PRACTICE EXAM 15: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. To prevail in a malpractice claim against an LCSW, a plaintiff must establish four elements. Which of the following correctly identifies ALL four elements required for a successful malpractice action?

A. Duty (a professional relationship existed), breach (the therapist's conduct fell below the standard of care), causation (the breach directly caused harm), and damages (the client suffered actual harm)

B. Intent (the therapist acted with deliberate disregard for the client's welfare), conduct (the therapist engaged in prohibited behavior), harm (the client experienced negative outcomes), and foreseeability (the harm was predictable)

C. Negligence (the therapist failed to act), violation (a specific law or regulation was broken), injury (the client was physically or emotionally harmed), and proximity (the harm occurred during or shortly after treatment)

D. Relationship (the therapist knew the client), omission (the therapist failed to provide a specific intervention), consequence (the client's condition worsened), and liability (the therapist's insurance covers the type of claim)

2. An LCSW files a mandated child abuse report in good faith based on reasonable suspicion, but the investigation determines the report is unfounded. The family is angry and threatens to sue the LCSW for filing a false report. What protection does California law provide to the LCSW?

A. No legal protection exists; mandated reporters can be sued for unfounded reports and must defend themselves in civil court like any other defendant

B. The LCSW is protected only if they can prove the report was made with absolute certainty that abuse occurred rather than merely reasonable suspicion

C. Under Penal Code Section 11172, mandated reporters who file reports based on reasonable suspicion are immune from civil and criminal liability, even if the report is later determined to be unfounded

D. The LCSW is protected from criminal prosecution but remains vulnerable to civil lawsuits for unfounded reports

3. An LCSW is using an AI-powered note-writing tool that generates clinical documentation based on audio recordings of therapy sessions. The tool transcribes sessions and produces progress notes, treatment plans, and diagnostic summaries. What ethical and legal concerns should the LCSW consider?

A. No ethical concerns exist since AI documentation tools improve efficiency and accuracy, which benefits clients by reducing therapist administrative burden

B. The only concern is ensuring the AI-generated notes are grammatically correct and formatted properly before including them in the client's medical record

C. The concern is limited to whether the AI tool is manufactured by a HIPAA-compliant company, which would resolve all ethical and legal issues

D. Multiple concerns exist including whether the client consented to audio recording and AI processing of sessions, whether the AI vendor has a HIPAA-compliant Business Associate Agreement, whether the LCSW reviews and takes clinical responsibility for all AI-generated content, and whether the tool's data storage meets security requirements

4. An LCSW is conducting a suicide risk assessment on a client who presents with passive suicidal ideation. Which assessment approach is MOST consistent with current evidence-based practice?

A. Ask the client to sign a no-suicide contract, as research consistently shows these contracts reduce suicide attempts

B. Conduct a comprehensive risk assessment that evaluates risk and protective factors, use a validated screening tool such as the Columbia Suicide Severity Rating Scale, and develop a collaborative Safety Planning Intervention based on the assessment findings

C. Assess lethality by asking only whether the client has a specific plan and means, as the presence or absence of a plan is the single most reliable predictor of suicide risk

D. Determine the client's risk level using clinical intuition alone, as standardized tools have not been validated for use by social workers in outpatient settings

5. An LCSW who practices dialectical behavior therapy (DBT) receives a phone call from a client at 2:00 AM requesting skills coaching, which is a standard component of comprehensive DBT. The LCSW has been providing phone coaching as part of the DBT framework. What should the LCSW understand about this clinical scenario?

A. Phone coaching at 2:00 AM constitutes a boundary violation regardless of the treatment modality being used

B. The LCSW should answer only if the client is actively suicidal, as between-session contact is justified only in emergencies

C. Between-session phone coaching is an established and essential component of comprehensive DBT, and the appropriateness of the call should be evaluated within the DBT framework rather than applying general boundary standards that do not account for modality-specific protocols

D. The LCSW should discontinue DBT and switch to a modality that does not require between-session contact since the 2:00 AM calls indicate the treatment is fostering unhealthy dependence

6. Under California Welfare and Institutions Code Section 8102, when a person is placed on a 5150 hold for being a danger to self or others, what additional action is required regarding firearms?

A. The facility must notify the Department of Justice, which results in a five-year prohibition on the individual purchasing or possessing firearms, and the individual must surrender any firearms currently in their possession

B. The individual is permanently prohibited from owning firearms for life under California law, with no pathway for restoration of firearm rights

C. No action regarding firearms is required unless the individual specifically mentions firearms during the psychiatric evaluation

D. The firearms prohibition applies only if the individual is subsequently placed on a 5250 hold and does not apply to the initial 72-hour evaluation period

7. An LCSW receives a mandated child abuse report from a teacher about a student. Under CANRA's cross-reporting requirements, the initial report is made to Child Protective Services. What cross-reporting obligation exists?

A. The LCSW who receives the report has no cross-reporting obligation since cross-reporting is the responsibility of the agency that receives the initial report

B. Cross-reporting applies only in cases involving sexual abuse and does not extend to physical abuse, neglect, or emotional abuse

C. The mandated reporter must file duplicate reports with both CPS and law enforcement simultaneously at the time of the initial report

D. The child protective agency that receives the initial report is required to cross-report to the appropriate law enforcement agency, and certain categories of abuse — including sexual abuse and severe physical abuse — trigger specific cross-reporting requirements

8. An LCSW is providing therapy to a client who discloses microaggressive comments from coworkers related to the client's race. The client asks the LCSW — who is of a different racial background — whether the LCSW truly understands the experience of racism. How should the LCSW respond?

A. Assure the client that professional training has equipped the LCSW to understand all forms of discrimination regardless of personal racial identity

B. Acknowledge the limitation honestly, validate the client's experience, explore the dynamics of the cross-racial therapeutic relationship, and commit to ongoing learning while ensuring the client feels empowered to address any cultural misunderstandings that arise in therapy

C. Refer the client to a therapist of the same racial background since cross-racial therapy is inherently limited in its ability to address race-related concerns

D. Redirect the focus away from the LCSW's racial identity and back to the client's presenting concerns since the therapist's background is irrelevant to effective treatment

9. An LCSW is considering whether to search a new client's social media profiles before the first session to gather additional clinical information. What ethical issues does this practice raise?

A. Searching a client's social media is a standard intake practice that provides valuable supplementary information for clinical assessment

B. Searching social media is permissible only with the client's written consent and should be documented as a formal clinical assessment activity

C. Proactive social media searching raises concerns about boundary violations, informed consent, therapeutic trust, and the introduction of information into the therapeutic relationship that the client did not voluntarily share, potentially compromising the therapist's objectivity

D. Searching social media is ethically required for high-risk clients since the therapist has a duty to gather all available information to ensure adequate safety planning

10. An LCSW is providing therapy to a client who has a history of chronic suicidality. The client calls the LCSW's emergency line and reports that she has ingested a potentially lethal quantity of pills 20 minutes ago. She is calling to say goodbye. What is the LCSW's MOST critical immediate action?

A. Stay on the line with the client and use the time to process the client's feelings about the suicide attempt, as maintaining the therapeutic connection may change the client's mind

B. Instruct the client to call 911 herself and end the call so the client takes responsibility for her own safety decision

C. Ask the client for detailed information about what medications were taken, the quantity, and the time of ingestion before taking any action, as this information is needed for a complete risk assessment

D. Initiate emergency medical response by calling 911 (or signaling a colleague to call) while keeping the client on the line, obtaining the client's location and details about the ingestion, and staying connected until emergency responders arrive

11. An LCSW is treating a client and maintains both progress notes in the medical record and separate personal psychotherapy notes. The client requests access to all clinical documentation. Under HIPAA, what is the distinction between these two types of notes?

A. There is no distinction under HIPAA; all notes created during the course of therapy are subject to the same access and disclosure rules

B. Psychotherapy notes (as defined by HIPAA) are kept separate from the medical record and receive heightened protections — they generally cannot be disclosed without specific client authorization, even to insurance companies, and clients do not have the same right of access to psychotherapy notes as they do to the standard medical record

C. Psychotherapy notes are fully accessible to the client but protected from disclosure to third parties, while progress notes are accessible to both clients and authorized third parties

D. Progress notes receive greater protection than psychotherapy notes since progress notes contain the actual clinical treatment information

12. An LCSW who provides DBT maintains a consultation team as part of the comprehensive DBT model. During a consultation team meeting, the LCSW discusses a specific client's case with the team, which includes therapists from other practices. The client signed an informed consent for DBT that mentions the consultation team. What confidentiality considerations apply?

A. The informed consent for DBT that includes mention of the consultation team provides the basis for sharing clinical information within the team, and the LCSW should ensure the consent specifically addresses the sharing of identifiable client information with named or described team members outside the agency

B. No confidentiality concern exists since consultation team discussions are protected under the same peer review privilege that covers medical staff consultations

C. The LCSW may discuss the case in consultation only using a pseudonym since sharing the client's actual name with therapists from other practices would violate HIPAA regardless of the informed consent

D. Consultation team discussions are exempt from confidentiality requirements since they serve an educational rather than clinical purpose

13. An LCSW is providing trauma therapy and the client reports a new traumatic event — they were assaulted last night. The client is emotionally dysregulated and asks the LCSW to immediately process the new trauma using EMDR. The client states they want to "get past it quickly." What is the most clinically and ethically appropriate response?

A. Begin EMDR processing immediately since early intervention following a traumatic event provides the best outcomes according to current trauma research

B. Agree to the client's request since honoring the client's expressed preference for treatment timing respects the principle of self-determination

C. Prioritize stabilization, safety planning, and emotional grounding before initiating any formal trauma processing, as processing a new traumatic event while the client is acutely dysregulated risks retraumatization and exceeds the client's current window of tolerance

D. Decline to address the new trauma entirely and continue with the existing treatment plan since incorporating new traumatic events requires formal reassessment and updated treatment authorization

14. An LCSW treats a client who has been diagnosed with PTSD by a previous provider. After conducting a thorough independent assessment, the LCSW concludes that the client actually meets criteria for complex PTSD, which better captures the client's symptom profile. However, complex PTSD is not a recognized diagnosis in the current DSM-5-TR. What should the LCSW do?

A. Use the ICD-11 diagnosis of complex PTSD since it is a recognized diagnosis in the international classification system and better describes the client's presentation

B. Create a custom diagnostic code that reflects complex PTSD since clinicians have the authority to modify diagnostic categories when existing codes are inadequate

C. Continue using the PTSD diagnosis exclusively since it is the only recognized diagnosis and using any other terminology would be inappropriate

D. Use the most appropriate DSM-5-TR diagnosis for billing and formal diagnostic purposes while incorporating the complex PTSD conceptualization into the clinical formulation and treatment planning, documenting the rationale for the diagnostic approach

15. An LCSW is providing group therapy for combat veterans with PTSD. During a session, one veteran's account of a specific military operation triggers another veteran's trauma response, resulting in a full flashback with loss of orientation to the present. What should the LCSW do FIRST?

A. Ask the other group members to continue sharing while the LCSW attends to the triggered veteran in a separate room

B. Attend to the triggered veteran's immediate safety by using grounding techniques to help restore present-moment orientation while ensuring the group environment remains safe for all members

C. Call 911 since the flashback with loss of orientation constitutes a psychiatric emergency requiring professional medical intervention

D. End the group session immediately and schedule individual follow-up sessions with all members before resuming group therapy

16. An LCSW in a hospital setting is part of a multidisciplinary team. The attending physician instructs the LCSW to document a specific clinical opinion in the medical record that the LCSW does not share based on independent clinical assessment. The physician states it is needed "for the team's treatment plan." What should the LCSW do?

A. Document the LCSW's own independent clinical assessment and opinion, as social workers are ethically obligated to maintain the integrity of their professional documentation regardless of directives from other disciplines

B. Comply with the physician's directive since the physician leads the treatment team and has authority over all clinical documentation in the medical record

C. Document both the physician's opinion and the LCSW's differing opinion to create a complete record that reflects the multidisciplinary disagreement

D. Refuse to document anything in the record until the disagreement with the physician is formally resolved through the hospital's conflict resolution process

17. A client who has been in therapy with an LCSW for four years is relocating internationally. The LCSW wants to provide the best possible termination. What are the essential components of ethical termination for a long-term client?

A. Send a termination letter summarizing the treatment and wishing the client well, with no final session required for a client who is moving

B. Conduct one final session focused on reviewing the treatment goals and providing referrals to therapists in the new location

C. Reduce session frequency gradually over three months to wean the client from the therapeutic relationship before the departure

D. Provide adequate advance discussion of the termination, process the ending including the client's feelings about loss and transition, review progress and remaining goals, develop a plan for managing challenges independently, provide referrals for continued care, and offer a meaningful closure that honors the four-year relationship

18. An LCSW discovers a therapeutic alliance rupture — the client has become noticeably withdrawn, guarded, and less forthcoming over the past several sessions. The LCSW suspects the client may be upset about something that occurred in therapy. What is the evidence-based approach to addressing alliance ruptures?

A. Ignore the shift in the client's presentation and continue with the established treatment plan since addressing the rupture directly could make the client more defensive

B. Address the observed change directly and nondefensively, invite the client to share their experience, explore what may have contributed to the rupture, take responsibility for any therapist contribution, and work to repair the alliance collaboratively — recognizing that rupture and repair is itself a therapeutic process

C. Increase the frequency of sessions to compensate for the reduced therapeutic productivity caused by the client's withdrawal

D. Interpret the withdrawal as resistance and confront the client about their avoidance pattern

19. An LCSW is providing therapy to a client who is also participating in a research study being conducted at the same agency. The researcher asks the LCSW to share clinical information about the client to supplement the research data. The client signed a research consent form but the form does not specifically mention sharing therapy records with the research team. What should the LCSW do?

A. Decline to share clinical information since the research consent does not specifically authorize sharing therapy records with the research team, and the general research consent is not equivalent to a release of therapy information

B. Share the clinical information since the client is already participating in the study and therefore has implicitly consented to sharing relevant health information

C. Share only de-identified clinical data since removing identifying information resolves any confidentiality concerns

D. Ask the researcher to add a therapy records provision to the research consent form and share the information retroactively once the amendment is signed

20. An LCSW is providing trauma-informed care in an agency setting. The LCSW observes that the agency's intake process requires new clients to provide a detailed trauma history during the first visit, before a therapeutic relationship has been established. Many clients appear distressed during the intake. What should the LCSW do?

A. Continue following the agency protocol since standardized intake procedures ensure all clinicians gather the same information and maintain consistency across the agency

B. Skip the trauma history questions during intake and gather the information organically during subsequent therapy sessions without informing the agency

C. Advocate for modifying the intake process to be more trauma-informed — gathering essential safety information during the initial visit while deferring detailed trauma narratives to later sessions when a therapeutic relationship has been established and the client can better tolerate the disclosure

D. Provide all clients with written materials about trauma responses before the intake session to prepare them for the questions they will be asked

21. An LCSW works at an agency that uses a predictive algorithm to determine which clients receive priority access to services based on risk scores generated from intake data. The LCSW notices that the algorithm consistently scores clients from certain zip codes as lower risk, resulting in longer wait times for predominantly minority communities. What is the LCSW's ethical obligation?

A. Accept the algorithm's determinations since data-driven decision-making is more objective than individual clinical judgment and reduces human bias

B. Manually override the algorithm for clients from the affected zip codes by inflating their risk scores to ensure equitable access

C. Discontinue use of the algorithm entirely and return to a first-come-first-served model since any algorithm will inevitably contain bias

D. Raise the concern with agency leadership, advocating for a bias audit of the algorithm and equitable modification of the prioritization system, consistent with social work's commitment to social justice and equitable access to services

22. An LCSW is treating a client with agoraphobia and has been conducting home-based sessions. The client has made significant progress and the LCSW determines it is clinically appropriate to transition to office-based sessions as a therapeutic exposure. The client refuses and threatens to terminate therapy if sessions are moved to the office. What should the LCSW do?

A. Continue home-based sessions indefinitely since the client's preference should determine the treatment setting

B. Explore the client's fear and resistance therapeutically, discuss the clinical rationale for the transition as part of the treatment, collaboratively develop a graduated exposure plan for attending office sessions, and respect the client's ultimate right to refuse while addressing the clinical implications of refusal

C. Transition to office-based sessions immediately over the client's objection since the clinical determination that office visits are therapeutically indicated overrides the client's preference

D. Terminate the therapeutic relationship since the client's refusal to engage in a clinically indicated intervention demonstrates insufficient commitment to the treatment process

23. An LCSW is seeing a client for individual therapy. The client's employer contacts the LCSW and states they are conducting an internal investigation into workplace misconduct and need to know whether the client discussed the workplace incident during therapy. The employer states the client signed an employment agreement authorizing the company to access relevant healthcare information during investigations. What should the LCSW do?

A. Decline to disclose any information, as an employment agreement authorizing healthcare information access does not constitute a valid release of psychotherapy records under California's psychotherapist-patient privilege, which requires specific client authorization

B. Provide the information since the employment agreement constitutes the client's advance consent to disclosure during workplace investigations

C. Provide confirmation that the topic was discussed without sharing specific content, as this minimal disclosure satisfies the employer's need without revealing protected health information

D. Contact the client's HR department to verify the employment agreement before deciding whether to share clinical information

24. An LCSW has been treating a child for three years. The child's parents are now divorcing and the case has become highly contentious. Both attorneys contact the LCSW seeking testimony. The LCSW has significant clinical observations about both parents' interactions with the child. What risk management strategy is MOST important?

A. Agree to testify for whichever parent the LCSW believes is the better caregiver, as the LCSW's clinical observations provide valuable information for the court

B. Refuse to testify entirely and assert absolute therapeutic privilege that cannot be overridden by any court order

C. Agree to serve as the custody evaluator since the LCSW's three-year relationship with the child provides the most comprehensive data available

D. Consult with an attorney, clearly define the LCSW's role as treating therapist rather than custody evaluator, request that the court appoint an independent evaluator if custody opinions are needed, and if compelled to testify, limit testimony to direct clinical observations without offering custody recommendations

25. An LCSW is seeing a client in a rural area where the LCSW is the only provider. The client needs to be seen three times per week, but the LCSW can only offer weekly sessions. The client deteriorates between sessions and presents to the emergency department regularly. What ethical considerations are most relevant?

A. The LCSW should see the client three times per week regardless of scheduling constraints since client needs always take priority over the therapist's schedule

B. The LCSW should terminate the client and refer to a facility that can provide three-times-weekly therapy since the LCSW cannot meet the clinical need

C. The LCSW should assess whether the current level of care is adequate, explore supplementary resources such as crisis lines, peer support, teletherapy from other providers, and support groups, consider whether a higher level of care is indicated, and document the clinical reasoning for the treatment intensity decisions

D. The LCSW should increase session length from 50 minutes to two hours to compensate for the reduced frequency

26. An LCSW is treating a client who reports difficulty sleeping. The client asks the LCSW to recommend a specific over-the-counter sleep medication. What is the LCSW's most appropriate response?

A. Recommend a specific over-the-counter sleep medication since OTC medications do not require a prescription and the recommendation falls within general wellness guidance

B. Decline to recommend specific medications since doing so exceeds the LCSW's scope of practice, address the sleep difficulties through evidence-based behavioral interventions such as CBT for insomnia, and refer the client to their physician for any medication-related questions

C. Recommend melatonin specifically since it is a natural supplement rather than a medication and therefore falls within the LCSW's scope of practice

D. Provide the client with a list of common OTC sleep aids and allow the client to make their own informed choice

27. An LCSW is providing therapy to a client who is concerned about the LCSW's use of an electronic health record system. The client asks whether the LCSW can guarantee that the EHR system will never be breached. What should the LCSW communicate?

A. Explain that while the LCSW takes all reasonable measures to protect the client's information through HIPAA-compliant systems, encryption, and security practices, no system can provide an absolute guarantee against all possible breaches, and discuss what protections are in place and what the client's options are if they have concerns

B. Guarantee that the EHR system is completely secure since making any admission of potential vulnerability would undermine the client's trust in the therapeutic process

C. Recommend that the client opt out of EHR documentation and request that all clinical notes be maintained on paper to eliminate electronic vulnerability

D. Defer the question to the EHR vendor since the LCSW is not qualified to assess or communicate about information security systems

28. An LCSW is providing therapy to a client who discloses that a family member recently died by suicide. The client is processing grief but denies any personal suicidal ideation. Should the LCSW conduct a suicide risk assessment?

A. No, since the client explicitly denied suicidal ideation and conducting an unwanted risk assessment could be perceived as dismissive of the client's grief experience

B. No, since a family member's suicide is a grief issue rather than a risk factor for the client's own suicidality

C. Yes, because a family history of suicide is a significant risk factor, and conducting a sensitive risk assessment as part of the clinical response is consistent with the standard of care, even when the client denies current ideation

D. Only if the client shows additional risk factors such as substance use, impulsivity, or access to lethal means

29. An LCSW is treating a client who is a professional boxer. The client reports that he has been experiencing progressive memory problems, confusion, and personality changes that began after years of repeated head trauma. He continues to compete despite these symptoms. What should the LCSW consider?

A. The LCSW should report the client to the California State Athletic Commission since the neurological symptoms indicate the client is medically unfit to compete

B. Maintain confidentiality without addressing the cognitive symptoms since neurological conditions are outside the LCSW's scope of practice

C. Continue therapy focused exclusively on the personality changes without addressing the boxing since the client's career choices are protected by self-determination

D. Assess the clinical implications of the cognitive symptoms, make an urgent referral for neurological evaluation, discuss the risks of continued head trauma with the client, and carefully evaluate whether the client's progressive cognitive decline affects decision-making capacity regarding the choice to continue competing

30. An LCSW learns that a current client has filed a malpractice lawsuit against the LCSW. The LCSW still has upcoming sessions scheduled with the client. What should the LCSW do?

A. Consult immediately with a malpractice attorney and liability insurance carrier, assess whether the therapeutic relationship can continue given the litigation, and if the attorney recommends termination, do so ethically with appropriate referrals while avoiding any documentation changes that could appear retaliatory

B. Continue sessions without modification since the filing of a lawsuit does not affect the clinical relationship

C. Terminate the client immediately without referral since the lawsuit demonstrates the client's intention to harm the LCSW

D. Use the next session to convince the client to withdraw the lawsuit by explaining how litigation will damage the therapeutic relationship

31. An LCSW has been treating a client for two years and the treatment has been successful. The client proposes transitioning the relationship to a friendship after termination, suggesting they wait the "required" period and then begin socializing. What should the LCSW communicate?

A. Agree to the future friendship since the two-year rule applies only to sexual relationships and there is no prohibition on post-termination friendships

B. Explain that while the two-year prohibition specifically addresses sexual relationships, post-termination friendships with former clients raise separate ethical concerns including the enduring power differential, the therapist's ongoing knowledge of intimate clinical material, and the potential to compromise the client's ability to return to therapy if needed in the future

C. Agree to the friendship but establish a written agreement specifying that neither party will discuss any content from the therapeutic relationship

D. Decline definitively and state that all post-termination relationships of any kind are permanently prohibited under the NASW Code of Ethics

32. An LCSW is conducting a group therapy intake for a new member joining an existing process group. What information is ESSENTIAL to include in the informed consent for group therapy that would NOT typically be included in individual therapy consent?

A. The limits of confidentiality as they apply to the therapeutic relationship

B. The LCSW's theoretical orientation and treatment approach

C. Fee structure and payment expectations for the group sessions

D. The limitations on the therapist's ability to guarantee confidentiality from other group members, the expectations for maintaining group confidentiality, and the potential risks of confidentiality breaches by fellow group members

33. An LCSW who has been licensed for 10 years is going through a personal crisis — a divorce, a death in the family, and a health scare — all within the same month. The LCSW notices difficulty concentrating during sessions and has forgotten important clinical details about several clients.

However, no clients have been directly harmed. At what point does personal distress constitute professional impairment?

A. Personal distress constitutes impairment only when a client files a formal complaint about the quality of care they are receiving

B. Personal distress never constitutes impairment for experienced clinicians since years of practice create resilience that allows competent functioning regardless of personal circumstances

C. Personal distress constitutes professional impairment when it begins to interfere with the therapist's ability to competently perform professional functions, as evidenced by difficulty concentrating, forgotten clinical details, and diminished clinical effectiveness — even before direct client harm occurs

D. Personal distress constitutes impairment only when the therapist begins using substances or engaging in boundary violations as coping mechanisms

34. An LCSW receives a referral for a new client. During the initial phone screening, the prospective client reveals that they are currently enrolled in a clinical research trial studying a new psychotherapy technique for their specific condition. The research protocol prohibits participants from receiving concurrent psychotherapy outside the study. The client wants to begin therapy with the LCSW anyway. What should the LCSW do?

A. Decline to initiate therapy at this time, explain that beginning concurrent therapy could compromise the research protocol and potentially invalidate the client's participation in the study, and offer to begin treatment after the research trial concludes or if the client withdraws from the study

B. Begin therapy immediately since the client has the right to seek treatment from any provider and the research protocol cannot restrict access to healthcare

C. Begin therapy but avoid using the same therapeutic technique being studied in the clinical trial to avoid contaminating the research

D. Contact the research team to inform them that the client is seeking concurrent therapy so the researchers can account for this variable in their data

35. An LCSW is providing therapy at an agency that requires all sessions to be video recorded for quality assurance purposes. A new client objects to the recording during the intake. What should the LCSW do?

A. Inform the client that the recording is mandatory and non-negotiable since it is an agency requirement that applies to all clients

B. Advocate for the client's right to refuse recording, explore whether the agency can provide an exception, and if no exception is available, discuss this limitation transparently with the client so they can make an informed decision about whether to receive services at this agency

C. Secretly disable the recording equipment for this client's sessions to honor the client's objection without creating a conflict with the agency

D. Record the sessions as required but delete the recordings after each session to accommodate the client's privacy concerns

36. An LCSW is providing therapy to a client who reveals during a session that she recently discovered she was conceived through an anonymous sperm donor and has been using commercial DNA testing services to identify and contact biological half-siblings. During her search, she discovered that one of the half-siblings is currently in the LCSW's caseload at the same agency. What should the LCSW do?

A. Confirm the half-sibling connection to the client since the client already discovered this information independently

B. Immediately disclose the situation to both clients and offer to facilitate a meeting between the half-siblings as a therapeutic intervention

C. Neither confirm nor deny that the identified individual is a client, seek consultation about the conflict of interest, and assess whether the LCSW can continue treating both clients without compromised objectivity or whether one should be transferred

D. Terminate both clients immediately to eliminate any possibility of a conflict of interest

37. An LCSW has a client who presents in crisis every Friday evening, consistently calling the after-hours emergency line with escalating distress. The pattern has repeated for eight consecutive weeks. The client's weekday sessions are productive and stable. What clinical and ethical considerations should guide the LCSW's response?

A. Continue responding to each Friday crisis call with full clinical attention since each crisis must be treated as potentially genuine regardless of pattern

B. Stop answering the Friday crisis calls and allow the client to contact 911 instead, as the pattern indicates the client is manipulating the emergency system

C. Terminate the client for misusing emergency services since the pattern demonstrates the client is not engaging in treatment in good faith

D. Address the pattern directly in therapy, assess the clinical function of the Friday crises, develop a proactive plan for managing Friday evenings that builds the client's independent coping skills, and modify the crisis response protocol collaboratively while ensuring genuine emergencies continue to receive appropriate attention

38. An LCSW is providing therapy to a client who is a devout Jehovah's Witness. The client mentions that her 6-year-old daughter was recently hospitalized and needed a blood transfusion to survive, but the client and her husband refused the transfusion on religious grounds. The hospital obtained an emergency court order and performed the transfusion. The client is angry about the court's interference with her parental rights. How should the LCSW handle this clinically?

A. Report the parents to CPS for medical neglect since refusing a life-saving blood transfusion for a child constitutes child endangerment

B. Acknowledge the client's feelings about the court's intervention, explore the religious and personal significance of the situation, and process the client's anger within the therapeutic framework while recognizing that the court's emergency intervention addressed the immediate child safety concern

C. Validate the client's anger by agreeing that the court overstepped its authority in overriding the parents' religious convictions about their child's medical care

D. Inform the client that the LCSW disagrees with the religious belief and that the parents' refusal was morally wrong

39. An LCSW is treating a client who is transgender and is preparing for gender-affirming surgery. The surgeon requires a letter from a mental health professional supporting the procedure. The LCSW has been treating the client for two years and supports the client's decision. Under the WPATH Standards of Care, what should the letter include?

A. A statement that the client does not have any mental health diagnoses since the presence of any co-occurring mental health condition is a contraindication for gender-affirming surgery

B. The client's relevant history, the duration and nature of the therapeutic relationship, a statement that the client meets the criteria for the procedure under current clinical guidelines, and documentation that any co-occurring mental health conditions are reasonably well-managed

C. A guarantee that the client will not experience regret following the surgery, as the letter must certify that the outcome will be positive

D. Only a diagnosis of gender dysphoria without any additional clinical narrative, as WPATH standards require a single-page standardized certification form

40. An LCSW is providing clinical supervision and the supervisee presents a case involving a client from a cultural background with which the supervisee has no experience. The supervisee makes several culturally uninformed assumptions during the case presentation. What is the supervisor's obligation?

A. Reassign the case to a clinician with experience in the client's cultural background since the supervisee's cultural gaps cannot be addressed through supervision alone

B. Allow the supervisee to continue treating the client without intervention since clinical skills are transferable across cultural contexts

C. Use the case presentation as a teaching opportunity to address the culturally uninformed assumptions, provide education on the specific cultural context, facilitate the supervisee's development of cultural humility, and monitor subsequent sessions to ensure the client is receiving culturally responsive care

D. Document the supervisee's cultural incompetence in the supervision file and recommend the supervisee complete a cultural competency training before treating culturally diverse clients

41. An LCSW is treating a client with antisocial personality disorder who describes pleasure in manipulating others and expresses no empathy. The LCSW finds the client personally repugnant but is professionally committed to providing treatment. What is the MOST important ethical consideration?

A. The LCSW should refer the client to another provider since strong negative countertransference always constitutes a barrier to effective treatment

B. The LCSW should suppress all personal reactions and maintain a neutral therapeutic stance since acknowledging countertransference would be unprofessional

C. The LCSW should inform the client about the countertransference reaction since transparency is essential to the therapeutic process

D. The LCSW should engage in rigorous self-examination, seek consultation or personal therapy to process the countertransference, honestly assess whether competent and ethical treatment can be provided despite the personal reaction, and make an informed decision about continuing or referring

42. An LCSW is providing therapy to a 17-year-old who will turn 18 in three months. The client has been in therapy since age 15 under parental consent. What changes to the therapeutic relationship occur when the client turns 18?

A. The client becomes the sole holder of the psychotherapist-patient privilege, gains full authority over confidentiality decisions, and parental access to treatment information requires the now-adult client's explicit authorization

B. Nothing changes since the treatment began under parental consent and the original consent framework continues until the client formally re-consents as an adult

C. The LCSW must terminate the therapeutic relationship and re-initiate treatment with a new informed consent process since the change in legal status creates a new therapeutic relationship

D. The parents retain access to treatment information indefinitely since they were the original consenting parties and their right to information does not expire

43. An LCSW is providing clinical services at a homeless shelter. A client who has been sleeping at the shelter tells the LCSW that another shelter resident has been stealing prescription medications from other residents' belongings. The medication thief is not the LCSW's client. What should the LCSW do?

A. Report the theft to law enforcement since the LCSW has a duty to report all criminal activity they become aware of in a professional setting

B. Maintain strict confidentiality and take no action since the information was disclosed within a therapeutic context and the alleged thief is not the LCSW's client

C. Address the safety concern through appropriate shelter channels, as the theft of prescription medications creates a safety risk for shelter residents, while protecting the reporting client's confidentiality to the extent possible

D. Investigate the allegation independently by searching the accused resident's belongings to verify the report before taking any action

44. An LCSW is providing treatment to a client with severe depression who has been hospitalized three times in the past year. The client's family requests a family meeting to discuss the client's treatment, expressing frustration with the recurrent hospitalizations. The client authorizes the meeting. What principle should guide the LCSW's approach?

A. Share information that the client has specifically authorized, maintain the therapeutic alliance as the primary clinical priority, use the family meeting as an opportunity for psychoeducation and collaborative treatment planning, and avoid disclosing information the client has not approved even if the family asks directly

B. Share comprehensive clinical information with the family since the client authorized the meeting and the family's involvement is essential for preventing future hospitalizations

C. Decline the meeting since family involvement in adult treatment is inappropriate and could undermine the client's autonomy and independence

D. Conduct the meeting but allow the family to direct the agenda since their frustration suggests they have important perspectives the LCSW may have missed

45. An LCSW receives a subpoena for records that includes a request for the LCSW's personal process notes — informal notes the LCSW makes for personal reflection about clinical impressions and countertransference. Are these personal process notes discoverable?

A. The discoverability of personal process notes depends on how they are maintained — if they meet HIPAA's definition of psychotherapy notes (kept separate from the medical record and containing the therapist's analysis of conversations), they may receive heightened protection, though they are not absolutely immune from court-ordered disclosure

B. Personal process notes are always fully discoverable in litigation and receive no special protection under any circumstances

C. Personal process notes are permanently immune from all legal process including court orders since they are the therapist's private intellectual property

D. Personal process notes are discoverable only if they contain factual information about the client, but any subjective clinical impressions are permanently protected

46. An LCSW who provides therapy to children uses a sandtray therapy approach. During a session, a 7-year-old creates a sandtray scene depicting a family member being hurt by another family member. The child then destroys the scene and refuses to discuss it. What should the LCSW do?

A. Immediately ask the child to recreate the scene and explain what it means so the LCSW can determine whether a mandated report is needed

B. Inform the parents about the sandtray scene at the end of the session and ask them to explain what the child may be depicting

C. Ignore the scene since the child destroyed it and refused to discuss it, indicating the child is not ready to process the material

D. Document the sandtray content and the child's behavioral response, consider the scene within the context of the child's overall clinical presentation and history, and assess whether the totality of information creates reasonable suspicion of abuse warranting a mandated report

47. An LCSW is treating a client who has a degenerative neurological condition. The client asks the LCSW about California's End of Life Option Act and specifically asks the LCSW to help them find a physician who will prescribe the life-ending medication. What are the LCSW's ethical considerations?

A. Refuse to discuss the topic or provide any information, as assisting a client in accessing life-ending medication constitutes assisted suicide, which is incompatible with the social work profession's commitment to the value of human life

B. Provide the client with a physician referral immediately since the client has a legal right to access the End of Life Option Act and the LCSW should facilitate this right

C. Provide accurate information about the End of Life Option Act including eligibility requirements, assess for treatable clinical depression that may be influencing the request, explore the client's values and decision-making process, and support the client's autonomous right to make informed end-of-life decisions while ensuring the client has access to palliative care information

D. Refer the client to a palliative care specialist exclusively and refuse to engage with any further discussion about the End of Life Option Act

48. An LCSW is providing therapy to a client who is a single parent with sole legal custody of two children. The client is deployed overseas with the military and has temporarily placed the children with a family friend who is not a licensed foster parent or a relative. The LCSW learns that the family friend has no legal guardianship documentation. The children are safe and well-cared for. What should the LCSW consider?

A. File a mandated child abuse report since placing children with a non-relative who has no legal guardianship documentation constitutes child abandonment

B. Assess the overall safety and wellbeing of the children, recognize that the informal caretaking arrangement does not automatically constitute abuse or neglect, encourage the client to formalize the guardianship arrangement through legal channels, and monitor for any concerns about the children's welfare

C. Contact military family services immediately to report the client for failing to arrange proper care for the children before deployment

D. Terminate therapy with the client since the LCSW cannot effectively provide services to a client who is overseas and should focus on the children's needs

49. An LCSW has been treating a client for generalized anxiety disorder for six months. The client asks the LCSW to write a letter to the client's landlord certifying that the client requires an emotional support animal as a reasonable accommodation under fair housing law. What should the LCSW consider?

A. Whether the clinical evidence supports the conclusion that an ESA would provide therapeutic benefit for the client's condition, ensure the letter is based on genuine clinical assessment and documentation, and provide the letter if the clinical evidence warrants it while avoiding fraudulent accommodation letters

B. Decline all ESA letters entirely since providing accommodation letters constitutes a forensic function that is incompatible with the therapeutic role

C. Provide the letter automatically since the client has a diagnosed anxiety disorder and all mental health conditions qualify for ESA accommodation

D. Provide the letter but include detailed clinical information about the client's diagnosis and treatment history to satisfy the landlord's need for documentation

50. An LCSW is treating an elderly client who has been donating large sums to a televangelist, resulting in inability to afford food and medication. The client's adult children have expressed concern. The client states the donations bring spiritual fulfillment. The LCSW has assessed the client and determined she has mild cognitive impairment but retains general decision-making capacity. What should the LCSW consider?

A. File an immediate elder abuse report since the financial exploitation by the televangelist clearly constitutes elder financial abuse

B. Override the client's financial decisions since the mild cognitive impairment demonstrates the client is not capable of making sound financial judgments

C. Take no action since the client has been assessed to have decision-making capacity and is making autonomous choices about her finances

D. Balance respect for the client's autonomy and capacity against the reality of mild cognitive impairment, assess whether the impairment specifically affects financial decision-making and vulnerability to undue influence, consider whether the pattern of donations that prevent basic needs constitutes self-neglect or potential financial exploitation, and involve the adult children in care planning with the client's consent

51. An LCSW is treating a client who reveals that they maintain a detailed journal of all therapy sessions, including verbatim quotes of the LCSW's statements. The client reads passages from the journal during sessions to challenge the LCSW's current recommendations by citing "contradictions" with previous statements. How should the LCSW approach this?

A. Instruct the client to stop bringing the journal to sessions since it is being used as a weapon against the therapeutic process

B. Review the journal entries for accuracy and acknowledge any genuine contradictions in the LCSW's recommendations

C. Explore the clinical significance of the journaling behavior, including what function it serves for the client, whether it reflects trust difficulties or a need for control, and whether the pattern of challenging the LCSW through cited contradictions is itself therapeutically meaningful — while remaining open to the possibility that legitimate inconsistencies may exist in the LCSW's guidance

D. Refuse to respond to any journal citations and redirect the session to the client's presenting concerns

52. An LCSW is providing clinical supervision to an ASW who has significantly more life experience than the supervisor — the ASW is 55 years old with a prior career in nursing, while the supervisor is 32 years old. The ASW frequently challenges the supervisor's guidance by referencing their greater life and professional experience. How should the supervisor manage this dynamic?

A. Defer to the ASW's greater life experience on clinical matters since age and experience in other professions contribute to clinical wisdom

B. Acknowledge the ASW's valuable life experience while maintaining the supervisory role and authority, address the pattern of challenges constructively, and focus on the clinical social work competencies that the supervision is designed to develop regardless of age or prior career background

C. Request that the agency assign the ASW to a supervisor who is older and more experienced since the age differential is undermining the supervisory relationship

D. Assert authority more firmly by reminding the ASW that the supervisor holds the license and the ASW's clinical decisions are ultimately the supervisor's responsibility

53. An LCSW is providing outpatient therapy to a client with schizophrenia. The client has been stable for two years. During a session, the client reveals that they stopped taking their antipsychotic medication two weeks ago because they "feel fine" and believe they no longer need it. What is the LCSW's MOST appropriate response?

A. Explore the client's reasoning for discontinuing medication, provide psychoeducation about the risks of abrupt medication discontinuation in schizophrenia including high relapse rates, strongly encourage the client to contact their prescriber before making unilateral medication changes, and increase monitoring for early signs of decompensation

B. Respect the client's autonomous decision and take no further action since medication decisions are between the client and the prescriber

C. Contact the prescribing psychiatrist immediately without the client's consent since the medication discontinuation constitutes a psychiatric emergency

D. Initiate a 5150 evaluation since a client with schizophrenia who stops medication is by definition a danger to self

54. An LCSW provides individual therapy to a client who is also a member of the LCSW's therapy group at the same agency. During an individual session, the client discloses something deeply personal and asks the LCSW not to reference it during group sessions. What should the LCSW consider?

A. Maintain strict separation between individual and group content, never referencing individual disclosures in the group context without the client's explicit permission

B. Inform the client that maintaining separate confidentiality boundaries between individual and group treatment with the same therapist is not possible and recommend the client choose one modality

C. Maintain confidentiality of the individual disclosure in the group setting but recognize that holding information from group sessions may affect the LCSW's objectivity in facilitating group process

D. Recognize the inherent clinical complexity of providing both individual and group therapy to the same client, establish a clear framework with the client about how information flows between modalities, maintain the confidentiality of individual disclosures in the group context, and remain alert to how dual knowledge may influence clinical judgment in both settings

55. An LCSW is treating a couple in which one partner has recently been diagnosed with early-onset Alzheimer's disease. The diagnosed partner expresses a desire to complete an advance directive for mental health treatment while they still have capacity. The other partner objects, stating it is "too soon" and discussing future cognitive decline is harmful. What should the LCSW do?

A. Honor the undiagnosed partner's objection since forcing the conversation could cause psychological harm and damage the relationship

B. Support the diagnosed partner's right to engage in advance care planning while they retain capacity, facilitate the conversation therapeutically by addressing both partners' feelings about the diagnosis and its progression, and help the couple navigate the tension between proactive planning and emotional avoidance

C. Refer the couple to an elder law attorney and decline to discuss advance directives since they are legal documents outside the scope of therapeutic practice

D. Postpone the advance directive discussion until both partners are emotionally ready to engage with the topic

56. An LCSW is contacted by a journalist who is writing an article about the mental health profession. The journalist asks the LCSW to provide general commentary about therapeutic trends and best practices. During the interview, the journalist asks the LCSW to comment on a high-profile public figure who has been in the news for erratic behavior, asking whether the LCSW thinks the person has a specific mental health diagnosis. What should the LCSW do?

A. Provide a diagnostic opinion since the question involves a public figure whose behavior has been publicly observed and the LCSW is being asked to apply professional expertise

B. Speculate only about general categories of conditions that might explain the behavior without naming a specific diagnosis

C. Decline to offer a diagnostic opinion about an individual the LCSW has not personally evaluated, consistent with the ethical principle that responsible professionals do not diagnose individuals they have not assessed, while offering general commentary about the types of conditions that can affect behavior

D. Decline the entire interview since mental health professionals should not engage with media

57. An LCSW is treating a teenage client who reports being bullied at school through a persistent pattern of social exclusion, rumor-spreading, and online harassment. The client describes feeling hopeless and has begun having suicidal thoughts. The parents are dismissive, stating that bullying is "a normal part of growing up." What is the LCSW's obligation?

A. Take the client's suicidal ideation seriously by conducting a thorough risk assessment and developing a safety plan, address the parents' minimization of the bullying by providing psychoeducation about its psychological impact, and assess whether the parents' dismissiveness constitutes emotional neglect that may warrant intervention

B. Accept the parents' assessment since they know their child best and the bullying is likely being exaggerated by the teenager

C. File a mandated child abuse report against the school for allowing the bullying to continue

D. Focus exclusively on treating the suicidal ideation and avoid addressing the bullying since school-based issues are outside the scope of outpatient therapy

58. An LCSW who has been practicing for twenty years realizes that a treatment approach they have been using extensively is no longer supported by current research — in fact, recent meta-analyses suggest the approach may be iatrogenic for certain client populations. What is the LCSW's ethical obligation?

A. Continue using the approach since the LCSW's extensive personal experience with the technique outweighs the findings of recent research

B. Immediately stop using the approach with all clients and notify all current and former clients who received the treatment about the new research findings

C. Continue using the approach but add a disclaimer to the informed consent that some researchers have questioned its efficacy

D. Update clinical practice in accordance with the current evidence base, discontinue using the approach with client populations for whom it may be harmful, seek training in alternative evidence-based interventions, and transition affected clients to supported treatment approaches

59. An LCSW is providing therapy to a client who is a celebrity. Paparazzi have been photographing clients entering and exiting the LCSW's office, and another client's photo appeared in a tabloid with the caption "spotted at a therapist's office." What is the LCSW's obligation regarding this situation?

A. The LCSW has no obligation since the paparazzi activity occurs on public property and the LCSW cannot control what happens outside the office

B. Take reasonable measures to protect all clients' confidentiality, which may include modifying entry/exit procedures, offering alternative appointment times, considering teletherapy options, and addressing the situation with the celebrity client while also considering the impact on other clients whose privacy has been compromised

C. Terminate the celebrity client since their presence is causing collateral confidentiality harm to other clients

D. Contact law enforcement to have the paparazzi removed from the vicinity of the office

60. An LCSW is providing therapy to a client with hoarding disorder. The client's adult daughter contacts the LCSW and asks whether the LCSW will testify in support of an involuntary conservatorship petition the daughter is planning to file. The client is not gravely disabled and manages basic needs despite the hoarding. What should the LCSW communicate?

A. Agree to testify in support of the conservatorship since the LCSW has firsthand knowledge of the client's condition and the daughter's intervention is well-intentioned

B. File a mandated elder abuse report against the daughter for attempting to control her parent through legal proceedings

C. Explain that the LCSW's role is as the client's treating therapist, that serving as a forensic evaluator in a conservatorship proceeding would create a dual-role conflict, and that the client does not currently meet the legal standard for conservatorship, while suggesting the daughter consult with an attorney if she wishes to pursue the petition

D. Provide the daughter with copies of the client's therapy records to support the conservatorship petition since the daughter is acting in the client's best interest

61. An LCSW is treating a client who reveals during a session that a local pediatrician has been inappropriately prescribing opioids to adolescent patients. The client learned this from a friend whose teenager was affected. The LCSW has no direct knowledge of the situation. What is the LCSW's obligation?

A. Assess whether the information received in a professional context creates reasonable suspicion that children are being harmed, recognizing that inappropriate opioid prescribing to minors could constitute child endangerment, and consider whether a mandated report is warranted based on the totality of information available

B. Report the pediatrician to the Medical Board of California since the LCSW has a professional obligation to report suspected impairment or misconduct by other healthcare providers

C. Take no action since the information is thirdhand and involves a professional whose conduct is outside the LCSW's expertise to evaluate

D. Encourage the client's friend to report directly and provide the friend with the Medical Board's contact information

62. An LCSW is providing therapy at an agency that has recently implemented an "open notes" policy, allowing clients to read their therapist's session notes in real time through a patient portal. The LCSW is concerned this may affect their ability to document candid clinical observations. What should the LCSW consider?

A. Refuse to use the portal and maintain a separate documentation system that is not accessible to clients

B. Document only positive observations and therapeutic progress in the shared notes to avoid damaging the therapeutic relationship

C. Provide clients with access only to progress notes while maintaining psychotherapy notes separately, as HIPAA allows

D. Adapt documentation practices to balance transparency with clinical utility, maintain HIPAA-defined psychotherapy notes separately if needed for candid clinical reflections, and use the open notes system

as an opportunity to enhance therapeutic collaboration while ensuring essential clinical observations are recorded appropriately

63. An LCSW receives a voicemail from a process server stating that the LCSW is about to be served with a lawsuit filed by a former client. The LCSW has not yet been formally served. What should the LCSW do IMMEDIATELY?

A. Contact the former client to discuss the situation and attempt to resolve the dispute before formal service occurs

B. Contact the LCSW's professional liability insurance carrier to report the potential claim, as most policies require prompt notification of potential claims, and begin identifying a malpractice defense attorney

C. Begin reviewing and organizing the former client's clinical records to prepare a defense

D. Delete all electronic communications with the former client to prevent them from being used as evidence

64. An LCSW is treating a client who works in cybersecurity. The client discloses that they have discovered a critical vulnerability in their employer's computer system that could expose millions of customer records. The client wants to report the vulnerability but fears termination. What is the LCSW's obligation?

A. Report the cybersecurity vulnerability to the company since the potential exposure of millions of records constitutes a public safety issue

B. Report the vulnerability to law enforcement since knowledge of a potential data breach triggers a mandatory reporting obligation

C. Maintain confidentiality since the disclosure does not fall within any exception to the psychotherapist-patient privilege, provide therapeutic support as the client navigates the decision, and help the client explore options including internal reporting, whistleblower protections, and the ethical and practical implications of various courses of action

D. Advise the client to remain silent about the vulnerability to protect their employment since the LCSW's primary obligation is to the client's wellbeing

65. An LCSW is providing therapy to a client who is a survivor of human trafficking. The client has been granted a T-visa providing legal immigration status. The client's T-visa requires ongoing

cooperation with law enforcement. The client tells the LCSW she wants to stop cooperating because the process is retraumatizing. What should the LCSW consider?

A. Explore the client's distress about the law enforcement process, assess the retraumatization, help the client understand the implications of discontinuing cooperation for her immigration status, and support the client in making an informed decision while coordinating with the client's immigration attorney to ensure the client has accurate legal information

B. Advise the client to continue cooperating regardless of the emotional cost since maintaining the T-visa is essential to the client's long-term safety and stability

C. File a complaint with law enforcement about the retraumatizing nature of their investigation practices

D. Support the client's immediate decision to stop cooperating since the LCSW's primary obligation is to reduce the client's current psychological distress

66. An LCSW is supervising a clinical trainee who is placing at the LCSW's agency. The trainee confides in the supervisor that they are attracted to a client and have been having romantic fantasies about the client. The trainee has not acted on the attraction. What is the supervisor's MOST appropriate response?

A. Immediately remove the trainee from the case and file a report with the trainee's academic program for sexual misconduct

B. Normalize the experience of attraction as a countertransference phenomenon that occurs in clinical work, use the disclosure as a supervision learning opportunity, assess the trainee's ability to maintain appropriate boundaries, increase supervisory oversight of the case, and develop a plan for managing the countertransference therapeutically

C. Advise the trainee to suppress the feelings and avoid thinking about the client outside of sessions since acknowledging the attraction gives it power

D. Transfer the client to another clinician without explanation to protect the client from any possible boundary violation

67. An LCSW is providing therapy at a school when a lockdown is initiated due to an active threat. The LCSW is in a session with a 10-year-old client when the lockdown announcement occurs. What is the LCSW's obligation?

A. Continue the therapy session normally to avoid alarming the child, since the lockdown may be a drill

B. Contact the child's parents immediately to inform them about the lockdown before taking any protective action

C. Escort the child back to their classroom so the child can be with their teacher during the lockdown as required by school protocol

D. Follow the school's lockdown protocol immediately, prioritizing the physical safety of the child and the LCSW, provide age-appropriate emotional support during the lockdown, and address the psychological impact of the event therapeutically once safety is established

68. An LCSW is treating a client with chronic pain who has been prescribed long-term opioids by a pain management specialist. The client has developed a physiological dependence on the medication and asks the LCSW to advocate with the prescriber to increase the dosage. The prescriber has been tapering the dose consistent with current medical guidelines. What should the LCSW do?

A. Advocate for the dose increase as the client requests since the LCSW's role is to support the client's expressed treatment preferences

B. Refuse to discuss the client's medication concerns since pharmacological management is entirely outside the LCSW's scope

C. Address the client's pain and the emotional impact of dose reduction therapeutically, provide education about the distinction between physiological dependence and addiction, collaborate with the prescriber within appropriate professional boundaries, and support the client through the tapering process using evidence-based pain management and coping strategies

D. Advise the client to find a new pain management specialist who will prescribe the desired dosage

69. An LCSW has been treating a client for depression. After eight sessions, the client states, "I don't think therapy is helping. I feel like we're just talking and nothing changes." The client is considering terminating. How should the LCSW respond?

A. Take the feedback seriously as clinically valuable information, explore what the client expected versus what has been experienced, assess whether the treatment approach or therapeutic relationship needs modification, collaborate with the client on revising treatment goals or methods, and respect the client's right to terminate if they choose after the discussion

B. Explain that depression takes time to treat and the client should continue for at least six more months before evaluating progress

C. Agree that therapy may not be appropriate for this client and initiate termination with referrals to alternative treatment modalities

D. Interpret the statement as resistance related to the client's depression and redirect the session to exploring why the client is avoiding therapeutic engagement

70. An LCSW who is nearing retirement has been gradually reducing their caseload over the past year. The LCSW has three remaining long-term clients with complex presentations. Two of the clients have expressed significant anxiety about the upcoming termination. What is the LCSW's ethical obligation during this transition?

A. Terminate all three clients simultaneously on the retirement date and provide each with a list of referrals

B. Provide individualized termination plans for each client that account for their unique clinical needs, allow adequate time for therapeutic closure proportional to the length and depth of the relationship, facilitate warm handoffs to carefully selected new providers, and remain available for a transitional period to support continuity of care

C. Extend the retirement timeline indefinitely until all three clients feel ready for termination since abandonment concerns override the LCSW's personal retirement plans

D. Refer all three clients to a single colleague who agrees to accept them to simplify the transition process

71. An LCSW is treating a client who reveals that they have been using a deep-fake application to create realistic fabricated video evidence showing their ex-spouse engaging in drug use. The client plans to submit this fabricated evidence in their custody case. The children involved are ages 5 and 8. What should the LCSW consider?

A. Report the planned fabrication to the family court since the LCSW has a duty to protect the integrity of judicial proceedings involving children

B. Maintain confidentiality since the plan to fabricate evidence does not fall within any mandatory reporting exception

C. The fabrication itself does not trigger reporting, but the LCSW should consider whether the custody dispute context raises concerns about the children's welfare

D. Consider that fabricating evidence to influence a custody determination affecting minor children may reflect parental judgment that could endanger the children's welfare, address the planned deception clinically including its legal consequences, and assess whether the overall pattern of behavior raises child welfare concerns that warrant a closer evaluation of reporting obligations

72. An LCSW is treating a client who presents with anxiety symptoms that the LCSW has been treating with CBT. Six months into treatment, the client reveals that the anxiety began immediately after the client witnessed a violent crime, a detail the client omitted during the initial assessment. This information fundamentally changes the diagnostic picture from generalized anxiety disorder to PTSD. What should the LCSW do?

A. Continue the CBT approach unchanged since the client has been making progress and changing the treatment approach could be disruptive

B. Terminate the therapeutic relationship and refer the client to a trauma specialist since the LCSW has been treating the wrong diagnosis for six months

C. Update the diagnostic formulation, discuss the revised understanding with the client, modify the treatment plan to incorporate trauma-focused interventions appropriate for PTSD, assess whether additional training or consultation is needed for the trauma work, and document the diagnostic revision and clinical rationale

D. Add the PTSD diagnosis but continue the identical treatment approach since CBT is effective for both generalized anxiety and PTSD

73. An LCSW runs a small group practice and has hired a social media manager to create content promoting the practice on social media platforms. The social media manager creates a post featuring a client's positive therapy outcome, including enough detail that the client could be identified by people who know them, despite not using the client's name. The LCSW did not review the post before it was published. What is the LCSW's responsibility?

A. The LCSW bears ultimate responsibility for all practice communications including social media content, should immediately have the post removed, review all previous posts for similar issues, implement a review process requiring LCSW approval before publication, and assess whether the identifiable client needs to be notified of the breach

B. The social media manager bears sole responsibility since the LCSW delegated the marketing function and cannot be expected to review every post

C. No confidentiality breach occurred since the client's name was not used in the post

D. The LCSW should retain an attorney to file a defamation claim against the social media manager for publishing confidential client information without authorization

74. An LCSW is providing therapy to a client who reports experiencing sleep paralysis episodes accompanied by vivid hallucinations of dark figures in the room. The client believes these experiences

are paranormal encounters with demons. The client's functioning is otherwise intact. What should the LCSW do?

A. Diagnose the client with a psychotic disorder since the hallucinations and paranormal beliefs indicate a break with reality

B. Assess the sleep paralysis within its clinical context — recognizing it as a well-documented sleep phenomenon that commonly produces hypnagogic or hypnopompic hallucinations — explore the client's cultural and spiritual framework for interpreting the experiences, provide psychoeducation about the neuroscience of sleep paralysis, and address any anxiety or sleep disturbance without pathologizing culturally or personally meaningful interpretations

C. Refer the client to a sleep specialist immediately and decline to discuss the experiences since sleep disorders are medical conditions outside the LCSW's scope of practice

D. Validate the client's belief that the experiences are paranormal and explore the spiritual significance without offering any alternative explanations

75. An LCSW has been providing therapy to a client for one year. The LCSW is diagnosed with a serious illness requiring immediate hospitalization and an extended absence from practice. The LCSW has no advance plan for practice coverage. What should the LCSW have done to prepare for this possibility, and what must happen now?

A. No advance preparation was needed since serious illness is an unforeseeable event that excuses the LCSW from standard practice management obligations

B. The LCSW should have had a professional will but since they did not, the LCSW should contact the BBS to request they manage the client communications during the absence

C. The LCSW should have maintained a professional will designating a colleague to manage the practice in case of emergency, and now must arrange — even from the hospital — for a designated colleague to contact active clients, facilitate continuity of care, secure records, and ensure no client is left without access to services during the LCSW's absence

D. The LCSW's personal family members should contact all active clients to explain the absence since they are the most immediately available contacts

Practice Exam 15: Answer Key and Explanations

1. A — The four elements of a malpractice claim are duty, breach, causation, and damages — all four must be established for the plaintiff to prevail. Duty is established by the existence of a professional relationship. Breach means the therapist's conduct fell below the accepted standard of care. Causation requires a direct link between the breach and the harm. Damages means the client suffered actual, demonstrable injury. Missing any single element defeats the claim.

2. C — California Penal Code Section 11172 provides mandated reporters with immunity from civil and criminal liability when reports are made based on reasonable suspicion, even if the investigation ultimately determines the report is unfounded. This immunity is essential to the mandated reporting system — without it, reporters would be deterred from filing reports out of fear of litigation. The protection requires good faith and reasonable suspicion, not certainty that abuse occurred.

3. D — AI-powered documentation tools introduce multiple overlapping ethical and legal concerns. Client consent for audio recording and AI processing must be obtained. The AI vendor must have a HIPAA-compliant Business Associate Agreement. The LCSW must review and take clinical responsibility for all AI-generated content — the LCSW cannot delegate clinical documentation judgment to an algorithm. Data storage and transmission must meet HIPAA security standards.

4. B — Current evidence-based practice for suicide risk assessment includes comprehensive evaluation of risk and protective factors, validated screening tools such as the Columbia Suicide Severity Rating Scale (C-SSRS), and collaborative Safety Planning Intervention (SPI). Research consistently shows that no-suicide contracts have no empirical support for reducing suicide attempts. The SPI — developed by Stanley and Brown — is the evidence-based alternative.

5. C — Between-session phone coaching is a core component of comprehensive DBT, designed to help clients generalize skills to real-life situations. Evaluating a 2:00 AM coaching call using general boundary standards — rather than the DBT-specific framework — misapplies ethical principles. Within DBT, the appropriateness of the call depends on whether the client is using it for skills coaching versus therapy, and whether the DBT team has established clear coaching protocols.

6. A — Under Welfare and Institutions Code Section 8102, when a person is placed on a 5150 hold for being a danger to self or others, the facility must notify the California Department of Justice. This triggers a five-year prohibition on the individual purchasing or possessing firearms. The individual must also surrender any firearms in their possession. This firearm restriction is automatic upon the 5150 detention and is a frequently overlooked California-specific provision.

7. D — CANRA includes cross-reporting requirements that ensure both child protective services and law enforcement are notified of suspected abuse. The child protective agency receiving the initial report is required to cross-report to the appropriate law enforcement agency. Certain categories — particularly sexual abuse, severe physical abuse, and abuse in out-of-home care — trigger specific cross-reporting obligations to ensure coordinated investigation.

8. B — The LCSW should respond with honest self-awareness rather than false assurance or deflection. Acknowledging the limitation of cross-racial understanding validates the client's concern and demonstrates cultural humility. Exploring the dynamics of the cross-racial therapeutic relationship can itself be therapeutic. Committing to ongoing learning while empowering the client to address cultural misunderstandings strengthens the alliance rather than undermining it.

9. C — Proactively searching a client's social media before or during treatment raises significant ethical concerns. The client did not voluntarily share this information in the therapeutic context. The search may introduce bias, compromise the therapist's ability to maintain a neutral clinical stance, and damage trust if the client discovers the search. Informed consent was not obtained for this form of information gathering. The practice should be approached with extreme caution.

10. D — When a client reports an active, potentially lethal ingestion, the LCSW's most critical action is initiating emergency medical response immediately. Every minute of delay reduces survival probability. The LCSW should call 911 (or signal a colleague to call) while keeping the client on the line, obtain location and ingestion details for responders, and maintain connection until help arrives. Processing feelings or requiring the client to self-rescue wastes critical time.

11. B — HIPAA creates a specific category called "psychotherapy notes" — notes kept separate from the medical record that contain the therapist's analysis of conversations, impressions, and hypotheses. These receive heightened protections: they generally cannot be disclosed without specific client authorization, even for insurance purposes, and clients do not have the same automatic right of access to these notes as they do to standard medical records. Progress notes in the medical record have standard access rules.

12. A — DBT's consultation team is an integral treatment component, and sharing clinical information within the team requires adequate informed consent. The DBT consent should specifically address that identifiable client information will be shared with named or described team members who may be from outside the agency. A general mention of "consultation" may be insufficient. The LCSW must ensure the consent is specific enough to authorize the actual scope of information sharing.

13. C — Processing a new traumatic event while the client is acutely dysregulated risks retraumatization and exceeds the client's current window of tolerance. Stabilization, safety planning, and emotional grounding must precede any formal trauma processing. Phase-based trauma treatment models consistently emphasize stabilization before processing. The LCSW should validate the client's desire for rapid resolution while explaining the clinical rationale for sequential intervention.

14. D — Complex PTSD is recognized in the ICD-11 but not in the DSM-5-TR, which is the standard diagnostic system used in the United States for billing and formal diagnosis. The LCSW should use the most appropriate DSM-5-TR diagnosis (likely PTSD with additional specifiers or comorbid diagnoses) for formal purposes while incorporating the complex PTSD conceptualization into the clinical formulation and treatment planning. This approach satisfies administrative requirements while honoring clinical accuracy.

15. B — The triggered veteran experiencing a flashback with loss of present-moment orientation is in a state that requires immediate clinical attention. The LCSW should use grounding techniques — sensory engagement, orientation cues, breathing exercises — to help restore present-moment awareness. Simultaneously, the LCSW must ensure the group environment remains safe for all members. Calling 911 for a dissociative flashback is disproportionate; ending the group entirely may not be necessary.

16. A — LCSWs are ethically obligated to maintain the integrity of their professional documentation regardless of directives from other disciplines. Clinical records must reflect the LCSW's own independent assessment and professional judgment. Documenting another professional's opinion as the LCSW's own would constitute falsification. The LCSW should document their own assessment and, if a multidisciplinary disagreement exists, address it through appropriate clinical channels.

17. D — Termination with a four-year client requires comprehensive attention to the depth of the therapeutic relationship. Ethical termination includes adequate advance discussion, processing the ending and its emotional significance, reviewing progress and remaining goals, building the client's confidence in independent functioning, providing referrals for continued care, and creating meaningful closure. A letter or single session is inadequate for a relationship of this duration and depth.

18. B — Research by Safran and Muran demonstrates that directly addressing therapeutic alliance ruptures — rather than avoiding them — is associated with improved outcomes. The LCSW should name the observed change nondefensively, invite the client's perspective, explore what contributed to the rupture, and take responsibility for any therapist contribution. The rupture-repair process itself builds relational capacity and models healthy conflict resolution.

19. A — A general research consent does not authorize sharing therapy records with the research team unless the consent specifically addresses this. Therapy records receive heightened protection under the psychotherapist-patient privilege, and a research participation agreement does not waive therapeutic confidentiality. The LCSW must decline to share clinical information without a specific, separate authorization from the client addressing the therapy records.

20. C — Requiring detailed trauma narratives during initial intake — before a therapeutic relationship exists — is inconsistent with trauma-informed care principles. Premature trauma disclosure can retraumatize clients and damage engagement. The LCSW should advocate for a modified process that gathers essential safety information at intake while deferring detailed trauma histories to later sessions when the therapeutic relationship can provide a safe container for disclosure.

21. D — When an algorithm systematically disadvantages clients from minority communities, the LCSW has an ethical obligation rooted in social work's commitment to social justice and equitable access. The LCSW should raise the concern with leadership, advocate for a bias audit, and push for equitable modification. Silently accepting algorithmic bias, manually overriding results, or eliminating data-driven tools entirely are all inadequate responses.

22. B — The client's refusal to transition to office sessions should be explored therapeutically rather than forced or simply accepted. The LCSW should discuss the clinical rationale for the transition as part of the treatment, collaboratively develop a graduated exposure plan, and address the client's anxiety about the change. Self-determination means the client has the ultimate right to refuse, but the LCSW should fully explore the resistance before accepting it.

23. A — An employment agreement authorizing the company to access "relevant healthcare information" does not constitute a valid release of psychotherapy records under California's psychotherapist-patient privilege. The privilege requires specific client authorization for disclosure of therapeutic communications. An employer's general employment agreement cannot prospectively waive the heightened protections that attach to psychotherapy records. The LCSW must decline.

24. D — The LCSW's most important risk management strategy is clearly defining their role as the child's treating therapist — not a custody evaluator. Custody opinions require a formal evaluation methodology that the therapeutic relationship does not provide. The LCSW should request an independent evaluator, consult with an attorney about how to respond if compelled to testify, and limit any testimony to direct clinical observations without custody recommendations.

25. C — When the LCSW cannot provide the clinically indicated frequency, the ethical obligation is to assess adequacy of current care, explore all supplementary resources, and determine whether a higher level of care is needed. Creative solutions — crisis lines, peer support, teletherapy from additional providers, support groups — may bridge the gap. Documentation of clinical reasoning protects the LCSW and ensures the resource limitation is transparently addressed.

26. B — Recommending specific medications — including OTC medications — exceeds the LCSW's scope of practice. LCSWs do not have prescriptive authority of any kind. The appropriate response is to address sleep difficulties through evidence-based behavioral interventions within the LCSW's competence (such as CBT for insomnia, sleep hygiene education, and relaxation techniques) and refer medication-related questions to the client's physician.

27. A — Transparency about security measures and their limitations builds trust more effectively than false guarantees. The LCSW should describe the specific protections in place — HIPAA-compliant systems, encryption, access controls — while honestly acknowledging that no system provides absolute security. This informed consent approach allows the client to make decisions about electronic records with accurate information rather than false assurances.

28. C — Family history of suicide is one of the most significant risk factors for suicide. Even when a client explicitly denies current ideation, a sensitive risk assessment is warranted given this risk factor. The assessment should be conducted respectfully within the context of grief processing — not as an interrogation. Failing to assess risk when a significant risk factor is present falls below the standard of care.

29. D — Progressive memory problems, confusion, and personality changes in a boxer suggest possible chronic traumatic encephalopathy (CTE) or another neurological condition requiring urgent medical evaluation. The LCSW should assess the clinical implications, make an immediate neurological referral, discuss the risks of continued head trauma, and evaluate whether the progressive cognitive decline is affecting the client's capacity to make informed decisions about continuing to compete.

30. A — A malpractice lawsuit by a current client creates a significant clinical and legal intersection. The LCSW must immediately contact their liability insurance carrier and obtain legal counsel before taking any action — including any documentation changes, session modifications, or termination decisions. If the attorney recommends termination, it must be conducted ethically with referrals. The LCSW must avoid any action that could appear retaliatory.

31. B — The two-year prohibition in California law specifically addresses sexual or romantic relationships. However, post-termination friendships raise separate ethical concerns that persist beyond any time limit. The enduring power differential, the therapist's knowledge of intimate clinical material, and the potential compromise of the client's ability to return to therapy in the future all create ongoing ethical considerations that the LCSW should discuss honestly.

32. D — Group therapy informed consent must include elements unique to the group modality — particularly the limitations on the therapist's ability to guarantee confidentiality from other group members. Unlike individual therapy where the LCSW controls all disclosures, group members may breach confidentiality, and the LCSW cannot prevent this. Clients must understand and accept this inherent risk before joining the group.

33. C — Professional impairment is defined by interference with competent functioning — not by the presence of client complaints, substance use, or other specific indicators. Difficulty concentrating, forgotten clinical details, and diminished effectiveness constitute functional impairment even before direct client harm occurs. The ethical obligation to self-assess and take corrective action is triggered by the impairment itself, not by its downstream consequences.

34. A — Beginning concurrent therapy while enrolled in a research trial that prohibits it could compromise the research protocol, potentially invalidate the client's participation, and undermine the scientific integrity of the study. The LCSW should respect the research protocol by declining to initiate concurrent therapy, offer to begin treatment after the trial concludes, and ensure the client understands the rationale for this recommendation.

35. B — Clients have the right to refuse recording, and the LCSW should advocate for this right within the agency. If the agency cannot provide an exception, the client must be informed transparently so they can make an autonomous decision about whether to receive services under these conditions. Secretly disabling equipment or recording and deleting both involve deception. The client's informed choice is paramount.

36. C — The LCSW cannot confirm or deny that any individual is a client, even to another client who has independently discovered the connection. The LCSW should seek consultation about the conflict of interest created by treating biologically related clients who may have competing interests, and assess whether objective treatment of both can continue or whether one should be transferred — all without breaching either client's confidentiality.

37. D — A predictable crisis pattern requires direct therapeutic exploration rather than either reflexive response or punitive withdrawal. The LCSW should assess the function of the Friday crises — which may involve loneliness, anticipated weekend isolation, or a conditioned pattern — and collaboratively develop proactive coping strategies for managing Friday evenings. The crisis protocol should be modified to address the pattern while ensuring genuine emergencies receive appropriate attention.

38. B — The court has already addressed the immediate child safety concern by ordering the transfusion. The LCSW's therapeutic role is to help the client process the anger, grief, and religious distress resulting from the court's intervention — not to pass judgment on the religious beliefs or report conduct that has already been judicially resolved. Empathic exploration of the client's experience within the therapeutic framework is the appropriate response.

39. B — WPATH Standards of Care specify that referral letters for gender-affirming surgery should include the client's relevant history, the duration of the therapeutic relationship, confirmation that the client meets the criteria for the procedure, and documentation that any co-occurring mental health conditions are reasonably well-managed. The presence of co-occurring conditions is not a contraindication — the standard is that they are managed. No outcome guarantee is required or appropriate.

40. C — Cultural missteps in case presentations are teachable moments in supervision. The supervisor should address the uninformed assumptions directly and non-punitively, provide education about the client's cultural context, facilitate the supervisee's development of cultural humility, and monitor subsequent sessions. Neither reassignment nor ignoring the issue serves the supervisee's development or the client's welfare.

41. D — Countertransference — including strongly negative reactions — is a normal clinical phenomenon that does not automatically disqualify a therapist. The ethical obligation is rigorous self-examination, consultation or personal therapy to process the reaction, and an honest assessment of whether competent treatment can be provided. If the countertransference cannot be managed without compromising care, referral is appropriate. If it can be managed, the therapist may continue.

42. A — When a minor client turns 18, a fundamental legal shift occurs. The now-adult client becomes the sole holder of the psychotherapist-patient privilege and gains full authority over confidentiality decisions. Parents who previously had access to treatment information now require the adult client's explicit authorization for any disclosure. The LCSW should discuss this transition proactively before the client's 18th birthday.

43. C — The medication theft creates a safety concern for shelter residents — both the direct victims of theft and any residents who might access the stolen medications. The LCSW should address this through appropriate shelter administrative channels rather than direct law enforcement contact or independent investigation. This approach protects the reporting client's confidentiality while ensuring the safety concern is managed through institutional processes.

44. A — The LCSW should share only information the client has specifically authorized, maintain the therapeutic alliance as the primary priority, and use the family meeting for psychoeducation and collaborative planning. Even with the client's general authorization for the meeting, the LCSW should not disclose information the client has not specifically approved. The family's frustration does not entitle them to comprehensive clinical details beyond the scope of the client's consent.

45. A — The discoverability of personal process notes depends on their classification under HIPAA. If they meet the definition of "psychotherapy notes" — kept separate from the medical record and containing the therapist's analysis — they receive heightened protection. However, they are not absolutely immune from court-ordered disclosure. The distinction between psychotherapy notes and standard clinical documentation determines the level of protection, making proper record-keeping practices essential.

46. D — The sandtray scene and the child's behavioral response (creating a violence scene then destroying it and refusing to discuss it) are clinically significant observations that should be documented and considered within the broader clinical context. The LCSW should assess whether the scene, combined with other clinical information, creates reasonable suspicion warranting a mandated report. The child's refusal to discuss does not eliminate the LCSW's obligation to evaluate the totality of information.

47. C — California's End of Life Option Act provides a legal pathway for terminally ill individuals who meet specific criteria. The LCSW should provide accurate information about the Act, assess for treatable depression that may be influencing the request, explore the client's values and decision-making process, and support autonomous informed decision-making. Neither refusing to discuss the topic nor immediately facilitating access serves the client's comprehensive needs.

48. B — An informal childcare arrangement with a non-relative during military deployment, while not ideal, does not automatically constitute abuse or neglect — particularly when the children are safe and well-cared for. The LCSW should assess overall child safety, encourage formalization of the legal guardianship arrangement, and monitor for concerns. The absence of legal documentation alone does not create reasonable suspicion of child endangerment.

49. A — ESA letters should be based on genuine clinical assessment and supported by clinical evidence that the animal would provide therapeutic benefit. The LCSW should ensure the letter reflects an honest clinical opinion rather than simply rubber-stamping a client request. Providing fraudulent accommodation letters constitutes professional misconduct, while declining all ESA letters categorically ignores situations where clinical evidence genuinely supports the accommodation.

50. D — This scenario requires balancing multiple competing considerations. The client retains general decision-making capacity, supporting autonomy. However, mild cognitive impairment may specifically affect financial judgment and vulnerability to influence. The pattern of donations preventing basic needs suggests potential self-neglect. The LCSW should assess whether the cognitive impairment specifically impacts financial decision-making, consider whether the televangelist's solicitations constitute exploitation, and involve the adult children in planning with consent.

51. C — The client's detailed journaling and use of cited contradictions to challenge the LCSW serves a clinical function worth exploring. It may reflect trust difficulties, need for control, hypervigilance, or fear of being deceived by an authority figure. The LCSW should explore the behavior's meaning while remaining genuinely open to the possibility that legitimate inconsistencies may exist in their guidance — using the interaction as therapeutic material rather than a power struggle.

52. B — Age and prior career experience do not determine supervisory authority in clinical social work. The supervisor should acknowledge the ASW's valuable life experience while maintaining the supervisory role focused on developing clinical social work competencies. The pattern of challenges should be addressed constructively — as a dynamic worth exploring rather than a hierarchy to enforce. The supervision should focus on competency development regardless of demographic differences.

53. A — Abrupt discontinuation of antipsychotic medication in a client with schizophrenia carries a very high relapse risk, even when the client currently feels well. The LCSW should explore the client's reasoning, provide psychoeducation about discontinuation risks specific to schizophrenia, strongly encourage contact with the prescriber before making unilateral changes, and increase monitoring for early warning signs of decompensation. Respecting autonomy includes ensuring the decision is fully informed.

54. D — Providing both individual and group therapy to the same client creates inherent clinical complexity. The LCSW must establish a clear framework about how information flows between modalities, maintain individual session confidentiality in the group context, and remain vigilant about how dual knowledge may influence facilitation of either modality. This requires proactive communication with the client and ongoing self-monitoring by the LCSW.

55. B — The diagnosed partner's desire to complete advance care planning while retaining capacity is both clinically sound and time-sensitive given the progressive nature of Alzheimer's disease. The LCSW should support this proactive planning, facilitate the conversation therapeutically, and help both partners navigate the tension between practical preparation and emotional avoidance. Postponing until both are "ready" may result in the diagnosed partner losing the capacity to participate.

56. C — The Goldwater Rule — originating in psychiatry but applicable across mental health professions — holds that responsible clinicians do not offer diagnostic opinions about individuals they have not personally evaluated. The LCSW should decline to speculate about the public figure's diagnosis while remaining available for general commentary about behavioral health topics. This protects professional integrity and avoids contributing to stigma.

57. A — The LCSW must address both the suicidal ideation and the bullying context simultaneously. A thorough risk assessment and safety plan are immediately necessary. The parents' dismissal of the bullying requires psychoeducation about its documented psychological impact, including its association with suicidality. If the parental minimization rises to a level that constitutes emotional neglect — particularly when the child is suicidal — this warrants further evaluation.

58. D — The ethical obligation to provide competent care informed by current evidence is ongoing throughout a career. When research demonstrates a previously used approach is iatrogenic, the LCSW must update practice accordingly — discontinuing the approach with populations for whom it may be harmful, seeking training in evidence-based alternatives, and transitioning affected clients. Neither personal experience nor past success overrides current evidence of harm.

59. B — The LCSW has an obligation to take reasonable measures to protect all clients' confidentiality — including from collateral consequences of treating a high-profile client. Practical measures may include modifying entry and exit procedures, offering alternative appointment times, exploring teletherapy, or making physical modifications. The LCSW should address the situation with the celebrity client while also considering the impact on other clients whose photos have appeared publicly.

60. C — The LCSW's role is as the client's treating therapist, not a forensic evaluator for conservatorship. Testifying in support of a conservatorship petition would create a dual-role conflict. Additionally, the client does not currently meet the legal standard for conservatorship (not gravely disabled, manages basic needs). The LCSW should explain these boundaries while directing the daughter to appropriate legal resources if she wishes to pursue the petition.

61. A — While the information is secondhand and involves a professional outside the LCSW's discipline, the LCSW should assess whether the information creates reasonable suspicion that children are being harmed. Inappropriate opioid prescribing to adolescents could constitute child endangerment. The mandated reporting obligation is triggered by the receipt of information creating reasonable suspicion in a professional context — the reporting threshold does not require firsthand observation or professional expertise in the relevant specialty.

62. D — Open notes policies require thoughtful adaptation of documentation practices. The LCSW should use the shared system for transparent clinical documentation while maintaining HIPAA-defined psychotherapy notes separately if needed for candid clinical reflections that serve the treatment. The open notes system can enhance therapeutic collaboration and client engagement when implemented thoughtfully. Neither refusing to participate nor sanitizing all documentation is the optimal response.

63. B — The most critical immediate action is contacting the professional liability insurance carrier to report the potential claim. Most liability policies require prompt notification of potential claims, and failure to notify promptly could jeopardize coverage. The insurance carrier will typically provide or recommend a defense attorney. The LCSW should not contact the former client, alter records, or destroy any communications — all of which could create additional legal exposure.

64. C — A cybersecurity vulnerability, while potentially affecting millions of people, does not fall within any statutory exception to the psychotherapist-patient privilege. The LCSW should maintain confidentiality while providing therapeutic support as the client navigates the decision. This includes exploring options such as internal reporting, whistleblower protections, and the ethical and practical implications of various courses of action — empowering the client to make an informed decision.

65. A — The LCSW should help the client navigate a complex intersection of immigration law, trauma recovery, and autonomous decision-making. This includes exploring the retraumatization, ensuring the client understands the immigration consequences of discontinuing cooperation, and coordinating with the immigration attorney to provide accurate legal information. The LCSW's role is to support informed decision-making, not to direct the outcome in either direction.

66. B — Attraction to a client is a normal countertransference experience that should be addressed in supervision rather than treated as misconduct (since no action has occurred). The supervisor should normalize the experience, use it as a learning opportunity about managing countertransference, assess the trainee's boundary maintenance, increase oversight, and develop a management plan. Punitive responses to honest disclosures discourage future supervisory transparency.

67. D — During an active school lockdown, the LCSW's immediate obligation is the physical safety of the child. The LCSW should follow the school's lockdown protocol immediately — securing the room, positioning away from doors and windows, and maintaining quiet. Age-appropriate emotional support during the lockdown helps the child manage fear. Once safety is established, the psychological impact should be addressed therapeutically. School protocols supersede clinical schedules during emergencies.

68. C — The LCSW should address the client's pain and emotional response to dose reduction within the therapeutic relationship, provide psychoeducation about the distinction between physiological dependence and addiction, and support the client through the tapering process using evidence-based pain management strategies. Collaborating with the prescriber within appropriate professional boundaries is appropriate, but advocating for a specific dose increase exceeds the LCSW's scope.

69. A — Client feedback about therapy's effectiveness is clinically valuable and should be taken seriously. The LCSW should explore the gap between expectations and experience, assess whether the treatment approach needs modification, and collaborate on revising goals or methods. The client's right to terminate should be respected if they choose, but a thorough exploration of the dissatisfaction often reveals opportunities for therapeutic adjustment that the client finds meaningful.

70. B — Long-term clients with complex presentations require individualized termination plans proportional to the therapeutic relationship. The LCSW should allow adequate time for closure, facilitate warm handoffs to carefully selected new providers, and remain available for a transitional period. The termination process itself is therapeutic and should not be rushed or standardized. Each client's unique needs should guide the timing, pacing, and format of the transition.

71. D — The fabrication of deep-fake evidence itself is not a standard mandated reporting trigger. However, the LCSW should consider the broader context: a parent who fabricates evidence to manipulate a custody determination involving young children demonstrates judgment that may raise legitimate child welfare concerns. The LCSW should address the deception clinically, discuss its legal consequences, and evaluate whether the totality of the parent's behavior raises concerns warranting closer scrutiny of the children's welfare.

72. C — When new information fundamentally changes the diagnostic picture, the LCSW must update the formulation, discuss the revised understanding with the client, and modify the treatment plan. The shift from GAD to PTSD has significant treatment implications — trauma-focused interventions such as CPT or PE may be indicated. The LCSW should assess competence for trauma work, seek consultation or training if needed, and document the diagnostic revision with clear clinical rationale.

73. A — The LCSW bears ultimate responsibility for all practice communications, including delegated marketing. A post containing enough identifying detail to recognize a client constitutes a confidentiality breach — regardless of whether the name was used. The LCSW should immediately remove the post, audit all previous content, implement a mandatory review process, and assess whether the identifiable client needs to be notified of the breach under HIPAA's breach notification requirements.

74. B — Sleep paralysis is a well-documented sleep phenomenon that commonly produces vivid hypnagogic or hypnopompic hallucinations. These experiences are not indicative of psychosis. The LCSW should assess the episodes within their clinical context, provide psychoeducation about the neuroscience of sleep paralysis, explore the client's cultural and spiritual framework, address any resulting anxiety or sleep disturbance, and avoid pathologizing culturally or personally meaningful interpretations of a non-pathological phenomenon.

75. C — Every LCSW should maintain a professional will — a document designating a colleague to manage the practice in case of death, incapacity, or emergency absence. The professional will should include instructions for contacting active clients, securing records, providing referrals, and ensuring continuity of care. Since the LCSW failed to prepare this in advance, arrangements must now be made — even from the hospital — to ensure no client is abandoned. This scenario underscores why proactive planning is an ethical obligation, not an optional precaution.