

# **PRACTICE EXAM 14: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)**

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1. An LCSW is facing a complex ethical dilemma involving competing obligations to a client and to public safety. The LCSW decides to apply a formal ethical decision-making model. Which of the following BEST represents the first step recommended in most ethical decision-making frameworks for clinical social workers?

- A. Consult with colleagues and supervisors to obtain multiple perspectives on the ethical dilemma before taking any other action
- B. Identify the ethical issues and the competing values, principles, and standards at stake in the situation
- C. Determine the most legally protective course of action and then evaluate whether it also satisfies ethical obligations
- D. Review all possible courses of action and select the one that maximizes benefit to the greatest number of stakeholders

2. An LCSW supervisor learns that a supervisee made a clinical error that resulted in a client being hospitalized. The supervisor had not reviewed the supervisee's case in several weeks despite the case involving a high-risk client. Under the legal doctrine of vicarious liability, what is the supervisor's potential exposure?

- A. The supervisor has no liability because the supervisee is an independently functioning clinician who bears sole responsibility for clinical decisions made during their own sessions
- B. The supervisor has liability only if the supervisor directly instructed the supervisee to take the specific action that led to the hospitalization
- C. The supervisor has liability only if the supervisor and supervisee are employed by different organizations, as same-agency supervisors are protected by institutional liability coverage
- D. The supervisor may be held liable for the supervisee's clinical error because supervisors bear professional responsibility for the clinical actions of their supervisees, and the failure to provide adequate oversight of a high-risk case may constitute negligent supervision

3. In the landmark California case *Tarasoff v. Regents of the University of California* (1976), the court established the duty to protect. Which of the following MOST accurately describes the holding of the final *Tarasoff II* decision?

- A. Therapists must warn all reasonably foreseeable victims whenever a client makes any statement expressing anger or hostility toward another individual
- B. Therapists must breach confidentiality and contact law enforcement whenever a client discloses any history of violent behavior
- C. When a therapist determines or should have determined that a patient presents a serious danger of violence to a reasonably identifiable victim, the therapist has a duty to use reasonable care to protect the intended victim
- D. Therapists must involuntarily hospitalize any client who makes a specific threat against an identified individual to satisfy the duty to protect

4. Following the *Tarasoff* decision, California codified the duty to protect in Civil Code Section 43.92. How did the statutory codification modify the original *Tarasoff* holding?

- A. The statute limited the duty to situations involving a serious threat of physical violence communicated by the patient, and specified that the duty may be discharged by making reasonable efforts to communicate the threat to the victim and to a law enforcement agency
- B. The statute expanded the duty to include threats of property damage and financial harm in addition to the threats of physical violence addressed in *Tarasoff*
- C. The statute eliminated the duty entirely, establishing that therapists have no legal obligation to protect third parties from patient violence under California law
- D. The statute expanded the duty to require therapists to take all conceivable protective measures, including involuntary hospitalization, whenever any threat is made

5. In the California case *Ewing v. Goldstein* (2004), the court addressed a significant question about the source of information that can trigger the *Tarasoff* duty. What did the court hold?

- A. Only direct verbal threats made by the patient during a therapy session can trigger the duty to protect
- B. The duty to protect is triggered only when the therapist personally observes threatening behavior during a face-to-face clinical encounter

C. The duty to protect is triggered only by information obtained through formal psychological assessment instruments, not through clinical interview alone

D. The duty to protect can be triggered by information communicated to the therapist by a member of the patient's family, not solely by threats made directly by the patient

6. An LCSW working at a psychiatric emergency department evaluates a patient brought in on a 5150 hold. After evaluation, the LCSW determines the patient does not meet criteria for continued detention. The supervising psychiatrist disagrees and instructs the LCSW to extend the hold. The LCSW believes the extended hold is not clinically or legally justified. What should the LCSW do?

A. Comply with the psychiatrist's directive since physicians have ultimate medical authority over involuntary hold decisions in psychiatric emergency settings

B. Articulate the clinical rationale for release, advocate for the patient, and follow the facility's established protocol for resolving clinical disagreements while documenting the LCSW's independent assessment

C. Release the patient unilaterally based on the LCSW's own clinical assessment since the LCSW conducted the evaluation and reached an independent clinical determination

D. File a patients' rights complaint against the psychiatrist on behalf of the patient immediately without attempting to resolve the disagreement through internal channels

7. Under the LPS Act, which of the following accurately describes the standard for "gravely disabled" as applied to adults?

A. A condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs of food, clothing, or shelter

B. A condition in which a person demonstrates any degree of functional impairment in self-care, employment, or social relationships as a result of a mental health condition

C. A condition in which a person has been hospitalized for psychiatric treatment three or more times within a 12-month period, indicating an inability to sustain community-based functioning

D. A condition in which a person has been diagnosed with a severe and persistent mental illness regardless of their current level of functioning or ability to meet basic needs

8. A client on an involuntary hold asks the LCSW about their rights. Under the LPS Act, which of the following is NOT a right retained by patients on a 5150 hold?

- A. The right to make and receive phone calls and to receive visitors
- B. The right to be informed of the reason for detention and to have a certification review hearing
- C. The right to leave the facility at any time if the patient disagrees with the clinical rationale for the detention
- D. The right to be represented by a patients' rights advocate and to refuse unnecessary or excessive medication

9. An LCSW is working at a community mental health center funded in part by California's Mental Health Services Act (Proposition 63/MHSA). A client receiving MHSA-funded services asks the LCSW what the Act requires. Which of the following MOST accurately describes the MHSA's primary framework?

- A. The MHSA provides funding exclusively for inpatient psychiatric treatment and does not cover outpatient community-based services
- B. The MHSA requires mandatory mental health screening for all California residents over age 18 and creates penalties for failure to comply
- C. The MHSA provides funding exclusively for children's mental health services and does not extend to adult treatment or prevention programs
- D. The MHSA is funded by a tax on personal income over \$1 million and supports a comprehensive system including prevention, early intervention, community-based services, and innovation in mental health treatment

10. An LCSW is providing therapy to a child in the foster care system. The child's social worker mentions that the psychiatrist wants to prescribe a new psychotropic medication. Under California law (specifically the Psychotropic Medication Authorization process), who must authorize psychotropic medication for a dependent child in foster care?

- A. The foster parent has the authority to consent to psychotropic medication since they serve as the child's day-to-day caretaker and medical decision-maker
- B. The juvenile court must authorize psychotropic medication for a dependent child through a JV-220 application process, as biological parents' medication consent rights are typically suspended during dependency proceedings
- C. The child's DCFS social worker has the administrative authority to authorize any medications recommended by the treating psychiatrist

D. The prescribing psychiatrist has the independent authority to prescribe psychotropic medication to dependent children without additional authorization since the prescription constitutes standard medical practice

11. An LCSW who provides forensic custody evaluations is preparing a report for the family court. Under California Rules of Court (Rule 5.220), what standard must the evaluator apply when making custody recommendations?

A. The best interest of the child standard, which requires the evaluator to consider all relevant factors affecting the child's health, safety, welfare, and developmental needs

B. The parental fitness standard, which requires the evaluator to determine which parent is psychologically healthier and more capable of providing consistent care

C. The tender years doctrine, which creates a presumption that children under age seven should be placed with their mother unless the father can demonstrate superior parenting capacity

D. The maximum contact standard, which requires the evaluator to recommend the arrangement that provides the child with the greatest total time with both parents

12. An LCSW is treating a client who discloses they intend to commit perjury during a deposition scheduled for the following week. The client is not a danger to any specific person. Does this disclosure trigger an exception to the psychotherapist-patient privilege?

A. Yes, because perjury is a felony and the psychotherapist-patient privilege does not extend to communications that involve the planning of criminal activity

B. Yes, because California Evidence Code Section 1018 creates a specific exception to the privilege when a client discloses plans to commit perjury in a legal proceeding

C. No, because the intent to commit perjury does not fall within any recognized exception to the psychotherapist-patient privilege under California law, and the LCSW should address the issue clinically

D. No, but the LCSW must withdraw from treating the client immediately since continued treatment of a client who intends to commit a crime would constitute complicity

13. An LCSW is treating a client who was previously seen by a therapist who used recovered memory techniques. The client now believes they recovered memories of childhood sexual abuse that may not have actually occurred. The client is experiencing significant distress. What is the LCSW's ethical obligation?

- A. Validate the recovered memories as authentic since questioning them would undermine the client's therapeutic progress and damage the alliance
- B. Inform the client that recovered memories are scientifically discredited and recommend the client discontinue any trauma-focused therapy
- C. Report the previous therapist to the BBS for using recovered memory techniques since these constitute a substandard clinical practice
- D. Provide competent, evidence-based therapy that neither validates nor invalidates the memories, focusing on the client's current distress and functioning while avoiding techniques that could further contaminate or reinforce potentially inaccurate memories

14. An LCSW is treating a client who is a mandated reporter (a teacher). During a session, the client describes witnessing what appears to be child abuse at her school but states she has not reported it because she fears retaliation from the child's influential parents. What is the LCSW's obligation?

- A. Inform the client of the legal consequences of failure to report as a mandated reporter, encourage the client to fulfill her reporting obligation, and recognize that the LCSW may also have an independent reporting obligation based on the information received in a professional capacity
- B. File a mandated report on behalf of the client since the LCSW can satisfy the reporting obligation for both the client and the LCSW simultaneously through a single report
- C. Maintain confidentiality since the client's disclosure about a student was made in the context of therapy and the reporting obligation belongs to the client, not the LCSW
- D. Report the client to her employer for failure to fulfill her mandated reporting obligation since willful failure to report is a criminal misdemeanor

15. An LCSW is treating a client who is a single mother of three children under age 10. The client discloses that due to severe financial hardship, the family has been living in a car for the past month. The children are attending school regularly, are clean and well-fed, and appear healthy. Does this situation require a mandated child abuse report?

- A. Yes, because homelessness inherently constitutes child neglect that must be reported regardless of how well the parent is managing the children's basic needs
- B. Homelessness alone does not constitute child abuse or neglect; the LCSW should assess the overall safety and wellbeing of the children, connect the family with housing resources and social services, and file a report only if specific indicators of abuse or neglect beyond the housing instability are identified

C. Yes, because living in a car exposes children to inherent dangers that constitute general neglect under CANRA regardless of the parent's efforts to provide care

D. No report is needed, and the LCSW should avoid any intervention that could result in child protective services involvement since CPS involvement could traumatize the family further

16. An LCSW is providing therapy to a client with a diagnosis of borderline personality disorder. The client frequently splits the treatment team, telling the LCSW that the psychiatrist is "incompetent" while telling the psychiatrist that the LCSW is "unethical." The LCSW suspects the client may file a BBS complaint as part of the splitting dynamic. What is the most clinically and ethically appropriate response?

A. Preemptively file a report with the BBS documenting the client's splitting behavior to establish context if a complaint is later filed

B. Terminate the therapeutic relationship since the client's pattern of denigrating providers indicates the client is not suitable for outpatient treatment

C. Address the splitting pattern directly in therapy as a clinical issue, coordinate care with the psychiatrist to present a unified treatment team, maintain thorough documentation, and continue providing competent treatment without allowing the threat of a complaint to alter clinical decisions

D. Recommend the client be hospitalized for intensive treatment since splitting behavior that destabilizes the treatment team indicates the client's outpatient functioning has deteriorated

17. An LCSW who has been licensed for two years is considering opening a private practice. Under California law, what is the minimum supervised clinical experience required before an LCSW may practice independently without supervision?

A. California does not require post-licensure supervision; an LCSW may practice independently upon receiving their license, as all supervised clinical hours were completed prior to licensure

B. Two years of post-licensure supervised practice under the oversight of a board-approved clinical supervisor

C. One year of post-licensure supervision with a minimum of 52 hours of face-to-face supervision by an LCSW who has been licensed for at least five years

D. Three thousand hours of post-licensure supervised clinical experience documented on BBS-approved verification forms

18. An LCSW is providing pro bono therapy to a client at a free clinic. The client's condition worsens significantly and the LCSW believes the client needs a level of care the clinic cannot provide, including twice-weekly therapy and psychiatric medication management. The client has no insurance and no financial resources. What is the LCSW's ethical obligation?

- A. Continue providing pro bono therapy at the current frequency since it is better than no treatment and the client has no other options available
- B. Terminate the client and provide a list of referral resources since the clinic is unable to meet the client's clinical needs
- C. Continue treatment at the current level while documenting that the treatment is suboptimal due to resource constraints
- D. Advocate for the client's access to appropriate services by exploring all available options — including Medi-Cal enrollment, county mental health services, charity care programs, and sliding-scale providers — while continuing to provide the best available care within the current setting

19. An LCSW supervisor has been providing weekly individual supervision to an ASW for six months. The supervisor realizes that the ASW's theoretical orientation and clinical approach differ significantly from the supervisor's own. The ASW's approach is evidence-based and the clients are progressing. What should the supervisor do?

- A. Require the ASW to adopt the supervisor's theoretical orientation since consistency between supervisor and supervisee is essential for effective supervision
- B. Terminate the supervisory relationship and refer the ASW to a supervisor whose orientation matches the ASW's approach
- C. Continue providing supervision while respecting the ASW's use of a different evidence-based approach, focusing on developing the ASW's clinical skills within their chosen framework and ensuring competent ethical practice
- D. Document concerns about the theoretical mismatch in the supervision record and reduce the frequency of supervision since the ASW's clients are progressing

20. An LCSW receives a subpoena to testify in a civil case involving a client. The LCSW does not have a court order compelling testimony, and the client has not waived privilege. Under California Evidence Code Section 1014, what should the LCSW do?

- A. Comply with the subpoena and testify since a subpoena is a legally binding court document that overrides the psychotherapist-patient privilege
- B. Assert the psychotherapist-patient privilege on the client's behalf, as the privilege belongs to the client and the LCSW has an obligation to protect it unless the client has waived it or a court has specifically ordered disclosure
- C. Testify but refuse to answer questions about the content of therapy sessions, limiting responses to confirming the client's attendance dates and diagnosis only
- D. Ignore the subpoena entirely since it was not issued directly by a judge and therefore has no legal force

21. Under California Evidence Code, which of the following represents a recognized exception to the psychotherapist-patient privilege?

- A. When the client brings a malpractice claim against the therapist, the therapist may disclose communications made during therapy only to the extent necessary to defend against the client's claim
- B. When a client discusses relationship difficulties during therapy, the therapist may be compelled to disclose the content of these communications in the client's divorce proceedings
- C. When a therapist becomes aware of a client's civil legal disputes, all communications become discoverable in those proceedings
- D. When a therapist determines that a patient presents a serious danger of violence to a reasonably identifiable victim, the therapist may breach the privilege to the extent necessary to protect the potential victim

22. An LCSW provides therapy to a client who reveals she is involved in welfare fraud — collecting benefits from multiple counties by using different identities. She has three children who are well-cared for and attending school. What is the LCSW's obligation?

- A. Maintain confidentiality since welfare fraud does not fall within any mandatory exception to the psychotherapist-patient privilege, and address the behavior and its potential consequences clinically
- B. Report the client to the county welfare department since social workers have a professional obligation to report welfare fraud to protect public resources
- C. File a mandated child abuse report since the client's criminal conduct creates an unstable home environment that constitutes neglect

D. Report the fraud to law enforcement since welfare fraud involving multiple identities constitutes felony identity theft that mandated reporters are required to report

23. An LCSW working in a psychiatric inpatient unit observes a fellow staff member, a psychiatric technician, using excessive physical restraint on a patient during a routine transfer. The patient is crying and appears to be in pain. What is the LCSW's obligation?

A. Document the observation in the LCSW's personal notes and raise the concern at the next scheduled staff meeting to allow for a measured institutional response

B. Intervene immediately to ensure the patient's safety, report the incident through the facility's internal reporting process, and file any mandated reports that may be required based on the patient's status as a potentially vulnerable or dependent adult

C. Report the observation to the psychiatric technician's direct supervisor and allow the supervisor to investigate and determine the appropriate response

D. Avoid intervening in the moment since the psychiatric technician may be responding to a safety concern that the LCSW is not fully aware of

24. An LCSW has a client who has been stable in treatment for two years. The LCSW decides to relocate to a new state. What does the ethical standard for termination require when the therapist initiates the ending?

A. Notify the client by mail at least 30 days before the move and include a list of alternative therapists

B. Continue treating the client via telehealth indefinitely since the client's stability could be disrupted by a transition to a new therapist

C. Provide adequate notice, discuss the termination in session to allow the client to process the transition, offer appropriate referrals, facilitate transfer of care to a new provider, and ensure continuity of treatment during the transition period

D. Transfer the client's care to another therapist at the LCSW's current agency without the client's input since continuity of institutional care is more important than the specific therapeutic relationship

25. An LCSW discovers that a professional colleague who works at the same agency has been coming to work under the influence of alcohol, slurring speech, and making clinical errors. The LCSW has observed this pattern three times over the past month. The colleague is not the LCSW's supervisee. What is the LCSW's obligation?

- A. Nothing, since the colleague is not the LCSW's supervisee and the LCSW has no authority or obligation regarding a peer's professional conduct
- B. Speak with the colleague privately and encourage them to seek treatment, and take no further action unless the behavior continues
- C. Report the colleague directly to the BBS without first attempting any other intervention since impaired practice constitutes an immediate public safety concern
- D. Address the concern directly with the colleague, document observations, report through appropriate institutional channels, and if the impairment continues to endanger clients, consider reporting to the BBS as professional ethics require action to protect client welfare

26. An LCSW is treating a client who is experiencing homelessness and has a severe mental illness. The client refuses all offers of housing, shelter, and additional services. The client is not gravely disabled — they are able to obtain food and clothing through community resources. The LCSW is frustrated by the client's choices. What ethical principle should guide the LCSW's approach?

- A. Respect for client self-determination, recognizing that a client with capacity has the right to make choices that the therapist may disagree with, including the choice to decline housing and services, while continuing to provide support and keeping options available
- B. The principle of beneficence requires the LCSW to override the client's choices when the therapist's professional judgment indicates that the client is making decisions that are not in their best interest
- C. The principle of justice requires the LCSW to ensure equitable distribution of limited resources, and the LCSW should reduce services to this client since they are refusing available supports
- D. The LCSW should terminate the therapeutic relationship since providing therapy to a client who refuses complementary services is clinically futile

27. An LCSW receives a call from the parent of an adult client (age 26) who states, "My son sees you for therapy. He hasn't called me in two weeks and I'm worried. Can you just tell me if he's okay?" What should the LCSW do?

- A. Confirm that the client is alive and attending sessions since this minimal disclosure poses no clinical risk and would alleviate a parent's legitimate concern
- B. Tell the parent to call 911 for a welfare check if they believe their adult child may be in danger

C. Decline to confirm or deny whether the individual is a client, explain that confidentiality prevents the LCSW from disclosing any information about anyone who may or may not be receiving services, and suggest the parent attempt to contact their son directly

D. Contact the client to report the parent's call and ask the client whether they wish to authorize disclosure of their treatment status to the parent

28. An LCSW is treating a couple in therapy. During a session, one partner pulls out a voice recorder and states they want to record the session "for their records." The other partner objects. Under California law, what should the LCSW know?

A. Recording is permissible as long as one partner consents, consistent with California's one-party consent recording law

B. California is a two-party (all-party) consent state, meaning all parties — including the LCSW — must consent to the recording, and the LCSW should address the recording request within the therapeutic framework while establishing a clear policy

C. The LCSW has no authority to prevent clients from recording their own therapy sessions since they are entitled to document their own healthcare encounters

D. Recording therapy sessions is prohibited under HIPAA regardless of consent from all parties

29. An LCSW is providing therapy to a client who reveals she is a caretaker at a residential facility for adults with developmental disabilities. She describes instances where she has left the residents unsupervised for extended periods to run personal errands, including once when a resident fell and was injured during her absence. What is the LCSW's reporting obligation?

A. File a mandated report of suspected abuse or neglect of a dependent adult, as leaving dependent adults with developmental disabilities unsupervised, particularly when it resulted in injury, constitutes neglect under California's dependent adult abuse reporting laws

B. Address the caretaking behavior clinically and recommend the client discuss staffing concerns with her supervisor to prevent future incidents

C. Report only the specific instance in which the resident was injured, as neglect requires documented harm rather than mere risk of harm

D. Contact the residential facility administration directly to inform them of their employee's conduct so they can take corrective action

30. An LCSW is working with a client who has been on a 5250 hold (14-day certification). The treatment team wants to extend the involuntary treatment beyond 14 days. Under the LPS Act, what is the procedure for extending treatment beyond the 5250?

- A. The treatment team may petition for an additional 14-day hold simply by documenting that the client continues to meet criteria, without judicial review
- B. The client must be released after 14 days and can only be reheld through a new 5150 initiated by law enforcement based on new clinical events
- C. The treatment team may petition the court for an additional 30-day temporary conservatorship based on a finding of grave disability
- D. For patients detained as a danger to others, the treatment team may petition for an additional 180-day post-certification hold, while for patients who are gravely disabled, the team may seek a temporary conservatorship

31. An LCSW is developing a private practice website. The LCSW wants to include client testimonials, before-and-after descriptions of treatment outcomes, and a statement that the LCSW's approach is "superior to other therapists in the area." What ethical and legal issues does this raise?

- A. The content is permissible as long as the testimonials are genuine and the clients provided written consent for their testimonials to be published
- B. Only the "superior to other therapists" claim is problematic; the testimonials and outcome descriptions are standard marketing practices
- C. Client testimonials raise confidentiality concerns by potentially identifying individuals as therapy clients, outcome descriptions risk creating misleading expectations, and claims of superiority over other therapists constitute prohibited comparative advertising under professional ethics standards
- D. All of the content is permissible under the First Amendment's protection of commercial speech for licensed professionals

32. An LCSW is providing therapy in a school setting. The school principal demands access to a student's therapy records to decide whether to expel the student for behavioral problems. The student's parent has not authorized the disclosure. What should the LCSW do?

- A. Provide the records since the school principal has administrative authority over student records maintained on school premises

B. Decline to release the records, explaining that therapy records are confidential and protected under FERPA's protections for student records and potentially under psychotherapist-patient privilege, and that the principal does not have the authority to access confidential therapy records without proper authorization

C. Provide a sanitized summary that omits sensitive clinical details but includes behavioral observations relevant to the expulsion decision

D. Release the records since the student's behavioral problems constitute a safety concern that triggers an exception to confidentiality under FERPA

33. An LCSW is providing group therapy when a group member takes a photo of the group in session using their phone and immediately posts it to social media before the LCSW can intervene. Other group members are identifiable in the photo. What is the LCSW's obligation?

A. No obligation beyond continuing the session since clients are responsible for their own social media conduct and the LCSW cannot control what clients do with their personal devices

B. Address the breach immediately by requesting the member remove the photo, discuss the group confidentiality agreement violation, process the impact on the group, and assess whether additional steps are needed to protect the identifiable group members' privacy

C. Terminate the offending member from the group immediately and file a police report for invasion of privacy on behalf of the other group members

D. Contact the social media platform directly to request removal of the photo under HIPAA's enforcement provisions

34. An LCSW is treating a client who is a parent. During a session, the client describes using an electronic monitoring device to track their 17-year-old's location at all times. The teenager is unaware of the tracking. The client also reads all of the teenager's text messages daily. The teenager has no history of risky behavior. What should the LCSW consider?

A. The monitoring is a prudent parenting practice that does not raise any clinical concerns since parents have broad authority to monitor their minor children's activities

B. The monitoring constitutes a violation of the teenager's privacy rights that the LCSW must report to Child Protective Services as a form of emotional abuse

C. The monitoring reflects a clinical issue that should be explored in therapy — including the parent's motivations, the potential impact on the adolescent's development of autonomy, and the relational consequences if the teenager discovers the covert surveillance

D. The LCSW should contact the teenager directly to inform them of the surveillance since the adolescent has a right to know they are being monitored

35. An LCSW who provides supervision to multiple ASWs at a community agency keeps supervision records. What information should these records include to meet professional and legal standards?

A. Only the dates and duration of supervision sessions, since detailed content documentation could create liability exposure for the supervisor

B. A brief summary noting that supervision occurred and that the supervisee is performing satisfactorily, without case-specific details

C. Audio recordings of all supervision sessions to create a comprehensive record that can be reviewed if questions arise about the adequacy of supervision

D. Dates, duration, content of supervision discussions including cases reviewed, clinical guidance provided, training needs identified, competency assessments, and any corrective actions taken

36. An LCSW is treating an 8-year-old child when the noncustodial parent arrives at the office unannounced and demands to sit in on the session. The noncustodial parent presents a recent family court order granting "reasonable access to all of the child's medical and educational records." Does this order entitle the parent to attend therapy sessions?

A. No, because a court order granting access to records is legally distinct from authorization to participate in or observe therapy sessions, and the LCSW should explain this distinction while encouraging the parent to seek a specific court order if session participation is desired

B. Yes, because access to medical records includes the right to observe the medical services being provided, which encompasses mental health therapy sessions

C. Yes, but only if the custodial parent is also present during the session to ensure both parents have equal participation in the child's treatment

D. No, but the LCSW must provide the noncustodial parent with a complete copy of all therapy records immediately since the court order explicitly grants records access

37. An LCSW is providing therapy to a client who is a therapist at another agency. The client describes chronic feelings of burnout and acknowledges that they sometimes fall asleep during sessions with their own clients. The client is not seeking help for the impairment — they are in therapy for relationship issues and mentioned the work difficulties in passing. What is the LCSW's obligation?

- A. Address the clinical impairment as a significant issue that affects both the client's wellbeing and the safety of the client's own clients, exploring the burnout therapeutically while also discussing the ethical obligation to address impairment that may be compromising client care
- B. Focus exclusively on the relationship issues that the client identified as the reason for seeking therapy and avoid addressing the work-related concerns since they were not part of the treatment goals
- C. Report the client to the BBS immediately since the LCSW has knowledge that a licensed therapist is providing substandard care by falling asleep during sessions
- D. Suggest the client take a vacation to address the burnout and revisit the work concerns only if they persist after the break

38. An LCSW is conducting a court-ordered evaluation of a parent in a child custody case. The parent asks the LCSW what information from the evaluation will be shared with the court and whether anything they say can be used against them. What should the LCSW communicate?

- A. Assure the parent that the evaluation is confidential and protected by the psychotherapist-patient privilege just like regular therapy
- B. Inform the parent that only the LCSW's recommendations will be shared with the court, not the specific content of what the parent discloses during the evaluation
- C. Explain clearly that the evaluation is court-ordered, that the LCSW will prepare a report for the court that includes information gathered during the evaluation, that the parent does not have the same confidentiality protections as in a therapeutic relationship, and document that this informed consent was provided
- D. Decline to answer the question and redirect the parent to their attorney for information about the legal process

39. An LCSW who has been in practice for twenty years has developed a clinical specialty in treating eating disorders. A client is referred for binge eating disorder, but the LCSW has never treated this specific eating disorder and has only worked with anorexia and bulimia. What should the LCSW consider?

- A. Accept the client without reservation since an eating disorders specialty qualifies the LCSW to treat all eating disorder subtypes
- B. Assess whether the LCSW's existing knowledge and skills are transferable to binge eating disorder, identify any gaps in competence, determine whether additional training or consultation is needed, and make an informed decision about whether to accept the client or refer to a specialist

C. Decline the referral entirely since binge eating disorder is a distinct diagnosis that requires specialized training separate from other eating disorders

D. Accept the client but limit treatment to supportive therapy rather than specific eating disorder interventions until the LCSW completes formal binge eating disorder training

40. An LCSW is treating a client who reports that her 14-year-old son has been sending sexually explicit photos of himself to his 14-year-old girlfriend. The girlfriend has reciprocated. Both sets of parents are aware and are handling the situation within the families. Does the LCSW have a reporting obligation?

A. No, because sexting between same-age minors is a common adolescent behavior that does not constitute child abuse when both parties are the same age and participating voluntarily

B. No, because both sets of parents are aware of the situation and are handling it within the families, which eliminates the need for external intervention

C. Yes, the LCSW must file a mandated report against both sets of parents for failing to adequately supervise their children's digital activities

D. The LCSW should consider whether the creation and distribution of sexually explicit images involving minors may constitute child sexual exploitation under CANRA, recognizing that even when minors create images of themselves, the circumstances may warrant a report to ensure appropriate assessment and intervention

41. An LCSW is treating a client who is legally blind and requests that the LCSW read all intake forms, consent documents, and privacy notices aloud rather than providing them in written form. What is the LCSW's obligation?

A. Provide the information in an accessible format, which may include reading documents aloud, offering large-print versions, or providing electronic documents compatible with screen readers, ensuring the client has full access to all information necessary for informed consent

B. Require the client to bring a personal assistant to read the documents since the LCSW's clinical time should not be used for administrative tasks

C. Have the client sign the standard written forms with a notation that the client is legally blind, as the signature constitutes legal consent regardless of whether the client can read the documents

D. Refer the client to a therapist who specializes in working with visually impaired clients since the LCSW's standard practice procedures cannot accommodate this disability

42. An LCSW has been treating a client with major depressive disorder for six months. The client's symptoms have not improved despite evidence-based treatment. The client's sister contacts the LCSW to report that the client has started a new medication prescribed by a naturopathic doctor that the sister believes is interacting with the client's antidepressant. The LCSW is concerned but the client has not mentioned the new medication. What should the LCSW do?

- A. Contact the naturopathic doctor directly to coordinate care and resolve the potential medication interaction
- B. Contact the client's prescribing psychiatrist to inform them about the potential drug interaction based on the sister's report
- C. Address the medication concern with the client at the next session without disclosing the source of the information, inquire about any changes in medication or supplements, and encourage the client to inform all providers about all substances being taken
- D. Disregard the sister's call since the LCSW cannot act on information obtained from a third party without the client's authorization

43. An LCSW is treating a 17-year-old client in a rural area. The closest psychiatrist is 100 miles away and has a three-month wait list. The LCSW believes the client urgently needs psychotropic medication. Can the LCSW prescribe medication?

- A. Yes, if the LCSW obtains a temporary prescriptive authority waiver from the BBS due to the geographic shortage of psychiatric providers
- B. No, LCSWs do not have prescriptive authority in California regardless of the clinical circumstances, and the LCSW should explore alternative pathways to medication access such as the client's primary care physician, telepsychiatry, or a county mental health prescriber
- C. Yes, if the LCSW has completed at least 30 hours of psychopharmacology continuing education and practices under a physician's collaborative agreement
- D. Yes, but only for medications that the client has previously been prescribed and needs refilled, not for new prescriptions

44. An LCSW is providing therapy to a client who is a government whistleblower. The client has reported fraud within a state agency and is now experiencing retaliation, including harassment and threats from coworkers. The client fears for their safety. What should the LCSW consider?

- A. Whether the threats from coworkers constitute a general pattern of harassment or whether specific, identifiable individuals have made serious threats that would trigger a duty to protect analysis
- B. Report the workplace fraud to state authorities since the LCSW has an independent obligation to report government fraud disclosed during therapy
- C. Advise the client to withdraw the whistleblower complaint to ensure personal safety since the LCSW's primary obligation is to the client's wellbeing
- D. Address the client's anxiety therapeutically and help the client understand that workplace retaliation is common and generally not dangerous enough to warrant additional protective measures

45. An LCSW is working with an elderly client with early-stage dementia who insists on managing their own finances despite evidence of increasingly poor financial decisions, including falling for obvious scams. The client's adult children have asked the LCSW to intervene. What should the LCSW consider?

- A. Assess the client's current decision-making capacity, balance respect for the client's autonomy against the risk of financial exploitation, consider whether the client's vulnerability to scams constitutes a basis for an elder abuse report against third parties, and explore whether the adult children should pursue conservatorship through the court system
- B. Support the adult children's request and recommend they immediately assume control of the client's finances to prevent further financial losses
- C. Maintain strict neutrality and refuse to discuss the financial concerns since financial management is outside the scope of mental health treatment
- D. Report the adult children to Adult Protective Services for attempting to control their parent's finances, as their interference may constitute a form of financial exploitation

46. An LCSW supervises an ASW who discloses during a supervision session that they provided a former client with a personal reference letter for a job application. The former client terminated treatment three months ago. What should the supervisor address?

- A. Commend the ASW for maintaining a supportive relationship with a former client, as post-termination support demonstrates excellent client-centered practice
- B. Acknowledge the ASW's good intentions but explain that writing job references is acceptable only for former clients who terminated at least one year ago
- C. Discuss the ethical concerns of writing a personal reference based on a therapeutic relationship, including the dual role implications, the risk of implicitly disclosing the former client's therapy status to

a potential employer, and the boundary issues involved in transitioning from a clinical to a personal reference role

D. Report the ASW to the BBS since providing a personal reference for a client constitutes a post-termination boundary violation that warrants disciplinary action

47. An LCSW is conducting an initial intake with a client who presents with severe social anxiety. The client requests that all therapy be conducted via text message rather than video, phone, or in-person sessions, stating that speaking to another person causes overwhelming anxiety. What should the LCSW consider?

A. Agree to text-based therapy since accommodating the client's preference is essential and refusing would deny the client access to treatment

B. Assess whether text-based therapy can provide adequate clinical care for the client's presentation, consider the limitations of text-only communication for clinical assessment and crisis management, and discuss a therapeutic plan that may start with text-based engagement while working toward more interactive modalities as the client's anxiety improves

C. Refuse text-based therapy entirely since it is not a recognized therapeutic modality and does not meet the standard of care for licensed clinical practice

D. Agree to text-based therapy indefinitely without discussion since challenging the client's avoidance of verbal communication during the intake could damage the therapeutic alliance

48. An LCSW receives notification that HIPAA has been updated with new requirements for breach notification. The LCSW maintains electronic health records in a private practice. Under HIPAA's Breach Notification Rule, when must the LCSW notify affected clients if a data breach occurs?

A. Individual notification must be provided without unreasonable delay and no later than 60 days after the discovery of the breach, and if the breach affects 500 or more individuals, the LCSW must also notify the Secretary of HHS and prominent media outlets

B. Notification must be provided within 24 hours of discovering the breach, and the LCSW must immediately shut down all electronic systems until the breach is resolved

C. Notification is required only if the breach resulted in demonstrated financial harm to the affected individuals, and the LCSW has 180 days to complete the notification process

D. No individual notification is required if the LCSW self-reports the breach to the Office for Civil Rights within 30 days, as self-reporting satisfies the notification requirement

49. An LCSW is treating a client with severe PTSD who has an emotional support animal (ESA). The client brings the ESA to sessions, but another client in the waiting room has expressed severe fear of dogs stemming from a previous animal attack. Both clients have scheduled sessions at adjacent times. How should the LCSW manage this situation?

- A. Inform the ESA client that the animal can no longer be brought to sessions since accommodating other clients' fears takes priority over ESA accommodation
- B. Inform the fearful client that ESAs are legally protected and they must tolerate the animal's presence in the shared waiting room space
- C. Allow both situations to continue without intervention since managing client interactions in the waiting room is outside the scope of the LCSW's clinical responsibility
- D. Arrange scheduling or logistical accommodations that allow both clients to receive services without compromising either client's therapeutic needs, such as adjusting appointment times to avoid overlap or arranging separate waiting areas

50. An LCSW is treating a client who reveals that she has been secretly recording all of their therapy sessions for the past six months without the LCSW's knowledge. The client wants to use the recordings to write a memoir about her therapy experience. What legal and ethical issues does this raise?

- A. No legal concern exists because the client is a party to the conversation and has the right to record any conversation they participate in
- B. The client has the right to record and publish the sessions since they are sharing their own healthcare experience, which is protected by the First Amendment
- C. California's two-party consent law means the client may have violated Penal Code Section 632 by recording confidential communications without the LCSW's consent, and the LCSW should address the legal and therapeutic implications while discussing the potential confidentiality concerns for third parties mentioned during sessions
- D. The recordings are legally the property of the LCSW since they constitute clinical documentation, and the LCSW should demand their return or destruction

51. An LCSW is treating a client who is a nurse practitioner currently undergoing treatment for opioid use disorder. The client has been sober for eight months and is on medication-assisted treatment. The client reveals she has not disclosed her substance use history to her employer as required by her return-to-work agreement after a previous impaired practice incident. What is the LCSW's obligation?

- A. Report the client to the Board of Registered Nursing since the LCSW has knowledge that a healthcare professional is violating the terms of a monitoring agreement
- B. Maintain confidentiality while addressing the violation clinically, exploring the client's reasons for nondisclosure, discussing the risks of continued noncompliance with the monitoring agreement, and strongly encouraging the client to fulfill her disclosure obligations
- C. Contact the client's employer directly to disclose the nondisclosure since patient safety is at stake
- D. Refuse to continue treating the client until she complies with her return-to-work agreement since providing therapy to a client who is violating professional monitoring conditions constitutes enabling

52. An LCSW is treating a family in which the parents practice faith healing and refuse all medical treatment for their children on religious grounds. The children are generally healthy, but the 6-year-old has a persistent cough that has lasted three weeks and appears to be worsening. What should the LCSW consider?

- A. Whether the worsening cough in the context of complete medical care refusal creates reasonable suspicion of medical neglect that warrants a mandated child abuse report, while being sensitive to the family's religious beliefs and recognizing that California law does not exempt parents from child abuse liability based on religious healing practices
- B. Respect the parents' religious freedom since the First Amendment protects the right of parents to choose faith healing over medical treatment for their children
- C. Report the family to CPS only if the child's condition becomes life-threatening since religious parents are entitled to defer medical treatment unless the child's life is in imminent danger
- D. Refer the family to a religious leader who can mediate between faith healing practices and the need for medical care

53. An LCSW treating a client discovers that the client has been posting detailed accounts of therapy sessions on a public blog, including specific quotes attributed to the LCSW and descriptions of therapeutic techniques. The blog identifies the LCSW by name and practice location. Prospective clients have contacted the LCSW referencing the blog. What should the LCSW do?

- A. File a cease-and-desist order against the client to prevent further publication of confidential therapeutic content
- B. Terminate the therapeutic relationship since the client's public disclosure of session content makes continued therapy impossible

C. Report the client to law enforcement since publishing a therapist's confidential clinical techniques constitutes intellectual property theft

D. Address the blogging within the therapeutic relationship, discuss the potential impact on the therapy, explore the client's motivations, inform the client that attributed quotes may be inaccurate and could affect the LCSW's professional reputation, and consider whether the public nature of the client's disclosures has altered the therapeutic dynamic

54. An LCSW at a university counseling center is treating a student who discloses academic dishonesty — specifically, paying another person to write papers and take online exams. The student is not a danger to self or others. Does the LCSW have an obligation to report this to the university?

A. Yes, because university counseling center therapists are institutional employees with a duty to report violations of academic integrity policies

B. Yes, but only if the academic dishonesty involves a health sciences program where the dishonesty could ultimately endanger patients

C. No, academic dishonesty does not fall within any exception to therapist-client confidentiality, and the LCSW should address the behavior and its implications clinically while maintaining the client's confidentiality

D. No, unless the university's counseling center policies specifically require therapists to report academic integrity violations, in which case those policies must be disclosed to clients during informed consent

55. An LCSW is treating a married client who discloses during an individual session that they have a child from a previous relationship that their current spouse does not know about. The client is not seeking therapy for this issue and mentions it only in the context of describing background history. What is the LCSW's obligation?

A. Encourage the client to disclose the information to their spouse since maintaining such a significant secret is likely damaging the marital relationship

B. Maintain confidentiality since this disclosure does not fall within any exception to the psychotherapist-patient privilege, and address the topic only if the client identifies it as relevant to their treatment goals

C. Document the information prominently in the clinical record since it may become relevant if the client later enters couples therapy at the same practice

D. Contact the spouse to inform them of the information since the spouse has a right to know about a stepchild

56. An LCSW is providing treatment to a 16-year-old who is a dependent of the juvenile court. The adolescent's court-appointed attorney (minor's counsel) requests access to the therapy records. The teenager objects to the release. Under California law, what should the LCSW consider?

A. That the minor's counsel is appointed to represent the minor's interests and may have legal authority to access the records consistent with the representation, but the LCSW should consider the therapeutic impact of disclosure and may seek guidance from the court if the minor objects

B. That court-appointed attorneys have unrestricted access to all records of their minor clients and the LCSW must comply immediately

C. That the teenager's objection overrides the attorney's request since minors who are old enough to consent to treatment also control the confidentiality of that treatment

D. That therapy records of juvenile court dependents are permanently sealed and cannot be released to anyone, including the minor's own attorney

57. An LCSW has been providing therapy to a client for three months. The client presents the LCSW with a document that the client has drafted titled "Therapy Agreement" which includes provisions requiring the LCSW to never terminate the client, to be available by phone 24/7, and to testify favorably in any legal proceeding involving the client. What should the LCSW do?

A. Sign the agreement since it reflects the client's needs and expectations, and refusing would damage the therapeutic alliance

B. Modify the agreement to include provisions that protect the LCSW's interests while still accommodating the client's reasonable requests

C. Refuse to discuss the document and inform the client that therapy agreements are established by the therapist, not the client

D. Decline to sign the agreement, explain that the provisions are inconsistent with professional ethics and standards of care, explore the clinical meaning and relational dynamics underlying the request, and use the interaction as a therapeutic opportunity

58. An LCSW is providing therapy to a client who is involved in a class action lawsuit against a pharmaceutical company. The client's attorney sends a letter informing the LCSW that the LCSW has

been designated as a "litigation hold" custodian and must preserve all records related to the client. What is the LCSW's obligation?

- A. Destroy the records immediately to protect the client's confidentiality from the litigation process
- B. Preserve the records as directed by the litigation hold notice, as failure to do so could constitute spoliation of evidence, while continuing to maintain the records' confidentiality and releasing them only through proper legal channels with client authorization or a court order
- C. Release the records immediately to the client's attorney since the litigation hold constitutes implied authorization for disclosure
- D. Continue standard record-keeping practices without modification since a letter from an attorney does not create a legal obligation for the LCSW

59. An LCSW is treating a client with major depressive disorder who asks the LCSW to complete FMLA (Family and Medical Leave Act) paperwork certifying that the client's condition constitutes a serious health condition requiring time off work. What should the LCSW consider?

- A. Decline entirely since completing FMLA paperwork is outside the scope of clinical social work practice and should be handled by a physician
- B. Complete the paperwork immediately to support the client since the LCSW has firsthand knowledge of the client's clinical condition
- C. Complete the FMLA certification if the LCSW can substantiate the diagnosis and functional limitations based on clinical assessment, recognize that LCSWs may qualify as healthcare providers for FMLA purposes depending on the circumstances, and document the clinical basis for the certification
- D. Refer the client to a psychiatrist for the FMLA paperwork since only prescribing providers are recognized as healthcare providers under FMLA regulations

60. An LCSW has a client who arrives at every session exactly on time, participates appropriately, completes all homework assignments, and reports progressive improvement. However, the LCSW notices subtle indicators that the client may be performing recovery rather than genuinely engaging — the client's affect is flat, the language seems rehearsed, and the client avoids discussing certain topics. What should the LCSW do?

- A. Explore the observed discrepancy between the client's reported progress and the LCSW's clinical observations, gently addressing the possibility that the client may be managing impressions rather than authentically engaging, while maintaining a nonjudgmental therapeutic stance
- B. Accept the client's reported progress at face value since challenging a client's self-report could damage the therapeutic alliance and is disrespectful of the client's lived experience
- C. Document concerns about potential malingering and share this documentation with the referral source to ensure they are aware the client may not be engaging authentically
- D. Terminate therapy since the client is clearly not ready for treatment and continuing would be a waste of clinical resources

61. An LCSW is asked to evaluate a client for court-ordered conservatorship proceedings. The LCSW has been the client's treating therapist for three years. What ethical concern does this raise?

- A. No ethical concern exists since the LCSW's extensive knowledge of the client makes them the most qualified evaluator
- B. The concern is minimal and can be managed by including a disclaimer in the evaluation report stating that the LCSW has a pre-existing therapeutic relationship
- C. The only concern is whether the client's insurance will cover an evaluation conducted by the treating therapist
- D. Serving as both treating therapist and forensic evaluator creates a dual-role conflict, as the therapeutic relationship's alliance-building goals conflict with the evaluative objectivity required for conservatorship proceedings, and the LCSW should recommend an independent evaluator

62. An LCSW is providing therapy to a client who mentions that their 10-year-old child was recently disciplined at school through a practice called "wall sits" — being required to hold a squatting position against a wall for 20 minutes as punishment for talking in class. The child came home complaining of leg pain. What should the LCSW consider?

- A. Whether the school discipline practice warrants further attention, but not a mandated report, since school disciplinary practices are governed by educational rather than child welfare authorities
- B. Whether requiring a child to maintain a physically strenuous and painful position for an extended period constitutes corporal punishment or physical abuse, and whether the circumstances create reasonable suspicion that would trigger a mandated reporting obligation

C. Nothing, since school-based disciplinary practices are within the professional discretion of educators and fall outside the LCSW's reporting obligations

D. Contact the school district to file a complaint about the disciplinary practice rather than a mandated child abuse report since the practice is institutional rather than individual

63. An LCSW is treating a client with dissociative identity disorder. An alter emerges during a session and asks the LCSW to sign a contract agreeing to never disclose information shared by this specific alter to the host personality. The alter states this confidentiality is essential for them to participate in therapy. What should the LCSW do?

A. Sign the contract since establishing trust with each alter is essential for effective DID treatment and confidentiality between alters is a standard therapeutic practice

B. Refuse to work with the alter unless they agree to full transparency with the host personality since maintaining secrets within a DID system is always clinically contraindicated

C. Explain that the LCSW treats the client as one person and cannot create separate confidentiality agreements between alters, but can work collaboratively with the system to develop communication strategies that feel safe for all parts while maintaining clinical integrity

D. Sign the contract temporarily and revisit the agreement after the alter has developed sufficient trust to share information with the host personality

64. An LCSW is providing therapy to a client who complains about the LCSW's office decor, specifically religious artwork that the client finds offensive. The client states the artwork makes them feel judged and unwelcome. How should the LCSW respond?

A. Take the feedback seriously, consider whether the office environment communicates neutrality and inclusiveness, explore the client's feelings about the artwork as both a valid environmental concern and potential therapeutic material, and consider making changes to create a more welcoming space for diverse clients

B. Explain that the artwork reflects the LCSW's personal values and that therapy offices should authentically represent the therapist's identity

C. Remove the artwork immediately without discussion to avoid any further discomfort for the client

D. Inform the client that the office environment is the LCSW's prerogative and suggest the client focus on the therapeutic content rather than the physical setting

65. An LCSW is working at a community mental health center that has a "no-show" policy requiring clinicians to terminate clients who miss three consecutive appointments without canceling. A client with schizophrenia has missed three appointments and the agency directs the LCSW to send a termination letter. The LCSW knows the client typically decompensates when not receiving regular treatment and may be missing appointments due to symptom exacerbation. What should the LCSW do?

- A. Comply with the agency policy and send the termination letter since institutional policies apply uniformly to all clients
- B. Advocate with the agency for an exception to the policy based on the clinical circumstances, make outreach attempts to re-engage the client, and ensure that if termination proceeds, appropriate referrals and safety measures are in place to prevent clinical deterioration
- C. Ignore the policy and continue treating the client without informing the agency since the LCSW's clinical judgment supersedes institutional policy
- D. Terminate the client per policy but provide the termination letter to the client's emergency contact rather than the client since the client is not responding to communication

66. An LCSW is treating a client who is a commercial truck driver diagnosed with severe obstructive sleep apnea. The client reports regularly falling asleep at the wheel while driving an 18-wheeler on long highway routes. The client refuses to inform his employer or the DMV. What is the LCSW's obligation?

- A. Maintain strict confidentiality since sleep apnea is a medical condition protected by disability discrimination laws
- B. Report the client to the DMV under California's mandatory reporting law for healthcare providers who identify drivers with medical conditions affecting driving safety
- C. Document the disclosure and continue to encourage the client to self-report while monitoring the situation for escalation
- D. Assess the severity and immediacy of the threat to public safety, recognizing that a truck driver who regularly falls asleep at the wheel of an 18-wheeler on highways presents a foreseeable risk of catastrophic harm, and determine whether the Tarasoff duty or other protective obligations may apply despite the absence of a specific identifiable victim

67. An LCSW is treating a client who frequently brings gifts to sessions — usually small items like homemade cookies, handwritten notes, or drawings. The LCSW has accepted these gifts without discussion. The client now presents a \$500 gift card and states, "I know how much you love coffee — this is for your favorite shop." What should the LCSW do?

- A. Accept the gift card since the client has established a pattern of gift-giving that the LCSW has already implicitly endorsed by accepting previous gifts
- B. Accept only this gift card but set a clear boundary that no future gifts will be accepted to prevent escalation
- C. Decline the gift card, acknowledge the pattern of gift-giving as a therapeutic issue that should have been addressed earlier, explore the clinical meaning of the gifts within the relationship, and establish clear boundaries about future gift-giving that differentiate between nominal tokens and gifts of significant monetary value
- D. Accept the gift card and donate it to charity to avoid personally benefiting while honoring the client's generosity

68. An LCSW is providing treatment at a clinic that serves undocumented immigrants. Federal immigration agents arrive and request a list of all clients who have appointments that day, stating they have an active investigation. They do not present a judicial warrant. What should the LCSW do?

- A. Decline to provide the client list, as a judicial warrant signed by a judge is required to compel disclosure of client information, and notify the clinic director immediately while consulting legal counsel about the clinic's rights and obligations
- B. Provide the list immediately since federal law enforcement authority supersedes state confidentiality protections
- C. Provide only the names of clients who are present in the building at the time of the request since confirming current presence is less intrusive than providing the full appointment schedule
- D. Redirect the agents to the clinic's administrative office since client scheduling information is handled by administrative staff rather than clinical personnel

69. An LCSW is providing family therapy and needs to include the family's 8-year-old child in sessions. The child has a complex presentation requiring play therapy techniques. The LCSW has extensive experience with family therapy but no training in play therapy. What should the LCSW do?

- A. Incorporate play therapy techniques using online resources and self-study materials since family therapists routinely work with children
- B. Obtain appropriate training or consultation in play therapy techniques before incorporating them into the family sessions, consider whether a referral for adjunctive individual play therapy with a trained clinician would better serve the child, and work within the LCSW's competence while the family therapy continues

C. Exclude the child from family sessions entirely since including a child requires specialized play therapy certification

D. Proceed with standard talk-based family therapy including the child since children can participate in verbal family therapy sessions without requiring specialized play therapy techniques

70. An LCSW is providing teletherapy when the client suddenly displays what appears to be a medical emergency — clutching their chest, difficulty breathing, and visible distress. The client's location information is on file from the teletherapy consent process. What should the LCSW do?

A. End the session and call the client back later to check on their status since medical emergencies are outside the scope of mental health practice

B. Continue the session and coach the client through relaxation breathing exercises since the symptoms are likely a panic attack given the client's anxiety disorder

C. Ask the client to call 911 themselves and end the session to avoid interfering with the emergency response

D. Call 911 and provide the client's location information to emergency services while remaining on the telehealth connection to monitor the client's condition, provide reassurance, and communicate with first responders upon arrival

71. An LCSW is treating a client who mentions that they recently completed jury duty and, during the trial, recognized that the defendant was another client the LCSW treats at the same agency. The juror-client begins sharing opinions about the defendant-client's character based on their interactions at the agency. What should the LCSW do?

A. Allow the client to share their observations since the trial has concluded and the information is no longer legally significant

B. Encourage the client to report to the court that they had a connection to the defendant since serving on the jury of someone they recognized may constitute juror misconduct

C. Redirect the conversation, decline to discuss another person who may or may not be associated with the agency, address any confidentiality concerns that arise, and consult about whether any ethical or legal obligations exist regarding the potential juror-defendant connection

D. Immediately inform the defendant-client that another agency client served on their jury to protect the defendant-client's legal rights

72. An LCSW is treating a client who presents with classic PTSD symptoms following military combat. During assessment, the LCSW discovers that the client never actually served in the military and fabricated the combat history to gain admission to a veterans-only therapy group and to receive the LCSW's specialized trauma treatment. What should the LCSW do?

- A. Address the fabrication directly and therapeutically, assess what the client's actual needs are, determine whether treatment should continue with an accurate clinical formulation, and discuss the ethical implications of the deception including the impact on actual veterans in the therapy group
- B. Terminate the client immediately and report the stolen valor to law enforcement since fabricating military service is a criminal offense
- C. Continue treating the client for PTSD without addressing the fabrication since the client's symptoms are genuine regardless of their actual cause
- D. Remove the client from the veterans' group but continue individual treatment without discussing the deception to avoid shaming the client

73. An LCSW is treating a client who reveals during a session that she works at a children's residential treatment facility and has been romantically involved with a 17-year-old resident. The client insists the relationship is "consensual" and that she truly loves the teenager. What is the LCSW's obligation?

- A. Maintain confidentiality and address the boundary violation clinically since the teenager is close to the age of majority and the relationship is described as consensual
- B. File a mandated child abuse report since a staff member at a children's residential facility engaging in a sexual relationship with a minor resident constitutes child sexual abuse regardless of claimed consent, given the inherent power differential and the caretaker's custodial authority
- C. Report the client to her employer but not to CPS since the facility has the responsibility to manage employee misconduct
- D. Encourage the client to end the relationship before it is discovered and recommend she seek a transfer to a facility where the teenager is not a resident

74. An LCSW is treating a client whose ex-spouse is a licensed therapist. The client wants to file a BBS complaint against the ex-spouse alleging professional misconduct. The client asks the LCSW to write a letter supporting the complaint based on what the client has described in therapy about the ex-spouse's professional behavior. What should the LCSW do?

- A. Write the letter since the LCSW has extensive knowledge of the ex-spouse's behavior from the client's therapy disclosures
- B. Write the letter but note that all information is based on the client's self-report and has not been independently verified
- C. File the BBS complaint directly on behalf of the client since the LCSW is ethically obligated to report professional misconduct of licensed colleagues
- D. Decline to write the letter, as the LCSW has no firsthand knowledge of the ex-spouse's professional conduct and providing a letter based solely on a client's account in the context of a contentious divorce would compromise clinical objectivity and potentially constitute defamation

75. An LCSW is providing therapy to a client who is a police officer. During a session, the officer describes a situation in which he planted evidence on a suspect to ensure a conviction for a crime the officer believes the suspect committed. The officer shows no remorse. What is the LCSW's legal obligation regarding this disclosure?

- A. Report the officer to internal affairs since the LCSW has knowledge that a law enforcement officer is fabricating evidence, which constitutes a threat to public safety
- B. Report the officer to the district attorney's office since planting evidence results in wrongful convictions that violate the due process rights of identifiable victims
- C. Maintain confidentiality since planting evidence, while illegal, does not fall within any statutory exception to the psychotherapist-patient privilege in California, and address the behavior and its ethical and legal implications clinically
- D. Contact the person who was falsely convicted to inform them that evidence was planted, as this individual is an identifiable victim of ongoing harm

## **Practice Exam 14: Answer Key and Explanations**

1. B — Most ethical decision-making models for social workers — including those by Reamer, Congress (ETHIC model), and Mattison — begin with identifying the ethical issues, competing values, and applicable principles at stake. This foundational step ensures the clinician understands exactly what is in tension before jumping to consultation, legal analysis, or action planning. Skipping this step leads to reactive decision-making that may miss critical dimensions of the dilemma.

2. D — Under the doctrine of vicarious liability (*respondeat superior*), clinical supervisors can be held professionally liable for the clinical actions of their supervisees. The supervisor's failure to review a

high-risk case for several weeks may constitute negligent supervision — a separate basis for liability independent of the supervisee's error. This is why supervisors must maintain regular oversight of high-risk cases and document supervisory contacts.

3. C — The Tarasoff II decision (1976) established that when a therapist determines, or pursuant to professional standards should have determined, that a patient presents a serious danger of violence to a reasonably identifiable victim, the therapist bears a duty to use reasonable care to protect the intended victim. The ruling shifted from "duty to warn" (Tarasoff I) to the broader "duty to protect," which can be discharged through various reasonable means — not solely through warning the victim.

4. A — California Civil Code Section 43.92 codified and narrowed the Tarasoff holding. The statute limits the duty to situations where a patient has communicated a serious threat of physical violence against a reasonably identifiable victim. It specifies that the duty may be discharged by making reasonable efforts to communicate the threat to the victim and to a law enforcement agency. This statutory framework provides clearer guidance than the broader common-law Tarasoff holding.

5. D — In *Ewing v. Goldstein* (2004), the California Court of Appeal held that the Tarasoff duty can be triggered by a communication from a patient's family member to the therapist — not solely by a direct threat from the patient. This case expanded the scope of information that can activate the duty to protect, meaning therapists must take seriously threat-related information received from family members and other close contacts of the patient.

6. B — The LCSW should clearly articulate the clinical rationale supporting release, advocate for the patient's rights, and follow the facility's established protocol for resolving clinical disagreements. Unilaterally releasing the patient or simply deferring to the psychiatrist without advocacy are both inappropriate. The LCSW should document their independent assessment thoroughly regardless of the outcome, as the clinical record should reflect the LCSW's professional judgment.

7. A — Under the LPS Act (Welfare and Institutions Code Section 5008), "gravely disabled" is defined as a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs of food, clothing, or shelter. The definition requires a causal link between the mental health disorder and the inability to meet basic needs. Functional impairment alone, hospitalization history, or diagnosis without current impairment are insufficient.

8. C — Patients on a 5150 hold do NOT have the right to leave the facility at will — that is precisely what involuntary detention means. However, they retain numerous other rights under the LPS Act, including the right to make phone calls, receive visitors, be informed of the reason for detention, have a

certification review hearing, refuse unnecessary medication, and be represented by a patients' rights advocate. Knowing which rights are retained versus suspended is a critical exam topic.

9. D — The Mental Health Services Act (Proposition 63/MHSA), passed in 2004, is funded by a 1% surcharge on personal income exceeding \$1 million. It supports a comprehensive continuum of mental health services including prevention, early intervention, community services and supports, innovation, and workforce education and training. Understanding MHSA's funding mechanism and comprehensive scope is important for California practice.

10. B — California law requires juvenile court authorization for psychotropic medication prescribed to dependent children in foster care. The process involves a JV-220 form (Application Regarding Psychotropic Medication) submitted to the court. This unique California requirement exists because biological parents' consent rights are typically suspended during dependency proceedings, creating a judicial oversight mechanism to protect vulnerable children from inappropriate medication.

11. A — California Rules of Court, Rule 5.220 requires custody evaluators to apply the best interest of the child standard. This comprehensive standard requires consideration of all relevant factors affecting the child's health, safety, welfare, and developmental needs — including the quality of each parent's relationship with the child, stability of the home environment, and any history of abuse or substance use. It is the governing standard for all custody determinations in California.

12. C — The intent to commit perjury, while criminal, does not fall within any recognized exception to the psychotherapist-patient privilege under the California Evidence Code. The "dangerous patient" exception (Evidence Code Section 1024) applies to threats of violence, not to non-violent crimes. The LCSW should address the planned perjury clinically — exploring motivations, discussing consequences, and encouraging the client to reconsider — while maintaining confidentiality.

13. D — The LCSW must provide competent, evidence-based therapy without either validating or invalidating the recovered memories. The scientific consensus is that memory is reconstructive and susceptible to suggestion, and recovered memory techniques can create false memories. The LCSW should focus on the client's current functioning and distress, avoid techniques that could further contaminate memory, and help the client process their experience regardless of whether the memories are accurate.

14. A — The LCSW has two obligations. First, as a therapist, the LCSW should inform the client about the legal consequences of failure to report (a criminal misdemeanor under CANRA) and encourage the client to fulfill her mandated reporting obligation. Second, the LCSW received information about

suspected child abuse in a professional capacity, which independently triggers the LCSW's own mandated reporting obligation. The information does not lose its reportable character because it was delivered through a therapy session.

15. B — Homelessness alone does not constitute child abuse or neglect under CANRA. Poverty and lack of housing are socioeconomic conditions, not indicators of parental neglect — particularly when the parent is actively meeting the children's needs for food, hygiene, and education. The LCSW should connect the family with housing resources, social services, and community supports while assessing whether any specific abuse or neglect indicators exist beyond the housing instability.

16. C — Splitting is a hallmark defense in borderline personality disorder and should be addressed as clinical material, not managed through defensive or punitive measures. The LCSW should address the splitting directly in therapy, coordinate with the psychiatrist to maintain a unified team approach, and continue providing competent care without allowing complaint threats to alter clinical decisions. Thorough documentation protects the LCSW if a complaint materializes.

17. A — California does not require post-licensure supervision for LCSWs. Once an individual passes the licensing examinations and receives their LCSW license, they are authorized to practice independently. All supervised clinical experience required for licensure (3,200 hours) is completed prior to licensure during the ASW registration period. This distinguishes California from some states that require a post-licensure supervision period.

18. D — The LCSW's ethical obligation extends beyond providing whatever is available within the current setting. Social work's commitment to client welfare and social justice requires active advocacy for access to appropriate services. The LCSW should explore Medi-Cal enrollment, county behavioral health services, charity care programs, and other resources while continuing to provide the best possible care within current constraints.

19. C — Effective supervision does not require theoretical uniformity between supervisor and supervisee. When a supervisee is using an evidence-based approach competently and clients are progressing, the supervisor should support the supervisee's professional development within their chosen framework. The supervisor's role is to ensure competent, ethical practice — not to impose a specific theoretical orientation. Respecting evidence-based diversity strengthens the supervisory relationship.

20. B — Under California Evidence Code Section 1014, the psychotherapist-patient privilege belongs to the client. The LCSW has an affirmative obligation to assert the privilege on the client's behalf when the client has not waived it. A subpoena alone — without a court order specifically compelling testimony —

does not override the privilege. The LCSW should appear at the deposition but assert the privilege and decline to testify about privileged communications.

21. D — California Evidence Code Section 1024 creates the "dangerous patient" exception to the psychotherapist-patient privilege — when a therapist determines that a patient presents a serious danger of violence to a reasonably identifiable victim. Other recognized exceptions include the patient-litigant exception (when a client puts their mental health at issue in litigation), the court-ordered evaluation exception, and the child abuse reporting exception. Each exception is narrowly defined.

22. A — Welfare fraud, while illegal, does not fall within any statutory exception to the psychotherapist-patient privilege in California. The children are well-cared for and attending school, so no child abuse or neglect indicators are present. The LCSW must maintain confidentiality while addressing the behavior clinically — including its legal risks, potential consequences for the children, and the underlying financial pressures driving the conduct.

23. B — The LCSW has a dual obligation: immediate intervention to protect the patient from ongoing harm, and formal reporting. The LCSW should intervene in the moment to stop the excessive restraint, report through the facility's internal process, and determine whether the patient's status as a potentially dependent or vulnerable adult triggers a mandated abuse report. Waiting for a staff meeting or deferring to the technician's supervisor while the patient is actively being harmed is inadequate.

24. C — When termination is initiated by the therapist, the ethical standard requires comprehensive transition planning. This includes adequate notice, in-session processing of the termination, appropriate referrals, facilitation of care transfer, and efforts to ensure continuity during the transition. Simply mailing a list of alternative therapists fails to meet the relational and clinical dimensions of ethical termination, particularly for a client with a two-year therapeutic history.

25. D — The NASW Code of Ethics requires social workers to take action when they have direct knowledge that a colleague's impairment is affecting client care. A graduated response is appropriate: address the concern directly with the colleague, document observations, report through institutional channels, and escalate to the BBS if the impairment continues. Having no supervisory authority over the colleague does not eliminate the ethical obligation to protect clients.

26. A — Client self-determination is a foundational social work value. A client who is not gravely disabled and has decision-making capacity retains the right to decline housing and services, even when the therapist strongly disagrees. The LCSW should continue providing support, keep options available,

and respect the client's autonomous choices while exploring the reasons behind the refusals. Imposing the therapist's preferences over the client's capacity-informed choices violates ethical principles.

27. C — The LCSW cannot confirm or deny that any individual is a client. Even a seemingly benign confirmation — "your son is okay" — acknowledges the therapeutic relationship and constitutes a confidentiality breach. The LCSW should explain the confidentiality limitation and suggest the parent contact their son directly or, if genuinely concerned about safety, request a welfare check through law enforcement.

28. B — California is an all-party consent state under Penal Code Section 632. All parties to a confidential communication — including the LCSW and both partners — must consent to any recording. The LCSW should address the recording request within the therapeutic framework, establish a clear policy, and explain the legal requirements. The other partner's objection alone would prevent recording even if the LCSW consented.

29. A — Leaving dependent adults with developmental disabilities unsupervised, resulting in at least one injury, constitutes neglect of dependent adults under California's abuse reporting laws. The LCSW received this information in a professional capacity, triggering the mandated reporting obligation. The pattern of repeated absences — not just the single injury incident — establishes the neglect. The client's caretaker role places these vulnerable adults under her direct responsibility.

30. D — The LPS Act provides different pathways for extending treatment beyond the 5250 depending on the basis for the hold. For patients detained as a danger to others, a 180-day post-certification hold may be sought (WIC Section 5300). For patients who are gravely disabled, the team may seek a temporary conservatorship (WIC Section 5352). Understanding these distinct pathways is essential for California mental health practice.

31. C — Multiple ethical and legal problems exist. Client testimonials risk identifying individuals as therapy clients, violating confidentiality even with consent, since the therapeutic context creates a power dynamic that may compromise truly voluntary authorization. Outcome descriptions risk creating misleading expectations. Claims of superiority over colleagues constitute prohibited comparative advertising under professional ethics and potentially violate California Business and Professions Code advertising standards.

32. B — School-based therapy records are confidential and protected under FERPA's provisions for student records, as well as potentially under psychotherapist-patient privilege. A principal's administrative authority over the school does not extend to confidential therapy records. The LCSW

should decline the request and explain the legal protections, suggesting the principal pursue appropriate legal channels if the records are needed for disciplinary proceedings.

33. B — The LCSW must address this confidentiality breach immediately and directly. The photo identifies other group members as participants in therapy — a serious privacy violation. The LCSW should request removal of the photo, process the group confidentiality agreement violation with all members, assess the damage to group trust and safety, and determine whether additional protective steps are needed for the identifiable members.

34. C — Covert electronic monitoring of a teenager with no history of risky behavior is a clinical issue warranting therapeutic exploration. The LCSW should examine the parent's motivations — which may include anxiety, control issues, or unresolved concerns — and discuss the developmental impact on the adolescent's autonomy and trust. This is neither automatically abusive nor automatically appropriate; it requires nuanced clinical assessment within the therapeutic relationship.

35. D — Comprehensive supervision records should include dates, duration, cases discussed, clinical guidance provided, risk management decisions, training needs identified, competency assessments, and any corrective actions. These records serve multiple purposes: documenting compliance with BBS supervision requirements, establishing the supervisor's due diligence, protecting both supervisor and supervisee in the event of complaints, and tracking the supervisee's professional development.

36. A — A court order granting "access to medical and educational records" is legally distinct from authorization to attend, observe, or participate in therapy sessions. Records access means the parent can request copies of documentation; it does not entitle the parent to be physically present during treatment. The LCSW should explain this distinction clearly and advise the parent to seek a specific court order if they wish to participate in sessions.

37. A — Even though the client sought therapy for relationship issues, the disclosure of falling asleep during sessions with clients raises a significant clinical and ethical concern that the LCSW cannot ignore. The burnout and impairment are clinically relevant to the client's overall functioning and wellbeing. The LCSW should address the impairment therapeutically, explore its connection to the relationship difficulties, and discuss the client's ethical obligation to address professional impairment.

38. C — Informed consent for a court-ordered evaluation is fundamentally different from informed consent for therapy. The LCSW must clearly explain that the evaluation is not confidential therapy, that a report will be prepared for the court, that disclosures may be included in the report, and that the parent

does not have the same privilege protections as in a therapeutic relationship. Documenting this informed consent is essential.

39. B — Having expertise in anorexia and bulimia provides a strong foundation but does not automatically confer competence in binge eating disorder, which has distinct clinical features and evidence-based treatment approaches. The LCSW should honestly assess transferable skills, identify knowledge gaps, determine whether consultation or additional training would bridge those gaps, and make an informed decision rather than reflexively accepting or declining.

40. D — Consensual sexting between same-age minors occupies an evolving legal and clinical gray area. While some jurisdictions have decriminalized teen sexting, the creation and distribution of sexually explicit images of minors can technically constitute child exploitation regardless of who created them. The LCSW should carefully consider whether the circumstances warrant a mandated report to ensure appropriate assessment and intervention rather than automatically dismissing or automatically reporting.

41. A — The Americans with Disabilities Act and professional ethics require that clinicians provide reasonable accommodations to ensure clients with disabilities have full access to services, including the informed consent process. Reading documents aloud, providing large-print materials, or offering screen-reader-compatible electronic versions are reasonable accommodations. Informed consent requires actual understanding, not just a signature on a form the client cannot read.

42. C — The LCSW should address the medication concern with the client directly at the next session without revealing the sister's call. Asking about any changes in medications or supplements is a standard clinical inquiry. The LCSW cannot act on the sister's information by contacting other providers without the client's authorization, but can clinically explore the issue and encourage the client to keep all providers informed. This approach respects confidentiality while addressing the safety concern.

43. B — LCSWs do not have prescriptive authority in California under any circumstances. No waiver, collaborative agreement, or emergency exception exists. When a client urgently needs medication, the LCSW should explore all available pathways: the client's primary care physician (who can prescribe many psychiatric medications), telepsychiatry services, county mental health prescribers, or federally qualified health centers. The scope-of-practice limitation is absolute.

44. D — The LCSW should first distinguish between general workplace harassment and specific, credible threats from identifiable individuals. General retaliation, while distressing, does not trigger the Tarasoff duty. However, if specific individuals have made serious threats of physical violence against

the client, a duty-to-protect analysis may be warranted. The LCSW should assess the specificity, credibility, and imminence of any threats while providing therapeutic support.

45. A — This scenario requires balancing multiple considerations: the client's current decision-making capacity, respect for autonomy, the progressive nature of dementia that may eventually eliminate capacity, the risk of financial exploitation by third-party scammers, and the family's legitimate concerns. The LCSW should assess capacity, evaluate whether the scam vulnerability constitutes a reportable form of exploitation, and help the family explore legal options like conservatorship if appropriate.

46. C — Writing a personal reference based on a therapeutic relationship creates a dual-role problem. The reference implicitly discloses the person's therapy status to a potential employer. The knowledge base for the reference comes from a confidential clinical relationship, not from a professional or academic observation. The supervisor should discuss these boundary issues with the ASW as a learning opportunity about maintaining appropriate post-termination boundaries.

47. B — Text-only therapy raises legitimate clinical concerns — limited ability to assess nonverbal cues, restricted crisis management capability, and potential for miscommunication — but outright refusal may deny treatment to a client whose anxiety prevents engagement through other modalities. The LCSW should assess whether text-based communication can meet the clinical standard of care and develop a treatment plan that may begin with text while working toward modalities that allow fuller clinical assessment.

48. A — Under HIPAA's Breach Notification Rule, covered entities must notify affected individuals without unreasonable delay and no later than 60 days after discovering a breach of unsecured protected health information. If the breach affects 500 or more individuals, the entity must also notify the Secretary of HHS and prominent media outlets serving the affected area. These timelines are regulatory requirements with enforcement consequences.

49. D — Both clients' therapeutic needs must be accommodated without forcing either to compromise their treatment. Practical solutions include adjusting appointment times so the clients don't overlap in the waiting room, arranging alternate waiting areas, or coordinating arrival times. The LCSW should not dismiss either client's needs — the ESA serves a therapeutic function for one client, while the fear response represents a legitimate clinical concern for the other.

50. C — California Penal Code Section 632 prohibits recording confidential communications without the consent of all parties. Therapy sessions are confidential communications. The client's six months of secret recording likely violates this statute. The LCSW should address the legal implications, explore the

therapeutic meaning of the covert recording, and discuss how session content involving third parties could create additional confidentiality concerns if published in a memoir.

51. B — The client's noncompliance with a return-to-work monitoring agreement, while concerning, does not fall within any mandatory exception to the psychotherapist-patient privilege. The LCSW should maintain confidentiality while addressing the violation as a significant clinical issue — exploring the client's fear-based avoidance, discussing the professional and legal risks of continued noncompliance, and strongly encouraging the client to fulfill her monitoring obligations.

52. A — California law does not provide a religious exemption from child abuse liability. While parents have the right to practice faith healing, this right does not override the state's interest in protecting children from medical neglect. A worsening, persistent cough in a child receiving zero medical care creates reasonable suspicion that medical neglect may be occurring. The LCSW should assess whether the threshold for a mandated report has been met.

53. D — The client has the right to share their own therapy experience publicly. However, the LCSW should address the blog therapeutically — exploring motivations, discussing the impact on the therapy, and informing the client that attributed quotes may be inaccurate and could affect the LCSW's reputation. The LCSW cannot prevent the client from writing but can address how the public disclosure has changed the therapeutic dynamic.

54. C — Academic dishonesty does not fall within any exception to the psychotherapist-patient privilege. University counseling center therapists are generally considered confidential resources, not mandatory reporters of academic integrity violations. The LCSW should address the behavior clinically — exploring motivations, academic pressure, and ethical implications — while maintaining the client's confidentiality. Institutional policies about therapist reporting obligations should be disclosed during informed consent.

55. B — A client's personal history — including the existence of a child from a previous relationship — is protected by the psychotherapist-patient privilege. No mandatory reporting exception is triggered. The LCSW should maintain confidentiality and address the topic only if the client identifies it as relevant to treatment goals. The client's decision about whether and when to disclose this information to their spouse is a personal matter, not a clinical imperative.

56. A — Minor's counsel is appointed to represent the minor's legal interests, which may include accessing therapy records relevant to the dependency case. However, the LCSW should consider the therapeutic impact of disclosure and the minor's objection. When the minor objects, the LCSW may seek

guidance from the court rather than unilaterally complying or refusing. This balances the attorney's representational authority with the minor's therapeutic needs.

57. D — The proposed "agreement" contains provisions that are fundamentally incompatible with ethical practice — a promise to never terminate violates the LCSW's professional judgment, 24/7 availability is unsustainable and clinically inappropriate, and testifying favorably regardless of clinical truth constitutes fraud. The LCSW should decline to sign while exploring the relational dynamics underlying the request, which likely contains rich therapeutic material about control, abandonment fears, and trust.

58. B — A litigation hold creates a legal obligation to preserve potentially relevant evidence. Destroying records subject to a litigation hold constitutes spoliation of evidence — a serious legal violation with potential sanctions. The LCSW must preserve the records while maintaining their confidentiality. The records should be released only through proper legal channels with client authorization or a court order, not automatically to the attorney.

59. C — LCSWs may qualify as healthcare providers for FMLA purposes in certain circumstances. If the LCSW can substantiate the diagnosis and functional limitations through clinical assessment, completing the FMLA certification falls within the clinical scope. The LCSW should document the clinical basis for the certification and ensure the information provided accurately reflects the client's condition. An automatic refusal or automatic referral to a physician is not required.

60. A — Clinical instinct about performative engagement is diagnostically valuable and should not be dismissed. The discrepancy between reported progress and observed affect, rehearsed language, and topic avoidance may indicate impression management, fear of therapeutic vulnerability, or learned compliance patterns. The LCSW should explore these observations gently, creating space for authentic engagement while avoiding accusatory confrontation that could reinforce the client's guardedness.

61. D — Serving simultaneously as treating therapist and forensic evaluator for conservatorship creates a classic dual-role conflict. The therapeutic relationship's trust-building purpose conflicts with the evaluative objectivity required for court proceedings. Clinical data gathered in therapy may be biased by the alliance, and the evaluative process could damage the therapeutic relationship. An independent evaluator should be recommended to maintain the integrity of both roles.

62. B — Requiring a child to maintain a physically painful position for an extended period as punishment raises concerns about whether the practice constitutes corporal punishment or physical abuse. The child experienced pain as a result. The LCSW should consider whether this creates

reasonable suspicion warranting a mandated report. California Education Code prohibits corporal punishment in public schools, and practices causing physical pain may meet the threshold regardless of setting.

63. C — A client with DID is one person, and the LCSW cannot create separate confidentiality agreements between alters. Doing so would fragment the treatment and could be used to maintain dissociative barriers that therapy aims to reduce. The LCSW should explain the one-person framework while acknowledging the alter's safety concerns and collaboratively developing internal communication strategies that feel manageable for all parts of the system.

64. A — A therapy office should communicate neutrality and inclusiveness to all clients. When a client reports feeling judged by the office environment, the LCSW should take the feedback seriously — both as a valid environmental concern and as potential therapeutic material. Exploring the client's experience while also honestly evaluating whether the office conveys the welcoming, neutral atmosphere appropriate for clinical practice reflects both clinical sensitivity and professional self-awareness.

65. B — Rigid application of a no-show policy to a client with schizophrenia who may be missing appointments due to symptom exacerbation raises serious abandonment and ethical concerns. The LCSW should advocate for a clinical exception, make active outreach attempts, and ensure that if termination proceeds, appropriate referrals and safety measures are in place. Ethical practice requires that institutional policies be applied with clinical judgment, not mechanically.

66. D — A commercial truck driver who regularly falls asleep at the wheel of an 18-wheeler on highways presents a risk of catastrophic harm — potentially involving multiple fatalities. While there is no specific identified victim, the magnitude and foreseeability of potential harm may create an ethical obligation that extends beyond standard confidentiality protections. The LCSW should assess the situation carefully, recognizing that the Tarasoff framework may apply to foreseeable harm to identifiable groups.

67. C — The escalation from small tokens to a \$500 gift card signals that the gift-giving pattern has crossed from nominal to significant. The LCSW should have addressed the pattern earlier. Now the LCSW must decline the substantial gift, retroactively address the gift-giving pattern as a therapeutic issue, explore its relational meaning, and establish clear boundaries distinguishing between small nominal tokens (which may be acceptable) and gifts of significant monetary value (which are not).

68. A — Federal immigration agents presenting without a judicial warrant signed by a judge cannot compel disclosure of confidential client information. An administrative warrant or verbal demand from

federal agents is insufficient to override state confidentiality protections and HIPAA. The LCSW should decline the request, notify the clinic director, and consult legal counsel. Client lists, appointment schedules, and any identifying information are protected.

69. B — The LCSW should not use clinical techniques outside their competence, but this does not mean the child must be excluded from family therapy. The LCSW should obtain appropriate play therapy training or consultation, consider whether adjunctive individual play therapy with a trained specialist would better serve the child, and continue family therapy within the LCSW's competence while the child's developmental needs are addressed through appropriate channels.

70. D — In a teletherapy medical emergency, the LCSW should call 911 using the client's location information collected during the teletherapy consent process — this is precisely why collecting location information is a standard teletherapy informed consent requirement. The LCSW should remain on the telehealth connection to monitor the client, provide reassurance, and communicate with first responders. Assuming the symptoms are a panic attack without medical assessment could be fatal.

71. C — The LCSW must navigate multiple intersecting concerns: the client's therapeutic content, the confidentiality of the defendant-client, and potential legal implications of a juror having a connection to the defendant. The LCSW should redirect the conversation away from discussing the other client, protect both clients' confidentiality, and consult about whether any ethical or legal obligations exist regarding the juror-defendant connection — without making disclosures to either party.

72. A — The fabrication of military service is itself clinically significant and must be addressed directly. The client may have genuine symptoms from a different source, may have factitious disorder, or may be seeking connection and belonging. The LCSW should confront the deception therapeutically, reassess the clinical formulation based on accurate history, determine whether treatment should continue, and address the impact on actual veterans in the therapy group whose space was taken under false pretenses.

73. B — A staff member at a children's residential facility engaging in a sexual relationship with a 17-year-old resident constitutes child sexual abuse under CANRA. The power differential between a caretaker and a minor resident eliminates any possibility of meaningful consent. The caretaker-child relationship falls squarely within the mandated reporting categories. The LCSW must file immediately regardless of the client's characterization of the relationship as "consensual."

74. D — The LCSW has no firsthand knowledge of the ex-spouse's professional conduct. All information comes from the client's account in the context of a contentious divorce — a setting notorious for distortion and adversarial framing. Providing a letter based solely on one party's therapy

disclosures could constitute defamation if the allegations are inaccurate, would compromise the LCSW's objectivity, and would blur the therapeutic role with an advocacy role.

75. C — Planting evidence, while a serious crime that undermines the justice system, does not fall within any statutory exception to the psychotherapist-patient privilege in California. There is no mandated reporting obligation for criminal conduct by clients unless it involves child abuse, elder abuse, or a threat of violence to an identifiable victim. The LCSW must maintain confidentiality while addressing the behavior clinically — including its legal, ethical, and systemic implications.