

PRACTICE EXAM 17: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. Which of the following actions by an LCSW would be the LEAST appropriate response when a client discloses suicidal ideation during a session?

- A. Conducting a comprehensive risk assessment that evaluates risk factors, protective factors, and the specificity of any plan
- B. Developing a collaborative Safety Planning Intervention that identifies warning signs, coping strategies, and emergency contacts
- C. Consulting with a colleague or supervisor about the level of risk and the appropriate clinical response
- D. Asking the client to sign a no-suicide contract as the primary safety intervention without conducting a thorough risk assessment or developing a comprehensive safety plan

2. An LCSW is treating a client who is a competitive gymnast, age 17. The client's coach has been publicly berating her about her weight, putting her on an extreme caloric restriction, and threatening to cut her from the team if she gains any weight. The client has developed anorexia nervosa symptoms. Does this constitute reportable child abuse?

- A. No, because a coach's training methods are within the scope of athletic instruction and do not fall under child protection reporting requirements
- B. No, because the weight management directives are sports-related rather than abusive, and many competitive athletes follow strict dietary regimens
- C. The LCSW should assess whether the coach's behavior — including public berating, extreme caloric restriction, and coercive threats — constitutes emotional abuse or contributes to physical harm through the development of an eating disorder, and if reasonable suspicion exists, file a mandated report
- D. Yes, the LCSW must report automatically since any involvement of a minor in competitive athletics that results in an eating disorder constitutes per se child abuse

3. An LCSW has been providing therapy to a client for eight months when the LCSW discovers that the client is the biological sibling of the LCSW's close personal friend. The LCSW only learned this through casual conversation at a social event. The therapeutic relationship has been effective. What should the LCSW do?

A. Disclose the connection to the client, assess whether this knowledge could compromise objectivity or create conflicts, and collaboratively determine whether therapy can continue or whether referral is more appropriate

B. Terminate therapy immediately and provide referrals since any connection to the therapist's personal social circle constitutes a dual relationship that cannot be managed

C. Continue therapy without disclosure since the connection is indirect and the LCSW can manage any potential bias through self-monitoring alone

D. Continue therapy but end the friendship with the close personal friend to eliminate the potential conflict of interest

4. An LCSW is working at a community mental health center when a client who was terminated from the agency six months ago returns in crisis, expressing suicidal ideation with a plan. The agency's policy states that terminated clients must go through the full re-intake process, which takes three to five business days. What should the LCSW do?

A. Follow agency policy and instruct the client to begin the re-intake process, providing crisis hotline numbers for interim support

B. Provide immediate crisis intervention regardless of the agency policy, as a client presenting with suicidal ideation and a plan requires immediate assessment and safety planning that cannot be deferred for administrative processing

C. Refer the client to the nearest emergency department since the LCSW no longer has an active therapeutic relationship with the client

D. Schedule the client for the earliest available intake appointment and document that the standard timeline was expedited due to the crisis presentation

5. An LCSW receives a subpoena for records in a case where the client is NOT a party to the litigation — rather, the client is a witness. The client does not want any therapy records disclosed. What should the LCSW know about the psychotherapist-patient privilege in this circumstance?

- A. The privilege does not apply when the client is a witness rather than a party, and the LCSW must comply with the subpoena
- B. The privilege applies only to clients who are parties to the litigation, so the LCSW must produce the records
- C. The privilege is automatically waived for witnesses because their testimony is subject to credibility assessment by the court
- D. The psychotherapist-patient privilege belongs to the client regardless of their role in the litigation, and the LCSW should assert the privilege unless the client waives it or a court specifically orders disclosure

6. An LCSW is treating a married couple. During a conjoint session, the husband discloses he has a gambling addiction and has secretly lost the family's savings. The wife is devastated. Both partners ask the LCSW for individual sessions to process their reactions. What is the MOST important consideration?

- A. Whether the LCSW can provide individual sessions to either or both partners without compromising the neutrality required for conjoint work, and whether the information from individual sessions could create secrets that undermine the couples therapy
- B. Whether the LCSW's schedule can accommodate the additional individual sessions alongside the existing couples sessions
- C. Whether the insurance company will authorize individual sessions for both partners in addition to the ongoing couples therapy
- D. Whether the LCSW should immediately terminate couples therapy and refer both partners for separate individual therapy with different providers

7. An LCSW is conducting a risk assessment on a client who has disclosed suicidal ideation. The client states that she has a plan to overdose on her prescribed medications and that she has the medications at home. She rates her intent as "moderate." According to evidence-based risk assessment practices, which factor should MOST elevate the LCSW's concern?

- A. The client's diagnosis of major depressive disorder, which is statistically associated with elevated suicide rates
- B. The combination of a specific, lethal plan with readily available means, which research identifies as among the most critical acute risk factors for suicide completion

- C. The client's history of childhood trauma, which is a distal risk factor for suicide across the lifespan
- D. The client's recent breakup, which represents a common precipitant for suicidal ideation in adults with depression

8. An LCSW is providing therapy to a client who is also a member of the LCSW's same small religious community. They attend the same weekly services and participate in the same faith-based study group. What is the MOST appropriate approach?

- A. Terminate the therapeutic relationship immediately since the overlapping religious community participation constitutes an inherently harmful dual relationship
- B. Withdraw from the religious community to eliminate the dual relationship and preserve the therapeutic relationship
- C. Acknowledge the overlapping community involvement with the client, discuss potential boundary challenges, establish protocols for managing incidental contact, and evaluate on an ongoing basis whether the community overlap is affecting the therapeutic work
- D. Continue therapy without discussing the community overlap since raising it could embarrass the client or make the religious setting feel uncomfortable

9. An LCSW who specializes in trauma is asked by a colleague to provide a clinical consultation on a complex case. During the consultation, the colleague reveals enough identifying information that the LCSW recognizes the client as a neighbor. What should the LCSW do?

- A. Disclose to the colleague that the LCSW has a personal connection to the individual being discussed, discontinue the consultation, and suggest the colleague seek consultation from another specialist who has no connection to the client
- B. Continue the consultation since it serves the client's clinical interests and the LCSW's personal knowledge of the individual could enhance the quality of the consultation
- C. Continue the consultation but avoid using any personal knowledge of the individual gained outside the consultation context
- D. Terminate the consultation without explanation to protect both the client's privacy and the LCSW's own privacy regarding personal relationships

10. An LCSW receives a referral for a 15-year-old whose parents are seeking therapy related to the adolescent's gender identity. During the first session, the parents state they want the LCSW to help their

child "accept their birth gender" and stop identifying as transgender. Under California law, what must the LCSW do?

- A. Accept the referral and attempt to balance the parents' goals with the adolescent's expressed identity through family mediation
- B. Accept the referral since the parents are the legal guardians and have the right to determine treatment goals for their minor child
- C. Accept the referral and redirect treatment goals toward helping the parents accept their child, as this is the only ethically appropriate therapeutic approach
- D. Decline any treatment approach that constitutes sexual orientation or gender identity change efforts with the minor, as California law prohibits such practices by licensed mental health professionals, while offering alternative therapeutic approaches that support the adolescent and the family

11. An LCSW is treating a client with severe PTSD who becomes activated during a session and begins to physically destroy objects in the LCSW's office — throwing books, breaking a lamp, and sweeping items off the desk. The client is not directing aggression at the LCSW. What should the LCSW do?

- A. Physically restrain the client to prevent further property damage and protect the therapeutic environment
- B. Prioritize safety for both the client and the LCSW by creating distance if needed, use verbal de-escalation techniques, assess whether the client is oriented to the present, and if the client is experiencing a dissociative flashback, use grounding strategies to restore present-moment awareness
- C. Call 911 immediately since destruction of property constitutes a psychiatric emergency requiring law enforcement intervention
- D. Leave the room and lock the client inside until the destructive behavior subsides to protect the LCSW's safety and contain the situation

12. An LCSW provides therapy to a client with dependent personality disorder who calls the LCSW between sessions asking for reassurance about everyday decisions — what to wear, what to eat for dinner, whether to accept a social invitation. The calls occur two to three times daily. What is the MOST therapeutically appropriate approach?

- A. Address the between-session calls as clinical material reflecting the client's core pathology, set clear boundaries about between-session contact, and develop treatment goals focused on building the client's decision-making capacity and tolerance for uncertainty
- B. Answer every call to maintain the therapeutic alliance and prevent the client from decompensating due to unmet dependency needs
- C. Immediately block the client's phone number and address the calling behavior at the next scheduled session
- D. Reduce the frequency of therapy sessions to discourage the dependency since the weekly sessions are likely reinforcing the client's reliance on the LCSW

13. Which of the following BEST describes the difference between a boundary crossing and a boundary violation in clinical practice?

- A. A boundary crossing is accidental while a boundary violation is intentional; both require immediate reporting to the BBS
- B. A boundary crossing involves physical contact while a boundary violation involves sexual contact; all other boundary issues are clinically insignificant
- C. A boundary crossing is a departure from standard practice that may or may not be harmful and may serve a therapeutic purpose, while a boundary violation is an action that exploits or harms the client and is always unethical
- D. A boundary crossing is permissible in rural settings but not urban settings, while a boundary violation is prohibited in all practice settings

14. An LCSW at a school receives a report from a teacher that a 10-year-old student told a classmate their "private parts hurt." The teacher overheard the comment during recess. The student has not repeated the statement to the LCSW or any other adult. Is this sufficient to trigger a mandated report?

- A. No, a child's comment to a peer is hearsay and does not constitute sufficient evidence to establish reasonable suspicion of abuse
- B. No, the LCSW should interview the child first to determine whether the statement was made in a context suggesting abuse
- C. No, the teacher should file the report since the teacher directly heard the statement and is also a mandated reporter

D. Yes, because a child's statement about pain in their private areas, reported by a reliable adult who overheard it, creates reasonable suspicion that abuse may have occurred, and the LCSW must report based on this information received in a professional capacity

15. An LCSW is treating a 70-year-old client in individual therapy. The client's adult daughter calls and states she has power of attorney and demands access to her mother's therapy records. The LCSW has not been informed of any power of attorney and the client has not mentioned cognitive decline. What should the LCSW do?

A. Provide the records immediately since a power of attorney grants the daughter legal authority to access all healthcare information

B. Decline to release records until the LCSW verifies the existence, type, and scope of the power of attorney document, as a general financial POA does not grant access to healthcare records, and a healthcare POA typically activates only when the principal lacks decision-making capacity

C. Provide a treatment summary but withhold detailed session notes since summaries contain less sensitive information than full clinical records

D. Contact the client to discuss the daughter's request and determine the client's wishes before taking any action regarding the records

16. Which of the following situations would MOST clearly warrant the LCSW breaking confidentiality under California law without the client's consent?

A. A client describes a detailed and specific plan to shoot a coworker who the client identifies by name, workplace, and daily schedule, stating the client intends to carry out the plan tomorrow

B. A client reveals they have been embezzling funds from their employer for the past three years and have accumulated over \$500,000

C. A client discloses they drove while intoxicated last weekend and narrowly avoided hitting a pedestrian

D. A client expresses generalized anger toward society and makes vague statements about "wanting everyone to suffer"

17. An LCSW is treating a client who has been the victim of identity theft. The client reveals that the person who stole their identity is also a client of the LCSW's colleague at the same group practice. The

LCSW learned this because the colleague mentioned the identity theft perpetrator's case during an informal hallway conversation. What ethical issues are present?

- A. The colleague's informal hallway discussion of a client's case constitutes a confidentiality breach regardless of whether the client was identified by name, and the LCSW must address this with the colleague while also managing the newly discovered connection between the two clients
- B. No ethical issue exists since the colleague did not know the cases were connected and the hallway conversation was between licensed professionals at the same practice
- C. The only issue is whether the LCSW should inform their client about the identity of the perpetrator since the LCSW now has this information
- D. The ethical issue is limited to whether the group practice should implement a conflict-checking system to prevent future overlapping cases

18. An LCSW is providing therapy to a client who is undocumented and has been recently diagnosed with cancer. The client needs surgery but is terrified that seeking medical treatment will lead to deportation. The client is declining treatment that could save her life. What is the LCSW's MOST important obligation?

- A. Address the client's fear by providing accurate information about the protections available for undocumented individuals seeking medical care in California, including emergency Medi-Cal eligibility, charity care obligations of hospitals, and sanctuary policies that limit healthcare-immigration enforcement cooperation
- B. Report the situation to Adult Protective Services since refusing necessary medical treatment for a treatable condition constitutes self-neglect
- C. Encourage the client to return to her country of origin for cancer treatment to avoid the immigration-related risks in the United States
- D. Provide accurate information about the medical consequences of declining cancer treatment but avoid discussing immigration-related concerns since they are outside the scope of clinical practice

19. An LCSW is providing teletherapy to a client. During the session, the LCSW notices that the client appears to be driving a car. What should the LCSW do?

- A. Continue the session since the client has the right to participate in therapy from any location they choose

- B. Address the situation immediately, explain that conducting therapy while driving creates safety risks for the client and others, and request that the client pull over or reschedule the session
- C. End the session immediately without discussion and document that the client was engaging in a dangerous activity
- D. Continue the session but shorten it to minimize the time the client spends driving while in therapy

20. An LCSW is treating a client with severe social anxiety who has not left their apartment in six months. The LCSW determines that a graduated exposure plan is clinically indicated. The first step involves the client opening the front door for 30 seconds. The client refuses, stating they are "not ready." The LCSW has been seeing the client for three months with no progress using supportive therapy alone. What is the MOST appropriate approach?

- A. Accept the client's refusal and continue supportive therapy indefinitely since the client has the right to refuse any intervention at any time
- B. Insist the client complete the exposure exercise since the LCSW's clinical judgment about treatment necessity overrides the client's expressed reluctance
- C. Explore the client's fear and resistance, validate the difficulty of the first step, consider whether the exposure hierarchy needs adjustment, discuss the rationale for exposure-based treatment, and collaboratively determine a pace of treatment that the client can tolerate while still moving toward therapeutic goals
- D. Terminate therapy and refer the client to an intensive outpatient program since the severity of the social anxiety exceeds the scope of outpatient therapy

21. An LCSW is providing group therapy for adolescents with substance use disorders. A 16-year-old group member arrives at the session visibly intoxicated. What should the LCSW do?

- A. Address the intoxication with the group member privately, assess immediate safety including how the teen arrived and how they will get home, determine whether the teen can safely participate in the group, and contact the teen's parent or guardian if the teen is in danger
- B. Allow the teen to participate in the group since excluding an intoxicated adolescent could be perceived as punitive and could damage the therapeutic alliance
- C. Exclude the teen from the current session but allow them to return next week without any additional intervention

D. Terminate the teen's group membership permanently since attending group while intoxicated demonstrates a lack of commitment to recovery

22. An LCSW is providing couples therapy when one partner discloses they are HIV-positive and have not told the other partner. The HIV-positive partner has been having unprotected sex with the unknowing partner. Under California law, what is the LCSW's legal obligation?

A. The LCSW must immediately disclose the HIV status to the unknowing partner under the Tarasoff duty to protect

B. The LCSW must report the HIV-positive partner to the local public health department for partner notification

C. The LCSW must notify law enforcement since knowingly exposing another person to HIV is a criminal offense in California

D. California law does not impose a mandatory duty on therapists to disclose a client's HIV status; the LCSW should strongly encourage disclosure, address the issue therapeutically in the couples context, and consult about how to manage the ethical tension between confidentiality and the unknowing partner's safety

23. An LCSW is treating a 14-year-old whose parents bring the child to therapy. After three sessions, the child asks to speak with the LCSW without parents present. The parents demand to be included in every session. The child was NOT self-referred under the minor consent provisions — the parents initiated and consented to the treatment. Do the parents have the right to be in every session?

A. Yes, since the parents consented to the treatment, they have an absolute right to participate in and observe every session

B. While the parents consented to treatment, the LCSW should use clinical judgment to determine whether individual sessions with the adolescent are therapeutically necessary, and can advocate for an arrangement that balances the parents' involvement with the adolescent's clinical need for privacy to support the therapeutic process

C. No, once a child is over 12, the child controls all aspects of the therapy regardless of who initiated the treatment

D. Yes, but only if the parents sign a form acknowledging they understand the session content may be difficult to hear

24. An LCSW is providing therapy to a client who is a nurse and also serves as a mandated reporter. The client describes witnessing a coworker verbally abusing an elderly patient in a long-term care facility. The client has not reported the incident and asks the LCSW what they should do. What does the LCSW need to recognize about their OWN obligations?

- A. The LCSW has no obligation since the client is the one who directly witnessed the abuse and bears sole reporting responsibility
- B. The LCSW should file a report on the client's behalf to spare the client the burden of reporting a coworker
- C. The LCSW has received information in a professional capacity that creates reasonable suspicion of elder abuse, triggering the LCSW's own independent mandated reporting obligation in addition to the client's separate duty to report
- D. The LCSW's obligation is limited to encouraging the client to fulfill her own reporting duty and documenting the recommendation in the treatment record

25. An LCSW discovers that a former client — whose treatment ended five years ago — has become famous. A journalist contacts the LCSW asking for comments about the celebrity's "known history of mental health treatment." The journalist already seems to know the former client was the LCSW's patient. What should the LCSW do?

- A. Decline to confirm or deny that the individual was ever a client, as the duty of confidentiality survives termination of the therapeutic relationship and extends indefinitely, regardless of the former client's public status
- B. Provide general comments about the celebrity's public behavior without confirming or denying the therapeutic relationship
- C. Confirm the therapeutic relationship existed but decline to discuss any clinical details since acknowledging the relationship is not a breach if no clinical content is disclosed
- D. Refer the journalist to the former client's publicist and suggest they obtain the celebrity's authorization before the LCSW can comment

26. An LCSW is conducting therapy with a family that includes a 9-year-old child. During a session, the child spontaneously begins drawing a picture of a house on fire with people trapped inside. The child becomes increasingly agitated and labels one figure "Dad." The father is present in the session and becomes visibly uncomfortable. What should the LCSW do FIRST?

- A. Redirect the session to a less activating topic since the child's increasing agitation signals the disclosure is exceeding the child's emotional capacity in this setting
- B. Ask the child to explain the drawing in detail while the father is present to process the family dynamic in real time
- C. Ask the father to leave the room so the child can continue the disclosure without the potentially inhibiting presence of the subject of the drawing
- D. Attend to the child's emotional state, create safety in the moment, note the clinical significance of the drawing without pressuring the child for elaboration in the family setting, and plan appropriate follow-up that may include an individual session with the child

27. An LCSW provides therapy to a client who also happens to be the parent of a child the LCSW's own child plays with regularly. The parents have occasional contact at school events, sports games, and playdates. The client began therapy after the social connection was already established. What ongoing obligation does the LCSW have?

- A. Terminate therapy immediately since the ongoing social contact constitutes an impermissible dual relationship
- B. Continuously monitor whether the social contact is affecting the therapeutic relationship or the LCSW's objectivity, maintain transparent communication with the client about managing the overlap, and be prepared to refer the client if the dual relationship becomes problematic
- C. Continue therapy without concern since the social contact predated the therapeutic relationship and is therefore grandfathered as an acceptable dual relationship
- D. Continue therapy but withdraw from all social situations where the client might be present to maintain strict professional boundaries

28. An LCSW is treating a client with severe agoraphobia who is also pregnant. The client has been unable to attend prenatal appointments due to the agoraphobia. She is now 34 weeks pregnant and has received minimal prenatal care. What ethical tension does the LCSW face?

- A. No ethical tension exists since the client's prenatal care decisions are a medical matter outside the scope of mental health treatment
- B. The ethical tension is between encouraging the client to seek medical care and avoiding creating pressure that could worsen the anxiety disorder

C. The LCSW must balance respect for the client's autonomy with concern about the health risks to both the client and the developing fetus, recognizing that inadequate prenatal care at 34 weeks could constitute a child welfare concern once the child is born, while actively treating the agoraphobia to remove the barrier to medical care

D. The LCSW should file a mandated child abuse report for prenatal neglect since the client's failure to obtain prenatal care endangers the unborn child

29. An LCSW treats a client who suddenly becomes wealthy through cryptocurrency investments and wants to establish a philanthropic foundation focused on mental health. The client asks the LCSW to serve on the foundation's board of directors for a \$50,000 annual stipend. What should the LCSW do?

A. Decline the offer, as serving on the board of a current client's foundation would create a significant dual relationship involving financial entanglement, power dynamics, and role confusion that could compromise both the therapeutic relationship and the LCSW's professional objectivity

B. Accept the offer since supporting mental health philanthropy aligns with social work values and the board position would advance the profession

C. Accept the offer but donate the stipend to charity to eliminate the personal financial benefit

D. Accept the offer only if the LCSW formally terminates the therapeutic relationship and observes a two-year waiting period

30. An LCSW is treating a client with a history of psychotic episodes who has been stable on medication for two years. The client reveals that he has been stockpiling his medication rather than taking it because he "feels fine." He has approximately 60 days' worth of antipsychotic medication accumulated. What is the LCSW's MOST critical concern?

A. The potential for the accumulated medication to be used in a self-harm attempt, particularly given that the client now has a large quantity of psychotropic medication available

B. The client's right to make autonomous decisions about his own medication, which the LCSW should respect without further intervention

C. The waste of healthcare resources represented by the stockpiled medication that could have been used by other patients

D. The clinical concern is multifaceted — the LCSW should address the high likelihood of psychotic relapse from medication discontinuation, assess whether the stockpiled medication creates a safety risk for overdose, coordinate with the prescribing psychiatrist about the medication noncompliance, and develop a plan for the safe disposal or return of the accumulated medication

31. An LCSW working at a juvenile hall provides therapy to a 16-year-old detained youth. The youth states that another detained youth in the facility told him about a plan to assault a correctional officer during a shift change tonight. The youth naming the plan is not the LCSW's client. What should the LCSW do?

A. Maintain confidentiality since the information is about a third party's plan and breaching would discourage other detained youth from speaking openly in therapy

B. Take immediate action to communicate the threat to appropriate facility staff, as the information describes an imminent threat of physical violence against an identifiable person, regardless of whether the source of the information is the LCSW's direct client

C. Encourage the youth to report the plan through the facility's anonymous tip system rather than having the LCSW breach confidentiality

D. Document the information and bring it to the next multidisciplinary team meeting for clinical consideration

32. An LCSW is treating a client with narcissistic personality disorder. The client has developed a pattern of idealizing the LCSW, bringing expensive gifts, and recently named the LCSW as a beneficiary in a life insurance policy. The client is 45 and in good health. What is the MOST important concern?

A. The value of the gifts, which should be assessed against a specific dollar threshold to determine whether they constitute an ethical violation

B. The tax implications of being named a beneficiary, which could create a financial liability for the LCSW

C. The pattern of idealization, gift escalation, and the life insurance designation collectively represent an increasingly concerning boundary dynamic that must be addressed therapeutically and practically — the LCSW should decline the beneficiary designation, set clear limits on gifts, and explore the meaning of these behaviors within the narcissistic presentation

D. The life insurance designation alone, which should be reported to the BBS as a potential exploitation concern

33. An LCSW provides therapy to a client who is a parent going through a divorce. The client asks the LCSW to testify that the other parent is "mentally unstable" based on what the client has reported in therapy. The LCSW has never evaluated the other parent. What should the LCSW understand?

- A. Offering testimony about an individual the LCSW has never evaluated violates professional ethics, as clinical opinions must be based on direct assessment, and the LCSW should decline while explaining why custody opinions based on one party's therapy reports are unreliable and potentially harmful
- B. The LCSW may testify about the other parent's behavior based on the client's reports as long as the LCSW frames the testimony as the client's self-report rather than the LCSW's clinical opinion
- C. The LCSW should agree to testify since the client's reports constitute clinical data that the LCSW has a duty to share with the court
- D. The LCSW should conduct a brief phone interview with the other parent to form an opinion before testifying

34. An LCSW is treating a client who reports that their 17-year-old sibling is being emotionally abused by their shared parent. The client is 22 years old. The sibling is not the LCSW's client and the LCSW has never met the sibling. Does the LCSW have a mandated reporting obligation?

- A. No, because the information is from a family member rather than the minor directly
- B. No, because the sibling is almost 18 and emotional abuse at this age does not meet the severity threshold for mandated reporting
- C. Yes, but only if the client provides documentary evidence of the emotional abuse such as text messages or voicemails
- D. Yes, because the LCSW received information in a professional capacity creating reasonable suspicion of child abuse, and the reporting obligation applies regardless of whether the minor is a client, and regardless of the source of the information

35. An LCSW who practices in a culturally diverse area is treating a Hmong family. The family's traditional healing practices include a ceremony that involves minor scratching of the skin, leaving temporary marks on the children that resemble abuse. The marks are consistent with a recognized cultural practice called "coining" or "dermabrasion." The children are otherwise healthy, happy, and show no signs of distress. What should the LCSW do?

- A. File a mandated child abuse report since the marks constitute physical abuse regardless of cultural context
- B. Recognize the practice as a culturally normative healing tradition, assess whether the children are being harmed, note the cultural context in the clinical record, and consult with a cultural liaison if needed to distinguish between traditional healing practices and abusive conduct, while maintaining awareness that cultural practices do not automatically exempt conduct from child protection assessment

C. Ignore the marks entirely since questioning a family's cultural practices would be disrespectful and culturally insensitive

D. Report the practice to the family's traditional healer and request they modify the technique to avoid leaving visible marks

36. An LCSW is working with a client who is undergoing a gender transition and asks the LCSW to write a letter to their employer requesting workplace accommodations during the transition, including use of preferred pronouns, access to the appropriate restroom, and time off for medical appointments. Can the LCSW write this letter?

A. No, workplace accommodation letters are outside the scope of clinical social work practice and must be handled by an employment attorney

B. No, unless the client has a formally documented disability under the ADA, the LCSW cannot write accommodation letters

C. Yes, the LCSW can provide a clinical letter documenting the client's gender dysphoria diagnosis and the treatment plan, supporting the need for workplace accommodations consistent with the client's therapeutic care, while recognizing that the letter should address clinical needs rather than legal arguments

D. Yes, but only if the employer specifically requests a letter from a licensed mental health professional as part of a formal accommodation process

37. An LCSW is treating a client with a significant trauma history. After six months of treatment, the client requests access to their complete therapy records. The LCSW's notes contain detailed descriptions of the client's trauma narrative, clinical impressions about dissociative symptoms the client has not been told about, and the LCSW's concerns about potential personality pathology. What should the LCSW consider?

A. Provide the records while offering to schedule a session specifically to review the content together, allowing the LCSW to contextualize clinical observations, explain professional terminology, and support the client through any distress that reading the records may cause

B. Deny the request since the trauma content in the records could retraumatize the client, which constitutes a valid legal basis for withholding records under the harm exception

C. Provide only a sanitized summary that removes all trauma descriptions, clinical impressions, and diagnostic hypotheses

D. Provide the records but retroactively edit the notes to remove any observations that might upset the client before granting access

38. An LCSW is treating a client who has signed a release allowing the LCSW to communicate with the client's psychiatrist. During a phone call with the psychiatrist, the psychiatrist shares information about the client that the client has not disclosed to the LCSW — specifically, that the client has been hospitalized three times for suicide attempts in the past year. What should the LCSW do?

A. Discuss the information with the client's spouse to ensure someone is monitoring the client's safety at home

B. Pretend the LCSW does not have this information and wait for the client to disclose it voluntarily

C. Use the information to involuntarily hospitalize the client immediately since the history of multiple recent suicide attempts constitutes evidence of imminent danger

D. Integrate the information into clinical care by conducting a thorough risk assessment, discussing the hospitalization history with the client in the next session to create an opportunity for open dialogue about the client's safety, and adjusting the treatment plan accordingly

39. An LCSW is conducting a home visit for a client with agoraphobia. During the visit, the LCSW notices that the home contains a large collection of legal firearms stored in a gun safe. The client has no history of violence or suicidal ideation. Should the LCSW take any action regarding the firearms?

A. Report the firearms to law enforcement since the combination of a mental health condition and firearms constitutes a public safety concern

B. Note the observation in the clinical record as part of the environmental assessment, and keep the information available for future risk assessment if the client's clinical status changes, without taking any current action since no risk factors indicating danger are present

C. Discuss firearm safety with the client and recommend removing the firearms from the home as a preventive safety measure

D. The firearms are irrelevant to the clinical work and should not be documented or discussed since they are the client's legal property

40. An LCSW is working in a hospital setting when a patient who is not the LCSW's client approaches the LCSW in the hallway, visibly distressed, and states, "I'm going to jump out that window right now." The LCSW does not know this patient. What is the LCSW's obligation?

- A. Direct the patient to the nurses' station and return to the LCSW's assigned duties since the patient is not the LCSW's client
- B. Ask the patient whether they are serious and, if the patient says they were joking, return to other duties
- C. Respond to the immediate safety crisis by intervening to prevent access to the window, alerting staff, staying with the patient until appropriate help arrives, and ensuring a handoff to the patient's treatment team or emergency personnel
- D. Document the statement and report it to the patient's primary treatment team at the next available opportunity

41. An LCSW is treating a client with depression. After four months of weekly CBT sessions with no improvement, the client asks, "Is this therapy actually evidence-based?" What information does the client have a right to know?

- A. The client has the right to know the evidence base supporting the treatment approach being used, alternative treatment options that may be effective for their condition, and the LCSW's clinical rationale for continuing the current approach, as this information is integral to ongoing informed consent
- B. The LCSW should decline to discuss the evidence base since explaining research findings to a client could create confusion and undermine the client's confidence in the treatment
- C. The LCSW should provide the client with copies of published research studies supporting CBT for depression so the client can evaluate the evidence independently
- D. The client has no right to information about the treatment's evidence base since clinical decisions are solely within the LCSW's professional judgment

42. An LCSW is working with a client who discloses they are currently being stalked by an ex-partner. The client is terrified and has evidence of the stalking including photos of the ex outside her home, threatening texts, and damaged property. The client has not obtained a restraining order and has not contacted police. What is the LCSW's obligation?

- A. File a Tarasoff warning on behalf of the client to the stalker since the stalking constitutes a foreseeable threat of harm
- B. Report the stalking to police on the client's behalf since the LCSW has a duty to protect clients from known threats

C. Contact the ex-partner directly and warn them that their behavior has been reported to the client's therapist

D. Provide safety planning assistance, offer information about legal protections including restraining orders, connect the client with victim advocacy services, support the client's autonomy in deciding how to respond to the stalking, and assess whether the threat level warrants additional safety measures

43. An LCSW is providing therapy to a client who has been diagnosed with factitious disorder (formerly Munchausen syndrome). The client has been fabricating symptoms of various medical conditions to receive medical procedures. The client is an adult making autonomous decisions about seeking medical treatment. Does the LCSW have any obligation beyond treating the factitious disorder?

A. No, the client is an adult making autonomous healthcare decisions and the LCSW's only obligation is to treat the psychiatric condition

B. The LCSW should consider whether the client's ongoing fabrication of symptoms is leading to unnecessary medical procedures that carry genuine physical risks, and explore the possibility of coordinating with the client's medical providers (with the client's consent) to prevent potentially harmful unnecessary interventions

C. The LCSW must report the client to all treating physicians immediately since the fabricated symptoms constitute fraud against the healthcare system

D. The LCSW should terminate therapy since factitious disorder patients cannot benefit from treatment because their core pathology involves deceiving healthcare providers

44. An LCSW is conducting a therapy session via telehealth. Midway through the session, the LCSW observes that another person has entered the room where the client is located and appears to be listening to the session. The client has not acknowledged the other person's presence. What should the LCSW do?

A. Ignore the other person since the client has the right to determine their own telehealth environment

B. End the session immediately and refuse to continue until the LCSW can verify no third party will be present

C. Note the person's presence to the client, inquire about who is present and whether the client is comfortable continuing the session with a third party listening, and assess whether the client's failure to acknowledge the person suggests a safety or coercion concern

D. Continue the session but avoid discussing any sensitive topics until the other person leaves

45. An LCSW treats a client who has been diagnosed with antisocial personality disorder and is on parole for assault. During therapy, the client describes fantasies about harming animals in graphic detail. The client reports having harmed animals in the past but states he has no current intent to harm any specific person. What should the LCSW evaluate?

A. Whether the animal cruelty fantasies, combined with the client's history of violence against both animals and humans, represent an escalating pattern that requires heightened risk monitoring, and whether the content creates any reportable concern — while recognizing that animal cruelty alone does not trigger Tarasoff but may be clinically significant as a predictor of interpersonal violence

B. Nothing beyond standard therapeutic processing, since animal-related fantasies are a common theme in therapy with antisocial clients and do not warrant special clinical attention

C. Whether to file a report with the local animal control agency since the LCSW has a professional obligation to protect animals from a client who reports a history of animal cruelty

D. Whether to immediately report to the parole officer since fantasies about harming animals while on parole for assault constitute a parole violation

46. An LCSW is providing therapy to a client who is preparing to undergo bariatric surgery. The surgeon requires a psychological evaluation letter from a mental health professional as a prerequisite for surgery. The client has been in therapy for depression and emotional eating for nine months. Can the LCSW provide the evaluation letter?

A. No, the LCSW must refer to an independent evaluator since the treating therapist cannot provide a pre-surgical psychological evaluation

B. Yes, the LCSW should provide a positive recommendation since the client has been working on the relevant psychological issues in therapy for nine months

C. Yes, but only if the LCSW also holds a health psychology certification in addition to the LCSW license

D. The LCSW should carefully consider whether providing the evaluation creates a dual role concern, assess whether the LCSW can be objective given the therapeutic alliance, and if appropriate, provide the evaluation based on clinical observations while acknowledging the therapeutic relationship and documenting the clinical basis for the recommendation

47. An LCSW working in a veteran's treatment program discovers that a Vietnam-era veteran client has been receiving disability benefits for PTSD based on a combat history that the LCSW has come to believe was fabricated. The veteran's reported combat experiences contain numerous factual inconsistencies. What is the LCSW's obligation?

- A. Report the suspected fraud to the Department of Veterans Affairs since disability fraud diverts resources from veterans with legitimate claims
- B. Report the veteran to law enforcement since fraudulent receipt of government benefits is a felony offense
- C. Address the inconsistencies therapeutically, explore whether the fabrication itself is clinically significant, maintain confidentiality regarding the suspected fraud, and focus on the client's actual treatment needs
- D. Confront the veteran aggressively about the inconsistencies and demand an honest account before continuing treatment

48. An LCSW is providing therapy to a client who discloses that she has been keeping her deceased husband's body in the home for three weeks, unable to process the grief and let go. She has not contacted a funeral home or the coroner. There are no children or other vulnerable persons in the home. What should the LCSW consider?

- A. This is exclusively a grief issue that should be addressed therapeutically without any external intervention
- B. Consider the public health implications of an unreported death and an unprocessed body, assess the client's decision-making capacity, recognize that the situation may require coordination with the coroner's office and potentially adult protective services depending on the client's functional status, and provide compassionate therapeutic support while addressing the practical and legal necessities
- C. Contact law enforcement immediately since failure to report a death is a criminal offense
- D. Recommend the client seek assistance from a death doula or end-of-life specialist who can help with the practical aspects of body disposition

49. An LCSW is the therapist for a teenage client who is bullied severely at school. The teen's parents want the LCSW to attend a school meeting as the teen's advocate. The LCSW agrees and attends the meeting. During the meeting, the school counselor asks the LCSW to share clinical details about the teen's diagnosis to support the request for accommodations. What should the LCSW do?

- A. Share only the information that has been specifically authorized by the client and parents, adhering to the minimum necessary standard, and redirect questions that seek information beyond the scope of the authorization
- B. Share comprehensive clinical information since the school meeting is for the teen's benefit and the LCSW's presence implies authorization to disclose

C. Decline to share any information and state that the LCSW is present only as a supportive presence and cannot disclose clinical details in any school setting

D. Share the information freely since FERPA authorizes the sharing of student mental health information within the school system

50. An LCSW treats a client who recently inherited a farm that includes several horses. The client asks the LCSW to incorporate equine-assisted therapy into their treatment. The LCSW has no training in equine-assisted therapy. What should the LCSW do?

A. Agree to hold sessions at the farm since the rural outdoor environment would be therapeutically beneficial regardless of whether the horses are formally incorporated

B. Incorporate the horses into therapy since the client's ownership of the animals eliminates the logistical barriers typically associated with equine-assisted therapy

C. Accept the idea but use the horses only as a backdrop for conversation rather than incorporating them into formal therapeutic activities

D. Explain that equine-assisted therapy requires specialized training the LCSW does not have, offer to explore a referral to a qualified equine-assisted therapy provider, and discuss whether other aspects of the farm environment could be incorporated into the existing treatment approach within the LCSW's competence

51. An LCSW is treating a client who is a professional therapist at another agency. The client reveals that she has been romantic with a former client whose treatment ended only three months ago. Under California law, the mandatory waiting period has not been met. What is the LCSW's obligation?

A. Report the client immediately to the BBS since the LCSW has direct knowledge of a licensing violation

B. Maintain confidentiality but refuse to continue treating the client since continuing therapy would constitute implicit endorsement of the boundary violation

C. Address the ethical violation clinically, inform the client of the legal and professional consequences including potential BBS disciplinary action, strongly encourage the client to cease the relationship and consult with an ethics attorney, and carefully consider the LCSW's own potential duty to report under the specific circumstances

D. Maintain strict confidentiality and address the situation exclusively through therapeutic exploration without discussing the legal implications

52. An LCSW working in pediatric oncology provides therapy to a 12-year-old with terminal cancer. The child asks the LCSW directly, "Am I going to die?" The parents have instructed the medical team and the LCSW not to discuss the prognosis with the child. The child appears to know the answer already. What should the LCSW do?

- A. Follow the parents' instructions and redirect the child's question to a different topic
- B. Engage with the child's question at a developmentally appropriate level, acknowledging the child's awareness and providing emotional space for the child to express their understanding and fears, while working with the parents to help them understand the child's need for honest, supportive communication about their condition
- C. Provide the child with the full medical prognosis including statistical survival rates since the child asked directly and has a right to complete information
- D. Tell the child to ask their parents since the decision about disclosing the prognosis is the parents' right

53. An LCSW treats a family in which the 16-year-old has come out as gay. The parents' cultural background strongly condemns homosexuality and they express to the LCSW that they want their son to "change." The adolescent is distressed by the family conflict. The LCSW's role is as the family therapist. What is the MOST appropriate therapeutic approach?

- A. Acknowledge the family's cultural values while working to create a therapeutic space that supports the adolescent's identity and safety, facilitate family dialogue that explores both the parents' cultural framework and the adolescent's experience, and educate the family about the harmful effects of rejection while working toward a resolution that prioritizes the adolescent's wellbeing
- B. Align with the parents' cultural values since the LCSW's role as family therapist requires supporting the family system's cultural framework
- C. Refuse to continue treating the family since the parents' stance on homosexuality is fundamentally incompatible with affirming therapeutic practice
- D. Focus exclusively on the adolescent's perspective and advocate for the adolescent against the parents since the LCSW's primary duty is to the most vulnerable family member

54. An LCSW has been treating a client for two years. The client offers the LCSW two front-row tickets to an upcoming sold-out concert, valued at \$800, as a "thank you." The client purchased the tickets specifically for the LCSW. What should the LCSW do?

- A. Accept the tickets since the client purchased them with clear intent and refusing would be dismissive of the client's generous gesture
- B. Accept the tickets but pay the client face value to convert the gift into a commercial transaction
- C. Accept the tickets and attend the concert but avoid sitting near any other clients who might be in attendance
- D. Decline the tickets, explain that accepting a gift of this monetary value would compromise the therapeutic relationship, explore the meaning behind the gesture therapeutically, and set clear expectations about appropriate gift-giving within the therapeutic framework

55. An LCSW is treating a client with postpartum depression who is breastfeeding. The client's psychiatrist wants to prescribe a medication that is excreted in breast milk. The client asks the LCSW's opinion about whether to take the medication or stop breastfeeding. What is the LCSW's appropriate role?

- A. Advise the client to stop breastfeeding and take the medication since treating the postpartum depression should take priority
- B. Advise the client to continue breastfeeding and decline the medication since natural bonding through breastfeeding is more important than pharmacological intervention
- C. Support the client in making an informed decision by exploring her values and concerns, encourage her to discuss the specific risks and benefits with both the psychiatrist and the pediatrician, and provide therapeutic space for processing the difficult choice without substituting the LCSW's judgment for the client's own decision-making
- D. Contact the psychiatrist directly and recommend an alternative medication that is not excreted in breast milk

56. An LCSW is treating an elderly client in a nursing home. During a session, the client whispers that another resident has been sexually assaulting her at night when staff are not present. The client is cognitively intact but physically frail and unable to defend herself. She begs the LCSW not to report because she fears retaliation from the other resident. What must the LCSW do?

- A. Respect the client's wishes and maintain confidentiality since the client is a competent adult making an informed decision
- B. Encourage the client to report the assaults to the nursing home administration and provide emotional support for the reporting process

C. File a mandated elder abuse report immediately, as sexual assault of an elderly person in a care facility constitutes reportable abuse under California's Elder Abuse and Dependent Adult Civil Protection Act, regardless of the client's wishes regarding confidentiality

D. Report the situation to the nursing home's ombudsman program rather than Adult Protective Services since the abuse is occurring within a licensed facility

57. An LCSW who works with military families is treating the spouse of a deployed service member. The spouse reveals that she has been having an affair with another service member. She is terrified her husband will find out when he returns from deployment. The LCSW has no therapeutic relationship with the husband. What is the LCSW's obligation?

A. Report the affair to the military chain of command since adultery is a violation of the Uniform Code of Military Justice

B. Maintain confidentiality and address the affair therapeutically, exploring the client's feelings, the marital dynamics, the potential consequences, and the client's decision-making process regarding whether and how to address the affair with her husband

C. Contact the husband to inform him of the affair since he has a right to know about his spouse's infidelity

D. Refuse to continue treating the client since continuing therapy while the client maintains the affair would constitute implicit endorsement of the extramarital relationship

58. An LCSW is conducting an initial assessment with a new client who presents with paranoid ideation. The client states, "I need to warn you — I've sued three of my previous therapists for malpractice." The LCSW feels anxious about accepting this client. What should the LCSW consider?

A. Decline the client immediately since a pattern of malpractice litigation against previous therapists indicates the client is litigious and will likely sue the LCSW

B. Accept the client only if the client signs a waiver agreeing not to file any future malpractice claims against the LCSW

C. Accept the client only after consulting with the previous therapists to determine the merits of the prior lawsuits

D. Assess whether the anxiety about potential litigation would compromise the LCSW's ability to provide competent care, recognize that the litigation history may be relevant to the clinical presentation, and if the LCSW can provide objective treatment, accept the client with thorough documentation practices and appropriate consultation

59. An LCSW treats a client who recently returned from a trip abroad and is exhibiting symptoms the LCSW does not recognize — high fever, confusion, and a distinctive rash. The client states they have not yet seen a physician. What should the LCSW do?

- A. Research the symptoms online during the session to provide the client with a possible medical diagnosis
- B. Continue the therapy session as planned and recommend the client schedule a doctor's appointment at their convenience
- C. Refer the client for immediate medical evaluation, as the combination of high fever, confusion, and rash following international travel could indicate a serious or communicable medical condition requiring urgent medical attention, and the LCSW should not continue the session as if these were psychiatric symptoms
- D. Conduct a mental status examination to rule out delirium before making any medical referrals

60. An LCSW is working at a college counseling center. A student client mentions that their roommate has been expressing suicidal thoughts and has been giving away personal possessions. The roommate is not the LCSW's client. The student is worried but doesn't want to "betray" the roommate's confidence. What should the LCSW do?

- A. Validate the student's concern, provide information about how to connect the roommate with crisis resources, discuss the concept that breaking a confidence may be necessary to save a life, and support the student in taking appropriate action while exploring whether the LCSW can facilitate a direct intervention
- B. Instruct the student to call 911 immediately and end the session to prioritize the roommate's safety
- C. Maintain focus on the student's own therapy issues since the roommate is not the LCSW's client and the LCSW has no obligation to intervene
- D. Contact the roommate directly since the LCSW has a Tarasoff obligation to protect any person known to be at risk of suicide

61. An LCSW receives a request from a client's chiropractor asking for therapy records. The client signed a release form at the chiropractor's office authorizing disclosure of "all health records." The LCSW has never seen this release. What should the LCSW do?

- A. Release only records that the client's chiropractor would have a legitimate clinical need to review since "all health records" is an overly broad authorization
- B. Obtain and review the release form to verify it meets California's requirements for a valid authorization including specificity of information to be disclosed, contact the client to discuss the request and ensure the client understands what records will be shared, and release only the minimum necessary information
- C. Release the complete therapy file since the client signed an authorization for "all health records" which encompasses mental health records
- D. Decline to release any records to the chiropractor since chiropractic treatment has no clinical overlap with psychotherapy

62. An LCSW is treating a client who has been increasingly agitated over several sessions. During today's session, the client makes a fist, pounds the arm of the chair, and shouts, "I'm going to lose it!" The client has no history of violence and has not made a specific threat against anyone. What should the LCSW do?

- A. Call security immediately since the client's physical agitation constitutes a safety threat
- B. Terminate the session and require the client to complete an anger management course before returning
- C. Ask the client directly whether they have thoughts of harming anyone to assess whether the agitation represents a specific threat
- D. De-escalate the situation using therapeutic techniques, assess the client's emotional state, explore what is driving the agitation, evaluate whether any safety concern exists, and adjust the session approach to address the acute distress while maintaining a safe therapeutic environment

63. An LCSW has been treating a client for panic disorder for one year. The client reports the panic attacks have fully resolved and requests termination. At the final session, the client asks the LCSW for a hug. What should the LCSW consider?

- A. Physical contact with clients is always prohibited under professional ethics and the LCSW must refuse the hug categorically
- B. Accept the hug immediately since it represents a natural expression of gratitude at the conclusion of a successful therapeutic relationship

C. Consider the clinical context, the client's history, cultural norms, the therapeutic relationship, the potential meaning of the physical contact, and whether a brief hug at termination would be a benign boundary crossing that serves a therapeutic purpose or a boundary violation that could be harmful — and make an informed clinical decision

D. Offer a handshake as a professional alternative to a hug since handshakes provide physical contact within clear professional boundaries

64. An LCSW is treating a client who is a pharmaceutical sales representative. The client repeatedly offers to provide the LCSW with free drug samples — specifically antidepressants and anxiolytics — "for the LCSW's clients who can't afford medication." What should the LCSW do?

A. Decline the offer, as accepting pharmaceutical samples from a client creates a dual relationship with commercial dimensions, and distributing prescription medications is outside the LCSW's scope of practice

B. Accept the samples and distribute them to clients who cannot afford medication since facilitating medication access serves client welfare

C. Accept the samples but store them for the agency's psychiatrist to distribute rather than distributing them personally

D. Accept only the antidepressant samples but decline the anxiolytics since anxiety medications have higher abuse potential

65. An LCSW works at a residential treatment facility and is assigned to provide therapy to a client who the LCSW went to high school with 20 years ago. They were not close friends but were acquaintances who shared a social circle. What should the LCSW do?

A. Refuse the assignment since any prior personal connection constitutes a dual relationship that prohibits treatment

B. Disclose the prior acquaintance to the client, assess whether the historical connection could affect the therapeutic relationship, consult with a supervisor, and make a clinical determination about whether the LCSW can provide objective, competent treatment or whether reassignment is more appropriate

C. Accept the assignment without disclosure since a high school acquaintance from 20 years ago does not constitute a meaningful prior relationship

D. Accept the assignment but avoid discussing any topics from the period when the LCSW and client attended the same school

66. An LCSW has been treating a client with complex PTSD. After 18 months of intensive therapy, the LCSW realizes they have developed compassion fatigue specifically related to this client's case — the LCSW dreads sessions, feels emotionally numb during sessions, and has begun arriving late to this client's appointments. The LCSW continues to function well with all other clients. What should the LCSW do?

- A. Continue treating the client but reduce session frequency to prevent further compassion fatigue
- B. Transfer the client immediately without disclosing the reason for the transfer
- C. Inform the client about the compassion fatigue since the client has a right to know why the LCSW's engagement has declined
- D. Seek consultation and personal therapy to address the compassion fatigue, honestly assess whether the LCSW can restore effective clinical functioning with this client, and if not, arrange an ethical transition to another qualified trauma therapist while framing the transfer in a way that prioritizes the client's wellbeing

67. An LCSW is providing therapy to a client who is a competitive mixed martial arts fighter. During a session, the client reveals that in his last fight, he intentionally used an illegal technique that seriously injured his opponent, who is now hospitalized with a spinal injury. The client knew the technique was banned and chose to use it anyway. He shows no remorse. What is the LCSW's obligation?

- A. Report the client to the athletic commission since the intentional use of a banned technique constitutes criminal assault
- B. Report the incident to law enforcement since intentionally injuring someone using a technique known to cause serious harm constitutes assault regardless of the sporting context
- C. Maintain confidentiality since the injury occurred within a sanctioned sporting event and does not trigger any exception to the psychotherapist-patient privilege, while addressing the behavior clinically including the client's lack of remorse and the willingness to intentionally harm another person
- D. Contact the injured opponent to inform them that the injury was caused intentionally so the opponent can pursue legal action

68. An LCSW working in a chronic pain clinic is providing therapy to a client who has been maintained on high-dose opioids by a pain management specialist for several years. The LCSW has learned through continuing education that the current evidence strongly recommends against long-term high-dose opioid therapy for chronic non-cancer pain. The client appears to be functioning poorly and the LCSW suspects the opioids may be contributing to the depression. What is the LCSW's appropriate role?

- A. Share clinical observations about the relationship between the opioid therapy and the client's functioning with the client, encourage the client to discuss current evidence-based pain management approaches with the prescriber, and with the client's consent, communicate the LCSW's observations to the prescriber as part of interdisciplinary care coordination
- B. Contact the prescribing pain specialist directly and recommend tapering the opioid dose based on the LCSW's assessment
- C. Advise the client to discontinue the opioid medication since the LCSW has evidence that it is worsening the client's condition
- D. Avoid discussing the opioid therapy with either the client or the prescriber since medication management is entirely outside the LCSW's scope of practice

69. An LCSW treats a client who has a pattern of idealizing new therapists and then abruptly terminating when they experience any perceived slight or disappointment. The client is now in the early "idealization" phase with the LCSW. What is the MOST clinically appropriate approach?

- A. Enjoy the idealization phase and use the positive alliance to accomplish as much therapeutic work as possible before the inevitable devaluation occurs
- B. Address the pattern directly and early in treatment by naming the cycle the LCSW has observed in the client's history, establishing explicit expectations about how therapeutic ruptures will be handled, and proactively building the client's capacity to tolerate disappointment within the therapeutic relationship
- C. Avoid any actions that might trigger the client's devaluation response, carefully managing the therapeutic relationship to prevent any perceived slight
- D. Prepare for termination by providing the client with comprehensive referrals now so the transition to the next therapist will be smooth when the devaluation inevitably occurs

70. An LCSW is providing therapy to a client who is pregnant and using methamphetamine. The client is 30 weeks pregnant. She states she wants to stop but has been unable to do so. She is receiving prenatal care but has not disclosed the drug use to her obstetrician. Under California law, what is the LCSW's reporting obligation regarding the prenatal substance exposure?

- A. File a mandated child abuse report immediately since prenatal methamphetamine exposure constitutes child abuse under California law
- B. Report the drug use to the obstetrician since the physician needs this information for prenatal care

C. Maintain confidentiality since the client is receiving prenatal care and is voluntarily seeking treatment for the substance use disorder

D. Under California law, prenatal substance use alone is not a mandated child abuse reporting trigger before the child is born, but the LCSW should strongly encourage the client to disclose the methamphetamine use to her obstetrician, provide substance abuse treatment resources, and understand that after birth, a positive toxicology screen may trigger hospital-based reporting

71. An LCSW is treating a client who has been diagnosed with dissociative identity disorder. The host personality has given informed consent for treatment. A newly emerging alter claims to be a licensed attorney and demands to review the LCSW's license, malpractice insurance documentation, and clinical notes before allowing any further therapy to proceed. What should the LCSW do?

A. Comply with all demands since the alter's identity as an attorney gives them special legal standing to review these documents

B. Refuse to engage with the alter since only the host personality's consent governs the therapeutic relationship

C. Treat the alter's demands as a clinical presentation requiring therapeutic engagement — acknowledging the alter's concerns without capitulating to the legal framing, setting appropriate boundaries while maintaining the therapeutic alliance with the system, and recognizing that the "attorney" alter may represent the system's protective defense against vulnerability

D. Terminate therapy since the legal threats from the alter create a hostile therapeutic environment

72. An LCSW working in geriatric care is treating an 85-year-old client who has decided to voluntarily stop eating and drinking (VSED) as a way to end their life. The client has a terminal illness, is in significant pain, and has full decision-making capacity. The client's adult children are opposed to the decision. What is the LCSW's obligation?

A. Support the client's autonomous decision while providing therapeutic processing of the end-of-life choice, facilitating communication with the adult children, ensuring the client has been fully informed about palliative care alternatives, and coordinating with the medical team to ensure the client's comfort during the VSED process

B. Report the client to Adult Protective Services for self-neglect since refusing to eat and drink constitutes a threat to the client's own safety

C. Support the adult children's position and attempt to persuade the client to continue eating and drinking since family members' concerns should outweigh the client's autonomous decision

D. Initiate a 5150 hold since the decision to stop eating constitutes suicidal behavior requiring involuntary psychiatric evaluation

73. An LCSW is providing therapy to a client who casually mentions that they have been micro-dosing psilocybin mushrooms, which are illegal under both federal and California state law, as a self-treatment for depression. The client reports significant improvement in mood and functioning since starting the micro-dosing three months ago. What should the LCSW do?

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

B. Maintain confidentiality, integrate the psilocybin use into the clinical picture, discuss the potential risks including legal consequences and unknown long-term effects, and continue providing evidence-based treatment while monitoring the client's overall functioning and safety

C. Encourage the client to increase the psilocybin dose since the improvement in mood supports the therapeutic benefit of the substance

D. Refuse to continue treating the client while they are using an illegal substance since providing therapy to someone using illicit drugs could be perceived as endorsing the drug use

74. An LCSW is treating a couple in which one partner reveals during a session that they have a terminal illness and have chosen not to tell the other partner. The ill partner asks the LCSW to help them "live normally" for the remaining months without the burden of the other partner's grief. What should the LCSW do?

A. Maintain the ill partner's secret since the decision about medical disclosure is a personal healthcare decision protected by the ill partner's autonomy

B. Immediately disclose the illness to the other partner since withholding this information in couples therapy is therapeutically fraudulent

C. Explain that maintaining this magnitude of secret in couples therapy is inconsistent with the therapeutic framework, explore the ill partner's fears about disclosure, discuss the relational and therapeutic implications of withholding a terminal diagnosis from a life partner, and help the ill partner consider how and when to share the information

D. Continue couples therapy without addressing the terminal illness and simultaneously begin individual therapy with the ill partner for end-of-life processing

75. An LCSW is the sole therapist at a small rural clinic. The LCSW is called for jury duty in a trial that will last approximately three weeks. The LCSW has 40 active clients, several of whom are high-risk. What is the LCSW's obligation?

- A. Attend jury duty without making any arrangements since civic duty takes precedence over professional obligations
- B. Request a postponement or exemption from jury service based on the hardship to clients, arrange backup coverage for high-risk clients if jury service cannot be deferred, notify all clients of the potential absence, and ensure emergency protocols are in place for the duration of the service
- C. Refuse jury duty entirely on ethical grounds since leaving high-risk clients without a therapist for three weeks would constitute abandonment
- D. Attend jury duty and instruct all clients to use the crisis hotline for any needs during the three-week absence

Practice Exam 17: Answer Key and Explanations

1. D — No-suicide contracts lack empirical support and provide no legal protection. Using a contract as the primary safety intervention — without conducting a thorough risk assessment or developing a comprehensive Safety Planning Intervention — falls below the standard of care. Evidence-based practice requires a validated screening tool, a full risk/protective factor assessment, and a collaborative safety plan. The contract alone is the least appropriate response of the options presented.

2. C — A coach who publicly berates a minor about weight, imposes extreme caloric restriction, and uses coercive threats may be engaging in conduct that constitutes emotional abuse or contributes to physical harm through the development of an eating disorder. The LCSW should assess whether the totality of the coach's behavior creates reasonable suspicion of abuse. Athletic training does not provide blanket immunity from child protection scrutiny when the conduct causes demonstrable harm.

3. A — When an LCSW discovers an indirect personal connection to a client, the ethical response is transparent disclosure followed by collaborative assessment. The client deserves to know about the connection and to participate in deciding whether therapy continues. Simply continuing without disclosure risks compromising objectivity through undisclosed bias, while automatic termination may be an overreaction to an indirect connection that may not actually affect the clinical work.

4. B — A client presenting with suicidal ideation and a plan constitutes an immediate safety crisis that supersedes administrative policy. The standard of care requires immediate assessment and intervention — not deferral for re-intake processing. The LCSW should provide crisis intervention now and address the administrative requirements afterward. Agency policies cannot override the fundamental professional obligation to respond to imminent danger.

5. D — The psychotherapist-patient privilege belongs to the client regardless of their role in litigation. A client who is a witness — not a party — retains full privilege protection over their therapy records. The LCSW should assert the privilege on the client's behalf unless the client waives it or a court specifically orders disclosure. The common misconception that privilege applies only to litigation parties is a frequently tested error.

6. A — The most critical consideration when a couples therapist is asked to provide individual sessions is whether doing so would compromise neutrality or create secrets that undermine the conjoint work. Information disclosed in individual sessions may create an ethical bind if the LCSW later cannot use that knowledge in conjoint sessions. The LCSW must evaluate whether the dual modality arrangement is clinically feasible before scheduling logistics or insurance matters.

7. B — Research consistently identifies the combination of a specific lethal plan with readily available means as among the most critical acute risk factors for suicide completion. While diagnosis, trauma history, and precipitating events are all relevant risk factors, access to lethal means with a specific plan represents the most actionable and dangerous combination. This is why means restriction counseling is a cornerstone of evidence-based suicide prevention.

8. C — In small communities — including religious congregations — incidental contact between therapist and client is sometimes unavoidable. The ethical response is transparent acknowledgment, proactive boundary planning, and ongoing evaluation. Neither terminating the therapy nor withdrawing from the community is proportionate to the situation. Managing the overlap openly preserves both the therapeutic relationship and the LCSW's personal community participation.

9. A — When a consultant recognizes the subject of a consultation as someone they know personally, continuing the consultation creates a conflict between the consultant role and the personal relationship. The LCSW should disclose the connection, discontinue the consultation, and redirect the colleague to another specialist. The personal knowledge could bias the consultation, and the individual's privacy is compromised by the LCSW's dual knowledge base.

10. D — California SB 1172 prohibits licensed mental health professionals from engaging in sexual orientation or gender identity change efforts with minors. The LCSW must decline any approach aimed at changing the adolescent's gender identity. However, the LCSW can offer alternative therapeutic approaches — such as supporting the adolescent's identity development, facilitating family communication, and addressing the parents' concerns through psychoeducation about gender identity.

11. B — A client destroying office property during a PTSD activation is likely experiencing a dissociative flashback rather than engaging in deliberate aggression. The priority is safety for both parties, followed by de-escalation and grounding techniques to restore present-moment orientation. Physical restraint by a therapist is inappropriate and potentially dangerous. The clinical response should address the dissociative process rather than treating the behavior as a purely behavioral problem.

12. A — The between-session calls are clinical manifestations of the dependent personality disorder — they are the pathology expressing itself in the therapeutic relationship. The LCSW should address the pattern directly as treatment material, set clear boundaries about between-session contact, and develop treatment goals focused on building the client's decision-making autonomy. Neither unlimited availability nor punitive responses serve the client's clinical needs.

13. C — The distinction between boundary crossings and boundary violations is fundamental to ethical practice. A boundary crossing is a departure from standard practice that may serve a therapeutic purpose and may or may not be harmful — such as accepting a small cultural gift or conducting a home visit. A boundary violation is an action that exploits or harms the client — such as sexual contact or financial exploitation — and is always unethical. Context determines which category applies.

14. D — A child's spontaneous statement about pain in their private areas, overheard by a reliable adult (the teacher) and reported to the LCSW in a professional context, creates reasonable suspicion of possible sexual abuse. Reasonable suspicion does not require direct disclosure to the reporter, physical evidence, or corroboration. The LCSW received the information in a professional capacity and must file a mandated report. Investigation will determine what occurred.

15. B — Not all powers of attorney grant access to healthcare records. A general financial POA typically does not authorize access to medical information. A healthcare POA usually activates only when the principal lacks decision-making capacity — not when the principal is simply absent or difficult to reach. The LCSW must verify the specific type, scope, and activation status of the POA before releasing any records.

16. A — A detailed, specific plan to shoot a named coworker at a known workplace with a stated intention to act tomorrow meets every element of the Tarasoff duty: a serious threat of physical violence against a reasonably identifiable victim communicated by the patient. The other scenarios — embezzlement, past DUI, vague anger — do not trigger the dangerous patient exception because they lack specificity, identifiable victims, or threats of physical violence.

17. A — Two distinct ethical issues are present. First, the colleague's informal hallway discussion of a client case constitutes a confidentiality breach — clinical discussions should occur in private settings regardless of whether names are used, as overheard details can identify clients. Second, the LCSW now has knowledge of a connection between two clients at the practice that must be managed. Both issues require attention.

18. D — California provides significant protections for undocumented individuals seeking healthcare, including emergency Medi-Cal coverage, charity care obligations under the Hill-Burton Act, and sanctuary policies that limit immigration enforcement in healthcare settings. Providing accurate information about these protections directly addresses the barrier preventing the client from accessing life-saving cancer treatment. This is a social work advocacy obligation at its most fundamental level.

19. B — Conducting therapy while a client is driving creates safety risks for the client, other drivers, and pedestrians. The LCSW should address the situation immediately — not ignore it or continue the session. Therapeutic engagement requires attention that is incompatible with safe driving. The LCSW should ask the client to pull over safely or reschedule, establishing a clear policy about conducting sessions while operating a vehicle.

20. C — The LCSW should neither abandon the evidence-based exposure approach nor override the client's expressed reluctance. Exploring the fear, validating the difficulty, considering whether the exposure hierarchy needs recalibration, and collaboratively finding a tolerable pace represents the therapeutic middle ground. Effective exposure therapy requires the client's active collaboration — not compliance under pressure or indefinite avoidance.

21. A — An intoxicated adolescent at a substance use group session requires immediate safety assessment. The LCSW must evaluate how the teen arrived (driving?), assess current safety, determine whether the teen can participate without disrupting the group, and contact the parent or guardian if the teen is in danger. Neither allowing impaired participation nor permanent exclusion addresses the immediate safety concern.

22. D — California law does not impose a mandatory duty on therapists to disclose a client's HIV status to third parties — including sexual partners. This remains true even in couples therapy where the unknowing partner is present. The LCSW should strongly encourage disclosure, address the issue within the therapeutic framework, and consult about managing the ethical tension. The Tarasoff duty has generally not been extended to HIV transmission by therapists in California.

23. B — Parents who initiated treatment do not have an absolute right to attend every session. Clinical judgment may indicate that the adolescent needs individual sessions to address topics they would not discuss with parents present. The LCSW should advocate for the arrangement that best serves the client's therapeutic needs while maintaining the parents' appropriate involvement. The balance between parental rights and clinical necessity is a judgment call.

24. C — The LCSW received information about elder abuse — verbal abuse of an elderly patient in a care facility — in a professional capacity. This triggers the LCSW's own independent mandated reporting obligation, separate from the client's obligation as a mandated reporter. The fact that the LCSW heard about the abuse secondhand through a therapy session does not eliminate the reporting duty. Both the client and the LCSW have independent obligations to report.

25. A — The duty of confidentiality survives termination and extends indefinitely. A former client's subsequent fame does not diminish their privacy rights regarding therapy. The LCSW cannot confirm or deny that any individual was ever a client — even if the journalist already seems to know. Any response that acknowledges the therapeutic relationship, however limited, constitutes a breach of confidentiality regardless of the former client's public status.

26. D — The child's increasing agitation signals the disclosure is exceeding their emotional capacity. The LCSW should first attend to the child's emotional safety — stabilizing the child's affect before pursuing further exploration. The drawing's clinical significance should be noted, but the child should not be pressured for elaboration in a moment of acute distress, particularly with the subject of the drawing present. Follow-up in an individual session is more appropriate.

27. B — When ongoing social contact between a therapist and client is unavoidable due to children's activities, the LCSW must continuously monitor the impact on the therapeutic relationship. Transparent communication with the client about managing the overlap, ongoing self-assessment of objectivity, and willingness to refer if the dual contact becomes problematic are essential. Neither ignoring the overlap nor eliminating all social contact represents the appropriate response.

28. C — This scenario involves three intersecting obligations: respect for the client's autonomy, concern for the client's physical health, and potential child welfare implications as the pregnancy progresses. Inadequate prenatal care at 34 weeks creates increasing risk to both mother and fetus. The LCSW should actively treat the agoraphobia as the barrier to care while recognizing that once the child is born, the failure to receive adequate prenatal care may become a child welfare concern.

29. A — Serving on the board of a current client's foundation for a \$50,000 annual stipend creates multiple overlapping ethical violations: financial entanglement, role confusion, power dynamics, and the appearance of exploitation. The therapeutic relationship's inherent power differential means the client may feel unable to criticize the LCSW's board performance, and the LCSW may feel unable to make clinical decisions that could displease a major financial source.

30. D — The stockpiled medication creates multiple clinical concerns that require comprehensive response. The high likelihood of psychotic relapse from two years of medication noncompliance is the primary clinical urgency. The accumulated 60-day supply creates a secondary overdose risk. The prescribing psychiatrist must be informed of the noncompliance, and a plan for safe medication disposal should be developed. Addressing only one dimension misses the full clinical picture.

31. B — Information about an imminent planned assault against an identifiable person — the correctional officer — triggers the duty to protect regardless of whether the person planning the assault is the LCSW's direct client. The threat is specific (assault), identifiable (named officer), and imminent (tonight). The LCSW must communicate the threat to facility staff immediately. Waiting for a team meeting or encouraging anonymous reporting risks a preventable violent attack.

32. C — The escalating pattern — from gifts to expensive gifts to life insurance beneficiary designation — represents a progressively intensifying boundary dynamic that the LCSW must address comprehensively. Each element individually is concerning; collectively they indicate a pattern that could constitute exploitation or fundamentally alter the therapeutic relationship. The LCSW must decline the beneficiary designation, address the gift escalation, and explore the narcissistic dynamics driving the behavior.

33. A — Offering clinical testimony about a person the LCSW has never directly assessed violates fundamental professional ethics. Clinical opinions must be based on direct evaluation, not secondhand reports from an adverse party in litigation. The LCSW should decline while explaining that testimony based on one party's therapy reports would be unreliable, potentially harmful, and could be discredited in court — undermining both the LCSW's credibility and the client's case.

34. D — Mandated reporting is triggered by receiving information creating reasonable suspicion of child abuse in a professional capacity. The 17-year-old sibling is a minor, the information suggests emotional abuse by a parent, and the LCSW received it during therapy. The reporting obligation applies regardless of whether the LCSW has met the minor, regardless of the minor's age approaching 18, and regardless of whether the information comes directly from the victim.

35. B — Cultural healing practices like coining or dermabrasion are well-documented traditions that produce marks resembling abuse. The LCSW should recognize the cultural context, assess whether actual harm is occurring, and document the cultural explanation. However, cultural practices do not automatically exempt conduct from child protection assessment. The critical question is whether the children are being harmed — and in this case, they appear healthy, happy, and undistressed.

36. C — An LCSW can appropriately provide a clinical letter documenting a gender dysphoria diagnosis and treatment plan that supports the need for workplace accommodations. This falls within the LCSW's clinical scope — documenting a clinical condition and its impact on functioning — similar to providing clinical documentation for any other disability accommodation. The letter should address clinical needs, not legal arguments.

37. A — California law grants clients the right to access their therapy records. Rather than withholding or sanitizing records, the LCSW should provide access while offering a session to review the content together. This allows the LCSW to contextualize clinical terminology, explain observations the client may find surprising, and provide therapeutic support for any distress. Transparency with support is preferable to paternalistic withholding.

38. D — The psychiatrist's disclosure — provided through a signed release — gives the LCSW clinically critical information about recent suicide attempts. The LCSW should integrate this into care by conducting a risk assessment and creating an opportunity for the client to discuss the hospitalizations. Pretending not to have the information wastes a clinically important data point, while acting on it without the client's knowledge (hospitalization, family notification) bypasses the therapeutic process.

39. B — Legal firearms stored in a gun safe, owned by a client with no history of violence or suicidal ideation, do not warrant current intervention. However, documenting the observation as part of the environmental assessment is prudent clinical practice. If the client's risk profile changes in the future — new suicidal ideation, psychotic symptoms, or interpersonal threats — the documented presence of firearms becomes immediately relevant to safety planning.

40. C — A person stating an intent to jump out a window constitutes an immediate safety crisis regardless of whether they are the LCSW's client. Professional ethics and basic human obligation require the LCSW to intervene — preventing access to the window, alerting staff, and staying with the person until help arrives. The absence of a therapeutic relationship does not eliminate the duty to respond to an imminent life-threatening situation.

41. A — Informed consent is an ongoing process, not a one-time event. After four months without improvement, the client has a right to know whether the treatment approach is evidence-based, what alternative treatments exist, and why the LCSW recommends continuing the current approach. Withholding this information undermines the client's ability to make informed decisions about their own care — precisely what informed consent is designed to protect.

42. D — The LCSW's obligation to a client who is being stalked centers on empowerment, safety planning, and connection to resources. The LCSW should provide comprehensive safety planning, inform the client about legal protections including restraining orders, connect the client with victim advocacy services, and support the client's autonomous decision-making. The LCSW is not the client's agent for filing reports or contacting the stalker.

43. B — A client with factitious disorder who undergoes unnecessary medical procedures faces real physical risks from those procedures — surgical complications, anesthesia risks, medication side effects. While the client is an adult making autonomous decisions, the LCSW should consider whether coordinating with medical providers (with consent) could prevent potentially harmful unnecessary interventions. The therapeutic obligation extends beyond treating the psychiatric diagnosis alone.

44. C — Noticing an unacknowledged third party in a telehealth session raises immediate confidentiality and safety concerns. The LCSW should address the observation directly — identifying who is present and whether the client is comfortable continuing. The client's failure to acknowledge the person may indicate coercion, domestic violence, or simple oversight. Assessment is needed before either continuing or ending the session.

45. A — Animal cruelty fantasies in a client with ASPD and a violence history represent a clinically significant pattern that warrants heightened monitoring. While animal cruelty alone doesn't trigger Tarasoff, research establishes it as a significant predictor of interpersonal violence. The LCSW should evaluate the fantasies within the broader risk profile — including the assault history and lack of remorse — and maintain increased vigilance for any escalation toward identifiable human targets.

46. D — Providing a pre-surgical evaluation for a client the LCSW has been treating creates a dual-role tension between therapeutic alliance and evaluative objectivity. The LCSW should consider whether objectivity can be maintained, acknowledge the therapeutic relationship in any evaluation, and document the clinical basis for the recommendation. This is not an automatic disqualification, but the dual role requires explicit acknowledgment and careful clinical reasoning.

47. C — Suspected disability fraud does not fall within any mandatory exception to the psychotherapist-patient privilege. The LCSW must maintain confidentiality while addressing the inconsistencies therapeutically. Exploring whether the fabrication is clinically significant — potentially reflecting trauma responses, identity issues, or characterological patterns — serves the client's actual treatment needs. Aggressive confrontation or reporting would violate confidentiality and damage the therapeutic relationship.

48. B — An unreported death with an unprocessed body in a home raises public health and legal concerns that extend beyond grief therapy. The LCSW should assess the client's capacity, recognize that the situation may require coordination with the coroner's office, and provide compassionate support while helping the client address the practical and legal necessities. The situation may also warrant assessment of whether the client's inability to act constitutes a level of functional impairment requiring additional intervention.

49. A — When an LCSW attends a school meeting as a client advocate, the scope of disclosure must be clearly defined and limited to what the client and parents have specifically authorized. Requests for clinical details beyond the authorization should be redirected. Physical presence at a meeting does not constitute blanket consent for disclosure. The minimum necessary standard applies even in collaborative settings.

50. D — Equine-assisted therapy requires specialized training that the LCSW does not have. Practicing any therapeutic modality without adequate training violates the competence principle regardless of how convenient the setting. The LCSW should explain the training requirement, explore referral to a qualified equine-assisted therapy provider, and discuss whether other elements of the farm environment could be therapeutically incorporated within the LCSW's existing competence.

51. C — A licensed therapist engaging in a sexual or romantic relationship with a former client three months after termination violates California's two-year post-termination prohibition. The treating LCSW faces a complex obligation: the disclosure triggers clinical intervention (informing the client about legal consequences), ethical consideration (whether a duty to report exists), and therapeutic work (exploring the underlying dynamics). Simple confidentiality maintenance without addressing the violation's implications is insufficient.

52. B — Children facing terminal illness often have greater awareness of their condition than adults assume. The LCSW should engage with the child's question at a developmentally appropriate level — creating space for the child to express their understanding and fears. Simultaneously, the LCSW should work with the parents to help them understand the child's need for honest, supportive communication. Deflection or full medical disclosure are both inadequate responses.

53. A — The LCSW must navigate between cultural respect and affirmative practice. Creating a therapeutic space that supports the adolescent's identity and safety while facilitating genuine family dialogue honors both values. Educating the family about the harmful effects of parental rejection — which research links to significantly elevated suicide risk in LGBTQ+ youth — is clinically essential. Neither aligning with the parents' rejection nor dismissing their cultural framework serves the family.

54. D — Concert tickets valued at \$800 represent a gift of significant monetary value that would compromise the therapeutic relationship. The LCSW should decline, explain that accepting gifts of this value alters the therapeutic dynamic, and explore the gesture's meaning therapeutically. The client's intent to express gratitude is valid and can be acknowledged — but the vehicle of expression must be addressed as a boundary issue.

55. C — The medication-versus-breastfeeding decision involves medical, psychological, and personal dimensions that are beyond the LCSW's prescriptive scope. The LCSW should support informed decision-making by helping the client explore values and concerns, encourage comprehensive consultation with both the psychiatrist and pediatrician, and provide therapeutic space for processing the difficult choice. Substituting the LCSW's judgment for the client's informed decision-making violates autonomy.

56. C — Sexual assault of an elderly person in a care facility constitutes reportable elder abuse under California's Elder Abuse and Dependent Adult Civil Protection Act. The mandated reporting obligation applies regardless of the victim's wishes about confidentiality. The LCSW must file immediately while also attending to the client's emotional needs and working with facility administration to ensure the client's ongoing safety.

57. B — Adultery, while potentially violating military regulations, does not trigger any exception to the psychotherapist-patient privilege. The LCSW has no obligation or authority to report to the military chain of command. Confidentiality requires that the affair be addressed therapeutically — exploring the client's motivations, the marital dynamics, the potential consequences, and the decision-making process regarding disclosure to the deployed spouse.

58. D — A history of suing three previous therapists is both a practical risk factor and potentially significant clinical information — particularly in a client presenting with paranoid ideation. The LCSW should assess whether the litigation history reflects legitimate grievances, a pattern of paranoid misinterpretation, or personality dynamics. If the LCSW determines competent care can be provided despite the anxiety, the client should not be denied treatment based on litigation history.

59. C — High fever, confusion, and a distinctive rash following international travel suggest a potentially serious or communicable medical condition — not a psychiatric presentation. The LCSW should not attempt a medical diagnosis, continue the session as though the symptoms are psychological, or conduct a mental status exam in lieu of medical evaluation. Immediate medical referral is essential; the delay of "at their convenience" could be dangerous.

60. A — The LCSW should validate the student's concern, provide practical guidance about connecting the roommate with crisis resources, and discuss the ethical imperative that preserving a life may require breaking a confidence. Supporting the student in taking appropriate action — whether through residence life staff, campus crisis services, or direct conversation with the roommate — is the most effective approach. The LCSW has no direct Tarasoff duty to the non-client but can facilitate intervention.

61. B — An authorization for "all health records" signed at a chiropractor's office may not meet California's specific requirements for releasing mental health records. The LCSW should obtain and review the actual release form, verify it meets legal requirements including specificity, contact the client to ensure informed understanding of what will be shared, and release only the minimum information necessary. Blanket releases deserve scrutiny before compliance.

62. D — A client who pounds furniture and shouts "I'm going to lose it!" is expressing acute distress, not necessarily making a threat. The LCSW should use de-escalation techniques, assess the client's emotional state, explore what is driving the agitation, and evaluate whether any actual safety concern exists. Neither calling security nor terminating the session is proportionate when a client with no violence history is expressing frustration verbally and physically without directing aggression at the LCSW.

63. C — A termination hug is neither categorically prohibited nor categorically appropriate. The LCSW should consider the clinical context (successful treatment completion), the client's history (any trauma involving touch), cultural norms, the therapeutic relationship, and whether the brief physical contact would be a benign boundary crossing or a harmful boundary violation. This is a clinical judgment call requiring thoughtful consideration, not a reflexive rule application.

64. A — Accepting pharmaceutical samples from a client creates a dual relationship with commercial dimensions. Additionally, distributing prescription medications — even free samples — is outside the LCSW's scope of practice. The arrangement would create a financial connection between the LCSW and the client's employer, potentially influence clinical recommendations, and blur the boundaries of the therapeutic relationship.

65. B — A high school acquaintance from 20 years ago represents a minimal prior connection that may or may not affect clinical work. The LCSW should disclose the connection, assess the potential impact, consult with a supervisor, and make an informed decision. In a residential facility where reassignment may be difficult, a 20-year-old casual acquaintance does not automatically disqualify the LCSW from providing treatment.

66. D — Client-specific compassion fatigue — evidenced by dreading sessions, emotional numbness, and arriving late — represents a clinical impairment that is compromising the quality of care for this specific client. The LCSW should seek consultation and personal therapy, honestly assess whether effective functioning can be restored, and if not, arrange an ethical transfer to another qualified trauma therapist. The transfer should be framed in a way that protects the client from feeling responsible.

67. C — Intentionally using a banned fighting technique that causes serious injury, while deeply troubling, occurred within a sanctioned sporting event and does not trigger any mandatory exception to the psychotherapist-patient privilege. The LCSW must maintain confidentiality while addressing the behavior clinically — including the deliberate intent to harm, the lack of remorse, and the willingness to violate rules to injure another person, which may be diagnostically significant.

68. A — The LCSW should share clinical observations about the relationship between opioid therapy and functioning with the client, encourage discussion of evidence-based alternatives with the prescriber, and with consent, communicate observations to the pain specialist as part of interdisciplinary care. The LCSW should not prescribe, advise medication changes, or avoid the topic. Clinical observation and care coordination are squarely within the LCSW's scope.

69. B — Proactively addressing the idealization-devaluation cycle early in treatment — before the inevitable rupture occurs — is the most therapeutically effective approach. Naming the pattern, establishing explicit expectations for handling therapeutic ruptures, and building the client's capacity to tolerate disappointment within the relationship creates a framework that may prevent premature termination. Waiting for devaluation to occur before responding is a missed therapeutic opportunity.

70. D — California law does not classify prenatal substance use as a mandated child abuse reporting trigger before the child is born. CANRA applies to born children. However, the clinical obligation is significant: the LCSW should strongly encourage disclosure to the obstetrician, facilitate substance abuse treatment, and ensure the client understands that after birth, a positive toxicology screen will likely trigger hospital-based reporting. Prevention of harm through clinical intervention is the priority.

71. C — The "attorney" alter likely represents the DID system's protective mechanism — a part that manages perceived threats through control and legal frameworks. The LCSW should engage therapeutically rather than either complying with legal-style demands or dismissing the alter entirely. Acknowledging the protective function while setting appropriate boundaries and maintaining the therapeutic alliance with the overall system is the clinically sound approach.

72. A — Voluntarily stopping eating and drinking (VSED) by a competent adult with terminal illness is a legally recognized end-of-life choice. The LCSW should support the client's autonomous decision while providing therapeutic processing, facilitating family communication, ensuring the client has been informed about palliative alternatives, and coordinating comfort care. VSED is distinct from suicidal behavior when chosen by a competent person with a terminal condition.

73. B — Illegal psilocybin use does not trigger any mandatory reporting exception. The LCSW should maintain confidentiality while integrating the substance use into the clinical picture — discussing legal risks, unknown long-term effects, potential drug interactions, and whether the improvement represents genuine therapeutic benefit or pharmacological masking of symptoms. Continuing evidence-based treatment alongside monitoring is the appropriate clinical approach.

74. C — Withholding a terminal diagnosis from a life partner in couples therapy creates a fundamental deception that makes the therapeutic work fraudulent. The LCSW should explain this to the ill partner, explore the fears driving the secrecy, discuss the relational and therapeutic implications, and help the partner consider how and when to share the information. Couples therapy cannot proceed authentically while a secret of this magnitude is maintained.

75. B — The LCSW should first attempt to obtain a postponement or exemption based on client hardship, which courts routinely grant for healthcare providers with vulnerable patients. If jury service cannot be deferred, the LCSW must arrange backup coverage for high-risk clients, notify all clients, and ensure emergency protocols are in place. Neither ignoring the duty nor refusing entirely is appropriate — proactive planning protects both civic responsibility and client welfare.