

PRACTICE EXAM 16: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. An LCSW has been treating a client for six months when the client reveals she is pregnant through a sexual assault that occurred before therapy began. She has not reported the assault and does not want to. She is an adult, not a minor. The LCSW also learns the alleged assailant is a high school teacher who coaches a girls' athletic team. What is the LCSW's MOST important ethical consideration?

A. Respect the adult client's decision not to report the assault since she has the autonomous right to determine whether to involve law enforcement

B. File a police report against the assailant on the client's behalf since the LCSW has identifying information about a sex offender who works with children

C. While respecting the adult client's autonomy regarding her own assault, independently assess whether the information about the assailant's access to minors in a position of authority creates reasonable suspicion that children may be at risk, potentially triggering a mandated reporting obligation separate from the client's personal decision

D. Encourage the client to report the assault to police and terminate therapy if the client refuses since continuing to treat a client who is protecting a sexual predator would make the LCSW complicit

2. An LCSW is treating a client at a community agency. The agency director instructs the LCSW to terminate all clients who have not shown "measurable improvement" within 12 sessions to free up slots for new clients on the waitlist. One of the LCSW's clients has a complex trauma history and, while progressing, has not met the agency's quantitative improvement benchmarks. What should the LCSW do FIRST?

A. Advocate with the agency director for individualized clinical decision-making regarding termination rather than a rigid session-count policy, presenting the clinical rationale for continued treatment of the specific client

B. Comply with the directive since the agency has the authority to establish service delivery parameters and the LCSW is an employee bound by agency policies

C. Terminate the client as directed but provide extensive referral resources and a detailed transfer summary to ensure continuity of care

D. Refuse to terminate any clients based on arbitrary session limits and inform all affected clients that the agency is prioritizing financial efficiency over their clinical needs

3. An LCSW provides therapy to a client who is also the LCSW's accountant. The LCSW recognized the dual relationship at intake and discussed it with the client, who wished to proceed. The relationship has been manageable for nine months. Now, the client has found a significant error on the LCSW's tax return that will cost the LCSW \$15,000. The client is anxious about delivering this news. What does this scenario illustrate about dual relationships?

A. The scenario demonstrates that dual relationships can always be managed successfully with adequate informed consent and transparency from the outset

B. The scenario demonstrates that the LCSW should have declined the therapeutic relationship at intake since all dual relationships are inherently harmful

C. The scenario confirms that financial dual relationships are the only type of dual relationship that creates irreconcilable ethical conflicts in clinical practice

D. The scenario illustrates that even carefully managed dual relationships can evolve into situations where competing interests compromise the therapeutic dynamic, as the client's anxiety about delivering bad financial news to the LCSW may now inhibit open therapeutic communication

4. An LCSW who works at a domestic violence shelter provides therapy to a client who has been in the shelter for three weeks. The client reveals she has decided to leave the shelter and return to her abusive partner. She has a detailed safety plan and understands the risks. The shelter's policy states that clients who return to their abusers are immediately discharged from all services, including therapy. What should the LCSW do?

A. Comply with the shelter policy and immediately terminate all services since the LCSW is bound by institutional rules

B. Advocate with the shelter administration to modify the policy to allow continued therapeutic support for clients who choose to return to their partners, as abrupt termination of services at the point of highest risk conflicts with evidence-based practice for domestic violence intervention

C. Continue providing secret off-site therapy sessions to the client in defiance of the shelter policy since the client's safety takes priority over institutional rules

D. Inform the client that returning to her abuser means the LCSW can no longer ethically treat her since the LCSW would be complicit in the client's self-endangerment

5. An LCSW is providing therapy via an online therapy platform (similar to BetterHelp or Talkspace). The platform's terms of service state that the platform owns all clinical records and may use de-identified session data for "product improvement and research." The LCSW discovers this clause after beginning to see clients through the platform. What ethical concerns should the LCSW consider?

A. Whether the platform's data ownership and use policies were adequately disclosed to clients during informed consent, whether the de-identification process truly protects client privacy, and whether the LCSW can fulfill their independent ethical obligations regarding record keeping and client confidentiality within the platform's framework

B. No ethical concerns exist since the platform handles all compliance and the LCSW is not responsible for the platform's terms of service

C. The only concern is whether the platform provides encrypted communication, which would resolve all ethical issues related to the online therapy arrangement

D. The LCSW should immediately stop using the platform and transfer all clients to in-person therapy since online platforms are inherently incompatible with ethical practice

6. An LCSW has been treating a client for opioid use disorder for two years. The client achieves sustained recovery and therapy is successfully terminated. Eighteen months after termination, the former client applies for a job at the LCSW's group practice as an office manager. The former client is the most qualified applicant. What should the LCSW consider?

A. Hire the former client since the therapeutic relationship ended over a year ago and the employment would be in an administrative rather than clinical capacity

B. Hire the former client but ensure they do not have access to any clinical records or client information within the practice

C. The former client is permanently prohibited from any employment at the practice since any post-termination relationship constitutes an ethical violation

D. Whether employing a former client would create a power dynamic that could compromise the former client's ability to seek future treatment from the practice, whether the former client would have access to confidential information about other clients, and whether the employment relationship could be perceived as exploitative given the prior therapeutic relationship

7. An LCSW is the only Spanish-speaking therapist at an agency that serves a predominantly Latino community. The LCSW's caseload has grown to 95 clients because no other clinician can serve Spanish-speaking clients. The LCSW is experiencing burnout and making documentation errors. Administration refuses to hire another bilingual therapist. What is the LCSW's MOST important ethical obligation?

- A. Continue managing the full caseload since the alternative — turning away Spanish-speaking clients — would constitute a greater ethical harm than the risks associated with therapist burnout
- B. Resign immediately since continuing to practice while burned out constitutes practicing while impaired
- C. Prioritize client safety by taking proactive steps to address the unsustainable caseload — including formal advocacy with administration documenting the safety risks, exploring alternative resources such as bilingual contracted providers, and if necessary, reducing the caseload to a manageable level even if some clients must be transferred
- D. File a complaint with the BBS against the agency for creating conditions that compromise the quality of care through inadequate staffing

8. An LCSW is treating a married couple. During couples therapy, the wife discloses a history of childhood sexual abuse that she has never previously revealed. The husband responds dismissively, saying "that was a long time ago — you need to get over it." What should the LCSW do in the moment?

- A. Support the husband's perspective since encouraging the wife to move forward is consistent with solution-focused therapeutic approaches
- B. Intervene to validate the wife's disclosure, address the husband's dismissive response as a relational dynamic that requires immediate clinical attention, and create emotional safety in the session before proceeding
- C. End the session immediately and refer the wife for individual therapy since childhood trauma should never be processed in a couples therapy setting
- D. Ask the husband to leave the room so the LCSW can process the trauma disclosure privately with the wife

9. An LCSW who provides therapy to children receives a referral for a 6-year-old whose parents are going through a custody dispute. The referring attorney represents the mother and states the attorney wants therapy records to use in court. The LCSW has not yet seen the child. What should the LCSW clarify BEFORE accepting the referral?

- A. Whether the referral is for genuine therapeutic treatment or for litigation support, as accepting a referral from one parent's attorney in a custody dispute creates the risk of the therapy being used as a weapon in litigation rather than serving the child's clinical needs
- B. Whether the referring attorney will pay for the therapy sessions since attorney-funded therapy eliminates the need for insurance authorization
- C. Whether the mother has sole legal custody, as the custodial parent's attorney has the inherent right to direct the child's therapy
- D. Whether the child has any prior therapy records that should be obtained before the first session to ensure continuity of clinical care

10. An LCSW has been seeing a client for weekly therapy for one year. The LCSW unexpectedly needs emergency surgery and will be unavailable for approximately six weeks. The LCSW has a professional will naming a colleague as a practice backup. What is the MOST appropriate sequence of actions?

- A. Have the backup colleague contact all clients after the surgery to inform them of the absence and offer interim services
- B. Send a form letter to all clients explaining the absence and providing the backup colleague's contact information
- C. Contact the insurance company to request a billing hold on all active clients for six weeks
- D. Notify clients as soon as possible before the surgery if time permits, activate the professional will by contacting the designated backup colleague, ensure the backup has access to essential clinical information for high-risk clients, and arrange for the backup to provide coverage during the absence

11. An LCSW is providing clinical supervision. The supervisee reports that a client gave the supervisee a \$50 gift card after a particularly impactful session. The supervisee accepted the gift. The supervisor should address this by FIRST:

- A. Instructing the supervisee to return the gift immediately and documenting the boundary violation in the supervisee's personnel file
- B. Reporting the supervisee to the BBS since accepting a gift from a client constitutes a boundary violation that requires regulatory intervention
- C. Exploring the clinical context of the gift with the supervisee — including the therapeutic relationship dynamics, the client's motivations, the potential impact on the treatment, and the supervisee's reasoning for accepting — before determining the appropriate clinical and supervisory response

D. Telling the supervisee that small gifts are always acceptable and no further discussion is needed since \$50 is below the threshold for an ethically significant gift

12. An LCSW works at a community mental health center and is asked to provide a clinical opinion for a client's Social Security Disability Insurance (SSDI) application. The LCSW has treated the client for depression for three years. What should the LCSW consider?

A. Refuse entirely since SSDI evaluations are forensic assessments incompatible with the therapeutic role

B. Provide a clinical letter based on direct treatment observations, documenting the client's diagnosis, functional limitations, and treatment history while clarifying that the letter reflects clinical observations from treatment rather than an independent forensic disability evaluation

C. Provide a letter guaranteeing the client qualifies for SSDI since the LCSW has treated the client for three years and is the most qualified assessor

D. Complete the SSDI forms exactly as the client requests to support their application since the LCSW's primary obligation is to advocate for the client

13. An LCSW treats a client who is being emotionally abused by their adult child. The client is 58 years old, lives independently, works full-time, manages their own finances, and has no cognitive impairment. The client asks the LCSW to file an elder abuse report. What should the LCSW know?

A. California's elder abuse statutes apply to individuals aged 65 and older, and at 58 this client does not meet the age threshold for elder abuse reporting; however, the LCSW should still address the emotional abuse clinically and explore other protective options available to the client

B. California's elder abuse statutes apply to all adults over age 50, and the LCSW must file the requested report

C. The LCSW must file the report regardless of the client's age since emotional abuse by a family member is a mandated reporting category for all adults

D. Elder abuse reports require the client to have a documented cognitive impairment before the reporting obligation is triggered

14. An LCSW is treating a client who has been ordered by the court to undergo a psychological evaluation as part of a workers' compensation claim. The client asks the LCSW to conduct the evaluation. The LCSW has been treating the client for the condition at issue. Why is this problematic?

- A. It is not problematic since the LCSW has the most comprehensive knowledge of the client's condition
- B. It is problematic only if the LCSW does not have forensic training, which would be resolved by completing a continuing education course in forensic assessment
- C. It is problematic only because the insurance company paying for the workers' compensation claim may object to the treating therapist conducting the evaluation
- D. It is problematic because serving as both treating therapist and forensic evaluator creates a dual role that compromises the objectivity required for an independent evaluation and may bias the findings in favor of the therapeutic alliance

15. An LCSW is providing therapy to a client from a cultural background in which elders make major life decisions for adult family members, including decisions about mental health treatment. The client's elder uncle calls the LCSW and instructs the LCSW to change the client's treatment goals. The adult client has not authorized this communication. What should the LCSW do?

- A. Comply with the uncle's instructions since culturally responsive practice requires honoring the family's cultural decision-making structure
- B. Inform the uncle that the LCSW recognizes the cultural significance of the elder's role but decline to take clinical direction from the uncle without the client's explicit authorization
- C. Decline the uncle's request, explore the cultural dynamics with the client in the next session, and collaboratively determine how to honor the client's cultural values while preserving the client's autonomy and the confidentiality of the therapeutic relationship
- D. Report the uncle's call to Adult Protective Services since an adult family member attempting to control another adult's therapy constitutes psychological coercion

16. An LCSW is providing therapy to a couple in which one partner is hearing-impaired and uses a cochlear implant. During sessions, the hearing-impaired partner frequently misunderstands comments from the other partner due to the acoustic challenges of the therapy room. This has been causing escalating conflict. What is the LCSW's responsibility?

- A. Refer the couple to a therapist who specializes in working with hearing-impaired individuals since the LCSW lacks the specialized training needed
- B. Assess and address the environmental factors contributing to miscommunication, make reasonable accommodations such as adjusting seating, reducing background noise, or incorporating visual communication strategies, and distinguish between conflict arising from communication barriers versus genuine relational issues

C. Instruct the hearing-impaired partner to upgrade their cochlear implant before continuing couples therapy

D. Conduct sessions exclusively in writing to eliminate all auditory communication barriers

17. An LCSW is providing therapy to a client who is a licensed foster parent caring for a 4-year-old with reactive attachment disorder. The client describes using a controversial therapeutic parenting technique called "holding therapy" — physically restraining the child for extended periods to force eye contact and attachment. What should the LCSW consider?

A. Whether the "holding therapy" technique places the child at risk of harm, as this practice has been associated with injury and death in children and is not supported by current evidence, and whether the situation warrants a mandated child abuse report and/or intervention with the foster care licensing agency

B. Support the client's use of the technique since the foster parent has researched it extensively and is motivated by genuine concern for the child's attachment

C. Address the technique exclusively as a parenting education issue without considering reporting obligations since the foster parent's intent is therapeutic

D. Report the foster parent to CPS for using any physical contact as a discipline strategy since all physical contact with foster children is prohibited

18. An LCSW is providing therapy to a teenager who reveals that a peer at school has been sending them anonymous threatening messages through social media, including detailed descriptions of violence. The teenager is frightened. What should the LCSW consider?

A. Address the teenager's anxiety therapeutically and recommend they block the sender, but take no additional action since the threats are from another minor

B. Assess the credibility and specificity of the threats solely to determine whether the teenager needs a referral for anxiety treatment

C. Recommend the teenager report the threats to school administration and provide the teenager with coping strategies for managing the fear

D. Assess the credibility, specificity, and severity of the threats, consider whether the situation creates a safety concern warranting involvement of law enforcement or school authorities, evaluate whether the threatening behavior constitutes cyberbullying or criminal harassment, and take appropriate action to ensure the client's safety

19. An LCSW provides therapy at an agency that requires all therapists to use a specific manualized treatment protocol for depression with every client diagnosed with depressive disorders, regardless of individual client factors or co-occurring conditions. An LCSW believes the mandated protocol is clinically inappropriate for several clients with complex presentations. What is the MOST ethical approach?

A. Follow the mandated protocol exactly as prescribed since manualized treatments have been validated through research and should be implemented with fidelity

B. Advocate for clinical flexibility within the agency while documenting clinical rationale for modifications, discuss the limitations of a one-size-fits-all approach with clinical leadership, and if the agency refuses modifications, consider whether the requirement compromises the LCSW's ability to provide competent, individualized care

C. Quietly modify the protocol for complex clients without informing the agency since clinical judgment should override administrative mandates

D. Follow the protocol but add supplementary interventions outside of the formal treatment sessions to address the complex presentations

20. A 14-year-old client who self-referred for therapy under California's minor consent provisions tells the LCSW that she has been having unprotected sex with multiple adult partners she meets through a dating app. She is not being coerced and describes the encounters as her choice. What is the LCSW's obligation?

A. Respect the minor's sexual autonomy and address the behavior through harm reduction strategies including STI prevention education

B. Report the dating app to law enforcement for facilitating sexual contact between adults and minors

C. File a mandated child abuse report since adults engaging in sexual activity with a 14-year-old constitutes statutory rape under California law regardless of the minor's stated consent, and address the client's safety and the underlying clinical issues therapeutically

D. Maintain confidentiality under the minor consent provisions and focus therapy on helping the client make safer choices

21. An LCSW is treating a client who reveals during therapy that they created a fake social media profile impersonating an ex-partner and used it to send harassing messages to the ex-partner's current spouse. The ex-partner's spouse has developed significant anxiety as a result. The client finds this amusing. What is the LCSW's legal obligation?

- A. Maintain confidentiality since cyberstalking and online harassment, while potentially criminal, do not fall within any mandatory exception to the psychotherapist-patient privilege in California, and address the behavior and its implications clinically
- B. Report the client to law enforcement since impersonation and online harassment constitute criminal acts that the LCSW is mandated to report
- C. Contact the ex-partner's spouse to warn them about the fake profile since the spouse is an identifiable victim of ongoing psychological harm
- D. File a police report anonymously to protect the victim while maintaining the client's confidentiality

22. An LCSW working at a hospital is asked to provide bedside therapy to a patient who has been placed in four-point restraints by the medical team for severe agitation. The patient is conscious and oriented. The medical team states that the restraints are necessary for safety and the patient needs therapy during this period. What ethical concerns should guide the LCSW's response?

- A. Comply with the medical team's request since the restraints are a medical decision and the LCSW should provide therapy regardless of the patient's physical circumstances
- B. Refuse to enter the room since the patient cannot provide meaningful consent to therapy while physically restrained
- C. Provide therapy only if the patient signs a written consent form while in the restraints to document voluntary participation
- D. Assess whether meaningful therapeutic engagement is possible while the patient is in restraints, consider the power dynamics and potential for retraumatization, obtain the patient's assent to participate, and advocate for the least restrictive environment consistent with safety if continuing therapy during restraint

23. An LCSW is treating a client who mentions that they are simultaneously receiving therapy from another clinician at a different agency. The client did not disclose this at intake. The two therapists are using entirely different approaches for the same presenting problem. When the LCSW contacts the other therapist (with the client's signed release), the other therapist becomes territorial and refuses to coordinate care. What should the LCSW do?

- A. Demand that the client choose one therapist since concurrent therapy with uncoordinated providers is always clinically harmful
- B. Discuss the situation transparently with the client, explain the clinical concerns about uncoordinated concurrent treatment including the risk of conflicting interventions, support the client in making an

informed decision about how to proceed, and document the communication attempt and the other therapist's refusal to coordinate

C. Continue treatment independently without further attempts at coordination since the other therapist's refusal eliminates the LCSW's obligation to coordinate

D. File an ethics complaint against the other therapist for refusing to coordinate care as required by professional ethics standards

24. An LCSW provides family therapy to a blended family. The biological father, who has joint legal custody, discovers that the stepfather has been participating in the child's family therapy sessions. The biological father was not informed of the stepfather's involvement. He threatens legal action. What did the LCSW fail to do?

A. Obtain informed consent from both legal parents regarding all individuals who would be participating in the child's therapy, as joint legal custody generally requires both parents to be informed about and consent to significant treatment decisions including who participates in the child's therapy

B. Nothing — stepparents who live with the child have an inherent right to participate in family therapy without the noncustodial parent's consent

C. The LCSW only needed to inform the biological father but did not need his consent since family therapy participation is a clinical decision

D. Obtain a court order authorizing the stepfather's participation since stepparents require judicial approval for involvement in any therapy that includes a child

25. An LCSW is providing therapy to a client who is a law enforcement officer. During therapy, the officer discloses that he has been experiencing PTSD flashbacks during high-stress encounters while on duty. He states that during a recent armed confrontation, he froze for several seconds before responding. He has not reported this to his department. What should the LCSW consider?

A. Report the officer to his department since the LCSW has a duty to protect the public from an impaired law enforcement officer

B. Maintain strict confidentiality and address the PTSD symptoms therapeutically without considering the public safety implications of an armed officer experiencing flashbacks during armed confrontations

C. Assess the severity and frequency of the on-duty symptoms, discuss the safety implications for the officer and the public, strongly encourage the officer to self-report to his department or seek a fitness-for-duty evaluation, and carefully evaluate whether the situation presents a level of foreseeable risk to identifiable groups that may create a duty to take protective action

D. Terminate the therapeutic relationship since treating a law enforcement officer with PTSD who continues active duty creates an untenable conflict between client welfare and public safety

26. An LCSW is providing therapy to a client with a personality disorder characterized by chronic lying. The client has provided conflicting accounts of major life events across multiple sessions. The LCSW suspects the client has fabricated significant portions of their history, including possibly the presenting problem itself. What is the MOST therapeutically and ethically appropriate response?

A. Confront the client with the specific inconsistencies and demand an honest account before continuing therapy

B. Terminate the client since effective therapy is impossible when the foundational therapeutic material is fabricated

C. Continue therapy without addressing the inconsistencies since confrontation could damage the alliance and deception is a symptom of the personality disorder

D. Address the pattern of inconsistencies therapeutically within the framework of the personality disorder, explore the function that the fabrication serves in the client's relational world and in the therapeutic relationship specifically, and adjust the treatment approach accordingly while maintaining honest documentation

27. An LCSW is treating a client whose adult son has a severe mental illness and has been threatening the client. The client discloses that the son owns firearms and has made statements about "ending things." The client is frightened but does not want the LCSW to contact anyone. What layered analysis should the LCSW conduct?

A. Maintain confidentiality since the threat information is being conveyed by a third party (the client) rather than by the person making the threats

B. Assess whether the son's threats constitute a serious danger to the client or others, recognizing that under *Ewing v. Goldstein*, threat information communicated by a family member can trigger the Tarasoff duty, and if a serious threat to an identifiable person exists, take appropriate protective action regardless of the client's wishes

C. Advise the client to obtain a restraining order and call law enforcement, but take no direct action since the LCSW's only obligation is to counsel the client about their options

D. File a Gun Violence Restraining Order petition to have the son's firearms removed since the combination of mental illness and firearm ownership constitutes sufficient grounds

28. An LCSW has been providing therapy to a client who was in a motor vehicle accident. The client's attorney sends the LCSW a letter requesting that the LCSW's treatment notes refer to the accident as the "sole and proximate cause" of the client's psychological symptoms. The client had pre-existing anxiety before the accident. What should the LCSW do?

A. Comply with the request since the attorney's characterization may be legally necessary for the case and the LCSW should support the client's litigation

B. Modify the notes to include the attorney's language but add a footnote noting the pre-existing anxiety condition

C. Maintain accurate clinical documentation that reflects the LCSW's honest clinical assessment, including the pre-existing anxiety and its relationship to the current symptoms, and decline to alter records to support litigation strategy

D. Withdraw from the case entirely since the attorney's request creates a conflict of interest that makes continued treatment impossible

29. An LCSW is providing therapy to a client who is a transgender man. The client mentions that when he visited the ER last week, hospital staff repeatedly used female pronouns and his birth name despite his corrections. The client was humiliated and is now reluctant to seek medical care. What is the LCSW's obligation?

A. Address the therapeutic impact of the misgendering, support the client in processing the experience, provide information about the client's rights under California law including the LGBTQ+ healthcare protections, and help the client develop strategies for accessing affirming healthcare

B. Contact the hospital directly to report the misgendering since California law prohibits healthcare facilities from deliberately misgendering patients

C. Focus therapy on helping the client develop resilience to misgendering since the LCSW cannot control how other healthcare providers interact with clients

D. Avoid discussing the ER experience further since dwelling on negative encounters could reinforce the client's avoidance of medical care

30. An LCSW is providing therapy to a client who is actively engaged in sex work. The client is an adult and is not being trafficked. She seeks therapy for anxiety unrelated to her occupation. During therapy, the client mentions that one of her regular clients is a prominent local politician. She is considering selling this information to a media outlet. What is the LCSW's obligation?

- A. Report the politician's use of sex work services to law enforcement since solicitation is a criminal offense
- B. Maintain confidentiality regarding all content disclosed in therapy, address the client's stated plan to sell the information by exploring the motivations, potential consequences, and ethical and legal implications as part of the therapeutic work, and neither encourage nor facilitate the planned disclosure
- C. Warn the politician that the client intends to expose him since the politician is an identifiable person who will experience foreseeable harm from the exposure
- D. Encourage the client to sell the information since public officials should be held accountable for hypocrisy

31. An LCSW is the clinical director at a residential treatment facility. An external audit reveals that several therapists at the facility have been providing therapy to clients' family members without proper informed consent, maintaining dual therapeutic relationships, and using outdated treatment methods. The LCSW was unaware of these practices. What is the LCSW's responsibility as clinical director?

- A. No responsibility since the individual therapists are responsible for their own ethical practices and the LCSW cannot be held accountable for practices they were unaware of
- B. The LCSW should quietly correct the issues internally to avoid negative publicity for the facility
- C. The LCSW should report all individual therapists to their respective licensing boards immediately
- D. As clinical director, the LCSW bears administrative responsibility for ensuring ethical practice standards are maintained, and must take immediate corrective action including implementing proper informed consent procedures, eliminating inappropriate dual relationships, updating treatment protocols, and establishing ongoing oversight systems to prevent recurrence

32. An LCSW receives a referral for a client who is an undocumented immigrant seeking therapy for depression. During intake, the client asks whether the LCSW is required to verify immigration status before providing services. What should the LCSW communicate?

- A. That the LCSW must verify legal residency before providing publicly funded services but not for private-pay clients
- B. That the LCSW will need to collect the client's immigration documentation for the clinical record
- C. That the LCSW is not required to verify immigration status, that immigration status is irrelevant to the provision of mental health services, and that therapy records are protected by confidentiality

D. That while the LCSW is not required to verify status, the LCSW must report undocumented clients to federal authorities if specifically asked by immigration officials

33. An LCSW is providing therapy to a client with a hoarding disorder. During a session, the client becomes extremely upset and states, "If you make me throw anything away, I'll kill myself." The LCSW has not suggested disposing of any items. How should the LCSW interpret and respond to this statement?

A. Conduct a suicide risk assessment to evaluate whether the statement reflects genuine suicidal ideation or is an expression of overwhelming anxiety about the prospect of change, while recognizing that even statements made in emotional distress must be taken seriously and assessed clinically

B. Interpret the statement as a manipulative threat designed to prevent the LCSW from challenging the hoarding behavior, and confront the client about using suicidal statements as a control tactic

C. Immediately initiate a 5150 evaluation since the client has verbalized a suicidal threat

D. Ignore the statement since it was clearly made in the heat of the moment and does not reflect genuine suicidal intent

34. An LCSW working in private practice wants to start a therapy-related podcast in which they discuss clinical concepts using anonymous vignettes from their own cases. Even with details changed, the LCSW's clients might recognize their own stories. What ethical concerns does this raise?

A. No ethical concern exists as long as the LCSW changes identifying details such as the client's name and age

B. Concerns exist about whether sufficient de-identification is possible when the therapist's own caseload provides the source material, whether clients could recognize themselves or be recognized by others who know them, whether informed consent for use of clinical material in public media was obtained, and whether the podcast could damage the therapeutic relationship if clients discover their stories have been shared

C. The only concern is whether the LCSW credits the theoretical sources used in the clinical vignettes to avoid plagiarism

D. The concerns are resolved if the LCSW obtains written consent from each client whose story is used, even if the clients are identifiable in the podcast

35. An LCSW is providing therapy to a client who requests that all session notes be written in a specific way — using only positive language, avoiding documentation of any negative behaviors, and omitting the client's substance use history. The client states this is because they plan to use the records in a future child custody case. What should the LCSW do?

- A. Comply with the request for positive-only language since therapeutic documentation should reflect the client's strengths and progress
- B. Allow the client to review and approve all notes before they are finalized since clients have the right to accurate records
- C. Agree to modify the notes if the client signs a waiver acknowledging that the documentation does not reflect the complete clinical picture
- D. Explain that clinical records must accurately reflect the LCSW's professional observations and clinical judgment, that modifying records to serve litigation purposes constitutes fraud, and that the client's desire to present favorably in court is understandable but cannot be achieved through falsification of clinical documentation

36. An LCSW is providing therapy to a client with severe OCD who performs a two-hour decontamination ritual before each therapy session, arriving late and exhausted. The client's condition has worsened over six months of supportive therapy. A colleague suggests the LCSW consider referring the client for exposure and response prevention (ERP), which is the gold standard treatment for OCD. The LCSW has no training in ERP. What is the LCSW's ethical obligation?

- A. Continue supportive therapy since the therapeutic relationship is strong and disrupting it by referring to an ERP specialist could harm the client
- B. Add basic ERP techniques to the treatment based on self-study since the LCSW's existing clinical skills are transferable to ERP with minimal additional training
- C. Recognize that continuing a treatment approach that is not producing results when a more effective evidence-based treatment exists constitutes a potential ethical concern, and either obtain ERP training and consultation to provide appropriate treatment or refer the client to a qualified ERP specialist
- D. Inform the client about ERP but allow the client to decide whether to continue supportive therapy or switch to ERP, deferring entirely to the client's preference

37. An LCSW is working with a client who has a severe phobia of hospitals. The client has a medical condition that requires regular monitoring and has been avoiding necessary medical appointments. The LCSW believes the client's avoidance could result in serious medical consequences. How should the LCSW balance respect for autonomy with concern for the client's health?

- A. Report the client's medical avoidance to the client's physician so the physician can intervene
- B. Provide an ultimatum: the client must attend medical appointments or the LCSW will terminate therapy
- C. Address the phobia as a primary treatment target, using evidence-based exposure therapy to help the client gradually engage with medical settings, while transparently discussing the potential medical consequences of continued avoidance and respecting the client's ultimate right to make informed decisions about their own healthcare
- D. Focus exclusively on the phobia in therapy without mentioning the medical consequences, as discussing potential health outcomes could increase the client's anxiety and worsen the avoidance

38. An LCSW is treating a client who has autism spectrum disorder. The client has requested that the LCSW avoid making eye contact during sessions, as it causes significant sensory distress. The client also requests that the LCSW not use metaphors or figurative language in clinical discussions. What should the LCSW do?

- A. Accommodate both requests as reasonable adaptations that align with neurodiversity-affirming practice, adjust therapeutic techniques accordingly, and recognize that effective therapy requires adapting the therapeutic environment and communication style to meet the client's neurological needs
- B. Accommodate the eye contact request but decline the language request since avoiding metaphors would fundamentally compromise the therapeutic process
- C. Refer the client to a therapist who specializes in autism since the LCSW's standard therapeutic approach is incompatible with these accommodations
- D. Explain that maintaining eye contact is essential for therapeutic rapport and the client must work toward tolerating it as part of the treatment goals

39. An LCSW is providing therapy to a 16-year-old whose parents are Jehovah's Witnesses. The teenager confides that she no longer believes in the religion and wants to celebrate holidays and receive blood transfusions if ever needed medically. She fears being shunned by her family if she expresses these views. She asks the LCSW not to tell her parents. What is the LCSW's obligation?

- A. Inform the parents since a minor's religious beliefs are under parental authority and the LCSW should support the family's value system
- B. Report the situation to CPS since the threat of family shunning constitutes emotional abuse of a minor

C. Refer the teenager to a religious counselor who can help reconcile the conflict between personal beliefs and family expectations

D. Maintain the teenager's confidentiality regarding her religious views, as this information does not fall within any exception to minor confidentiality, and provide therapeutic support for navigating the complex identity and family dynamics

40. An LCSW is treating a client who was recently diagnosed with a terminal illness and has six months to live. The client has three minor children. The client asks the LCSW to help create "memory books" and record video messages for the children as part of the therapy. Is this within the LCSW's scope of practice?

A. No, creating memory books and video messages is outside the scope of psychotherapy and the LCSW should refer the client to a life coach or creative arts therapist

B. No, this constitutes a dual relationship since the LCSW would be functioning as both therapist and creative project facilitator

C. Yes, legacy-building activities can be therapeutically meaningful interventions that address anticipatory grief, meaning-making, and the parent's desire to maintain a connection with their children after death, and incorporating them into treatment is consistent with evidence-based approaches to end-of-life therapy

D. Yes, but only if the LCSW has specific training in expressive arts therapy and documents the activities as an evidence-based intervention in the treatment plan

41. An LCSW is treating a client who is a competitive weightlifter and reveals that he is using anabolic steroids purchased illegally. He reports increased aggression, mood swings, and interpersonal conflict since beginning steroid use. He is not a danger to any specific person. What is the LCSW's obligation?

A. Report the illegal steroid use to law enforcement since the LCSW has knowledge of an ongoing felony drug offense

B. Maintain confidentiality since illegal steroid use does not trigger any mandatory reporting exception, address the substance use and its behavioral effects clinically, provide psychoeducation about the physical and psychological risks of steroid use, and continue to monitor for escalation of aggressive behavior

C. Contact the weightlifting federation to report the client's steroid use since the use of performance-enhancing substances constitutes fraud in competitive athletics

D. Refuse to continue treating the client unless he agrees to discontinue steroid use since the steroids are directly causing the symptoms he is seeking treatment for

42. An LCSW at a university counseling center is treating a student who is the president of a fraternity. The student reveals in therapy that the fraternity is planning a hazing event this weekend that will involve forced alcohol consumption by new pledges. Several pledges are under 21. No specific individual has been threatened with physical violence. What should the LCSW consider?

A. Whether the planned forced alcohol consumption of minors creates a safety risk that may trigger reporting obligations, particularly given that forced alcohol consumption can cause alcohol poisoning, and whether the LCSW has institutional obligations as a university employee separate from therapeutic confidentiality

B. Maintain strict therapeutic confidentiality since the hazing plan does not involve a specific identifiable victim of physical violence as required by the Tarasoff duty

C. Report the hazing plan to the university's Greek Life office since the LCSW is a university employee with institutional reporting obligations that override therapeutic confidentiality

D. Encourage the client to cancel the hazing event voluntarily and process the peer pressure dynamics therapeutically without taking any action outside the session

43. An LCSW is providing court-ordered therapy to a sex offender. The client has completed the mandated treatment program and the court is considering terminating the treatment order. The LCSW believes the client continues to pose a significant risk based on clinical observations, though the client has technically complied with all treatment requirements. What should the LCSW do?

A. Provide a positive completion report since the client has complied with all requirements and the LCSW's personal clinical impressions should not override the client's compliance record

B. Refuse to submit any completion report and request that the court maintain the treatment order indefinitely

C. Submit a report that documents the client's compliance while also honestly noting clinical concerns about ongoing risk factors, as the court needs accurate information to make an informed decision about community safety

D. Provide an honest clinical assessment to the court documenting both the client's compliance with treatment requirements and the LCSW's clinical concerns about ongoing risk factors, including the specific behavioral observations that underpin the risk assessment

44. An LCSW is providing therapy to a client when the client discloses that a friend recently told her that the friend's 8-year-old son is being molested by a family member. The friend has not reported the abuse and has asked the LCSW's client to keep it secret. The LCSW has never met the friend or the child. Does the LCSW have a reporting obligation?

A. No, because the information is thirdhand — relayed from the friend to the client to the LCSW — which is too far removed to create reasonable suspicion

B. No, because the reporting obligation only applies when the LCSW has a professional relationship with the child or the child's caretaker

C. Yes, because mandated reporters must report whenever they receive information creating reasonable suspicion of child abuse, regardless of how many intermediaries the information passed through, as the obligation is triggered by the receipt of the information in a professional capacity

D. Only if the LCSW directly contacts the friend to verify the information and confirm that the abuse is occurring

45. An LCSW is providing therapy to a couple when the LCSW discovers that one partner has a secret second family — a spouse and children in another state — that the other partner knows nothing about. The LCSW learned this through individual collateral contact with the deceiving partner. The deceiving partner begs the LCSW not to reveal this during couples therapy. What should the LCSW do?

A. Maintain the deceiving partner's secret to preserve the individual therapeutic relationship and trust

B. Explain to the deceiving partner that the LCSW cannot continue providing couples therapy premised on a fundamental deception, apply the no-secrets policy (or establish one), and discuss the implications including the likelihood that couples therapy must be terminated if the secret is not addressed

C. Reveal the secret to the unknowing partner in the next session since honesty is the foundation of couples therapy

D. Continue couples therapy without addressing the secret while working individually with the deceiving partner to eventually disclose voluntarily

46. An LCSW is providing outpatient therapy to a client with schizophrenia who is stable on medication. The client's landlord contacts the LCSW requesting a letter confirming the client's diagnosis to support an eviction proceeding, claiming the client's "mental illness makes other tenants uncomfortable." What should the LCSW do?

- A. Decline to provide any information to the landlord, explain that disclosing diagnostic information without the client's consent would violate confidentiality, and inform the client about the landlord's request and about fair housing protections against disability-based discrimination
- B. Provide the letter since the landlord's request seems legitimate and the information may help resolve a housing conflict
- C. Provide a letter confirming the client is in treatment without disclosing the diagnosis, as a compromise between the landlord's request and the client's privacy
- D. Contact the landlord's attorney to negotiate the terms of disclosure before providing any information

47. An LCSW is providing therapy to a client who works in the intelligence community and holds a top-secret security clearance. The client reveals symptoms of severe depression and alcohol dependence but states that disclosing these conditions could result in loss of the security clearance and career termination. The client asks the LCSW to use a pseudonym in all records and to not file insurance claims. What should the LCSW do?

- A. Comply with all requests since the client has valid reasons for seeking anonymity and the LCSW should accommodate the client's professional circumstances
- B. Refuse to treat the client under a pseudonym since this violates medical record-keeping standards and creates liability for the LCSW
- C. Agree to the pseudonym but maintain separate accurate records in a secure location as a compromise
- D. Explain that clinical records must contain accurate identifying information, that using a pseudonym violates documentation standards, discuss the client's concerns about confidentiality, explore options for maximizing privacy protection within legal and ethical bounds, and address the therapeutic implications of the client's fear of disclosure

48. An LCSW is treating a client who is a social media influencer. The client posts a video praising the LCSW by name and describing their therapeutic breakthrough in detail, tagging the LCSW's professional account. The video goes viral with millions of views. What should the LCSW do?

- A. Share the video on the LCSW's professional social media since the client initiated the disclosure and the positive testimonial will attract new clients
- B. Address the post with the client therapeutically, discuss the potential long-term implications of the permanent public disclosure, explore the motivations, and clarify that the LCSW will not engage with or amplify the content publicly, as doing so could be seen as confirming the therapeutic relationship

C. Contact the social media platform and request the video be removed under HIPAA enforcement provisions

D. Ignore the post entirely since the client has the right to share their own therapy experience and the LCSW should not attempt to influence the client's social media activity

49. An LCSW treats a client who is a nurse and who reveals she has been giving her terminally ill patients higher doses of pain medication than prescribed — not to euthanize them but to ensure they are comfortable. She describes this as "compassionate care." Some patients are receiving doses that technically exceed safe thresholds. What should the LCSW consider?

A. Maintain confidentiality and support the client's compassionate motivations since the intent is to reduce suffering rather than cause harm

B. Consider that the administration of medication doses exceeding prescribed thresholds to dependent patients — even with compassionate intent — may constitute a form of harm or endangerment to vulnerable individuals, assess whether the pattern creates reporting obligations under dependent adult protection laws, and address the behavior clinically including its legal and professional implications

C. Report the client to law enforcement since administering medication above prescribed doses constitutes practicing medicine without a license

D. Contact the hospital's nursing supervisor to alert them to the medication discrepancies without identifying the client

50. An LCSW is providing therapy to a client who is an attorney. The client reveals that she has discovered that her law firm has been systematically overcharging clients and that a senior partner has been embezzling client trust funds. The attorney is considering becoming a whistleblower. She is experiencing severe anxiety about potential retaliation. What is the LCSW's ethical obligation?

A. Provide therapeutic support for the client's anxiety and decision-making process, maintain confidentiality regarding the disclosure, help the client explore the personal and professional implications of whistleblowing, and provide information about whistleblower protection resources without directing the client's decision

B. Encourage the client to report the embezzlement since the LCSW has an ethical obligation to promote social justice

C. Report the law firm's conduct to the State Bar since the LCSW received information about attorney misconduct in a professional capacity

D. Advise the client against whistleblowing since the retaliation risk outweighs the potential benefit and the LCSW's primary obligation is to the client's wellbeing

51. An LCSW is treating a client who is a professional athlete with a \$50 million contract. The client offers to invest \$100,000 of the LCSW's personal savings in a "guaranteed" investment opportunity. The client states this is simply a gesture of friendship and gratitude. What should the LCSW do?

A. Accept the investment opportunity since it was offered freely and does not involve the exchange of clinical services

B. Accept only if the investment is handled through an independent financial advisor to remove any direct financial relationship between the LCSW and the client

C. Accept after termination of the therapeutic relationship since the financial relationship is separate from the clinical relationship

D. Decline the offer, as entering into a financial relationship with a current client creates a significant dual relationship that could compromise clinical objectivity, exploit the therapeutic dynamic, and fundamentally alter the power balance of the therapeutic relationship

52. An LCSW is treating a client who was recently involved in a mass casualty event as a bystander. The client watched multiple people die. The LCSW determines that immediate, intensive trauma therapy is needed, but the client's insurance authorizes only four sessions. The LCSW estimates the client needs at least twenty sessions of trauma-focused therapy. What steps should the LCSW take?

A. Provide the four authorized sessions focused on stabilization and then terminate with referrals to community resources

B. Appeal the insurance authorization with clinical documentation supporting the medical necessity of extended treatment, explore alternative funding sources, provide the best possible care within whatever sessions are authorized while the appeal is pending, and ensure the client is not abandoned if the appeal is denied

C. Provide twenty sessions and accept that the LCSW will not be reimbursed for the unauthorized sessions since the client's clinical needs take priority over insurance limitations

D. Refer the client to a community mental health center that can provide unlimited sessions rather than beginning treatment that will be prematurely terminated by insurance

53. An LCSW working in a prison is ordered by the warden to provide the warden with a list of all inmates who have disclosed gang affiliations during therapy. The warden states this information is needed for institutional security. What should the LCSW do?

- A. Provide the list since institutional security concerns in a correctional setting override individual confidentiality
- B. Provide only the names of inmates who have disclosed active plans for gang-related violence since this information directly relates to safety
- C. Decline the request, as therapeutic disclosures are confidential and releasing content from therapy sessions without individual consent or a specific legal exception would violate professional ethics and potentially chill all inmates from seeking mental health services
- D. Provide the list but redact any details about the nature or extent of gang involvement

54. An LCSW is providing therapy to a client who is going through gender transition and is being treated with hormone therapy by an endocrinologist. The client reports that the hormones are causing severe mood swings and increased suicidal ideation. The endocrinologist has not been informed of the psychological symptoms. What should the LCSW do?

- A. Conduct a thorough suicide risk assessment, develop a safety plan, encourage the client to inform the endocrinologist about the psychological side effects, and with the client's consent, communicate directly with the endocrinologist to coordinate care regarding the medication's psychological impact
- B. Advise the client to discontinue the hormone therapy immediately since the suicidal ideation is a clear contraindication for continued treatment
- C. Maintain confidentiality and do not contact the endocrinologist since the client has not authorized the communication
- D. Report the endocrinologist to the medical board since the prescribed medication is causing dangerous psychological side effects

55. An LCSW is providing therapy to a couple in which one partner is deaf and uses American Sign Language. The couple has been using the hearing partner as an interpreter. What concern should the LCSW address?

- A. No concern exists since the hearing partner is fluent in ASL and the couple communicates this way routinely

B. Using a family member — particularly a partner in the therapeutic relationship — as an interpreter compromises both the accuracy of interpretation and the therapeutic process by filtering one partner's communications through the other

C. The LCSW should simply learn basic ASL to communicate directly with the deaf partner

D. The arrangement is acceptable for scheduling and administrative communication but not for clinical content, creating a clear division between interpreted and non-interpreted interactions

56. An LCSW discovers that a client has been using therapy attendance as an alibi — telling their spouse they are "at therapy" during the scheduled appointment time while actually meeting someone for an extramarital affair. The client has been canceling sessions last-minute and is no longer engaged in therapeutic work. What should the LCSW do?

A. Confront the client about the pattern and issue an ultimatum to attend sessions or be terminated

B. Address the pattern of cancellations clinically, explore what is happening in the client's life, discuss the therapeutic frame and the LCSW's observations about declining engagement, and determine collaboratively whether the client wishes to continue meaningful treatment

C. Contact the client's spouse to inform them that the client is not attending therapy sessions as claimed

D. Continue billing for the scheduled appointments since the client is responsible for sessions they fail to cancel within the required timeframe

57. An LCSW is providing therapy to a client who is involved in a multi-level marketing (MLM) company and has accumulated \$200,000 in debt. The client insists the MLM will eventually pay off and describes their continued investment as "believing in myself." The client's family members have expressed concern. What should the LCSW do?

A. Support the client's entrepreneurial drive since self-determination requires respecting the client's financial decisions

B. Inform the client that MLM companies are scams and recommend they withdraw immediately since the LCSW has a duty to provide honest guidance

C. Explore the client's relationship with the MLM including the psychological dynamics of continued investment despite mounting debt, assess for cognitive distortions that may be maintaining the pattern, and facilitate reality-based decision-making without imposing the LCSW's own financial judgments

D. Refer the client to a financial advisor and decline to discuss the MLM further since financial decisions are outside the scope of therapy

58. An LCSW is providing therapy to a client who is a commercial pilot who recently began testosterone therapy as part of gender transition. The client reveals that they have not disclosed the hormone therapy to the FAA, which requires reporting of all medications and medical conditions. The client states the hormones are causing occasional dizziness. What additional dimension does this add to the LCSW's analysis beyond standard confidentiality?

A. The combination of an undisclosed medical treatment causing dizziness in a commercial pilot responsible for hundreds of passengers creates a potential public safety dimension that the LCSW must weigh against therapeutic confidentiality, similar to the Tarasoff framework's analysis of foreseeable harm to identifiable groups

B. No additional dimension exists since the pilot's medical disclosures to the FAA are between the pilot and the FAA, not the LCSW's responsibility

C. The LCSW must report the situation to the FAA immediately since therapists are mandatory reporters of pilot medical conditions

D. The LCSW should advise the client to stop the hormone therapy until the FAA reporting issue is resolved

59. An LCSW has a private practice in a building that is not ADA-compliant — there is no elevator and the office is on the second floor. A prospective client who uses a wheelchair calls to schedule an appointment. What is the LCSW's obligation?

A. Inform the prospective client that the office is not wheelchair-accessible and suggest they find another therapist whose office meets their needs

B. Schedule the appointment and ask building management to install an elevator before the first session

C. Inform the client that the lack of wheelchair access is the building owner's responsibility and the LCSW has no obligation to provide accommodations

D. Offer reasonable alternatives to ensure the client can access services, such as conducting sessions in an accessible location within the building, offering teletherapy, arranging home-based sessions, or identifying an accessible office that can be used for this client's sessions

60. An LCSW is working with a client who has been court-ordered to therapy following a DUI. The client reveals during a session that he drove to the appointment while intoxicated — for the third time. His blood alcohol level appears significantly elevated based on his presentation. The client's driver's license has been suspended as part of the DUI conviction. What should the LCSW consider?

- A. Address the relapse clinically and document the client's self-report of driving while intoxicated with a suspended license
- B. Consider whether the client's repeated pattern of driving while intoxicated poses a foreseeable risk to public safety, attempt to persuade the client to use alternative transportation, and if the client insists on driving home intoxicated, consider whether contacting law enforcement is warranted to prevent imminent harm
- C. Allow the client to drive home since intervening in the client's transportation choices would constitute a boundary violation
- D. File a report with the probation officer immediately during the session since the client has violated the terms of the court order by drinking alcohol

61. An LCSW is treating a client who is a physician and who reveals that she has been self-prescribing benzodiazepines to manage anxiety related to performing surgeries. She reports her hands have been shaking during procedures and she is concerned about making a surgical error. She has not reported this to anyone. What layered ethical analysis should the LCSW conduct?

- A. Maintain strict confidentiality and address the self-prescribing and performance anxiety therapeutically since no specific patient has been identified as at risk
- B. Report the physician to the Medical Board immediately since any self-prescribing constitutes unprofessional conduct requiring regulatory intervention
- C. Assess the severity of the impairment, the immediacy of the risk to surgical patients, and the client's willingness to self-report, recognizing that the combination of benzodiazepine use and hand tremors during surgery may create a foreseeable risk of serious harm to identifiable groups of patients, and determine whether the situation requires protective action beyond therapeutic intervention alone
- D. Advise the physician to take a medical leave of absence and provide documentation supporting the leave request

62. An LCSW has been providing therapy to a client for one year. The client informs the LCSW that they have inherited a building and want to offer the LCSW a lease at below-market rent for the LCSW's private practice. What should the LCSW do?

- A. Decline the offer, as entering into a landlord-tenant financial relationship with a current client creates a dual relationship with significant potential for exploitation, conflicts of interest, and compromise of the therapeutic relationship

- B. Accept the offer since below-market rent would benefit the LCSW's practice and the client initiated the arrangement voluntarily
- C. Accept the offer but pay full market rate to eliminate the financial benefit component of the dual relationship
- D. Accept the offer only after formal termination of the therapeutic relationship and a two-year waiting period

63. An LCSW is treating a teenage client who reveals that several students at her school have been sharing AI-generated nude images of classmates — created using face-swapping technology applied to real students' photos. The images depict minors in sexually explicit content that never actually occurred. Does this trigger a mandated reporting obligation?

- A. No, because the images are AI-generated and do not depict actual abuse or exploitation of a real child
- B. No, because the creation of synthetic images using AI is a technology issue that falls under school disciplinary authority rather than child protection reporting
- C. Contact the school administration only, as AI-generated content is not covered by existing child exploitation statutes
- D. Consider that the creation and distribution of sexually explicit images depicting identifiable minors — even AI-generated — may constitute sexual exploitation or harassment of those minors, and assess whether the circumstances create reasonable suspicion warranting a mandated report while consulting with CPS about how this emerging issue is being handled

64. An LCSW is providing therapy to a married client who reveals that both they and their spouse are the LCSW's clients — the spouse has been seeing the LCSW individually under a different name at a separate office location. The LCSW did not realize the two clients were married. What immediate ethical obligation does the LCSW face?

- A. Continue treating both clients separately without disclosure since acknowledging the connection would breach each client's confidentiality
- B. Recognize the irreconcilable conflict of interest, seek immediate consultation, and arrange to transfer at least one of the clients to another provider, handling the disclosure of the conflict with each client in a manner that protects both clients' confidentiality to the greatest extent possible
- C. Terminate both clients immediately and refuse to provide referrals since the dual representation constitutes an irreconcilable ethical violation

D. Inform both clients of the situation and offer to convert the individual sessions into couples therapy

65. An LCSW in private practice receives a call from an attorney who represents a large corporation. The attorney offers a retainer of \$10,000 per month for the LCSW to provide evaluations of employees the corporation is considering terminating, with the understanding that the evaluations will support the termination decisions. What should the LCSW do?

- A. Accept the retainer since forensic evaluations of employees are within the LCSW's scope of practice
- B. Accept the retainer but insist on conducting objective evaluations regardless of the corporation's desired outcome
- C. Decline the arrangement since the implicit expectation that evaluations will support termination decisions compromises the objectivity and integrity of the evaluative process and creates a financial incentive for biased assessments
- D. Accept the retainer and provide the evaluations while disclosing the financial arrangement to each employee being evaluated

66. An LCSW is providing therapy to a client who is a stay-at-home parent and primary caretaker of three children. The client describes feeling "trapped" and mentions a recurring fantasy about "running away and never coming back." The client has no history of actually leaving the children unsupervised and no suicidal ideation. What is the MOST appropriate clinical response?

- A. Explore the fantasy therapeutically as an expression of caretaker burnout, unmet personal needs, and loss of identity, normalizing the feelings while assessing for any genuine risk indicators that would warrant a different level of response
- B. File a mandated child abuse report since the client's fantasy about abandoning the children suggests neglect may occur
- C. Recommend the client immediately arrange for alternative childcare and take a vacation to prevent the fantasy from becoming reality
- D. Interpret the fantasy as a passive suicidal ideation equivalent and conduct a suicide risk assessment

67. An LCSW is treating a family in which the parents speak English fluently but the grandmother — who lives in the home and is a central figure in the family dynamic — speaks only Cantonese. The family wants the grandmother included in sessions. No qualified Cantonese interpreter is available through the agency. The teenage granddaughter offers to interpret. What should the LCSW consider?

- A. Accept the granddaughter as interpreter since she is bilingual and already a participant in the family therapy
- B. Using a family member — especially a minor child — as an interpreter in therapy raises significant concerns about accuracy of interpretation, the child's exposure to sensitive clinical content, the power dynamics of a child mediating an elder's communications, and the potential for filtered or edited translation that could compromise the therapeutic process
- C. Decline to include the grandmother since therapy cannot proceed without a qualified interpreter and no alternative is available
- D. Conduct the grandmother's portions of the session using a phone-based interpretation service and reserve the family member interpretation only for non-clinical discussions

68. An LCSW is providing therapy to a client who has recently joined a group that the LCSW recognizes as meeting the criteria for a high-demand, coercive organization (commonly referred to as a cult). The client describes the group in entirely positive terms but has cut off contact with all friends and family at the group's direction. What should the LCSW consider?

- A. Support the client's decision to join the group since religious and spiritual choices are protected by self-determination
- B. Diagnose the client with a delusional disorder since belief in a cult's ideology indicates a loss of contact with reality
- C. Inform the client that they have joined a cult and must leave immediately for their own psychological wellbeing
- D. Explore the client's relationship with the group using therapeutic questioning that examines thought reform, undue influence, and the progressive isolation from support systems, assess for diminished autonomous decision-making capacity, and maintain the therapeutic relationship as a potentially critical connection outside the group's influence

69. An LCSW is treating a client with binge eating disorder who asks the LCSW to weigh them at each session as part of treatment monitoring. The LCSW has concerns that regular weighing may reinforce the client's preoccupation with weight and could be harmful. What should the LCSW do?

- A. Comply with the client's request since monitoring weight is an objective measure of progress in treating binge eating disorder
- B. Refuse to weigh the client and explain that therapists do not perform medical measurements of any kind

C. Discuss the clinical concerns about regular weighing with the client, explore the client's relationship with the scale and weight monitoring, consider the evidence base regarding the impact of regular weighing on eating disorder treatment, and collaboratively determine an approach that supports recovery without reinforcing pathological weight preoccupation

D. Weigh the client but conceal the number to reduce the psychological impact of the measurement

70. An LCSW works at an agency serving a largely immigrant community. Several clients have disclosed that they are victims of domestic violence but are afraid to report because their abusers have threatened to have them deported. The LCSW is aware of VAWA (Violence Against Women Act) protections for immigrant abuse victims. What is the LCSW's obligation?

A. Provide clients with information about VAWA protections that may allow them to obtain legal immigration status independent of their abuser, connect them with immigration legal services and domestic violence advocacy organizations, and support their safety planning while respecting their autonomy in deciding whether to report

B. File police reports on behalf of each client since the abuse must be reported regardless of the clients' wishes

C. Focus exclusively on therapeutic support without discussing immigration-related resources since immigration is outside the scope of clinical social work

D. Report the abusers to ICE since the abusers are using immigration status as a tool of coercion

71. An LCSW is treating a client who presents with what appears to be clinical depression. However, after several sessions, the LCSW begins to suspect the symptoms may actually be attributable to the client's hypothyroidism medication being at an incorrect dose, based on the client's description of recent dosage changes and the temporal relationship between the changes and symptom onset. What should the LCSW do?

A. Continue treating the depression psychotherapeutically without raising the medication concern since diagnosing medication side effects is outside the LCSW's scope of practice

B. Communicate the clinical observation to the client, recommend that the client consult with the prescribing physician about the temporal relationship between the medication change and the symptom onset, and coordinate care with the physician with the client's consent

C. Adjust the client's psychotropic medication to compensate for the thyroid medication issue since the LCSW has identified the underlying cause

D. Wait several more sessions to gather additional data before raising the concern with the client since premature communication could alarm the client unnecessarily

72. An LCSW who runs a group practice discovers that a therapist employed at the practice has been conducting sessions while their license is on probationary status with the BBS. The therapist did not disclose the probation to the LCSW when hired. Clients treated by this therapist were not informed of the probationary status. What is the LCSW's obligation as the practice owner?

A. Allow the therapist to continue practicing since a probationary license still authorizes clinical practice

B. Quietly terminate the therapist without informing clients to avoid alarming them

C. Continue employing the therapist but assign only low-risk clients to their caseload during the probation period

D. Assess the BBS probation terms to determine what conditions apply, ensure clients are informed if required by the probation terms, determine whether the failure to disclose constitutes grounds for termination, and evaluate whether any clients were harmed by the therapist's practice during the undisclosed probation

73. An LCSW is providing therapy to a client who confides that they have placed a hidden GPS tracking device on their estranged partner's vehicle to monitor their movements during a custody dispute. The client is using the tracking data to "prove" the partner is an unfit parent. What should the LCSW do?

A. Report the GPS tracking to law enforcement since unauthorized electronic surveillance violates California Penal Code

B. Encourage the client to share the tracking data with their attorney since it could be useful in the custody case

C. Address the behavior therapeutically — including the legal implications under California law, the potential consequences if discovered during the custody proceedings, and the underlying anxiety and control dynamics driving the surveillance — while maintaining confidentiality since unauthorized tracking does not trigger any mandatory reporting exception

D. Contact the estranged partner to warn them about the tracking device since they are an identifiable person whose privacy rights are being violated

74. An LCSW is providing therapy to a client with dissociative identity disorder. The client's host personality signs an informed consent form authorizing treatment. During a subsequent session, an alter

personality emerges who did not participate in the informed consent process and states they "never agreed to this therapy" and want to leave. What is the LCSW's ethical obligation?

- A. Engage with the alter's concerns, recognize that informed consent is an ongoing process that applies to the whole person, explain the therapeutic framework, and work collaboratively with the alter to build therapeutic engagement while respecting the alter's expressed autonomy to the extent clinically appropriate
- B. Allow the alter to leave immediately since the alter did not consent to treatment and holding them in the session would constitute involuntary treatment
- C. Inform the alter that the host personality's consent applies to the entire person and the alter's objection has no legal standing
- D. Request that the host personality return to complete the session since therapy was contracted with the host

75. An LCSW who recently relocated to California from another state discovers that their previous state did not require training in California-specific topics that California mandates for license renewal. The LCSW's first California renewal is approaching. What continuing education requirements should the LCSW be aware of?

- A. California has no state-specific CE requirements beyond the general hours mandated by the BBS
- B. California requires only a law and ethics CE course at each renewal and has no other topic-specific requirements
- C. California mandates specific CE topics including law and ethics, suicide risk assessment and intervention, and other designated subjects, and the LCSW must ensure compliance with California's specific CE requirements before the renewal deadline regardless of what was required in the previous state of licensure
- D. The LCSW's CE credits from the previous state automatically transfer to California and satisfy all renewal requirements through a reciprocity agreement

Practice Exam 16: Answer Key and Explanations

1. C — This question tests the intersection of adult client autonomy and mandated reporting obligations regarding children. While the adult client has the right to decide whether to report her own assault, the LCSW must independently assess whether the assailant's position as a high school teacher coaching girls

creates reasonable suspicion that children may be at risk. The mandated reporting obligation regarding potential child victims is separate from the adult client's personal decision about her own assault.

2. A — The LCSW's first obligation when an institutional policy conflicts with individualized clinical judgment is to advocate within the system. Presenting the clinical rationale for continued treatment directly to the decision-maker is the appropriate initial step. Blind compliance may harm the client, while unilateral defiance or informing clients about internal policies bypasses the professional obligation to first attempt resolution through institutional channels.

3. D — This scenario demonstrates why even carefully managed dual relationships carry inherent risk. The client's anxiety about delivering bad financial news to the LCSW illustrates how the accountant-client relationship has created a dynamic where the client's professional obligation to the LCSW conflicts with the therapeutic relationship's requirement for open communication. This is precisely the type of foreseeable complication that ethical guidelines warn about.

4. B — Abrupt termination of services at the moment a client is returning to danger contradicts evidence-based practice for domestic violence intervention. The LCSW should advocate for policy modification rather than simply complying or defying the policy. Continued therapeutic support during the period of highest risk can save lives. The advocacy should include presenting evidence that punitive discharge policies increase danger for domestic violence survivors.

5. A — Online therapy platforms create unique ethical challenges. The LCSW retains independent ethical obligations regardless of the platform's policies. Key concerns include whether clients were fully informed about data ownership and usage during consent, whether de-identification truly protects privacy, and whether the LCSW can maintain required record-keeping access and fulfill confidentiality obligations within the platform's framework. The platform's compliance does not substitute for the LCSW's own ethical analysis.

6. D — Hiring a former client requires analysis of multiple factors beyond the passage of time. The former client would have access to other clients' information, the prior therapeutic relationship creates a power dynamic that could affect the employment relationship, the former client's ability to return to therapy at the practice would be eliminated, and the arrangement could be perceived as exploitative. Each factor must be evaluated before making a decision.

7. C — When an unsustainable caseload is causing errors that endanger clients, the LCSW's primary obligation is client safety. This requires multi-pronged action: formal advocacy documenting the risk, exploration of alternative staffing solutions, and if necessary, caseload reduction to a safe level. Neither

continuing at an unsafe volume nor abrupt resignation serves client welfare. The LCSW must balance access to care with quality of care.

8. B — The wife's disclosure of childhood sexual abuse is a clinically significant moment requiring immediate therapeutic intervention. The husband's dismissive response represents a relational dynamic that, if unaddressed, could cause significant harm to the wife and the therapeutic process. The LCSW must validate the disclosure, create emotional safety, and address the dismissiveness — not reinforce it. Ending the session or separating partners is premature before attempting in-session intervention.

9. A — Accepting a child therapy referral from one parent's attorney in a custody dispute creates serious risks. The referral may be motivated by litigation strategy rather than the child's clinical needs, and therapy records could be weaponized in court. The LCSW must clarify the purpose before accepting — distinguishing between genuine therapeutic referrals and litigation-driven referrals protects the child, the therapeutic process, and the LCSW's professional integrity.

10. D — The optimal sequence prioritizes client welfare at every stage. If time permits before surgery, direct client notification is preferable to third-party contact. Activating the professional will ensures the backup colleague is prepared, sharing essential clinical information for high-risk clients ensures safety continuity, and arranging formal coverage protects all clients. The professional will exists precisely for situations like this.

11. C — Effective supervision of gift-acceptance situations requires clinical exploration before directive action. The supervisor should understand the therapeutic context — Was the gift culturally significant? What dynamic does it represent? Why did the supervisee accept? — before determining the appropriate response. Knee-jerk directives to return gifts or dismissive approval both bypass the clinical learning opportunity that supervision should provide.

12. B — The LCSW can appropriately provide a clinical letter based on direct treatment observations for SSDI purposes. The letter should document diagnosis, functional limitations, treatment history, and clinical observations while clearly stating it reflects therapeutic observations rather than an independent forensic disability evaluation. This approach supports the client's application honestly while staying within the treating clinician's appropriate role.

13. A — California's elder abuse statutes under the Welfare and Institutions Code define an "elder" as any person aged 65 or older. At 58, this client does not meet the age threshold for elder abuse reporting. The LCSW should explain this while still addressing the emotional abuse therapeutically and helping the

client explore available protective options such as domestic violence resources, civil protective orders, or other legal remedies available to adults of any age.

14. D — The treating therapist-forensic evaluator dual role is one of the most consistently tested ethical concepts. The therapeutic alliance creates a bias toward the client's perspective that undermines the objectivity required for an independent evaluation. The LCSW's treatment observations may be valuable but should be provided through clinical documentation, not through a forensic evaluation role that requires independence from the therapeutic relationship.

15. C — Culturally responsive practice requires respecting cultural dynamics while maintaining ethical boundaries. The LCSW should decline to take clinical direction from an unauthorized third party while exploring the cultural significance of the elder's role with the client. This allows the client to determine how to honor their cultural values within the therapeutic framework — preserving both cultural sensitivity and the client's individual autonomy.

16. B — The LCSW has a responsibility to ensure the therapeutic environment supports effective communication for all participants. Environmental factors contributing to miscommunication — such as room acoustics, seating arrangement, and background noise — should be assessed and modified. Distinguishing between conflict arising from auditory communication barriers versus genuine relational issues is essential for accurate clinical assessment and effective intervention.

17. A — "Holding therapy" (also called "rebirthing" or "attachment therapy" involving forced restraint) has been associated with child injury and death and is not supported by current attachment research. The LCSW must evaluate whether the practice places the foster child at risk of harm. If so, a mandated child abuse report may be warranted, along with notification to the foster care licensing agency. The foster parent's good intentions do not mitigate the danger of the practice.

18. D — Anonymous threatening messages with detailed descriptions of violence directed at a minor require comprehensive assessment — not simple anxiety management. The LCSW must evaluate the credibility and specificity of the threats, consider whether law enforcement or school authorities need to be involved, and ensure the client's physical safety. The response should be proportionate to the assessed threat level rather than limited to coping strategies.

19. B — When a mandated treatment protocol is clinically inappropriate for specific clients, the ethical response is advocacy within the system. The LCSW should present evidence-based arguments for clinical flexibility, document the specific clinical contraindications, and work with leadership to modify

the policy. If the agency refuses all modifications and the requirement compromises competent care, the LCSW must honestly evaluate whether they can continue practicing ethically within that framework.

20. C — Adults engaging in sexual activity with a 14-year-old constitutes statutory rape under California Penal Code Section 261.5, regardless of the minor's stated consent. A 14-year-old cannot legally consent to sex with adults. This triggers an immediate mandated child abuse report. The minor's self-characterization of the encounters as voluntary does not change the legal reality that the adults are committing crimes against a child. The LCSW must also address the underlying clinical issues driving the behavior.

21. A — Cyberstalking, impersonation, and online harassment — while criminal — do not fall within any mandatory exception to the psychotherapist-patient privilege in California. There is no identifiable victim of physical violence triggering Tarasoff, no child or elder abuse, and no other statutory reporting exception. The LCSW must maintain confidentiality while addressing the behavior clinically, including its legal consequences and the harm being inflicted on the victim.

22. D — Providing therapy to a restrained patient requires careful ethical analysis. The power imbalance created by physical restraints raises questions about the patient's ability to engage authentically, the risk of retraumatization for trauma survivors, and whether meaningful therapeutic work is possible. The LCSW should assess feasibility, obtain assent, and advocate for the least restrictive environment consistent with safety rather than simply complying or refusing.

23. B — When a colleague refuses to coordinate concurrent care, the LCSW's obligation shifts to transparent discussion with the client. The client deserves to understand the clinical risks of uncoordinated treatment with conflicting approaches and to make an informed decision about how to proceed. Documenting the coordination attempt and the refusal protects the LCSW. The decision about continuing with one or both therapists ultimately belongs to the client.

24. A — Joint legal custody generally requires both parents to be informed about and consent to significant treatment decisions, including who participates in the child's therapy. Including a stepfather without informing the noncustodial biological father likely violated the father's custodial rights. The LCSW should have obtained informed consent from both legal parents regarding all treatment participants at the outset of therapy.

25. C — This scenario requires a layered analysis. The LCSW must assess symptom severity, discuss safety implications, and strongly encourage self-reporting. The critical question is whether an armed officer experiencing combat flashbacks and freezing episodes during armed confrontations creates a

foreseeable risk of serious harm to identifiable groups — colleagues and civilians — that may activate a duty to take protective action. The magnitude of potential harm elevates this beyond standard confidentiality analysis.

26. D — Chronic lying in the context of a personality disorder is itself clinically meaningful material. The LCSW should address the pattern of inconsistencies within the therapeutic framework — exploring what function fabrication serves relationally and intrapsychically, how it manifests in the therapeutic relationship specifically, and what it reveals about the client's internal world. This approach treats the deception as a symptom rather than an obstacle.

27. B — Under *Ewing v. Goldstein* (2004), the Tarasoff duty can be triggered by threat information communicated by a family member. The client (family member) has communicated that the son owns firearms and has made threatening statements. If the LCSW's assessment determines a serious danger to the client or others exists, protective action is required. The client's wishes for confidentiality do not override the duty to protect when a serious threat to an identifiable person has been communicated.

28. C — Clinical documentation must reflect the LCSW's honest professional assessment. An attorney's request to characterize the accident as the "sole and proximate cause" when the client had pre-existing anxiety would constitute falsification of the clinical record. The LCSW should document the pre-existing condition, its relationship to current symptoms, and the accident's impact accurately. The LCSW's role is clinical truth, not litigation strategy.

29. A — The LCSW should address the therapeutic impact of the misgendering, provide a safe space to process the humiliation, and support the client in understanding their legal protections. California law (including the LGBTQ+ Senior Bill of Rights and broader healthcare protections) prohibits deliberate misgendering in healthcare settings. Helping the client develop strategies for accessing affirming healthcare empowers the client while addressing the practical barrier to medical care.

30. B — All content disclosed in therapy is confidential. The client's sex work, the politician's identity, and the client's plan to sell information are all protected. The LCSW should explore the client's motivations, discuss potential legal and personal consequences of selling the information, and address the clinical dimensions — but must neither encourage the disclosure nor breach confidentiality to warn the politician, who is not at risk of physical violence.

31. D — As clinical director, the LCSW bears administrative responsibility for ensuring ethical practice standards even if personally unaware of specific violations. Upon discovery, the LCSW must take comprehensive corrective action: implement proper consent procedures, eliminate dual relationships,

update treatment protocols, and establish ongoing oversight. The clinical director role carries organizational accountability that extends beyond the individual practitioner level.

32. C — LCSWs are not required to verify immigration status before providing services. Immigration status is irrelevant to the provision of mental health care, and therapy records are protected by confidentiality. The LCSW should communicate this clearly to alleviate the client's fear, which may itself be a barrier to treatment engagement. California law provides additional protections limiting cooperation with federal immigration enforcement.

33. A — All suicidal statements must be assessed clinically, even when they appear to be expressions of emotional distress rather than genuine intent. The LCSW should conduct a risk assessment to determine whether the statement reflects suicidal ideation or is an expression of overwhelming anxiety about change. Both interpretations require clinical attention — the former for safety, the latter for therapeutic understanding. Dismissing or automatically escalating the statement both bypass the necessary assessment.

34. B — Using clinical cases as podcast material raises multiple ethical concerns. Even with details changed, clients may recognize their own stories — or be recognized by acquaintances. The LCSW's own caseload creates a small pool from which stories are drawn, making true de-identification difficult. Informed consent for media use of clinical material is essential, and the potential impact on the therapeutic relationship if clients discover their stories were shared must be considered.

35. D — Clinical records must reflect the LCSW's honest professional observations and judgment. Modifying records to serve a client's litigation strategy — by omitting substance use history or using only positive language — constitutes documentation fraud. The LCSW should explain that accurate records protect the client's credibility and that falsified records could be devastating if discovered during litigation. The client's understandable desire to present well cannot be achieved through fraud.

36. C — When a client is not improving with the current approach and a more effective evidence-based treatment exists, continuing the ineffective approach raises an ethical competence concern. The LCSW has two ethical options: obtain adequate ERP training and consultation to provide the evidence-based treatment, or refer the client to a qualified ERP specialist. Continuing supportive therapy when it is clearly insufficient constitutes a failure to provide competent care.

37. C — The LCSW should address the phobia as a primary treatment target using evidence-based exposure approaches while transparently discussing the medical consequences of avoidance. This dual approach respects autonomy (the client decides about medical care) while fulfilling the clinical

obligation to address the barrier (the phobia) that is preventing the client from making a truly free choice. Withholding information about consequences undermines informed decision-making.

38. A — Neurodiversity-affirming practice requires adapting the therapeutic environment and communication style to meet the client's neurological needs. Both requests are reasonable accommodations — avoiding forced eye contact reduces sensory distress, and using literal language improves communication accuracy for a client with ASD. Effective therapy is defined by outcomes, not by adherence to neurotypical communication norms.

39. D — A teenager's evolving religious beliefs — including departure from her parents' faith — represent normal identity development and are protected by the minor's confidentiality in therapy. Religious questioning does not constitute a safety concern, self-harm risk, or any other exception to confidentiality. The LCSW should provide therapeutic support for the complex identity and family dynamics while maintaining confidentiality about the content of the minor's religious exploration.

40. C — Legacy-building activities — including memory books, video messages, and life review — are well-established therapeutic interventions in end-of-life therapy. They address anticipatory grief, meaning-making, parental identity, and the desire to maintain connection with children after death. These activities are clinically meaningful when integrated into the therapeutic framework and are consistent with evidence-based approaches to palliative and terminal illness counseling.

41. B — Illegal anabolic steroid use does not trigger any mandatory exception to the psychotherapist-patient privilege. There is no identifiable victim, no child or elder abuse, and no Tarasoff-level threat. The LCSW should maintain confidentiality while addressing the steroid use clinically — including the aggression, mood instability, and interpersonal conflict the client is experiencing — and monitoring for any escalation that might change the risk analysis.

42. A — This scenario requires considering multiple dimensions. Forced alcohol consumption of minors poses a foreseeable risk of serious physical harm (alcohol poisoning). The LCSW should assess whether this risk creates reporting obligations — potentially to law enforcement regarding the endangerment of minors — and separately evaluate whether institutional obligations as a university employee create additional reporting requirements independent of therapeutic confidentiality.

43. D — The LCSW has an obligation to provide the court with honest, comprehensive clinical information. A report that documents compliance while also noting ongoing risk factors serves the court's need for accurate information to make informed community safety decisions. Omitting clinical

concerns about risk to produce a favorable report would compromise the LCSW's integrity and potentially endanger the community.

44. C — Under CANRA, mandated reporters must report when they receive information creating reasonable suspicion of child abuse in a professional capacity. The number of intermediaries the information passed through does not eliminate the obligation. The LCSW received information during therapy — a professional context — suggesting an 8-year-old is being molested. The information creates reasonable suspicion sufficient to trigger the mandated report regardless of its thirdhand nature.

45. B — Maintaining a secret of this magnitude in couples therapy is ethically untenable — the entire therapeutic process is premised on a fundamental deception. The LCSW should explain that continuing couples therapy under these circumstances would be therapeutically fraudulent. The no-secrets policy (which should have been established at intake) provides the framework for this conversation. If the secret is not addressed, couples therapy must be terminated with appropriate referrals.

46. A — The LCSW must refuse the landlord's request on multiple grounds. Disclosing diagnostic information without the client's consent violates confidentiality. Additionally, the landlord's attempt to use mental health information to support eviction likely constitutes disability discrimination under fair housing law. The LCSW should protect the client's confidentiality, inform the client about the request, and provide information about the client's legal protections against disability-based housing discrimination.

47. D — Clinical records must contain accurate identifying information. Using a pseudonym violates documentation standards, creates potential liability, and could compromise continuity of care. However, the client's concerns about confidentiality are legitimate and should be addressed through discussion of actual privacy protections — including the psychotherapist-patient privilege, HIPAA safeguards, and the option to pay out of pocket to avoid insurance records — rather than through documentation fraud.

48. B — The LCSW should address the viral post therapeutically — exploring motivations, discussing the permanence and reach of public disclosure, and considering long-term implications. Critically, the LCSW must not engage with or amplify the content on professional social media, as doing so could be interpreted as confirming the therapeutic relationship. The client has the right to share their experience, but the LCSW's professional response must protect the therapeutic boundary.

49. B — Administering medication doses exceeding prescribed thresholds to dependent patients — even with compassionate intent — may constitute harm to vulnerable individuals. The LCSW should assess whether this pattern creates obligations under dependent adult protection laws, as the patients are

receiving unauthorized medication doses. The nurse's benevolent motivation does not change the potential for physical harm from medication overdose, and the LCSW should address both the legal implications and the clinical issues driving the behavior.

50. A — The LCSW's obligation is therapeutic support and confidentiality. The client is processing a complex ethical and professional decision that carries significant personal risk. The LCSW should provide a safe space for exploring the implications of whistleblowing, offer information about whistleblower protections, and support the client's autonomous decision-making process — without either directing the decision or reporting the firm's conduct (which is protected by confidentiality).

51. D — Accepting a \$100,000 investment opportunity from a current client creates an extreme dual relationship with massive potential for exploitation, conflict of interest, and distortion of the therapeutic dynamic. The financial entanglement would fundamentally compromise the LCSW's objectivity and could create a dependency that undermines the power balance of the therapeutic relationship. The offer must be declined regardless of how it is framed.

52. B — The LCSW's ethical obligation extends beyond simply providing whatever sessions insurance authorizes. For a mass casualty survivor needing intensive trauma therapy, the LCSW should appeal the authorization with clinical documentation, explore alternative funding sources, provide the best possible care during the appeal, and ensure the client is not abandoned if the appeal fails. Passive acceptance of an inadequate authorization fails the advocacy obligation.

53. C — Therapeutic disclosures in a correctional setting retain confidentiality protections. Providing the warden with a list of inmates who disclosed gang affiliations during therapy would fundamentally undermine the therapeutic process and deter all inmates from seeking mental health services. The LCSW should decline the request and explain that releasing therapy content without individual consent or a specific legal exception violates professional ethics.

54. A — The suicidal ideation requires immediate clinical attention including risk assessment and safety planning. The hormone-related mood symptoms require coordination with the endocrinologist. With the client's consent, the LCSW should communicate directly with the prescriber about the psychological side effects. This ensures the medical provider has clinically essential information while respecting the client's confidentiality and autonomy.

55. B — Using a romantic partner as an interpreter in couples therapy creates fundamental problems. The hearing partner controls all communication flow, can edit or filter the deaf partner's statements, and holds disproportionate power in the therapeutic exchange. The deaf partner cannot be certain their

communications are accurately conveyed. A qualified, neutral interpreter is essential for equitable therapeutic participation and accurate clinical assessment.

56. B — The LCSW should address the pattern of disengagement clinically rather than punitively. Exploring what is happening in the client's life, discussing the declining therapeutic engagement, and collaboratively assessing whether the client wishes to continue meaningful treatment respects the client's autonomy while maintaining the therapeutic frame. The LCSW cannot control the client's behavior outside sessions but can address the impact on the therapeutic process.

57. C — The LCSW should explore the client's relationship with the MLM through a clinical lens — examining the psychological dynamics maintaining the investment pattern despite mounting debt, assessing for cognitive distortions (sunk cost fallacy, magical thinking), and facilitating reality-based decision-making. The LCSW's role is to support informed decision-making, not to impose financial judgments or reflexively validate self-destructive financial patterns.

58. A — This scenario adds a critical public safety dimension. A commercial pilot experiencing dizziness from undisclosed medication while flying aircraft with hundreds of passengers creates a foreseeable risk of catastrophic harm. The LCSW must weigh this potential harm against therapeutic confidentiality, recognizing that the Tarasoff framework's analysis of foreseeable harm to identifiable groups may apply even without a specific individual victim.

59. D — The ADA requires reasonable accommodations to ensure access to services for individuals with disabilities. While the LCSW cannot immediately make a building ADA-compliant, offering alternatives such as teletherapy, home visits, or sessions in an accessible location ensures the client can access services. Simply directing the client elsewhere without exploring accommodations may constitute disability discrimination.

60. B — A client who repeatedly drives while intoxicated with a suspended license poses a foreseeable risk to public safety. The LCSW should address the relapse clinically, attempt to persuade the client to use alternative transportation, and if the client insists on driving home intoxicated, evaluate whether the imminent danger to the public warrants contacting law enforcement. This parallels the analysis for any situation where a client presents an immediate risk of serious harm to others.

61. C — This scenario requires layered analysis. A surgeon self-prescribing benzodiazepines who experiences hand tremors during procedures creates a foreseeable risk of serious harm to surgical patients — an identifiable group. The LCSW must assess the severity and immediacy of the risk, the

client's willingness to self-report, and whether the situation has escalated beyond what therapeutic intervention alone can address. The magnitude of potential surgical harm may require protective action.

62. A — Entering a landlord-tenant relationship with a current client creates a significant dual relationship. The LCSW would become financially dependent on the client for office space, creating leverage the client could use — consciously or unconsciously — to influence the therapeutic relationship. The below-market rent adds an element of financial benefit that further complicates the dynamic. The offer must be declined regardless of good intentions.

63. D — AI-generated sexually explicit images depicting identifiable minors represent an emerging area at the intersection of technology and child protection law. Even though no actual abuse occurred in creating the images, the creation and distribution of explicit material depicting identifiable real children may constitute sexual exploitation or harassment of those minors. The LCSW should assess whether reasonable suspicion exists and consult with CPS about how this issue is being handled.

64. B — Unknowingly treating both spouses in a married couple creates an irreconcilable conflict of interest. Information from each client's individual therapy could unconsciously bias the LCSW's work with the other. The LCSW must seek consultation, transfer at least one client, and handle the disclosure carefully to protect both clients' confidentiality. Continuing to treat both while knowing the connection would compound the ethical violation.

65. C — A retainer arrangement with an implicit expectation that evaluations will support termination decisions fundamentally compromises evaluative objectivity. The financial incentive creates pressure to reach predetermined conclusions. Even if the LCSW intends to conduct objective evaluations, the structural conflict of interest undermines the credibility and integrity of every evaluation produced under the arrangement.

66. A — The recurring fantasy of "running away" in a chronically overwhelmed caretaker is a clinical expression of burnout, unmet needs, and identity erosion — not an indicator of impending child abandonment or suicidal ideation. The LCSW should explore the fantasy therapeutically, normalize the feelings within the context of caretaking stress, and assess whether any genuine risk indicators are present while primarily treating the underlying burnout and loss of self.

67. B — Using a minor family member as an interpreter in therapy raises multiple concerns. The teenager would be exposed to sensitive clinical content inappropriate for her age, the power dynamic of a child interpreting for an elder is culturally and developmentally problematic, and the interpretation

may be filtered or edited. A professional interpreter — even via phone — is preferable to placing a teenage family member in this inappropriate mediating role.

68. D — The LCSW should explore the client's involvement with the group using therapeutic questioning that examines thought reform, progressive isolation, and undue influence without prematurely labeling the group or alienating the client. Maintaining the therapeutic relationship is critical since it may represent the client's only connection outside the group's control. The LCSW should assess the client's autonomous decision-making capacity and monitor for escalating coercion.

69. C — Regular weighing in eating disorder treatment is a nuanced clinical question — not a simple yes or no. The LCSW should discuss the evidence, explore the client's relationship with weighing, and consider whether monitoring reinforces or disrupts the eating disorder cycle. A collaborative decision-making process that considers the client's specific presentation, treatment phase, and clinical needs respects both clinical evidence and client autonomy.

70. A — The LCSW's obligation is to empower immigrant domestic violence survivors by providing information about VAWA protections, connecting them with immigration legal services, and supporting their safety planning. VAWA allows abuse victims to petition for legal status independently of their abuser — directly countering the deportation threats being used as a tool of control. This information can be life-changing and falls squarely within the LCSW's advocacy obligation.

71. B — While diagnosing medication side effects is outside the LCSW's scope, recognizing the temporal relationship between a medication change and symptom onset is an appropriate clinical observation. The LCSW should communicate this observation to the client and recommend consultation with the prescribing physician. Coordinating care with the physician (with consent) ensures the medical concern is evaluated while the LCSW continues addressing the psychological dimensions.

72. D — As practice owner, the LCSW has administrative responsibility for ensuring all clinicians practice within their licensing terms. Discovering an undisclosed probationary status requires assessing the specific probation conditions, determining whether clients must be informed, evaluating whether the non-disclosure constitutes grounds for termination, and assessing whether any clients were harmed. Simply allowing continued practice or quietly terminating both fail to address the full scope of responsibility.

73. C — Unauthorized GPS tracking, while potentially criminal under California law, does not trigger any mandatory reporting exception to the psychotherapist-patient privilege. The LCSW should address the behavior therapeutically — including its legal consequences under California surveillance laws, the

potential impact on the custody proceedings if discovered, and the anxiety and control dynamics driving the behavior — while maintaining confidentiality.

74. A — Informed consent is an ongoing process that applies to the whole person in DID treatment. When an alter who did not participate in the initial consent expresses objection, the LCSW should engage therapeutically — explaining the treatment framework, acknowledging the alter's perspective, and working collaboratively to build therapeutic engagement. Neither dismissing the alter's concerns nor abandoning the session serves the client's overall treatment needs.

75. C — California mandates specific continuing education topics for LCSW license renewal, including law and ethics, suicide risk assessment and intervention, aging and long-term care, and other designated subjects that may be updated by the BBS. The LCSW must ensure compliance with California's specific requirements regardless of what was required in the previous state. CE credits from another state do not automatically satisfy California's topic-specific mandates.