child has dietary restrictions and the parent was not informed about the candy. What ethical principle is most relevant to this situation?

- A. Informed consent, as the practice of providing food items and small gifts to child clients should be disclosed to parents and guardians as part of the treatment framework, and accommodations should be made for dietary restrictions or parental objections
- B. Beneficence, since the reward system is designed to enhance the child's engagement in therapy and the clinical benefit outweighs the minor inconvenience to the parent
- C. Nonmaleficence, since the candy could cause physical harm to a child with undisclosed food allergies, making the practice inherently dangerous and unsuitable for clinical settings
- D. Justice, since providing rewards to some children but not others based on parental objections would create inequitable treatment among clients in the practice

18. An LCSW is treating a client who was involved in a serious car accident. The client's auto insurance company contacts the LCSW requesting records related to the accident-related therapy to process a personal injury protection claim. The client signed a release at the insurance company's office authorizing disclosure of "all medical records related to the accident." What should the LCSW consider before releasing records?

- A. Release all therapy records immediately since the client's signed authorization at the insurance company is sufficient to authorize full disclosure
- B. Decline to release any records since insurance companies are adversarial parties that will use therapy records to minimize the client's claim
- C. Review the authorization carefully to determine if it meets the requirements for a valid release under California law, discuss with the client what records will be disclosed and the potential implications, and release only the minimum information necessary to satisfy the specific purpose of the authorization
- D. Release only records created after the date of the accident since pre-accident therapy records are not relevant to the insurance claim

19. An LCSW is providing therapy to a client who mentions casually that they have installed a "nanny cam" in the therapy office's waiting room to monitor whether the LCSW is running late for appointments. The recording captures other clients entering and exiting the LCSW's office. What issues must the LCSW address?

- A. No action is necessary since the waiting room is a semi-public space where individuals do not have a reasonable expectation of privacy
- B. The LCSW must address the recording immediately, as it potentially captures identifiable information about other clients that could constitute a breach of those clients' confidentiality, and the recording may violate California's recording consent laws
- C. The LCSW should ask the client to share the recordings to review whether any confidentiality breaches have occurred before deciding on a course of action
- D. The LCSW should relocate the practice to a new office since the current office's security has been compromised by the unauthorized surveillance

20. An LCSW receives notification from the BBS that a complaint has been filed against them by a former client. The BBS requests that the LCSW provide a written response to the allegations. What is the LCSW's most appropriate course of action?

- A. Contact the former client directly to attempt to resolve the complaint before responding to the BBS, as demonstrating good-faith resolution efforts may result in the complaint being withdrawn
- B. Ignore the BBS notification since most complaints are dismissed and responding could inadvertently provide information that strengthens the complainant's case
- C. Respond to the BBS by providing a general denial of all allegations without including any specific details about the client or the treatment
- D. Contact the LCSW's professional liability insurance carrier and an attorney experienced in licensing defense before responding, as the response becomes part of the official investigation record and must be carefully prepared

21. An LCSW is treating a client who has been court-ordered to attend therapy as a condition of probation for a DUI conviction. The probation officer requests monthly progress reports. The client signed a release authorizing communication with the probation officer. What information is the LCSW ethically obligated to include in the reports?

- A. Attendance, general compliance with treatment, and progress toward treatment goals, applying the minimum necessary standard to protect the client's privacy while fulfilling the reporting requirement
- B. Complete session notes including all disclosures made during therapy since the client's release authorizes full disclosure to the probation officer

C. Only attendance dates and session duration since any clinical content beyond basic attendance constitutes a breach of therapeutic confidentiality regardless of the release

D. A comprehensive clinical summary of each session including diagnostic formulation, risk assessments, and all clinically relevant disclosures to ensure the probation officer has complete information

22. An LCSW provides therapy to a client who is HIV-positive. During a session, the client mentions that he recently donated blood at a community blood drive without disclosing his HIV status. What is the LCSW's legal obligation?

A. Report the client to the local public health department since donating HIV-positive blood constitutes a public health emergency requiring immediate intervention

B. Maintain therapeutic confidentiality while addressing the behavior clinically, as California law does not require therapists to report a client's HIV status or related behavior, and encourage the client to contact the blood bank to have the donation flagged

C. Contact the blood bank directly to inform them that a recent donation may be HIV-positive, providing the client's name and donation date to ensure the blood is not used

D. File a mandated report with the California Department of Public Health since knowingly donating HIV-positive blood constitutes criminal endangerment

23. An LCSW is providing therapy to a 17-year-old who discloses she is being sex trafficked by an adult who has been recruiting minors at her school. The client identifies the trafficker by name and describes the locations where trafficking occurs. She begs the LCSW not to report because she fears retaliation. What is the LCSW's obligation?

A. Maintain confidentiality to preserve the therapeutic alliance and work with the client to develop a safety plan that eventually leads to voluntary disclosure

B. File a report with law enforcement only, as sex trafficking is a criminal matter that falls outside the jurisdiction of Child Protective Services

C. Encourage the client to report voluntarily and connect her with a victim advocacy organization that can provide safety planning and legal representation

D. File a mandated child abuse report immediately, as sex trafficking of a minor constitutes child sexual exploitation under CANRA, and take steps to address the client's safety concerns including connecting her with trafficking victim services

24. An LCSW provides therapy at a clinic that uses electronic health records. The LCSW notices that the EHR system automatically populates a diagnosis field in the client's record that is visible to all staff, including administrative personnel who do not need access to diagnostic information. What should the LCSW do?

- A. Accept the system configuration since EHR vendors design their systems to comply with HIPAA and the clinic's IT department is responsible for privacy settings
- B. Discontinue using the EHR system and maintain paper records until the privacy concern is resolved
- C. Bring the concern to the clinic's administration and privacy officer, advocating for system modifications that limit diagnostic information access to authorized clinical personnel consistent with the HIPAA minimum necessary standard
- D. Add a note to each client's record instructing administrative staff not to read the diagnostic information displayed in the system

25. An LCSW in private practice receives a request from a client asking the LCSW to communicate exclusively through an unencrypted personal email account for scheduling, billing, and clinical discussions. The client states she does not have access to a phone and prefers email. What should the LCSW do?

- A. Inform the client that unencrypted email does not meet HIPAA security requirements for transmitting protected health information, offer alternative secure communication methods, and if the client insists on email, limit communication to non-clinical information and document the client's informed consent regarding the risks
- B. Comply with the client's request since accommodating client communication preferences is essential to maintaining the therapeutic alliance
- C. Refuse all email communication entirely since any use of email in clinical practice violates HIPAA security requirements regardless of encryption status
- D. Use the unencrypted email only for scheduling but include clinical information as needed since the content of scheduling emails is not considered protected health information

26. An LCSW who has been licensed for fifteen years has never carried professional liability insurance. A former client contacts the LCSW threatening a malpractice lawsuit for events that occurred three years ago. What is the LCSW's situation?

- A. The LCSW is protected from malpractice liability since California does not require LCSWs to carry professional liability insurance and the absence of insurance eliminates the financial incentive for the former client to file suit
- B. The LCSW's personal assets are protected from malpractice judgments under California's professional liability shield statute, which limits recovery to the therapist's insurance policy limits
- C. The LCSW can retroactively purchase a claims-made liability insurance policy that would cover events occurring before the policy's inception date
- D. The LCSW faces potential personal financial liability for any malpractice judgment since California does not require but strongly recommends liability insurance, and the absence of insurance means the LCSW's personal assets may be exposed

27. An LCSW is conducting an assessment of a client presenting with symptoms of dissociation, flashbacks, and hyperarousal following a sexual assault. The client asks the LCSW whether she has PTSD. The LCSW believes the criteria are met but has not completed the full assessment. What is the most appropriate response?

- A. Provide the PTSD diagnosis immediately since the client has a right to know their diagnosis and the clinical picture is sufficiently clear to make the determination
- B. Explain that a comprehensive assessment is still in progress, share the preliminary clinical impressions including the symptoms consistent with PTSD, and discuss the diagnostic process while planning to provide a formal diagnosis upon completion of the evaluation
- C. Decline to share any diagnostic information since sharing a diagnosis before the assessment is complete could constitute premature labeling that might harm the client
- D. Provide the diagnosis but frame it as a "working diagnosis" that may change, and explain that the label is primarily for insurance billing purposes and should not be given too much personal significance

28. An LCSW supervisor discovers that a supervisee has been providing teletherapy sessions from a coffee shop using the shop's public WiFi network. Clients are visible on the supervisee's laptop screen to other patrons. What are the primary ethical and legal violations?

- A. The supervisee is violating both client confidentiality by conducting sessions in a public setting where clients can be seen and heard, and HIPAA security requirements by transmitting protected health information over an unsecured public network
- B. The supervisee is violating only HIPAA security requirements since the use of public WiFi is the primary concern, and the visual exposure of clients on the screen is a minor boundary issue

C. The supervisee is violating the agency's telework policy but not any specific ethical or legal standard since therapists may provide telehealth from any location

D. The supervisee is violating client confidentiality by allowing visual exposure of clients but the WiFi security issue is the client's responsibility since the client chose to participate via telehealth

29. An LCSW is providing group therapy for adults with trauma histories. During a session, one group member begins describing their trauma in graphic detail. Several other members become visibly distressed, with one member beginning to dissociate. What is the LCSW's most appropriate intervention?

A. Allow the disclosure to continue since interrupting could be perceived as silencing the disclosing member and could damage the therapeutic alliance

B. Ask the distressed members to leave the room temporarily so the disclosing member can finish sharing without an audience

C. Gently intervene to redirect the level of detail, attend to the dissociating member's safety and grounding needs, and address the group process to balance the disclosing member's needs with the safety of the entire group

D. Stop the group immediately and schedule individual sessions with each member to process the event before resuming group therapy

30. An LCSW is treating a client who reports that she is a licensed vocational nurse and has been stealing oxycodone from the medication dispensary at the long-term care facility where she works. She describes diverting the medications intended for elderly residents who are in pain. The residents are receiving substitute medications that provide less effective pain relief. What is the LCSW's obligation?

A. Maintain confidentiality since drug diversion disclosed in therapy is protected by the psychotherapist-patient privilege and no mandatory reporting exception applies

B. Report the client to the Board of Vocational Nursing immediately since the LCSW has knowledge that a licensed healthcare professional is endangering patients

C. Report the situation to the long-term care facility's administration so they can conduct an internal investigation and protect the affected residents

D. Assess whether the diversion is causing harm to the dependent elderly residents, and if so, consider filing a mandated elder abuse report since the residents are dependent adults who are being deprived of prescribed pain medication by their caretaker

31. An LCSW is treating a client with agoraphobia who has not left her home in two years. The client requests home-based therapy sessions. The LCSW has never provided home-based services. What should the LCSW consider before agreeing?

A. Decline the request since home-based therapy is outside the standard of care for outpatient clinical social work and could expose the LCSW to liability

B. Consider the clinical appropriateness of home-based services for this client's presentation, safety considerations for the LCSW, boundary implications of entering the client's home, informed consent specific to home-based practice, and whether the service is consistent with the LCSW's competence and insurance coverage

C. Agree to home-based sessions without modification since accommodating the client's disability is legally required under the Americans with Disabilities Act

D. Offer exclusively teletherapy services as the only alternative since teletherapy provides the same clinical benefit as home-based sessions without the boundary and safety risks

32. An LCSW is treating a client who has been diagnosed with major depressive disorder. After three months of treatment, the client requests a copy of the LCSW's progress notes. The LCSW's notes contain candid clinical impressions, including concerns about the client's interpersonal manipulateness and possible personality pathology. What is the LCSW's obligation?

A. Provide the progress notes after redacting all clinical impressions and diagnostic hypotheses that might upset the client or damage the therapeutic relationship

B. Deny the request entirely since clinical progress notes are the LCSW's work product and are not subject to client access rights under California law

C. Provide the client with access to the progress notes as requested, since California law generally grants clients the right to access their own mental health records, and use the request as an opportunity to discuss the clinical observations with the client directly

D. Provide only a treatment summary prepared specifically for the client rather than the actual progress notes to protect the clinical process

33. An LCSW who completed their licensure in California wants to begin providing telehealth services to clients in Nevada. The LCSW does not hold a license in Nevada. What must the LCSW determine before providing cross-border telehealth?

- A. Whether Nevada requires the LCSW to obtain a Nevada license or whether Nevada participates in an interstate compact or offers a telehealth practice exemption that would authorize the LCSW to provide services to clients physically located in Nevada
- B. Nothing additional is needed because California's LCSW license authorizes practice via telehealth to clients in any U.S. state regardless of the client's physical location
- C. Whether the LCSW's malpractice insurance provides coverage for interstate telehealth services, which is the only additional requirement beyond holding a valid California license
- D. Whether the client is willing to travel to California periodically for in-person sessions to maintain the legal fiction that the therapy is occurring within California's jurisdiction

34. An LCSW is treating a client who is a parent involved in a dependency case in juvenile court. The Department of Children and Family Services (DCFS) caseworker requests the client's complete therapy file, stating that the information is needed for the court hearing. The client has not signed a release. What should the LCSW do?

- A. Provide the complete file immediately since juvenile dependency proceedings automatically waive psychotherapist-patient privilege for all parents involved in the case
- B. Provide only a treatment summary rather than the complete file since summaries satisfy court requirements while protecting the detailed content of therapy sessions
- C. Release the records directly to the caseworker since DCFS is a government agency with inherent legal authority to access therapy records in dependency cases
- D. Assert the client's psychotherapist-patient privilege, decline to release records without a valid court order or the client's authorization, and advise the caseworker to seek a court order if the records are needed for the dependency proceedings

35. An LCSW provides therapy to a client who has been taking notes during therapy sessions on a personal tablet. The client states that the notes help with memory and homework compliance between sessions. What should the LCSW consider?

- A. Prohibit note-taking immediately since client-created session notes could be subpoenaed in legal proceedings and used against the LCSW
- B. Assess the clinical impact of the note-taking on the therapeutic process, discuss any concerns about how the notes are stored and who might access them, and make a collaborative clinical decision about whether the practice enhances or detracts from the therapy

C. Allow the note-taking without discussion since clients have an absolute right to document their own healthcare encounters and the LCSW has no authority to restrict this behavior

D. Require the client to share the notes with the LCSW at the end of each session so the LCSW can review them for accuracy and ensure no confidential information about third parties is being recorded

36. An LCSW is providing therapy to a client who works as a school bus driver. The client reveals that she has been experiencing seizures that cause her to lose consciousness for brief periods. She has not reported the seizures to her employer or the DMV. She continues to drive a school bus full of children daily. What ethical obligation does the LCSW face?

A. Assess the severity and frequency of the seizures, discuss the serious safety implications for the children, strongly encourage the client to report the medical condition to her employer and the DMV, and carefully evaluate whether the situation creates a duty to take protective action given the foreseeable risk to identifiable groups of children

B. Maintain strict confidentiality since seizure disorders are medical conditions protected by disability discrimination laws and the LCSW cannot disclose medical information without the client's consent

C. Report the client to the DMV immediately under California's mandatory reporting law for drivers with lapses of consciousness, which applies to therapists as well as physicians

D. Advise the client to take a leave of absence from work and provide documentation supporting the leave without disclosing the specific medical condition to the employer

37. An LCSW is treating a 12-year-old whose parents recently completed a bitter divorce. The child was referred by the school counselor for behavioral problems. During therapy, the child shows the LCSW text messages from the mother that say, "Your father is a monster who never loved you" and "Don't trust anything your father tells you." The child is visibly distressed by these messages. Does this constitute emotional abuse requiring a mandated report?

A. No, because negative statements about the other parent during a divorce are common and do not meet the threshold for emotional abuse under CANRA

B. No, because emotional abuse by a parent is not a reportable category under California's mandated reporting laws

C. Yes, the LCSW must report immediately since any negative communication from a parent to a child about the other parent constitutes emotional abuse

D. The LCSW should assess the frequency, severity, and impact of the communications, and if the pattern of behavior is causing serious emotional damage to the child, consider whether the conduct meets the threshold for emotional abuse or cruelty under CANRA

38. An LCSW receives a letter from an insurance company requesting a peer review of the LCSW's treatment of a specific client to determine continued medical necessity. The insurance company states it will assign a peer reviewer who is a licensed clinical psychologist. What should the LCSW know?

A. The LCSW must comply with the peer review and provide all requested records since insurance companies have an unrestricted contractual right to review treatment they are financing

B. The LCSW should refuse the peer review since a psychologist reviewing a social worker's treatment constitutes a scope-of-practice violation

C. California law requires that peer reviews of an LCSW's clinical work be conducted by a licensed clinical social worker, and the LCSW may request that the insurance company assign an appropriately matched reviewer

D. The LCSW should accept the psychologist reviewer since the peer review process is an administrative function that is exempt from scope-of-practice requirements

39. An LCSW working with a family discovers that the parents have been using a closet as a "time-out room" for their 5-year-old, locking the child inside for periods of up to two hours as punishment for misbehavior. The parents describe this as their discipline strategy. The child shows signs of significant anxiety. What is the LCSW's obligation?

A. Address the discipline practice as a clinical issue within the family therapy and work with the parents to develop alternative disciplinary strategies before considering a report

B. File a mandated child abuse report since confining a young child in a locked closet for extended periods constitutes physical or emotional abuse regardless of the parents' disciplinary intent

C. Assess the closet conditions and the child's response before determining whether the practice constitutes abuse, as brief time-outs in enclosed spaces are within the range of acceptable disciplinary practices

D. Contact the child's pediatrician to obtain a medical opinion about whether the confinement is causing the child's anxiety before making a reporting determination

40. An LCSW is providing therapy to a client who is a nurse. The client discloses that she accidentally administered the wrong medication to a patient at her hospital last week, resulting in a serious adverse reaction. The hospital's incident reporting system flagged the error. The nurse is devastated and fears losing her license. What is the LCSW's obligation?

A. Provide therapeutic support for the client's emotional response, maintain confidentiality since the medication error has already been reported through the hospital's system, and help the client process the guilt and professional anxiety

B. Report the nurse to the Board of Registered Nursing since the LCSW has knowledge that a healthcare professional made an error that harmed a patient

C. Advise the nurse to retain a healthcare attorney before discussing the incident further in therapy since anything said in session could potentially be discoverable

D. Contact the hospital's risk management department to verify that the incident was properly reported before deciding whether the LCSW has any independent reporting obligation

41. An LCSW working in home-based services enters a client's home for a scheduled session and immediately notices a strong chemical odor consistent with methamphetamine production. The client's three children, ages 3, 6, and 8, are present in the home. What is the LCSW's obligation?

A. Continue the session while subtly assessing the situation and schedule a follow-up session to gather more information before determining whether a report is necessary

B. Confront the client directly about the chemical odor and demand an explanation before taking any action

C. Immediately ensure personal safety by leaving the home, file a mandated child abuse report based on suspected child endangerment from drug manufacturing in the home, and contact law enforcement due to the immediate danger to the children

D. File a mandated child abuse report but continue providing in-home services to maintain the therapeutic relationship and monitor the children's safety

42. An LCSW is treating a client who was adopted as an infant and has recently located their biological mother through a DNA testing service. The biological mother, it turns out, is also a current client of the LCSW's practice, treated by the LCSW for the past year. Neither client is aware of the other's connection to the LCSW's practice. What should the LCSW do?

- A. Continue treating both clients without disclosure since the confidentiality of each client's treatment prevents the LCSW from revealing the connection to either party
- B. Immediately disclose the relationship to both clients and facilitate a therapeutic reunion between the biological mother and the adoptee
- C. Contact both clients and inform them that they share a biological relationship since the LCSW has a duty to provide clients with information relevant to their wellbeing
- D. Recognize the conflict of interest, seek consultation, and determine whether the LCSW can continue treating both clients without compromised objectivity or whether one or both should be transferred to another provider, without disclosing the connection

43. An LCSW is treating a client who is experiencing command auditory hallucinations directing her to harm her infant child. The client is distressed by the hallucinations and reports she has been able to resist them so far. She is a single mother with no family support. What should the LCSW do?

- A. Document the hallucinations and schedule a follow-up session within the week to reassess the client's ability to continue resisting the command hallucinations
- B. Conduct a thorough risk assessment, develop a comprehensive safety plan that addresses the infant's immediate safety, coordinate with the client's psychiatrist regarding medication management, and consider whether the level of risk necessitates a child abuse report, a 5150 evaluation, or both
- C. File a mandated child abuse report immediately but do not pursue a 5150 evaluation since the client is actively seeking treatment and has demonstrated the ability to resist the hallucinations
- D. Pursue a 5150 evaluation immediately but do not file a child abuse report since the client has not actually harmed the child and reporting could deter help-seeking behavior

44. An LCSW is providing therapy to a client who mentions that she has been using a popular AI chatbot as a "therapist" between sessions, discussing her trauma history with the AI and using its suggestions to complement the LCSW's treatment plan. What should the LCSW consider?

- A. Explore the client's use of the AI chatbot therapeutically — including what needs it is meeting, the quality and safety of the guidance it provides, and the potential risks of processing trauma with an AI — while integrating this information into the treatment plan
- B. Instruct the client to discontinue use of the AI chatbot immediately since reliance on non-human therapeutic support undermines the professional therapeutic relationship

C. Report the AI chatbot company to the BBS since the provision of therapy-like services by an unlicensed AI constitutes the unauthorized practice of psychotherapy

D. Encourage increased use of the AI chatbot since technological tools can effectively supplement professional therapy and accelerate the treatment process

45. An LCSW has been treating a client for anxiety for six months. The client abruptly stops attending sessions without notice. The LCSW makes three attempts to contact the client by phone and sends a letter to the client's last known address. All attempts are unsuccessful. What documentation should the LCSW maintain?

A. No documentation beyond the last session note is necessary since the client's failure to attend constitutes an implicit termination of the therapeutic relationship

B. The LCSW should document only the dates of the missed appointments since documenting the outreach attempts could be construed as harassment if the client does not wish to be contacted

C. The LCSW should document all attempts to contact the client, the lack of response, the clinical status at the time of last contact, any safety concerns, and a termination summary noting the circumstances, and keep the file open for a reasonable period before formally closing the case

D. The LCSW should continue making monthly contact attempts indefinitely until the client responds, as abandonment liability continues until the client explicitly confirms termination

46. An LCSW is treating a client with severe borderline personality disorder who frequently threatens to file complaints with the BBS when dissatisfied with the LCSW's clinical decisions. In the past month, the client has threatened complaints three times — once for being five minutes late to a session, once for declining to extend a session beyond 50 minutes, and once for setting a boundary about between-session phone calls. How should the LCSW manage this pattern?

A. Begin audio-recording all sessions without the client's knowledge to create a protective record in case the client follows through on the threats

B. Address the pattern of threats as a therapeutic issue related to the client's relational dynamics, set clear expectations about the therapeutic framework, continue providing competent care without altering clinical decisions in response to complaint threats, and document the interactions thoroughly

C. Terminate the therapeutic relationship since the ongoing threats create a hostile clinical environment that prevents effective treatment

D. Consult with the BBS preemptively to establish a record of the client's threatening behavior so that any future complaints will be viewed in context

47. An LCSW is providing clinical supervision to two ASWs at a community agency. The LCSW learns that one of the ASWs has entered into a romantic relationship with the other ASW, and they are now treating clients within the same team. What supervisory concern, if any, does this raise?

- A. No concern, as the romantic relationship between two supervisees is a personal matter that does not affect the supervisory relationship or clinical services
- B. The LCSW should require one of the ASWs to transfer to a different supervisor to eliminate any appearance of preferential treatment within the supervisory relationship
- C. The LCSW should immediately terminate the supervision of both ASWs since the romantic relationship between supervisees compromises the integrity of the supervisory process
- D. The LCSW should assess whether the relationship could affect clinical objectivity, team dynamics, client care, or the supervisory process, and address any identified concerns while maintaining equitable supervision of both supervisees

48. An LCSW provides therapy to a client who expresses strong anti-government beliefs and states that he is stockpiling weapons and food supplies in preparation for a "coming societal collapse." He has purchased all weapons legally and has no criminal history. He has not threatened any specific person. What is the LCSW's obligation?

- A. Maintain confidentiality since the client's beliefs and legal preparedness activities do not trigger any mandatory exception to the psychotherapist-patient privilege, while assessing for any escalation in risk factors during ongoing treatment
- B. Report the client to the FBI since stockpiling weapons combined with anti-government ideology constitutes a domestic terrorism risk that overrides therapeutic confidentiality
- C. File a Gun Violence Restraining Order petition since the combination of anti-government beliefs and weapons stockpiling meets the threshold for California's red flag law
- D. Report the client to local law enforcement for wellness check and possible weapons seizure under California's community caretaking doctrine

49. An LCSW is treating a client who is a teacher at a private religious school. During therapy, the client discloses that the school's principal physically disciplines students by striking them with a wooden ruler on the hands as punishment for misbehavior. Multiple students have been subjected to this practice. What is the LCSW's obligation?

- A. No reporting obligation exists since the information is secondhand and the LCSW has not directly observed the corporal punishment
- B. Advise the client to report the practice to the school's board of directors and allow the institution to handle the matter internally
- C. File a mandated child abuse report since the information received in a professional capacity creates reasonable suspicion that children are being physically abused, regardless of whether the information is firsthand or secondhand
- D. Report the practice to the California Department of Education since corporal punishment in private schools is a regulatory matter rather than a child abuse concern

50. An LCSW is treating a client who reveals that she has been sharing screenshots of the LCSW's secure patient portal messages with her family members and posting them on social media. The messages contain the LCSW's clinical recommendations and diagnostic impressions. What should the LCSW consider?

- A. The client has the right to share their own medical information with anyone they choose, and the LCSW has no grounds to intervene since the client is the subject of the information
- B. While the client generally has the right to share their own health information, the LCSW should discuss the potential therapeutic implications of publicly sharing clinical content, including how it may affect the therapeutic relationship, and address whether the LCSW's professional communications were intended to be shared publicly
- C. The LCSW should immediately discontinue all written communication through the patient portal and limit all clinical communication to in-session verbal exchanges
- D. The LCSW should file a HIPAA complaint against the client since sharing portal messages on social media violates the privacy protections governing the patient portal

51. An LCSW is treating a client who is going through a contested divorce. The client states that her attorney has advised her to "act more depressed" during therapy sessions so the LCSW's notes will support a disability claim. The client asks the LCSW to document symptoms that are more severe than what the client is actually experiencing. What should the LCSW do?

- A. Document the symptoms as the client presents them, since the LCSW can only record what the client reports regardless of whether the client may be exaggerating
- B. Comply with the request since the client's attorney has determined that the documentation strategy serves the client's best legal interests

C. Confront the client and refuse to continue treatment since the client's intentional manipulation of the therapeutic process renders therapy ineffective

D. Document the client's remarks about the attorney's advice in the session notes as important clinical observations, continue to record actual clinical impressions accurately, and explain to the client that the LCSW cannot falsify records

52. An LCSW has a thriving private practice and decides to hire a practice manager to handle scheduling, billing, and intake phone calls. The practice manager will have access to client names, contact information, diagnoses, and insurance details. What must the LCSW ensure?

A. Nothing additional is required since practice managers in healthcare settings are automatically covered under the therapist's existing HIPAA compliance framework

B. The practice manager must obtain their own LCSW license or registration before accessing any client information in a clinical practice setting

C. The practice manager must sign a general employment confidentiality agreement, which is sufficient to satisfy all privacy requirements under California law and HIPAA

D. The LCSW must execute a HIPAA-compliant Business Associate Agreement with the practice manager, provide training on privacy and confidentiality requirements, and establish protocols limiting the practice manager's access to only the minimum information necessary for their administrative functions

53. An LCSW is treating a 16-year-old client who discloses that she has been engaging in "survival sex" — trading sexual acts with adults for food and a place to sleep after running away from her foster home two weeks ago. She refuses to identify the adults involved. What is the LCSW's obligation?

A. Encourage the client to return to her foster home and address the survival sex as a clinical issue without filing a report since the client has not identified specific perpetrators

B. Report the situation to the foster care agency only since the client's runaway status is the foster agency's responsibility to manage

C. File a mandated child abuse report since a minor engaging in commercial sexual exploitation is a victim of child sexual abuse under CANRA regardless of whether the perpetrators are identified, and take steps to ensure the minor's immediate safety

D. Maintain confidentiality and focus on building the therapeutic alliance so the client will eventually feel safe enough to identify the adults involved

54. An LCSW who works in a community mental health center is asked to testify in a malpractice case against a colleague at the same agency. The LCSW did not treat the client involved in the case but has clinical opinions about the colleague's standard of care based on conversations in the staff break room. Can the LCSW testify?

- A. Yes, the LCSW can provide expert testimony about the standard of care since they work in the same agency and are familiar with the clinical expectations
- B. The LCSW should carefully consider whether testifying is appropriate, given that opinions formed through informal break room conversations lack the rigor of a formal case review, and decline unless retained as an expert witness who has conducted a proper review of the clinical materials
- C. Yes, the LCSW is obligated to testify since colleagues have a duty to hold each other accountable for substandard care and refusing to testify would constitute enabling professional misconduct
- D. No, the LCSW cannot testify under any circumstances since colleagues at the same agency are prohibited from serving as witnesses against each other under California's peer review protection statutes

55. An LCSW receives a voicemail from a person who identifies themselves as a new therapist treating a former client. The caller requests clinical information to support continuity of care. The LCSW recognizes the caller's name as a well-known therapist in the community. The former client has not signed a release. What should the LCSW do?

- A. Decline to confirm or deny the former client's treatment status and explain that a signed release from the client is required before any information can be shared, regardless of the professional reputation of the caller
- B. Provide a general treatment summary since the request is from a licensed professional who is treating the same client and HIPAA's treatment exception authorizes disclosure between treating providers
- C. Share limited information including the diagnosis and treatment dates since this constitutes the minimum necessary information for continuity of care
- D. Return the call and verify the therapist's identity before providing a comprehensive case summary since verification eliminates the confidentiality concern

56. An LCSW is treating a client with chronic pain who requests a letter supporting the client's application for a medical marijuana card. The LCSW has been treating the client for depression associated with the chronic pain condition. What should the LCSW consider?

- A. Write the letter immediately since the client's chronic pain and associated depression clearly qualify for medical marijuana under California's Compassionate Use Act
- B. Decline entirely since LCSWs have no role in medical marijuana recommendations and writing such a letter would constitute practicing medicine without a license
- C. Write the letter only if the client's psychiatrist co-signs it since medical marijuana recommendations require a physician's authorization
- D. Consider whether providing a letter documenting the client's chronic pain and depression falls within the LCSW's scope of practice, recognizing that a medical marijuana recommendation must come from a physician and the LCSW can provide clinical documentation supporting the client's application without making the medical recommendation itself

57. An LCSW provides therapy to a married couple. During a session, the husband becomes physically threatening toward the wife, standing over her and clenching his fists while yelling. The wife appears terrified. What is the LCSW's immediate obligation?

- A. Continue the session while setting a verbal boundary with the husband about acceptable behavior in the therapy room
- B. Intervene to de-escalate the immediate situation, ensure the wife's safety, separately assess the safety of both partners, determine whether the wife needs assistance with a safety plan or emergency resources, and evaluate whether continuing conjoint therapy is clinically appropriate given the demonstrated risk
- C. Terminate the session and report the husband to law enforcement for domestic violence since the threatening behavior occurred in the therapist's presence
- D. End the session immediately and permanently terminate couples therapy with both partners since the LCSW has now witnessed domestic violence and cannot maintain neutrality

58. An LCSW is providing clinical supervision and learns that a supervisee has been conducting therapy sessions while under the influence of alcohol. The supervisor has smelled alcohol on the supervisee's breath on two occasions and received a complaint from a client about the supervisee appearing impaired during a session. What is the supervisor's obligation?

- A. Counsel the supervisee privately and recommend they attend an AA meeting before taking any formal action that could jeopardize the supervisee's career
- B. Document the observations but take no action since the supervisee has not been formally diagnosed with alcohol use disorder and the supervisor cannot make assumptions based on the smell of alcohol alone

C. Immediately suspend the supervisee from direct client contact, document the observations and the client complaint, address the impairment directly with the supervisee, arrange for appropriate coverage of the supervisee's clients, and report to the BBS if required

D. Reassign the supervisee's most vulnerable clients to other clinicians while allowing the supervisee to continue seeing lower-acuity clients who would be less impacted by the impairment

59. An LCSW who provides therapy to children is asked by a parent to use anatomically correct dolls during a session to help determine whether a 4-year-old has been sexually abused. The parent suspects abuse by a family member. What should the LCSW consider?

A. The use of anatomically correct dolls for abuse assessment requires specialized forensic training, and the LCSW should not conduct a forensic interview without this training but should instead refer the family to a child advocacy center with trained forensic interviewers while providing therapeutic support

B. The LCSW should use the dolls since they are a standard child therapy tool and any licensed therapist working with children is competent to conduct abuse assessments using play-based methods

C. The LCSW should conduct the assessment using the dolls and immediately file a mandated report based on whatever the child demonstrates during the play session

D. The LCSW should decline to use the dolls and instead conduct a standard verbal interview with the 4-year-old to determine whether abuse occurred

60. An LCSW has been treating a client for two years when the client requests that the LCSW write a letter of recommendation for the client's application to graduate school in social work. The client has demonstrated strong interpersonal skills and insight during therapy. What should the LCSW do?

A. Write the letter since the LCSW has extensive knowledge of the client's character, insight, and interpersonal abilities from two years of therapeutic observation

B. Decline to write the letter, explaining that providing a recommendation based on observations from a therapeutic relationship would constitute a dual role that could compromise both the therapy and the integrity of the recommendation

C. Write the letter but limit its content to general character observations without referencing the therapeutic relationship or any clinical information

D. Agree to write the letter only after formally terminating the therapeutic relationship to eliminate the dual role concern

61. An LCSW is conducting an initial evaluation of a new client who presents with paranoid ideation and refuses to sign the standard informed consent documents. The client states, "I'm not signing anything — that's how they track you." The client is not in acute crisis. What should the LCSW do?

- A. Refuse to provide any services until the client signs the informed consent documents since documentation of informed consent is a non-negotiable legal requirement
- B. Proceed with treatment and forge the client's signature on the consent form since the client's paranoid ideation constitutes a cognitive impairment that justifies the LCSW acting on the client's behalf
- C. Proceed with treatment without informed consent since the client's mental health condition exempts them from the standard informed consent process
- D. Provide the informed consent information verbally, document that the client was informed but declined to sign due to paranoid ideation, note the clinical rationale for proceeding with services, and continue to work toward obtaining written consent as the therapeutic relationship develops

62. An LCSW who provides therapy at a nonprofit agency is asked by the agency's development director to provide a testimonial from a current client for a fundraising campaign. The development director suggests that the LCSW identify a client with a compelling recovery story who might be willing to share their experience publicly to attract donors. What should the LCSW do?

- A. Decline to identify or recruit clients for fundraising purposes, as doing so would exploit the therapeutic relationship for institutional benefit, potentially compromise confidentiality, and place clients in a coercive position given the power dynamics of the therapist-client relationship
- B. Approach clients who have expressed gratitude for their treatment and ask if they would be willing to provide a testimonial, ensuring the request is framed as entirely voluntary
- C. Provide the development director with a list of clients who have completed treatment successfully and allow the director to contact them independently so the request comes from outside the therapeutic relationship
- D. Agree to facilitate the testimonial request only for clients who have been formally discharged from treatment for at least one year

63. An LCSW is treating a client who has been involuntarily committed on a 5250 (14-day certification). The client requests a certification review hearing (probable cause hearing). Under the LPS Act, what is the timeline for this hearing?

- A. The hearing must be held within seven days of the client's request and may be waived only by the client's attorney after consultation with the client
- B. The hearing must be held within 30 days of the certification and is automatically scheduled without requiring a specific request from the client
- C. The hearing must be held within four days of the client's request, and the client has the right to be represented by a patients' rights advocate or attorney at the hearing
- D. The hearing must be held within 14 days of the certification and coincides with the expiration of the 5250 hold

64. An LCSW is treating a client whose presenting problem is grief following the death of their adult child. During treatment, the client reveals that the adult child died of a drug overdose and the client had been supplying the drugs. The client has not been charged with a crime. What is the LCSW's obligation?

- A. Report the client to law enforcement since supplying drugs that resulted in a death is a serious criminal offense that the LCSW is obligated to report
- B. Maintain confidentiality since the disclosure does not fall within any mandatory exception to the psychotherapist-patient privilege, and continue to provide therapeutic support for the client's grief while exploring the complex emotional dimensions of the disclosure
- C. Refuse to continue treating the client since continuing therapy with a person who caused the death of their own child through drug supply would constitute the LCSW's implicit endorsement of criminal conduct
- D. Encourage the client to consult with a criminal defense attorney before discussing the circumstances of the death further in therapy

65. An LCSW is treating a couple when one partner discloses during a session that they are intersex and have never told anyone, including the other partner. The disclosing partner immediately regrets sharing this information and asks the LCSW to "forget they said it." The other partner heard the disclosure. What is the LCSW's obligation?

- A. Honor the client's request and redirect the session to other topics, acting as if the disclosure did not occur since the client has the right to control what is processed in therapy
- B. Immediately discuss the implications of the intersex identity for the couple's relationship since the disclosure has now created a clinical imperative that must be addressed

C. Document the disclosure but omit it from the session notes to protect the client's privacy regarding a sensitive medical condition

D. Acknowledge the disclosure sensitively, recognize the disclosing partner's distress, and facilitate a therapeutic conversation about what the disclosure means for both partners while supporting the disclosing partner's autonomy and emotional safety

66. An LCSW is providing treatment to a client with substance use disorder at an outpatient facility that receives federal funding for substance abuse treatment. A private investigator serves the LCSW with a court-ordered subpoena requesting the client's treatment records for a civil lawsuit unrelated to the substance abuse treatment. Under 42 CFR Part 2, what should the LCSW do?

A. Comply with the subpoena since a court-ordered subpoena overrides 42 CFR Part 2 protections for substance abuse treatment records

B. Release only the specific records identified in the subpoena after redacting all references to substance abuse treatment content

C. Challenge the subpoena, as 42 CFR Part 2 provides additional protections beyond standard confidentiality, and a regular subpoena — even a court-ordered one — may not be sufficient to compel disclosure of substance abuse treatment records without a specific court order that meets Part 2's requirements

D. Release the records to the court directly rather than to the private investigator to ensure the records are handled by a neutral party

67. An LCSW is treating a client who reveals that she has been operating a daycare facility out of her home without a license. She is caring for eight children under age five. She describes the operation as "helping out neighborhood families." What should the LCSW consider?

A. Whether the unlicensed daycare operation places the children in potential danger due to lack of regulatory oversight, safety standards, and accountability, and whether the circumstances warrant a mandated report for potential child endangerment or neglect

B. No clinical concern exists since the client is providing a community service and the licensing issue is a regulatory matter outside the LCSW's professional responsibility

C. Report the client to the California Department of Social Services Community Care Licensing Division for operating an unlicensed facility, as the LCSW is mandated to report all licensing violations

D. Maintain confidentiality and focus exclusively on the client's presenting concerns since the daycare operation is unrelated to the therapeutic work

68. An LCSW is providing therapy to a newly arrived refugee who discloses experiencing torture in her home country. The client is seeking asylum and asks the LCSW to conduct a forensic psychological evaluation documenting the torture for the asylum application. What should the LCSW consider?

- A. Conduct the forensic evaluation as part of the therapy since the LCSW has the most comprehensive understanding of the client's trauma history
- B. Recognize that combining the therapeutic and forensic evaluation roles may compromise both, and consider whether an independent evaluator trained in asylum forensic evaluations should conduct the evaluation while the LCSW continues to provide therapeutic support
- C. Decline any involvement in the asylum case since forensic documentation for immigration proceedings is outside the scope of clinical social work practice
- D. Conduct the evaluation but document only the psychological symptoms without commenting on the reported torture since the LCSW cannot verify the client's account

69. An LCSW who runs a group practice employs several associate social workers. One of the ASWs reports that a client made a credible threat against an identifiable person during a session that morning. The ASW documented the threat but is unsure whether to contact the potential victim. It is now 5:00 PM. What is the LCSW's obligation as the practice owner and supervisor?

- A. Instruct the ASW to discuss the situation in the next scheduled supervision session so the response can be carefully considered rather than rushed
- B. Advise the ASW to document the threat thoroughly and monitor the situation at the client's next appointment
- C. Contact the potential victim personally to demonstrate that the practice takes safety seriously and to reduce the practice's liability exposure
- D. Take immediate action to ensure the duty to protect is fulfilled, which may include contacting the potential victim and law enforcement now, as the Tarasoff duty does not permit delay until the next business day or supervision session

70. An LCSW is treating a client with obsessive-compulsive disorder who has a contamination obsession. The client requests that the LCSW wear gloves during all sessions and sanitize every surface the LCSW touches. Accommodating this request would reinforce the client's avoidance behaviors and undermine the exposure-based treatment approach. What should the LCSW do?

- A. Accommodate the request fully since the client has the right to establish the conditions under which they feel comfortable receiving therapy
- B. Refuse the request without explanation since any accommodation of OCD rituals is clinically contraindicated under all circumstances
- C. Discuss the request within the treatment framework, explain how accommodation may reinforce the OCD cycle, collaboratively explore whether a graduated approach to reducing rituals can be integrated into the treatment plan, and balance the therapeutic alliance with clinical best practices
- D. Accommodate the request temporarily to build therapeutic alliance and then gradually introduce exposure elements once the client is more comfortable in the therapeutic relationship

71. An LCSW is treating a client who reveals that her 11-year-old daughter has been communicating with an unknown adult through a gaming platform. The adult has sent the daughter gifts purchased through the platform and has been asking the daughter to keep their "friendship" secret from her parents. The client only recently discovered the communication. What is the LCSW's obligation?

- A. File a mandated child abuse report since the pattern of secret communication between an unknown adult and a child, combined with gift-giving and secrecy, constitutes grooming behavior consistent with sexual exploitation
- B. Recommend the client contact local law enforcement directly and provide the client with resources about online child safety without filing a mandated report
- C. Advise the client to block the adult on the gaming platform and monitor the daughter's online activity more closely before deciding whether formal intervention is warranted
- D. Refer the client to a child internet safety organization and document the disclosure in the session notes while monitoring for further developments

72. An LCSW is treating a client who discloses that they have a second therapist they are seeing concurrently for the same presenting issue. The client did not disclose this at intake. The two therapists are using conflicting treatment approaches. What should the LCSW do?

- A. Terminate the therapeutic relationship immediately since the client's deception about concurrent treatment constitutes a violation of the therapeutic contract
- B. Discuss the concurrent treatment with the client, explore the reasons for seeking multiple therapists, assess the clinical implications of conflicting approaches, and collaboratively determine a treatment plan that may include coordination between providers or a decision about which treatment to continue

C. Continue treatment unchanged since what the client does with other healthcare providers is the client's personal decision and does not affect the LCSW's independent treatment plan

D. Contact the other therapist immediately to coordinate care since the clinical risk of conflicting approaches creates a duty to communicate that overrides the need for client authorization

73. An LCSW is providing therapy to a client who mentions that her 8-year-old child has been diagnosed with oppositional defiant disorder by another clinician. The child is not the LCSW's client. The mother describes using "restraint holds" she learned from YouTube videos to manage the child's outbursts, including holding the child face-down on the floor for up to 15 minutes until the child stops resisting. What is the LCSW's obligation?

A. Recommend the mother seek professional parent training and provide referrals without filing a report since the mother is attempting to manage a diagnosed behavioral disorder

B. Assess the child's YouTube-learned restraint practices during a future session by asking for a more detailed demonstration before making a reporting determination

C. File a mandated child abuse report since prone restraint of a child by an untrained caregiver for extended periods creates substantial risk of physical harm including positional asphyxia, regardless of the parent's intention to manage the child's behavioral disorder

D. Address the restraint practices in therapy by providing psychoeducation about the dangers of prone restraint while monitoring whether the mother continues the practice before considering a report

74. An LCSW is providing family therapy when the adolescent client discloses during a family session that a teacher at school has been giving her alcohol during after-school tutoring sessions. The parents appear stunned. What is the LCSW's obligation?

A. Schedule an individual session with the adolescent to gather more detailed information about the alcohol provision before determining whether a report is warranted

B. Report the disclosure to the school administration so they can investigate the teacher's conduct through their internal disciplinary process

C. Address the disclosure in the family session and encourage the parents to report the teacher to both the school and law enforcement

D. File a mandated child abuse report immediately, as an adult in a position of authority providing alcohol to a minor constitutes child abuse, and attend to the clinical needs of the family system

75. An LCSW is providing therapy at a university counseling center. A student client discloses that a fraternity hazing ritual resulted in a freshman being hospitalized with a concussion and broken ribs. The client participated in the hazing but did not directly cause the injuries. The hospitalized student is 18 years old. Does the LCSW have a mandated reporting obligation?

A. Yes, because hazing that results in hospitalization constitutes a form of assault that therapists are mandated to report under California law

B. Yes, because the LCSW is employed by the university and has an institutional obligation to report incidents that threaten student safety

C. No mandatory reporting obligation is triggered since the victim is a legal adult and the injuries do not fall within the categories of mandated reporting under CANRA or elder abuse statutes, though the LCSW should address the behavior clinically and consider whether any institutional reporting obligations exist

D. No reporting obligation exists because the client did not directly cause the injuries and therefore bears no responsibility for the harm

Practice Exam 13: Answer Key and Explanations

1. C — Under CANRA (Penal Code Section 11166), a mandated reporter must make an initial report by telephone or through the online reporting system (SCAR) immediately or as soon as practically possible upon forming reasonable suspicion. A written follow-up report must then be submitted within 36 hours of the initial report. This two-step process — immediate verbal/online report followed by a 36-hour written report — is one of the most commonly tested procedural details on the California law exam.

2. A — Valid informed consent for psychotherapy in California must include the therapist's qualifications, the nature and anticipated course of treatment, the risks and benefits, the limits of confidentiality, and the client's right to refuse or withdraw from treatment. Guarantees of specific outcomes are ethically prohibited, and detailed training histories are not required elements. Informed consent is an ongoing process, not a one-time event.

3. B — California Business and Professions Code Section 4996.1 establishes a two-year post-termination waiting period before a sexual or romantic relationship with a former client may even be considered. Critically, even after two years, such a relationship is never automatically permissible — it remains subject to ethical scrutiny and may be deemed exploitative depending on factors including the nature of the therapy, the client's vulnerability, and the circumstances of termination.

4. D — Denying mental health services to clients based solely on language constitutes discrimination that likely violates Title VI of the Civil Rights Act, which prohibits language-based discrimination by entities receiving federal funding. The NASW Code of Ethics also mandates that social workers challenge social injustice and ensure equitable access to services. The LCSW has an ethical obligation to advocate for policy change, not merely register personal dissent.

5. A — Fee-splitting based on referrals — paying or receiving a percentage of fees in exchange for client referrals — constitutes an unethical kickback arrangement prohibited under the NASW Code of Ethics, California Business and Professions Code, and potentially federal anti-kickback statutes. Such arrangements create financial incentives that may compromise clinical judgment about whether referrals are in clients' best interests.

6. C — Clinical records must accurately reflect the therapist's honest clinical assessment. Altering a diagnosis to benefit a client's legal case constitutes fraud — regardless of whether the alternative diagnosis is "clinically defensible." The LCSW's documentation obligations are to clinical truth, not to the client's litigation strategy. Complying with this request could result in criminal prosecution, license revocation, and civil liability.

7. B — Confidentiality is the broader ethical and legal duty to protect all client information in every context — clinical, administrative, and social. Privilege is a narrower legal concept codified in California Evidence Code Section 1014, which specifically protects therapeutic communications from compelled disclosure in judicial and quasi-judicial proceedings. Understanding this distinction is critical because privilege has specific exceptions (Evidence Code Section 1024) that do not apply to the broader confidentiality duty.

8. D — When a minor self-refers under California's consent provisions, the minor generally controls confidentiality and treatment decisions. While the LCSW may believe family therapy would be beneficial, the minor's agreement is generally necessary to include parents. The LCSW should explore the resistance therapeutically, provide a clinical rationale for family involvement, and seek the minor's voluntary agreement rather than overriding the minor's objection.

9. A — Combining therapeutic and forensic roles with the same client creates a fundamental dual-role conflict. The therapeutic relationship requires trust and alliance, while expert testimony requires objective evaluation. These roles pull in opposite directions, and attempting both compromises the integrity of each. The LCSW should agree to provide therapy if indicated while declining the expert witness role and recommending an independent forensic evaluator.

10. A — Welfare and Institutions Code Section 5585 provides the specific statutory framework for involuntary psychiatric detention of minors in California. While Section 5150 applies to adults, Section 5585 mirrors its structure for minors and authorizes detention when a minor is a danger to self, a danger to others, or gravely disabled due to a mental disorder. The distinction between adult and minor involuntary hold statutes is a frequently tested California law detail.

11. D — After a 72-hour 5150 hold, if the treatment team determines the client continues to meet criteria, the next step under the LPS Act is certification for a 5250 hold — a 14-day period of intensive treatment. The client must be informed of their right to a certification review hearing (probable cause hearing). The 5250 requires specific documentation that the person continues to be a danger to self, a danger to others, or gravely disabled as a result of a mental disorder.

12. C — Under California law, involuntarily committed patients retain the right to refuse antipsychotic medication. If the facility seeks to administer medication over the patient's objection, a Riese hearing (named after the case *Riese v. St. Mary's Hospital*) must be held to determine whether the patient lacks the capacity to make informed medication decisions. This is a critical patient rights protection that distinguishes California from many other states.

13. A — The administration and interpretation of formal psychological tests (such as the MMPI, Rorschach, or WAIS) generally falls within the scope of practice of licensed psychologists, not LCSWs. While LCSWs may use clinical screening tools and behavioral assessments within their training, formal psychological testing requires specialized training. The appropriate action is to refer to a licensed psychologist for the testing while continuing to provide psychotherapy.

14. B — In emergency situations where no other provider is available and a person is in crisis with suicidal ideation, providing immediate crisis intervention takes priority over the dual relationship concern. The LCSW should stabilize the immediate safety crisis, develop a safety plan, and arrange for an appropriate referral or transfer of care as soon as another provider becomes accessible. The emergency nature of the situation and geographic isolation justify the intervention.

15. C — California Business and Professions Code Section 651 and the NASW Code of Ethics prohibit misleading or fraudulent advertising. Guaranteeing a "cure" within a specified number of sessions misrepresents the nature of psychotherapy, creates unrealistic expectations, and constitutes deceptive advertising. No therapist can ethically guarantee specific outcomes, and the term "cure" mischaracterizes what evidence-based treatment for anxiety disorders achieves.

16. D — The supervisor must correct the falsified records to reflect only actual supervision hours, address the ethical violation directly with the ASW (since falsifying professional documents is a serious integrity breach), and self-report the supervision lapses to the BBS if reporting is required. Concealing the falsification would compound the violation and expose both the supervisor and ASW to greater disciplinary consequences.

17. A — The most relevant principle is informed consent. Parents and guardians must be informed about all aspects of the treatment framework, including practices like providing food items to children. Dietary restrictions, allergies, and parental preferences about food must be respected. Failing to disclose this practice deprives parents of the information they need to make informed decisions about their child's participation in treatment.

18. C — Before releasing records, the LCSW must verify that the authorization meets California's legal requirements for a valid release — including specificity of information authorized, purpose of disclosure, expiration date, and right to revoke. A broad authorization for "all medical records" from an insurance company may not meet these standards. The LCSW should also discuss with the client what will be disclosed and apply the minimum necessary standard.

19. B — A client's unauthorized recording in a therapy office waiting room potentially captures identifiable information about other clients — including their presence at a mental health office. This threatens the confidentiality of every client who passes through the waiting room. Additionally, California's two-party consent law may be violated. The LCSW must address the recording immediately, request its removal, and discuss the serious confidentiality and legal implications.

20. D — A BBS complaint initiates a formal investigation with significant professional consequences. The LCSW's written response becomes part of the permanent investigation record. Before responding, the LCSW should contact their professional liability insurance carrier (which typically provides legal defense for licensing complaints) and an attorney specializing in licensing defense. An improperly crafted response can inadvertently strengthen the complainant's case.

21. A — When reporting to a probation officer under a signed release, the LCSW should apply the minimum necessary standard — providing attendance, general compliance, and progress toward treatment goals without disclosing detailed session content. The release authorizes communication but does not require complete disclosure of all therapeutic material. Protecting the client's privacy to the greatest extent possible while fulfilling the reporting requirement preserves the therapeutic relationship.

22. B — California law does not impose a mandatory duty on therapists to report a client's HIV status or HIV-related behaviors to third parties, including blood banks. The LCSW should maintain confidentiality while addressing the behavior clinically — exploring the motivations, discussing the serious public health implications, and strongly encouraging the client to contact the blood bank to flag the donation. Blood banks have their own screening protocols.

23. D — Sex trafficking of a minor constitutes child sexual exploitation under CANRA, triggering an immediate mandated reporting obligation. The LCSW must file regardless of the minor's wishes about reporting and regardless of whether the minor identifies specific perpetrators. Additionally, the LCSW should connect the client with specialized trafficking victim services that can address safety planning and the unique needs of commercially sexually exploited children.

24. C — HIPAA's minimum necessary standard requires that access to protected health information be limited to personnel who need it for their specific job functions. Administrative staff who handle scheduling and billing do not need access to diagnostic information. The LCSW should raise this concern with administration and the privacy officer to advocate for system modifications that restrict diagnostic information to authorized clinical personnel.

25. A — HIPAA requires that electronic protected health information be transmitted through secure, encrypted channels. Unencrypted personal email does not meet this standard. The LCSW should explain the security concern, offer HIPAA-compliant alternatives, and if the client still prefers email for convenience, limit email communication to non-clinical content such as scheduling while documenting the client's informed consent regarding the risks of electronic communication.

26. D — While California does not legally require LCSWs to carry professional liability insurance, the absence of insurance does not provide protection from lawsuits — it eliminates the protection. Without insurance, the LCSW's personal assets (home, savings, investments) are directly exposed to any malpractice judgment. This scenario illustrates why carrying professional liability insurance is strongly recommended even though it is not legally mandated.

27. B — The LCSW should be transparent about the ongoing assessment process while sharing preliminary impressions. Explaining that symptoms are consistent with PTSD — without issuing a premature formal diagnosis — respects the client's right to information while maintaining clinical rigor. Withholding all diagnostic impressions or providing a formal diagnosis before completing the evaluation are both problematic approaches.

28. A — Conducting therapy on a laptop in a public coffee shop creates two simultaneous violations. First, clients are visually identifiable to other patrons, breaching confidentiality. Second, transmitting protected health information over public WiFi violates HIPAA's security requirements for electronic PHI. The supervisor must address both the confidentiality and security violations immediately and provide training on appropriate telehealth practice environments.

29. C — The LCSW must balance the disclosing member's need to share with the safety of the entire group. A member dissociating signals that the group's window of tolerance has been exceeded. The LCSW should gently redirect the level of graphic detail, attend immediately to the dissociating member's grounding needs, and process the group dynamic — acknowledging the disclosing member's courage while reinforcing the group's shared responsibility for emotional safety.

30. D — This scenario is more nuanced than typical drug diversion questions. The critical difference is that dependent elderly residents are being deprived of prescribed pain medication — they are receiving less effective substitutes. This means vulnerable dependent adults are suffering physical harm (inadequate pain management) as a direct result of their caretaker's actions. The LCSW should assess whether this constitutes elder abuse/neglect and, if reasonable suspicion exists, file a mandated report.

31. B — Home-based therapy is a legitimate modality for certain presentations, but it requires careful consideration of multiple factors. The LCSW must evaluate clinical appropriateness, personal safety, boundary management, informed consent specific to the home setting, liability insurance coverage, and whether the LCSW has the competence and training to provide effective services in a non-office environment. Neither automatic acceptance nor blanket refusal is appropriate.

32. C — California Health and Safety Code Section 123110 generally grants patients the right to access their medical records, including therapy progress notes. The LCSW should provide the records as requested. While the notes may contain observations the client finds uncomfortable, this can be a therapeutic opportunity to discuss the clinical impressions directly. Redacting clinical content or substituting summaries is not consistent with the client's legal rights.

33. A — Each state governs the practice of therapy within its borders. A California LCSW license does not authorize practice in Nevada. The LCSW must determine whether Nevada requires a separate license, participates in an interstate licensure compact, or offers a telehealth practice exemption for out-of-state providers. Practicing across state lines without authorization exposes the LCSW to disciplinary action in both states.

34. D — Psychotherapist-patient privilege does not automatically evaporate in juvenile dependency proceedings. While exceptions exist, the LCSW should assert the privilege and require either the client's authorization or a valid court order before releasing records. A DCFS caseworker's verbal request alone is not sufficient to compel disclosure. Advising the caseworker to obtain a court order ensures the proper legal process is followed.

35. B — Client note-taking during sessions is neither automatically beneficial nor automatically problematic. The LCSW should assess the clinical impact — whether note-taking enhances processing or creates avoidance of emotional engagement — and discuss practical concerns such as data security and potential access by third parties. A collaborative, thoughtful discussion respects the client's autonomy while addressing legitimate clinical and confidentiality considerations.

36. A — A school bus driver experiencing seizures with loss of consciousness while transporting children creates a situation of profound potential danger to identifiable groups of children. The LCSW should thoroughly assess the clinical picture, discuss the safety implications directly, and strongly encourage self-reporting to the DMV and employer. The LCSW must also evaluate whether the magnitude of foreseeable harm creates a Tarasoff-level duty to take protective action.

37. D — Not all negative comments between divorcing parents constitute reportable emotional abuse, but a sustained pattern of severe parental alienation behavior can cross the threshold into emotional cruelty under CANRA. The LCSW should assess the frequency, severity, and demonstrable emotional impact on the child before making a reporting determination. A single disparaging comment differs significantly from a systematic campaign to destroy the child's relationship with the other parent.

38. C — California Business and Professions Code Section 4996.22 requires that peer reviews of an LCSW's clinical work be conducted by a peer of the same discipline — meaning another LCSW. The LCSW has the right to request that the insurance company assign a licensed clinical social worker as the peer reviewer. This protection ensures that clinical decisions are evaluated by someone with equivalent training and professional standards.

39. B — Locking a 5-year-old in a closet for up to two hours constitutes confinement that creates a substantial risk of emotional and potentially physical harm. This goes well beyond acceptable disciplinary practices. The child's significant anxiety provides evidence of the emotional impact. The LCSW must file a mandated child abuse report — the parents' intent to discipline does not negate the abusive nature of the confinement.

40. A — The medication error was accidental, has already been reported through the hospital's incident reporting system, and does not fall within any mandatory exception to therapist-client confidentiality. The LCSW's role is to provide therapeutic support for the nurse's emotional response — including guilt, anxiety, and fear about professional consequences. There is no independent obligation for the LCSW to report what has already been reported.

41. C — A strong chemical odor consistent with methamphetamine production in a home with three young children constitutes an immediate safety emergency. The LCSW must prioritize personal safety by leaving the home, then file a mandated child abuse report for child endangerment and contact law enforcement due to the immediate danger. Drug manufacturing environments expose children to toxic chemicals, explosion risk, and associated violence.

42. D — Treating two clients who are biologically related but unaware of each other's connection to the LCSW creates a significant conflict of interest. Information from one client's therapy could unconsciously influence the treatment of the other. The LCSW should seek consultation, assess whether objectivity can be maintained, and likely transfer one or both clients — without revealing the connection that would breach either client's confidentiality.

43. B — Command hallucinations directing a mother to harm her infant represent a complex clinical emergency requiring multiple simultaneous interventions. A thorough risk assessment is essential. Safety planning must address the infant's immediate welfare. Psychiatric coordination for medication management is urgent. Depending on the assessed level of risk, a child abuse report, a 5150 evaluation, or both may be indicated. No single intervention is sufficient.

44. A — AI chatbots used as therapeutic tools represent an emerging clinical reality that requires thoughtful integration rather than dismissal or endorsement. The LCSW should explore what needs the AI is meeting, evaluate the quality and safety of the guidance the client is receiving, assess potential risks of AI-processed trauma disclosure, and integrate this information into the treatment plan. This approach respects the client's autonomy while ensuring clinical oversight.

45. C — When a client drops out of treatment without notice, thorough documentation protects both the client and the LCSW. The record should include all contact attempts, clinical status at last contact, any outstanding safety concerns, and a termination summary describing the circumstances. The file should remain open for a reasonable period before formal closure. This documentation demonstrates the LCSW made good-faith efforts to maintain continuity of care.

46. B — BBS complaint threats are a recognized dynamic in treating clients with borderline personality disorder. The LCSW should address the pattern therapeutically — exploring it as a relational strategy connected to the client's core pathology. Clinical decisions should never be altered in response to complaint threats, as doing so would constitute clinically harmful capitulation. Thorough documentation of the therapeutic interactions provides protection.

47. D — A romantic relationship between two supervisees within the same supervision group can affect clinical objectivity, team dynamics, and the supervisory process — particularly if one supervisee's clinical decisions are influenced by the relationship or if the supervisor inadvertently shows preferential treatment. The supervisor should assess these potential impacts and address any identified concerns while maintaining equitable, objective supervision.

48. A — Anti-government beliefs, legal weapons stockpiling, and prepper activities — however concerning they may seem — do not trigger any mandatory exception to the psychotherapist-patient privilege. There is no identifiable threat to a specific person, no child or elder abuse, and the weapons are legal. The LCSW must maintain confidentiality while continuing to assess risk factors during ongoing treatment.

49. C — Under CANRA, mandated reporters must file when they receive information creating reasonable suspicion of child abuse, regardless of whether the information is firsthand or secondhand. A principal striking students with a ruler constitutes physical abuse. The LCSW received this information in a professional context from a firsthand witness. The report must be filed — investigators will determine the veracity and severity of the allegations.

50. B — Clients generally have the right to share their own health information. However, the LCSW should discuss the therapeutic implications — including how publicly sharing clinical recommendations and diagnostic impressions may affect the therapeutic relationship, the client's privacy, and the LCSW's ability to communicate candidly in clinical messages. The conversation is therapeutic and practical, not about prohibiting the client's behavior.

51. B — The LCSW must document what actually happens in the session — including the client's disclosure that her attorney instructed her to exaggerate symptoms. This disclosure is itself clinically significant and should be recorded as an accurate observation. The LCSW's clinical impressions must continue to reflect the actual clinical presentation, not a manufactured one. Falsifying records to support litigation would constitute fraud.

52. D — A practice manager who accesses client information is a business associate under HIPAA and must sign a Business Associate Agreement. The BAA establishes the practice manager's obligations regarding PHI, including permitted uses, security safeguards, and breach notification procedures. Additionally, the LCSW must provide confidentiality training and establish minimum necessary access protocols. A general employment agreement alone is insufficient.

53. C — A minor engaging in survival sex — trading sexual acts with adults for basic necessities — is a victim of commercial sexual exploitation (CSEC), which constitutes child sexual abuse under CANRA. The mandated reporting obligation applies regardless of whether the minor identifies the perpetrators. The LCSW must file immediately and take steps to ensure the minor's safety, including connecting her with CSEC-specific services.

54. B — Opinions formed through informal break room conversations lack the rigor, objectivity, and methodology required for expert testimony. The LCSW should carefully consider whether testifying is appropriate and decline unless formally retained as an expert who has conducted a proper review of the clinical materials. Testifying based on gossip-level information could harm the colleague, mislead the court, and expose the LCSW to credibility challenges.

55. A — Regardless of how well-known the caller is, the LCSW cannot confirm or deny the former client's treatment status without a signed release. Professional reputation does not substitute for proper authorization. The LCSW should explain the authorization requirement and decline to share any information. The treatment exception under HIPAA is interpreted more narrowly for mental health records under California's stricter psychotherapist-patient privilege.

56. D — LCSWs cannot make medical marijuana recommendations — that authority belongs exclusively to physicians. However, the LCSW can provide clinical documentation of the client's mental health condition that may support the client's application. The key distinction is between making the medical recommendation (which exceeds scope) and providing clinical documentation supporting the application (which falls within scope).

57. B — Physical intimidation during a couples session requires immediate de-escalation and safety assessment. The LCSW must intervene to stop the threatening behavior, separately assess each partner's safety, develop a safety plan with the threatened partner, and critically evaluate whether conjoint therapy should continue. Continuing to conduct couples therapy when one partner has demonstrated threatening behavior in session is clinically contraindicated.

58. C — A supervisee conducting sessions while impaired by alcohol poses an immediate risk to client safety. The supervisor must take decisive action: suspend direct client contact, document observations and the client complaint, arrange coverage for the supervisee's caseload, address the impairment directly, and report to the BBS if required. Counseling privately while allowing continued client contact fails the duty to protect clients.

59. A — Forensic interviews using anatomically correct dolls require specialized training in forensic interview protocols (such as NICHD or CornerHouse models). An untrained clinician conducting an abuse assessment may contaminate the evidence, traumatize the child, or produce unreliable findings. The LCSW should refer to a child advocacy center with trained forensic interviewers while continuing to provide therapeutic support. The therapeutic and forensic functions should remain separate.

60. B — Writing a letter of recommendation based on a therapeutic relationship creates a problematic dual role. The LCSW's knowledge of the client comes from a confidential treatment context — not an academic, professional, or supervisory context. A recommendation letter would implicitly disclose that the client is in therapy and would require the LCSW to shift from a therapeutic evaluative lens to an academic/professional one. The LCSW should decline and explain the role conflict.

61. D — Informed consent can be provided verbally and documented in the record when a client refuses to sign written forms. The LCSW should provide the informed consent information orally, document that the client declined to sign due to paranoid ideation, note the clinical rationale for proceeding with services, and continue working toward obtaining written consent as the therapeutic relationship develops. Refusing all services or forging signatures are both inappropriate.

62. A — Soliciting client testimonials for fundraising purposes exploits the therapeutic relationship's power dynamics. Clients may feel unable to refuse a request from their therapist — or may agree in hopes of receiving preferential treatment. The LCSW should decline to identify, recruit, or facilitate client participation in fundraising. Even for discharged clients, having the therapist initiate the request creates inappropriate pressure.

63. C — Under the LPS Act, when a client on a 5250 hold requests a certification review hearing, the hearing must be held within four days of the request. The client has the right to representation by a patients' rights advocate or attorney. This hearing determines whether probable cause exists for continued involuntary detention. The four-day timeline is a critical patient rights protection frequently tested on the California exam.

64. B — The client's disclosure that they supplied the drugs leading to their adult child's fatal overdose, while morally and legally significant, does not fall within any mandatory exception to the psychotherapist-patient privilege. The LCSW must maintain confidentiality and continue providing therapeutic support for the complex grief — which includes guilt, potential legal exposure, and the devastating knowledge of having contributed to the child's death.

65. D — The disclosure occurred in a conjoint session and was heard by both partners. The LCSW cannot "unhear" the information or pretend it didn't happen, as doing so would be therapeutically dishonest. The LCSW should sensitively acknowledge the disclosure, attend to the disclosing partner's distress, and facilitate a therapeutic conversation that respects the disclosing partner's autonomy while addressing the impact on the couple's relationship.

66. C — 42 CFR Part 2 provides substance abuse treatment records with protections that exceed standard HIPAA and state confidentiality laws. A regular court-ordered subpoena is generally insufficient to compel disclosure of Part 2 records. Disclosure requires a specific court order that meets Part 2's stringent requirements — including findings of good cause and measures to limit disclosure. The LCSW should challenge the subpoena based on these protections.

67. A — An unlicensed daycare operating without regulatory oversight, safety inspections, staff background checks, or accountability creates potential risk to the eight young children in the client's care. The LCSW should assess whether the conditions endanger the children and whether the lack of licensing and safety standards constitutes child endangerment or neglect warranting a mandated report. The licensing violation itself is a regulatory matter, but the child safety implications may trigger reporting.

68. B — Combining the therapeutic role with a forensic asylum evaluation creates a dual-role conflict similar to the therapist-expert witness problem. The therapeutic relationship's focus on trust and alliance may bias the forensic evaluation, while the evaluative process may compromise the therapy. An independent evaluator trained in asylum-specific forensic assessments should conduct the evaluation while the LCSW continues providing therapeutic support.

69. D — The Tarasoff duty to protect requires immediate action when a credible threat exists against an identifiable person. The duty does not allow the supervisor to wait until the next supervision session or the next business day. As the practice owner and supervisor, the LCSW bears ultimate professional responsibility for ensuring the duty is fulfilled — which may include contacting the potential victim and law enforcement immediately.

70. C — OCD accommodation requests create a therapeutic tension between alliance building and clinical best practice. Simply refusing or fully accommodating are both suboptimal. The LCSW should discuss the request within the treatment framework, explain how accommodation reinforces the OCD cycle, and collaboratively develop a graduated approach. This respects the client's distress while maintaining the therapeutic integrity of the exposure-based approach.

71. A — The described pattern — an unknown adult privately communicating with an 11-year-old through a gaming platform, sending gifts, and instructing the child to keep the relationship secret from parents — constitutes classic grooming behavior associated with child sexual exploitation. This creates reasonable suspicion requiring a mandated child abuse report. The combination of secrecy, gift-giving, and adult-child boundary violation is highly concerning regardless of whether explicit sexual content has yet occurred.

72. B — Concurrent therapy with conflicting approaches can fragment treatment and potentially harm the client. The LCSW should explore the client's reasons for seeking multiple therapists (which may reveal important clinical information), assess the implications of conflicting approaches, and collaboratively determine the best path forward — which may include provider coordination or the client choosing one treatment approach.

73. C — Extended prone restraint of a child by an untrained parent creates substantial risk of serious physical harm, including positional asphyxia — a leading cause of restraint-related death. Holding a child face-down for 15 minutes is dangerous regardless of the parent's intent. The use of YouTube-learned techniques on a child with a behavioral disorder does not mitigate the danger. The LCSW must file a mandated report based on the substantial risk of harm.

74. D — An adult teacher providing alcohol to a minor student during after-school sessions constitutes child abuse — specifically, furnishing alcohol to a minor by a person in a position of authority. The LCSW must file a mandated child abuse report immediately. The report should not be delayed for additional information gathering, and school administration notification does not substitute for the legally required report to child protective services.

75. C — The hospitalized student is 18, placing the situation outside CANRA (which covers minors) and elder abuse statutes. While hazing resulting in serious injury is criminal and deeply concerning, no mandatory reporting exception to therapeutic confidentiality is triggered for assault against a competent adult. The LCSW should address the behavior clinically and consider whether any separate institutional reporting obligations exist as a university employee. The absence of a mandated reporting trigger does not diminish the clinical importance of addressing the client's participation in violent hazing.