

PRACTICE EXAM 18: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. An LCSW has been providing therapy to a client for three years. The LCSW discovers she is pregnant and will need to take a 12-week maternity leave beginning in four months. Several of the LCSW's clients have significant abandonment histories. What is the LCSW's MOST important ethical obligation in managing this transition?

A. Wait until the final month to inform clients since early disclosure could cause unnecessary anxiety and disrupt the therapeutic work currently underway

B. Inform clients with adequate advance notice, process the feelings the absence will evoke — particularly for clients with abandonment histories — arrange for competent coverage during the leave, and develop individualized transition plans for each client based on their clinical needs

C. Terminate all clients with abandonment issues before the leave begins since the temporary abandonment of a maternity leave could be retraumatizing beyond what therapy can manage

D. Inform clients only if they ask directly about the pregnancy since disclosing personal medical information to clients constitutes inappropriate therapist self-disclosure

2. An LCSW is providing therapy to a client with borderline personality disorder who engages in chronic self-harm through superficial cutting. The client has been cutting for 15 years and the behavior has never required medical attention. The client does not express suicidal intent. Is the LCSW legally required to breach confidentiality?

A. Yes, all self-harm behavior must be reported to an emergency contact or family member regardless of the client's consent

B. Yes, the LCSW must initiate a 5150 hold because self-cutting constitutes danger to self under the LPS Act

C. Yes, the LCSW must file a mandatory report with the client's primary care physician since self-harm is a medical issue requiring physician notification

D. Chronic, non-suicidal self-injury in an adult client does not automatically trigger a legal duty to breach confidentiality; the LCSW should assess risk comprehensively, address the self-harm clinically

using evidence-based approaches such as DBT, and breach confidentiality only if the assessment reveals genuine suicidal intent or a level of self-harm that constitutes a danger to self

3. An LCSW who provides therapy at a hospice is treating a terminally ill client who is actively dying. The client's family members are present at bedside during sessions. The client has previously consented to family presence during therapy. During what the LCSW believes may be the final session, the client, who is barely conscious, whispers something the LCSW cannot hear clearly. The family asks the LCSW what the client said. What should the LCSW do?

A. Communicate honestly that the LCSW could not clearly hear what the client said, rather than guessing or fabricating content, as accurate representation of the client's words is essential even in end-of-life settings

B. Share what the LCSW thinks the client may have said based on the context of previous sessions since the family needs closure

C. State that the communication is confidential between the LCSW and the client, even at the bedside with family present

D. Ask the family to interpret the whisper since they may be more familiar with the client's speech patterns in their current state

4. An LCSW is providing court-ordered anger management therapy to a client who completed 20 of 26 required sessions and then stopped attending. The LCSW's repeated attempts to re-engage the client have been unsuccessful. The court expects a completion report. What should the LCSW do?

A. Submit a report indicating the client completed the program since the client attended the majority of required sessions and was making adequate progress

B. Wait indefinitely for the client to return before submitting any report to the court

C. Submit an accurate report to the court documenting the number of sessions attended, the client's progress during treatment, and the fact that the client discontinued before completing the court-ordered requirements

D. Contact the client's probation officer to request that the client be compelled to attend the remaining sessions before the LCSW submits any documentation

5. An LCSW is providing therapy to a 10-year-old child. During a session, the child draws a picture of herself with an exaggerated stomach and says, "I have a baby growing inside me like Mommy did." The child is 10 years old. What is the LCSW's MOST immediate obligation?

- A. Explore the drawing further through additional play therapy techniques to determine whether the child is speaking metaphorically before taking any action
- B. File a mandated child abuse report immediately, as a 10-year-old child's reference to having "a baby growing inside" warrants investigation for potential sexual abuse, while also attending to the child's emotional state
- C. Contact the child's parents to ask whether the child has been exposed to age-inappropriate sexual content that might explain the statement
- D. Document the statement and schedule a follow-up session to gather more information before making a determination about reporting

6. An LCSW who treats adults with substance use disorders receives a referral for a 14-year-old with opioid use disorder. The LCSW has no training or experience treating adolescent substance use. The nearest adolescent specialist is 90 miles away. What should the LCSW do?

- A. Accept the client for initial stabilization while actively seeking consultation from an adolescent specialist, pursue additional training in adolescent substance use treatment, and arrange transfer of care to a specialist when one becomes accessible
- B. Accept the client without modification since substance use treatment skills are fully transferable from adult to adolescent populations
- C. Decline the referral entirely since treating outside one's area of competence is never acceptable regardless of the client's access to alternative services
- D. Accept the client but limit treatment to motivational interviewing since this is the only evidence-based approach appropriate for both adult and adolescent substance use populations

7. An LCSW working in an integrated primary care setting is asked by a physician to see a patient immediately for a behavioral health screen. The physician states, "She's in Room 3 — just do a quick PHQ-9 and let me know the score." The LCSW has never met this patient. What essential step must occur before the LCSW administers the screening?

- A. The LCSW should verify that the patient's insurance covers behavioral health screening services in primary care settings
- B. The LCSW should request the patient's complete medical record to review before the encounter
- C. The LCSW should confirm that the physician has prescribed the screening as a medical order since LCSWs require physician authorization to use assessment instruments
- D. The LCSW must introduce themselves, explain their role, provide information about the screening including its purpose and how the results will be used, and obtain the patient's informed consent before administering the assessment

8. An LCSW treats a client who reveals that her ex-husband, who shares custody of their two children, has been diagnosed with a psychotic disorder and recently stopped taking his medication. The client reports that the ex-husband has been behaving erratically during his custodial time, leaving the children unsupervised for hours and talking to people who are not there. The children are ages 4 and 6. What is the LCSW's obligation?

- A. Encourage the client to seek an emergency custody modification through the family court and provide a support letter documenting the client's concerns
- B. Advise the client to withhold the children during the ex-husband's next custodial period until his psychiatric condition is stabilized
- C. File a mandated child abuse report based on the information about young children being left unsupervised by a caretaker experiencing active psychosis, as this constitutes reasonable suspicion of child neglect and endangerment
- D. Contact the ex-husband directly to express concern about his medication compliance and its impact on his parenting

9. An LCSW provides supervision to an ASW who presents a case involving a client the supervisor recognizes as the supervisor's own neighbor. The supervisor has had multiple personal interactions with this individual. What should the supervisor do?

- A. Continue providing supervision on the case while carefully compartmentalizing personal knowledge and maintaining objectivity
- B. Disclose the personal connection to the supervisee, recuse from supervising this specific case, and arrange for the supervisee to receive consultation on this case from another qualified supervisor

C. Instruct the supervisee to transfer the client to another therapist since the supervisor's personal knowledge of the client creates an irresolvable ethical conflict

D. End the supervisory relationship entirely since the personal connection to one of the supervisee's clients compromises the entire supervisory arrangement

10. An LCSW has been treating a client with generalized anxiety disorder for one year. The client announces that she has been accepted to the same small yoga studio where the LCSW takes weekly classes. The class has only eight participants. What should the LCSW consider?

A. Whether the regular, intimate contact in a small yoga class would create an incidental dual relationship that could affect the therapeutic dynamic, discuss the situation openly with the client, and collaboratively determine how to manage the overlap — which may include one of them attending a different class

B. Nothing, since attending the same yoga class does not constitute a dual relationship because there is no professional or financial component to the overlap

C. Immediately switch to a different yoga studio to eliminate the overlap without discussing it with the client

D. Terminate the therapeutic relationship since any recurring social contact constitutes a dual relationship that makes continued therapy unethical

11. An LCSW working at a school receives a referral for a student whose teacher reports frequent absences. When the LCSW meets with the 11-year-old, the child says, "I can't come to school because I have to take care of my baby brother. Mom works all night and sleeps all day." The child appears healthy but tired. What should the LCSW consider?

A. Refer the child to the school's attendance officer for truancy intervention since the attendance issue is an administrative rather than clinical concern

B. Provide the child with coping strategies for managing the caretaking responsibilities and academic pressures simultaneously

C. Contact the mother to discuss alternative childcare arrangements before considering any reporting obligation

D. Assess whether an 11-year-old being kept home from school to serve as primary caretaker for a younger sibling constitutes general neglect under CANRA, recognizing that both the educational deprivation and the age-inappropriate caretaking responsibility may independently support a mandated report

12. An LCSW is providing therapy to a client who was recently diagnosed with a serious genetic condition. The client's identical twin, who lives in another state, does not know about the diagnosis. Because they are identical twins, the sibling has the same genetic risk. The client refuses to inform the sibling. What is the LCSW's ethical obligation?

A. Contact the twin directly to disclose the genetic information since the twin has a fundamental right to know about their own health risk

B. Report the situation to the client's physician so the physician can initiate the genetic disclosure process

C. Maintain the client's confidentiality since genetic information shared in therapy is protected by the psychotherapist-patient privilege, and no mandatory exception applies to genetic risk disclosure to family members, while continuing to therapeutically explore the client's decision

D. Seek a court order to compel disclosure since the twin's life may depend on knowing about the genetic condition

13. An LCSW at a residential treatment facility for adolescents learns that the facility has a practice of reading all residents' mail before delivery and confiscating any correspondence the staff deems "negative" or "triggering." The LCSW believes this practice violates the residents' rights. What should the LCSW do?

A. Advocate for modification of the mail policy by bringing the concern to facility leadership, citing residents' communication rights, and proposing alternative approaches that balance therapeutic safety with respect for residents' autonomy and dignity

B. Accept the facility policy since residential treatment settings require heightened control over the therapeutic environment including incoming communications

C. Secretly deliver confiscated mail to the residents to uphold their rights while avoiding confrontation with facility administration

D. File a complaint with the California Department of Social Services immediately without first attempting to resolve the issue internally

14. An LCSW is providing therapy to a client who is a physician and reveals that she has been writing prescriptions for herself using a colleague's DEA number without the colleague's knowledge. She states she is self-treating anxiety and insomnia. What layered ethical analysis should the LCSW conduct?

- A. Report the physician to the DEA immediately since prescription fraud is a federal offense that therapists are mandated to report
- B. Assess whether the self-prescribing poses a risk to the physician's own health, whether patients under her care may be affected by her self-medication, and whether the unauthorized use of a colleague's DEA number creates a pattern of deception that warrants clinical exploration — while maintaining confidentiality and addressing the behavior through therapeutic intervention
- C. Contact the colleague whose DEA number is being used since that physician is an identifiable victim of the prescription fraud
- D. Report the physician to the Medical Board since the LCSW has knowledge that a healthcare professional is engaging in dangerous and illegal conduct

15. An LCSW is treating a 13-year-old who has been in foster care for three years. The child's biological mother, whose parental rights have been terminated, shows up at the LCSW's office demanding to see the child's treatment records. She claims she is appealing the termination. What should the LCSW do?

- A. Provide the records since biological parents always retain access to their children's medical records regardless of custody status
- B. Provide a treatment summary rather than full records as a compromise between the mother's request and the child's privacy
- C. Contact the biological mother's attorney to negotiate an appropriate scope of disclosure
- D. Decline to release the records since the termination of parental rights extinguishes the biological parent's legal authority to access the child's protected health information, and direct the mother to seek a court order if she believes records are needed for her legal appeal

16. An LCSW who provides therapy in a correctional facility is working with an inmate who was recently placed in administrative segregation (solitary confinement) for 23 hours per day. The inmate's mental health is deteriorating rapidly — he is experiencing auditory hallucinations and has begun self-harming. The facility administration states the segregation is necessary for institutional security. What is the LCSW's ethical obligation?

- A. Accept the security determination since correctional administration has authority over housing decisions that supersede clinical recommendations
- B. Document the mental health deterioration in the chart and address it therapeutically within the constraints of the segregation setting

C. Advocate forcefully for the inmate's mental health needs by documenting the clinical deterioration, communicating the harmful impact of prolonged isolation to facility administration, recommending alternative housing that balances security with mental health needs, and escalating through appropriate channels if the advocacy is unsuccessful

D. Refuse to continue treating the inmate while he remains in segregation since providing therapy in a setting that is actively causing psychological harm makes the LCSW complicit

17. An LCSW treats a client who reveals that her 16-year-old daughter recently confided in her that she is being sexually exploited by an adult who is producing pornographic images of her. The mother has done nothing about this disclosure because she is "afraid of the consequences." The LCSW has never met the daughter. What must the LCSW do?

A. File a mandated child abuse report immediately based on the information received in a professional capacity, as the sexual exploitation of a minor constitutes child abuse regardless of whether the LCSW has a therapeutic relationship with the child, and address the mother's fear and inaction therapeutically

B. Counsel the mother on the importance of reporting and allow the mother to file the report herself since the mother has firsthand knowledge of the situation

C. File a report only if the mother provides identifying information about the adult exploiter so investigators have actionable information

D. Refer the mother to a family attorney who can advise her on the legal implications before any reporting occurs

18. An LCSW who works in a pain management clinic notices that a colleague consistently prescribes the highest-possible opioid doses to every client regardless of clinical indication. Several clients have reported oversedation and functional decline. The colleague dismisses the LCSW's concerns. What should the LCSW do NEXT?

A. Escalate the concern through the clinic's formal reporting structure or quality assurance process, document the specific clinical observations that support the concern, and if institutional channels are unresponsive, consider external reporting to the appropriate licensing board or regulatory agency

B. Accept the colleague's clinical judgment since prescribing decisions are outside the LCSW's scope of practice and the colleague is the licensed prescriber

C. Contact the affected clients directly and recommend they seek second opinions about their medication management

D. Reduce the LCSW's own clinical work with the colleague's clients to avoid complicity in the overprescribing pattern

19. An LCSW provides family therapy to a family with a 15-year-old son who has autism spectrum disorder. During a session, the parents announce they are enrolling the son in a residential program that the LCSW recognizes as using aversive behavioral interventions, including electric shock devices. Research has condemned these practices as harmful. What should the LCSW consider?

A. Support the parents' decision since parents have the legal right to determine their child's treatment placement

B. Express personal disagreement but take no further action since the treatment program is a separate entity whose practices are outside the LCSW's authority

C. Report the residential program to Child Protective Services immediately since the planned enrollment constitutes preemptive child abuse

D. Provide the parents with evidence-based information about the documented harms of aversive interventions, discuss alternative treatment options, assess whether the planned placement constitutes a risk of harm to the child that may warrant further action, and document the clinical discussion and recommendations

20. An LCSW has been treating a client for depression using CBT. After four months, the client shows no improvement. The LCSW has recently learned about a promising new treatment approach through a conference presentation, but the approach has only preliminary research support and is not yet considered evidence-based. What is the most ethically sound approach?

A. Continue the evidence-based CBT approach while considering modifications to the protocol, reassessing the diagnostic formulation, and discussing the lack of progress openly with the client including the option of referral for a different evidence-based approach, rather than switching to an unvalidated treatment

B. Switch to the new promising approach immediately since the current evidence-based treatment is not working and an innovative approach may succeed where CBT failed

C. Add the promising approach as a supplement to the ongoing CBT since combining approaches increases the chances of therapeutic benefit

D. Terminate therapy and refer the client to a specialist who uses the promising new approach since the LCSW has exhausted their treatment options

21. An LCSW is providing perinatal therapy to a pregnant client at 36 weeks gestation who reveals she has been using fentanyl daily throughout her pregnancy. She has hidden this from her obstetrician. She is terrified that CPS will take her baby at birth. What multiple obligations does the LCSW face simultaneously?

A. Report the drug use to the obstetrician immediately since the physician needs this information for delivery planning regardless of the client's consent

B. File an immediate mandated child abuse report since prenatal fentanyl exposure constitutes child abuse under California law

C. Recognize that prenatal substance use is not a mandated reporting trigger under CANRA before birth, but multiple urgent clinical obligations exist simultaneously: strongly encourage the client to disclose to her obstetrician due to the serious medical risks of untreated opioid dependency during delivery, provide substance abuse treatment referrals, develop a safety plan for the postpartum period, and prepare the client for the likelihood of newborn drug testing at birth

D. Maintain strict confidentiality and address the fentanyl use exclusively through therapeutic intervention without involving any other providers

22. An LCSW who supervises a large clinical team discovers that one of the team members has been altering progress notes after the fact — going back into electronic records and changing clinical observations to make the documentation look more thorough than the original entries. The changes appear cosmetic rather than clinically significant. What should the supervisor do?

A. Dismiss the concern since the changes are cosmetic and do not affect clinical decision-making or client care

B. Address the documentation alteration as a serious professional conduct issue, explain that retroactive modification of clinical records without proper addendum procedures constitutes potential fraud and could have significant legal consequences, and implement corrective measures including retraining on documentation standards and increased documentation auditing

C. Inform the BBS immediately since altering medical records is a criminal offense regardless of whether the changes are clinically significant

D. Allow the staff member to continue the practice but require them to use the addendum function rather than directly modifying original entries

23. An LCSW is providing trauma therapy when the client reveals a memory of abuse that implicates a prominent community member. The client wants to go public with the accusation and asks the LCSW to corroborate the memory by confirming it is "clinically validated." What should the LCSW understand?

- A. The LCSW should provide the requested corroboration since the therapeutic relationship gives the LCSW unique insight into the veracity of the client's memories
- B. The LCSW should conduct additional sessions specifically designed to validate whether the memory is accurate before providing any corroboration
- C. The LCSW should support the client's decision to go public by connecting them with media contacts and victim advocacy organizations
- D. Therapists cannot validate or corroborate the factual accuracy of a client's memories, and representing therapeutic work as forensic evidence of abuse would be professionally irresponsible — the LCSW should support the client therapeutically, explain the distinction between clinical treatment and forensic evidence, and refer the client to law enforcement if they wish to pursue an investigation

24. An LCSW at a college counseling center is treating a student who reveals she has been selling her prescribed Adderall to other students. She does not want to stop because the sales fund her tuition. She has no substance use disorder herself. What is the LCSW's obligation?

- A. Maintain confidentiality since distributing prescription medication, while illegal, does not fall within any mandatory exception to the psychotherapist-patient privilege, and address the behavior clinically including its legal consequences, the potential health risks to buyers, and the underlying financial pressures
- B. Report the student to the university's student conduct office since the LCSW is a university employee with institutional reporting obligations for criminal activity on campus
- C. Report the drug distribution to law enforcement since selling controlled substances is a felony that poses a public safety risk
- D. Confiscate the student's remaining Adderall to prevent further distribution while addressing the behavior therapeutically

25. An LCSW is providing therapy to a client who works as a home health aide for elderly patients. The client mentions that one of her patients, an 88-year-old woman with dementia, recently had a large withdrawal from her bank account that the patient's son facilitated. The client suspects the son is financially exploiting his mother. What is the LCSW's obligation?

- A. Advise the client to report the suspected financial exploitation to Adult Protective Services since the client is a direct witness
- B. Document the client's report in the session notes and continue monitoring the situation for additional information

C. File a mandated elder abuse report based on the information received in a professional capacity that creates reasonable suspicion of financial exploitation of a dependent elderly person, regardless of whether the information is firsthand

D. Contact the 88-year-old patient's other family members to alert them to the potential financial exploitation so they can intervene

26. An LCSW is providing group therapy for survivors of sexual assault. A new group member joins and, during her first session, discloses that her assailant was a well-known community figure whose name is recognized by another group member — who happens to be a journalist. The journalist group member appears to be taking mental notes. What should the LCSW address?

A. Remove the journalist from the group immediately since the presence of a media professional in a sexual assault survivors' group creates an inherent confidentiality risk

B. Reinforce the group confidentiality agreement with all members, address the specific concern about the recognizable perpetrator's name, and assess whether the journalist's presence or reaction creates a safety or confidentiality concern that needs to be managed within the group process

C. End the session and conduct individual meetings with both the disclosing member and the journalist before allowing the group to continue

D. Ask the journalist to sign an additional confidentiality agreement beyond the standard group agreement to provide enhanced protection given their professional background

27. An LCSW is providing therapy to a client who has been receiving ketamine infusion treatments at a separate clinic for treatment-resistant depression. The client arrives at a therapy session immediately following a ketamine infusion and is clearly still experiencing dissociative effects — slurred speech, altered perception, and difficulty tracking conversation. What should the LCSW do?

A. Proceed with the session normally since the client consented to therapy and chose to schedule the appointment after the infusion

B. Use the altered state therapeutically since ketamine-assisted psychotherapy is an emerging treatment modality that capitalizes on the post-infusion window

C. Conduct the session but document that the client appeared to be under the influence of a medication that may have affected their participation and the reliability of their self-report

D. Decline to conduct the therapy session while the client is experiencing active dissociative effects from a recent medical procedure, assess the client's immediate safety, arrange for the client to be

transported home safely if needed, and reschedule the session for a time when the client can fully participate

28. An LCSW in private practice receives a request from an insurance company to conduct an independent medical examination (IME) of a claimant who is already the LCSW's therapy client. The insurance company does not know the person is the LCSW's client. What should the LCSW do?

A. Decline the IME request since the LCSW cannot serve as an independent evaluator for a person with whom they have an existing therapeutic relationship, as the therapeutic alliance would compromise the objectivity required for an independent examination

B. Accept the IME since the LCSW's pre-existing knowledge of the client would make the evaluation more thorough and accurate

C. Accept the IME but disclose the therapeutic relationship to the insurance company and let them decide whether to proceed

D. Accept the IME and conduct it separately from the therapy, maintaining a clear distinction between the two professional roles

29. An LCSW working in a hospital is providing therapy to a patient who has been noncompliant with their diabetes management, resulting in multiple hospitalizations. The patient is a competent adult. The medical team asks the LCSW to use therapy to "convince" the patient to follow the prescribed treatment regimen. What should the LCSW recognize about their role?

A. The LCSW should comply with the medical team's request since improving medication compliance is a legitimate behavioral health intervention

B. The LCSW should refuse entirely since medication compliance is a medical issue outside the scope of psychotherapy

C. The LCSW's role is to explore the psychological barriers to self-management rather than to serve as an agent of medical compliance, working with the patient to understand the emotional, cognitive, and systemic factors affecting health behaviors while respecting the patient's autonomy to make their own health decisions

D. The LCSW should educate the patient about the medical consequences of noncompliance and document that the patient was fully informed of the risks

30. An LCSW is treating a client who has applied for life insurance. The insurance company sends a form requesting comprehensive mental health records including diagnosis, treatment history, and prognosis. The client signed an authorization at the insurance company's office. The LCSW is concerned that disclosing the full psychiatric history could result in the client being denied coverage. What should the LCSW do?

A. Refuse to release any records since insurance companies should not have access to psychiatric information

B. Contact the client to discuss what information the authorization covers, explain the potential implications of full disclosure, ensure the client understands the scope of the authorization and the possible consequences, and if the client wishes to proceed, release only the information specifically authorized using the minimum necessary standard

C. Release the complete file since the client signed an authorization and the LCSW has no basis for withholding records from a validly authorized request

D. Release only the diagnosis and dates of service while withholding all narrative clinical content to protect the client from potential discrimination

31. An LCSW is providing therapy to a client who mentions that her 7-year-old son's pediatrician conducted what she describes as an unusually prolonged and uncomfortable genital examination during a routine checkup. The child was distressed afterward. The mother is unsure whether the exam was medically appropriate. What should the LCSW do?

A. Reassure the mother that pediatric genital examinations are a standard part of well-child visits and her concern is unwarranted

B. Recommend the mother seek a second opinion from another pediatrician to determine whether the examination was medically appropriate

C. Advise the mother to file a complaint with the Medical Board since the examination was clearly inappropriate if the child was distressed

D. Assess whether the information creates reasonable suspicion of child abuse — recognizing that the LCSW is not qualified to determine the medical appropriateness of the examination but is qualified to evaluate whether the totality of information warrants a mandated report — and file if reasonable suspicion exists

32. An LCSW is providing therapy to a couple in which both partners are healthcare workers. During a session, they mention they are both burned out and have been making errors at work. Neither has

reported their impairment to their employers. The LCSW is treating them for marital issues, not occupational concerns. What should the LCSW consider?

- A. Whether the disclosed impairment raises concerns about patient safety in their respective workplaces, and while the LCSW has no mandatory reporting obligation for professional impairment disclosed in couples therapy, the LCSW should address the workplace safety implications as part of the clinical work and strongly encourage each partner to seek support through their respective professional channels
- B. Focus exclusively on the marital issues since the occupational concerns were mentioned only as context and are not the presenting problem
- C. Report both healthcare workers to their respective licensing boards since the LCSW has knowledge that impaired professionals are potentially endangering patients
- D. Request that the couple agree to report their impairment to their employers as a condition of continuing therapy

33. An LCSW provides supervision to an ASW who has been accumulating hours toward licensure. The ASW mentions that a relative of the supervisor was recently admitted to the ASW's caseload at the agency. The relative does not know the ASW's supervisor is related to them. What should the supervisor do?

- A. Instruct the ASW to immediately transfer the relative's case to another clinician without disclosing the reason to maintain the supervisor's family member's confidentiality
- B. Continue supervising the ASW on the case while ensuring the supervisor does not access the relative's clinical information through the supervisory process
- C. Recognize the conflict of interest, disclose the family relationship to the ASW, recuse from supervising the specific case involving the relative, and arrange alternative supervision for that case while ensuring the relative's confidentiality is protected
- D. End the supervisory relationship to avoid any potential ethical complications related to the family connection

34. An LCSW who provides therapy in a rural community runs into a client at the only local grocery store. The client is with friends and enthusiastically greets the LCSW, saying, "This is my therapist! She's amazing!" The friends turn to look at the LCSW with interest. How should the LCSW respond?

- A. Correct the client by stating that the LCSW cannot confirm or deny any professional relationship in a public setting
- B. Respond warmly but briefly without confirming or elaborating on the professional relationship, redirect the social interaction to neutral territory, and plan to address the public disclosure and its implications in the next therapy session
- C. Ignore the client entirely to protect the therapeutic boundary and avoid confirming the professional relationship
- D. Engage with the client's friends normally since the client has chosen to disclose the therapeutic relationship and this waives the LCSW's confidentiality obligation

35. An LCSW is treating a client with dissociative identity disorder. One alter has established a social media friendship with the LCSW under a name the LCSW did not recognize as a client alter. The LCSW discovers the connection when the alter references their social media interactions during a session. What should the LCSW do?

- A. Immediately address the dual relationship by ending the social media connection, discuss the situation with the client system transparently, process the boundary implications therapeutically, and review and strengthen the social media boundaries in the informed consent
- B. Continue the social media friendship since ending it could alienate the alter and damage the therapeutic alliance with the system
- C. Report the situation to the BBS since the social media connection constitutes a dual relationship that was concealed by the client
- D. Block the alter's social media account without discussion to eliminate the dual relationship without creating a therapeutic rupture

36. An LCSW is providing therapy to a client who works as a teacher. The client reveals that she has developed a close personal relationship with a 14-year-old student and has been texting the student daily, giving the student gifts, and meeting the student off campus. She describes the relationship as "mentoring" and denies any sexual component. She states she would "never cross that line." What should the LCSW consider?

- A. Accept the client's characterization of the relationship as mentoring since no sexual contact has occurred and the client has denied sexual intent
- B. Address the relationship dynamics exclusively in therapy without considering any reporting obligation since no abuse has occurred

C. Report the client to the school administration so they can investigate and determine whether the relationship is appropriate

D. Assess whether the pattern of behavior — daily texting, gift-giving, off-campus meetings with a student, and the escalating personal nature of the relationship — constitutes grooming behavior that creates reasonable suspicion of child abuse or exploitation warranting a mandated report, regardless of the client's stated intent

37. An LCSW is providing therapy to a client who mentions that she recently had an argument with her next-door neighbor and said, "I could just kill you!" in the heat of the moment. She reports the argument is over and she has no intent to harm the neighbor. What is the LCSW's obligation regarding the Tarasoff duty?

A. No Tarasoff duty is triggered since the statement was a common colloquial expression made in the heat of an argument that has since resolved, without genuine intent to carry out violence

B. Document the statement and contact the neighbor to conduct a welfare check as a precautionary measure under the duty to protect

C. The LCSW must file a Tarasoff notification with both the neighbor and law enforcement since any statement involving killing another person triggers the duty regardless of context

D. Conduct a formal risk assessment and increase session frequency to monitor for escalation before determining whether a Tarasoff notification is warranted

38. An LCSW is providing therapy to a client with OCD whose compulsions include excessive handwashing. During a session, the client notices the LCSW's hands are visibly dry and cracked. The client becomes concerned and asks whether the LCSW also has OCD. How should the LCSW respond?

A. Disclose a personal OCD diagnosis to normalize the client's experience and strengthen the therapeutic alliance

B. Address the client's question without disclosing personal health information, redirect the clinical focus to the client's own OCD experience, and use the moment to explore the client's tendency to seek reassurance and compare experiences as a potential manifestation of the OCD

C. Deny having OCD categorically since any ambiguity could lead the client to question the LCSW's fitness to provide treatment

D. Answer honestly about the cause of the dry hands (winter weather, hand sanitizer) since a straightforward answer eliminates the therapeutic distraction

39. An LCSW is working at a crisis center when a client who has been stable for months suddenly decompensates and requires involuntary hospitalization. The client has minor children at home with no other caretaker available. What must the LCSW address beyond the psychiatric emergency?

A. The LCSW must ensure the safety and care of the minor children, which may involve contacting the client's emergency contacts, family members, or Child Protective Services if no alternative caretaker can be identified, as abandoning minor children without a caretaker constitutes a child welfare emergency

B. The children's welfare is the responsibility of the hospital social worker once the client is admitted, and the LCSW has no obligation beyond the psychiatric evaluation

C. The LCSW should delay the hospitalization until the client can arrange childcare since the children's welfare takes priority over the psychiatric emergency

D. The LCSW should transport the children to the hospital and allow them to stay with the parent during the admission process

40. An LCSW is providing therapy to a client whose presenting concern is chronic procrastination. After eight sessions of productive therapy, the LCSW discovers through social media that the client is a famous author who has been writing about their therapy experience in a nationally published column — without using the LCSW's name but describing sessions in enough detail that colleagues have identified the LCSW. What should the LCSW do?

A. Contact the publisher and demand the column be discontinued since the client's detailed descriptions of therapy are interfering with the LCSW's professional reputation

B. Terminate the therapeutic relationship immediately since the client's public disclosure of session content makes continued confidential therapy impossible

C. Continue therapy without addressing the column since the client has the right to write about their own life experience

D. Address the column directly in therapy, explore the client's motivations for writing publicly about the therapeutic experience, discuss how the detailed descriptions are affecting the LCSW's practice, and collaboratively assess whether the public nature of the client's self-disclosure has altered the therapeutic relationship in ways that need to be addressed

41. An LCSW provides therapy to a client diagnosed with antisocial personality disorder who is on probation for fraud. The client has been attending sessions regularly and appears engaged. During a session, the client casually mentions that he views therapy as a "performance" designed to impress the probation officer and has no genuine interest in change. He asks the LCSW to continue submitting favorable progress reports. What should the LCSW do?

- A. Refuse to continue submitting progress reports since they would misrepresent the client's engagement
- B. Continue submitting favorable reports as long as the client continues attending sessions since attendance constitutes compliance with the court order
- C. Document the client's statement, provide honest progress reports that accurately reflect the LCSW's clinical observations including the client's disclosed lack of genuine engagement, and address the disclosure as clinically significant material within the therapy
- D. Terminate the therapeutic relationship since treating a client who admits to performing rather than engaging renders therapy clinically futile

42. An LCSW who has practiced for 25 years has relied primarily on psychodynamic therapy throughout their career. A client with panic disorder specifically requests CBT, which the LCSW has never been formally trained in. The LCSW's psychodynamic approach has not been effective with this client after three months. What is the LCSW's ethical obligation?

- A. Continue the psychodynamic approach since the LCSW is most competent in this modality and switching to an unfamiliar approach could be more harmful
- B. Acknowledge the limitation, discuss the options transparently with the client — including the possibility of referral to a CBT specialist or the LCSW obtaining CBT training and consultation — and prioritize the client's access to effective treatment over the LCSW's preference for their established modality
- C. Incorporate basic CBT techniques based on self-study from a textbook since CBT is a straightforward, manualized approach that does not require formal training
- D. Explain to the client that psychodynamic therapy takes longer to show results and the client should be more patient before considering a change

43. An LCSW is providing therapy to a client who is a stay-at-home father raising three children under 5. He presents with severe depression and reports he has been so exhausted and hopeless that he sometimes leaves the children in front of the television for hours while he lies in bed. The children are fed, clothed, and not in physical danger, but he acknowledges they are "not getting what they need from me." What should the LCSW consider?

- A. Whether the father's depression-driven inability to provide adequate supervision and stimulation to three very young children constitutes a level of neglect that may warrant a mandated report, while simultaneously treating the underlying depression aggressively and assessing what support services could help the family

- B. The father's honesty about his limitations should be praised and the LCSW should focus exclusively on treating the depression without considering reporting since depression is a treatable condition that explains the parenting deficits
- C. File an immediate mandated report for child neglect since leaving children under 5 in front of a television for hours while the parent lies in bed constitutes per se neglect regardless of the reason
- D. Refer the father to a parenting class to improve his skills while continuing to treat the depression therapeutically

44. An LCSW is providing therapy to a client who is an active-duty firefighter. The client reveals that he has been experiencing panic attacks during fire responses — freezing, hyperventilating, and being unable to enter burning buildings. He continues to work without disclosing this to his department. Other firefighters rely on him for backup during structure entries. What is the LCSW's obligation?

- A. Maintain strict confidentiality since panic disorder is a medical condition and the LCSW cannot disclose a client's health information to their employer
- B. Report the client to the fire department since firefighter impairment directly endangers colleagues and the public
- C. Suggest the client take FMLA leave and provide supporting documentation without further analysis of the safety implications
- D. Assess the severity and frequency of the panic responses, recognize that a firefighter who freezes during building entries creates a foreseeable risk of serious harm to colleagues who depend on him for backup, discuss the safety implications directly with the client, strongly encourage self-disclosure or a fitness-for-duty evaluation, and carefully evaluate whether the magnitude of risk to identifiable colleagues may necessitate protective action

45. An LCSW who primarily treats adults receives a request to provide a parenting capacity evaluation for a custody case. The LCSW has experience with adults but no training in forensic custody evaluation methodology, child development assessment, or the specific instruments used in custody evaluations. The attorney states, "You don't need specialized training — just interview the parent and write a letter." What should the LCSW do?

- A. Accept the referral since the LCSW's clinical skills in adult assessment are transferable to parenting capacity evaluation
- B. Accept the referral but limit the evaluation to the parent's psychological functioning without commenting on parenting capacity or custody recommendations

C. Decline the referral since conducting a custody evaluation without specialized training in forensic methodology, child development, and custody evaluation instruments would constitute practicing outside the LCSW's competence and could harm the parties involved

D. Accept the referral if the attorney provides a template letter that the LCSW can modify based on the clinical interview

46. An LCSW is treating a client who is being treated for cancer with chemotherapy. The client reports that the chemotherapy is causing severe cognitive difficulties — "chemo brain" — that are affecting her ability to process information in therapy sessions. She frequently forgets what was discussed in previous sessions and has difficulty following complex therapeutic discussions. How should the LCSW adapt?

A. Terminate therapy until chemotherapy is complete since the cognitive effects make meaningful therapeutic work impossible

B. Continue therapy without modification since adjusting the approach based on a temporary medical condition would be paternalistic

C. Modify the therapeutic approach to accommodate the cognitive changes — using shorter sessions, written summaries of key points, simpler language, repetition of important concepts, and session recordings (with consent) to help the client retain therapeutic content between sessions

D. Refer the client to a neuropsychologist for cognitive rehabilitation before continuing therapy since the cognitive deficits must be addressed before psychotherapy can be effective

47. An LCSW is providing therapy to a client who is a content creator on a subscription-based adult content platform. The client seeks therapy for relationship difficulties unrelated to her work. During therapy, the client mentions that some subscribers have been sending threatening messages. She does not feel the threats are credible. What is the LCSW's obligation?

A. Report the threatening messages to law enforcement on the client's behalf since the threats constitute criminal harassment

B. Assess the threats for credibility and specificity consistent with the LCSW's duty of care, address the client's safety, provide information about reporting options and safety planning, and respect the client's assessment of the threats while documenting the clinical discussion

C. Decline to discuss the threats since they are related to the client's occupation in the adult entertainment industry and the presenting problem is relationship difficulties

D. Inform the client that her occupation is inherently dangerous and recommend she find alternative employment as part of the safety planning process

48. An LCSW working at a community agency learns that the agency's billing department has been systematically submitting claims for group therapy sessions that were actually conducted as individual sessions, because group therapy rates are higher. The LCSW's own clients have not been affected, but the LCSW has knowledge that the practice is occurring. What is the LCSW's obligation?

A. No obligation exists since the LCSW's own billing practices are ethical and the billing department's conduct is not the LCSW's responsibility

B. Quietly correct any errors in the LCSW's own clients' billing records without raising the systemic issue

C. Discuss the concern privately with the billing department and allow them to correct the practice

D. Report the fraudulent billing through appropriate channels — which may include the agency's compliance officer, administration, or external regulatory agencies — since systematic insurance fraud is an ethical and legal violation that the LCSW cannot ignore, and document the concern and the steps taken to address it

49. An LCSW is treating a client who is a competitive figure skater, age 16. The client's coach is present in the waiting room during every session and has demanded that the LCSW provide progress reports to the coach. The client's parents have signed a release allowing communication with the coach. The client, however, whispers to the LCSW that she does not want the coach to know what she discusses in therapy but feels she cannot say this to her parents. What should the LCSW prioritize?

A. Honor the parents' signed release and provide the coach with progress reports since the parents hold legal authority over their minor child's treatment decisions

B. Provide the coach with generic progress information that satisfies the release without disclosing specific session content

C. Prioritize the adolescent client's therapeutic needs by exploring the pressure she feels from the coach, advocating with the parents for a modified communication arrangement that protects the therapeutic space, and addressing the power dynamics that are preventing the client from expressing her preferences

D. Terminate therapy since the conflicting demands from the parents, coach, and client create an irreconcilable ethical conflict

50. An LCSW is providing therapy to a client whose child was killed by a drunk driver. During therapy, the client reveals the identity of the drunk driver, who received a sentence the client considers too lenient. The client states, "When he gets out, I'm going to make him pay for what he did to my family." The client has a history of impulsive behavior. How should the LCSW analyze this situation?

- A. Conduct a thorough risk assessment to evaluate the credibility, specificity, and imminence of the threat, considering the client's emotional state, history of impulsive behavior, and the timeline of the perpetrator's release, before determining whether the statement constitutes a serious threat to an identifiable person that would trigger the duty to protect
- B. Dismiss the statement as a common expression of grief-related anger that does not warrant clinical concern or Tarasoff analysis
- C. Immediately contact the perpetrator through the correctional system to provide a Tarasoff warning since the client identified them by name
- D. Report the statement to law enforcement immediately since any threat against an identifiable person requires notification regardless of context

51. An LCSW is providing therapy to a client with severe social anxiety. The client has been avoiding scheduling a follow-up appointment with a specialist physician for a health concern that may be time-sensitive. Three months have passed since the referral. The LCSW has addressed the avoidance therapeutically in multiple sessions without success. What should the LCSW consider?

- A. Respect the client's autonomous decision to avoid the appointment since repeatedly raising the issue could be perceived as coercive
- B. Assess whether the escalating time-sensitivity of the medical concern changes the ethical calculus, consider whether the social anxiety is preventing the client from making a truly autonomous decision, explore practical accommodations that could reduce the anxiety barrier to attending the appointment, and determine whether the situation warrants more directive intervention
- C. Schedule the specialist appointment on the client's behalf to overcome the avoidance barrier since the LCSW has a duty to ensure the client receives necessary medical care
- D. Terminate therapy and refer the client to a therapist who specializes in health anxiety since the LCSW's approach has been ineffective

52. An LCSW at a school counseling center is seeing a 15-year-old student who discloses that their parent smokes marijuana daily at home in the student's presence. Marijuana is legal for adults in California. The student reports that the parent functions normally and the student is well-cared for. Does this require a mandated report?

- A. Yes, because any drug use in the presence of a minor constitutes child endangerment requiring a mandated report

B. Yes, because marijuana remains illegal under federal law and therefore constitutes illegal drug use in the presence of a minor

C. No, but the LCSW should explore whether the marijuana use is affecting the home environment, the student's wellbeing, or the parent's ability to provide adequate care

D. No mandatory report is required solely based on a parent's legal marijuana use in the child's presence, but the LCSW should assess the full context — including whether the use impairs parenting, whether the child has access to the substance, whether secondhand exposure creates health risks, and whether any other indicators of neglect or endangerment are present

53. An LCSW is treating a client who has an intellectual disability and lives in a supported living arrangement. The client's support coordinator contacts the LCSW and requests that the LCSW use therapy to address the client's "noncompliance" with the residential program's rules. The specific "noncompliance" involves the client's desire to stay up past the 9:00 PM bedtime and to eat snacks between meals. What should the LCSW recognize?

A. That the LCSW should help the client adapt to the program's rules since compliance with residential structure is essential for maintaining the supported living placement

B. That the coordinator's framing of normal personal preferences as "noncompliance" raises concerns about the program's respect for the client's autonomy and dignity

C. That the request reflects an appropriate referral since behavioral compliance is a legitimate therapeutic goal for clients with intellectual disabilities living in structured settings

D. That the LCSW should create a behavioral modification plan targeting the bedtime and eating behaviors since these are the referral concerns identified by the support team

54. An LCSW is providing therapy to a client who is in her third trimester of pregnancy. The client reveals she has been taking high doses of a herbal supplement that the LCSW has recently learned may be associated with preterm labor. The client's obstetrician does not know about the supplement use. The client states, "It's natural — it can't hurt." What should the LCSW do?

A. Express concern about the potential risk, strongly encourage the client to disclose the supplement use to her obstetrician immediately, and provide psychoeducation about the difference between "natural" and "safe" in the context of pregnancy

B. Research the supplement and provide the client with medical information about its safety profile since the client is making an uninformed decision

C. Contact the obstetrician directly since the potential risk to the fetus creates a medical emergency that overrides the client's right to confidentiality

D. Note the supplement use in the clinical record but take no further action since herbal supplements are the client's personal health choice

55. An LCSW is providing therapy to a client who presents with symptoms consistent with PTSD following a car accident. The client is also pursuing a personal injury lawsuit related to the accident. The LCSW becomes aware that the client may be exaggerating symptoms during therapy sessions that are also being discussed in legal depositions. What should the LCSW do?

A. Report the suspected malingering to the client's attorney since the attorney needs accurate information for the legal case

B. Document clinical observations accurately in the treatment record, including any discrepancies between the client's reported symptoms and the LCSW's clinical impressions, address the discrepancies therapeutically, and avoid allowing the litigation context to compromise the integrity of the clinical documentation

C. Confront the client about the suspected malingering and refuse to continue treatment if the client does not acknowledge the exaggeration

D. Modify the clinical documentation to match the client's reported symptoms since the LCSW cannot definitively prove malingering and documenting discrepancies could harm the client's legal case

56. An LCSW is providing school-based therapy to a 9-year-old child. The child's teacher asks the LCSW, "Is there anything I should know about this student's therapy that would help me manage their behavior in class?" The teacher is well-meaning and genuinely wants to help. What should the LCSW do?

A. Share the child's diagnosis and treatment plan with the teacher since the teacher is part of the educational team supporting the child

B. Provide general strategies for managing the child's behavior without disclosing any confidential therapy content, and explain that specific therapy information requires proper authorization from the parent or guardian

C. Share information only if the child is present during the conversation and consents to the disclosure

D. Provide specific therapy content that is directly relevant to classroom behavior management since the educational setting constitutes a treatment team exception to confidentiality

57. An LCSW is treating an elderly client who lives alone and has been showing signs of cognitive decline over several months. During a home visit, the LCSW notices the home is in significant disrepair — exposed wiring, broken stairs, spoiled food in the refrigerator, and the heat is not functioning during winter. The client insists everything is fine. What should the LCSW consider?

- A. Whether the deteriorating living conditions combined with cognitive decline constitute self-neglect that warrants a report to Adult Protective Services, while also exploring what support services — such as in-home care, Meals on Wheels, or home repair assistance — could help the client maintain safe independent living
- B. Respect the client's statement that everything is fine since a client with decision-making capacity has the right to choose their living conditions
- C. Contact the client's family members to inform them about the living conditions so they can intervene
- D. Focus the therapy session on the client's cognitive decline and defer concerns about the living environment to the client's primary care physician

58. An LCSW working in a hospital consults on a case where a 16-year-old patient is refusing a blood transfusion on religious grounds. The patient's parents support the refusal based on their shared religious beliefs. The medical team states the transfusion is necessary to save the patient's life. What should the LCSW understand about the legal framework?

- A. The patient and parents have an absolute right to refuse treatment based on religious beliefs regardless of the patient's age
- B. The LCSW should support the patient's religious autonomy since minors age 12 and older can make independent healthcare decisions under California law
- C. California courts have consistently held that while adults may refuse life-saving treatment on religious grounds, the state's interest in protecting minors generally overrides parental religious objections when a child's life is at risk, and the medical team may seek an emergency court order to administer the transfusion
- D. The LCSW should defer entirely to the hospital ethics committee and avoid involvement in the decision-making process

59. An LCSW is providing therapy to a client who mentions that her neighbor's children appear neglected — thin, poorly clothed, and often unsupervised outdoors at late hours. The neighbor is not the LCSW's client. The information is disclosed conversationally rather than as a direct report of abuse. Does this trigger the LCSW's mandated reporting obligation?

A. No, because the information is casual conversation rather than a formal disclosure, and the LCSW did not observe the neglect directly

B. The LCSW should assess whether the information received in a professional context creates reasonable suspicion of child neglect, and if so, file a mandated report regardless of the conversational manner in which the information was delivered

C. No, because the neighbor's children are not the LCSW's clients and the LCSW has no professional relationship with the family

D. Only if the LCSW drives by the neighbor's home and independently confirms the neglect through personal observation

60. An LCSW has been treating a client for two years. The LCSW develops a chronic health condition that causes intermittent fatigue and cognitive fog. On most days, the LCSW functions well, but approximately two to three days per month, the LCSW's clinical performance is noticeably affected. The LCSW has not disclosed this to clients or the agency. What is the LCSW's ethical obligation?

A. Continue practicing without disclosure since the symptoms are intermittent and do not constitute a permanent impairment requiring professional action

B. Resign from clinical practice entirely since any condition that intermittently affects performance makes continued practice unethical

C. Disclose the health condition to all clients so they can make informed decisions about continuing therapy

D. Proactively manage the condition by scheduling lighter caseloads on anticipated symptomatic days, seeking appropriate medical treatment, monitoring clinical performance honestly, consulting with colleagues about the impact, and having a plan for rescheduling clients if a symptomatic day arises unexpectedly

61. An LCSW is treating a client who is a surgeon. During a session, the client describes performing an elective surgical procedure on a patient while experiencing significant hand tremors from alcohol withdrawal. The client admits to being alcohol-dependent but states the surgery went well and the patient was not harmed. What is the LCSW's ethical analysis?

A. Assess the immediacy of risk to the surgeon's current and future patients, address the alcohol dependence as a clinical priority, strongly encourage the surgeon to self-report or seek treatment through the Medical Board's diversion program, and carefully evaluate whether the foreseeable risk of a tremoring surgeon performing surgery on identifiable future patients creates a duty to take protective action beyond therapeutic intervention

B. Maintain strict confidentiality since the surgery went well and no patient was actually harmed, and address the alcohol dependence through standard substance use treatment

C. Report the surgeon to the Medical Board immediately since the LCSW has direct knowledge that a physician is practicing while impaired

D. Contact the hospital where the surgeon practices to inform them of the alcohol dependence so they can implement monitoring

62. An LCSW provides therapy to a client who is going through fertility treatments and is experiencing significant emotional distress. The client asks the LCSW to attend a fertility clinic appointment as emotional support. What should the LCSW consider?

A. Whether attending the appointment constitutes a dual relationship or boundary crossing that could complicate the therapeutic dynamic

B. Agree to attend since supporting clients through medical procedures is within the scope of clinical social work practice

C. Whether attending the medical appointment would serve a clear therapeutic purpose, whether it could blur professional boundaries, how the client's treatment team would perceive the LCSW's presence, and whether alternative support options could meet the client's needs without the boundary implications of attending a medical appointment together

D. Decline categorically since attending any client's medical appointment is always outside the scope of outpatient psychotherapy practice

63. An LCSW treats a client who reveals that she accidentally ran over a neighbor's cat while backing out of her driveway. She did not stop or tell the neighbor. She is consumed with guilt. She asks the LCSW whether she is legally required to report the incident. What is the LCSW's obligation?

A. Advise the client that she is legally required to report hitting the animal to animal control or law enforcement

B. Recognize that providing legal advice is outside the LCSW's scope of practice, address the guilt therapeutically, suggest the client consult an attorney for legal questions, and maintain confidentiality while helping the client process the moral dimensions of the situation

C. Inform the neighbor about the incident since the neighbor has a right to know what happened to their pet

D. Report the incident to animal control on the client's behalf since the LCSW has knowledge that an animal was harmed

64. An LCSW has been treating a client for severe PTSD. During a particularly intense session involving trauma processing, the client becomes acutely suicidal — stating for the first time that she wants to die, has a plan, and intends to carry it out tonight. The LCSW assesses that the client needs emergency psychiatric evaluation. The client refuses to go voluntarily. What sequence of steps should the LCSW follow?

A. Call the client's emergency contact and ask them to transport the client to the hospital since involving a trusted person is less traumatic than involving emergency services

B. Attempt further therapeutic de-escalation before considering involuntary intervention since the suicidal crisis was triggered by the session and may resolve with adequate processing time

C. Schedule an emergency session for tomorrow morning and send the client home with a safety plan and crisis hotline numbers

D. Initiate the 5150 process by contacting the designated facility or mobile crisis team, document the specific criteria met for involuntary detention (danger to self with plan and intent), remain with the client until emergency personnel arrive, and ensure the client's minor children or dependents are safe

65. An LCSW treats a client who discloses that she works at a daycare center and recently left a group of toddlers unsupervised for approximately 20 minutes while she made a personal phone call in another room. No child was injured. She expresses remorse. What is the LCSW's obligation?

A. Address the lapse therapeutically and help the client develop strategies to prevent future incidents

B. File a mandated child abuse report since a daycare worker leaving toddlers unsupervised for 20 minutes constitutes general neglect of children in her professional care, creating a substantial risk of harm to dependent children

C. Report the incident to the daycare center's director so the facility can take appropriate disciplinary action

D. Document the disclosure but take no further action since no child was actually harmed and the client has expressed remorse

66. An LCSW is providing therapy to a couple in which one partner has recently become a vegan and is now insisting the couple's 2-year-old child follow a strict vegan diet. The pediatrician has expressed

concern that the child may not be receiving adequate nutrition. The other partner is worried but feels unable to challenge the vegan partner's increasingly rigid stance. What should the LCSW consider?

- A. Support the vegan partner's dietary choices since parents have the right to determine their children's diet based on their personal values
- B. Refer the couple to a nutritionist and avoid taking any position on the dietary dispute since nutrition is outside the LCSW's scope
- C. Assess whether the child's nutritional needs are being met, explore the dynamics of the dietary rigidity within the couple's relationship, consider whether the pediatrician's concerns about inadequate nutrition for a 2-year-old constitute a potential child welfare issue, and facilitate open communication between the partners about balancing personal values with the child's health needs
- D. File a mandated child abuse report since imposing a potentially inadequate diet on a 2-year-old constitutes medical neglect

67. An LCSW who runs a group practice is approached by a pharmaceutical company offering to pay the practice \$500 for each client the practice refers for a clinical drug trial. The drug trial is for a new antidepressant. What should the LCSW do?

- A. Accept the referral fee arrangement since participating in clinical research advances the profession and the fee covers the administrative costs of making referrals
- B. Decline the arrangement since accepting per-referral fees from a pharmaceutical company constitutes a kickback that creates a financial incentive to refer clients to research participation regardless of whether it serves their clinical interests
- C. Accept the arrangement only if the referral fee is disclosed to each client before the referral is made
- D. Accept the arrangement only for clients who have treatment-resistant depression and could genuinely benefit from access to a new medication

68. An LCSW is providing perinatal therapy to a client who gave birth three weeks ago. The client describes intrusive thoughts about harming her newborn — specifically, images of drowning the baby during bath time. She is horrified by the thoughts and has taken precautions including having her partner bathe the baby. She has no history of violence. She asks, "Am I a danger to my baby?" How should the LCSW respond?

- A. Initiate a 5150 evaluation since intrusive thoughts about harming an infant constitute danger to others

B. File a mandated child abuse report since the mother's thoughts about harming the infant indicate the baby is at risk

C. Remove the baby from the client's care by contacting Child Protective Services as a precautionary measure

D. Conduct a thorough risk assessment distinguishing between ego-dystonic intrusive thoughts common in postpartum OCD (which typically pose low risk and are distressing to the mother) and ego-syntonic thoughts with intent (which pose genuine risk), provide psychoeducation about the prevalence of intrusive thoughts in the postpartum period, validate the client's protective actions, and determine the appropriate level of clinical response based on the assessment

69. An LCSW is treating a client who has been a victim of ongoing workplace sexual harassment. The client has documented the harassment extensively but is too anxious to report it to HR or pursue legal action. The client's mental health continues to deteriorate as the harassment continues. What is the LCSW's role?

A. Support the client therapeutically in processing the harassment, address the anxiety that is preventing the client from taking protective action, provide information about reporting options and legal protections including anti-retaliation provisions, and empower the client to make informed decisions about how to respond — without directing the client's decision

B. Report the harassment to the client's employer on the client's behalf since the LCSW has a duty to protect the client from ongoing harm

C. File a police report since workplace sexual harassment constitutes criminal conduct that must be reported

D. Contact the harasser directly and inform them that their conduct has been disclosed in therapy and must cease immediately

70. An LCSW is providing therapy to a client who is a parent of a child with severe autism spectrum disorder. The parent is deeply committed to an anti-vaccination belief system and has not vaccinated any of the family's four children — including the child with autism. The unvaccinated children attend a public school. The LCSW personally disagrees with the parent's anti-vaccination stance. What is the LCSW's obligation?

A. Educate the parent about the scientific evidence supporting vaccine safety and effectiveness and strongly recommend they vaccinate their children

B. Report the family to CPS for medical neglect since failure to vaccinate children who attend public school constitutes a reportable form of child endangerment

C. Maintain therapeutic neutrality on the vaccination issue, provide evidence-based information if asked, address any clinical concerns that arise from the decision, and respect the parent's legal right to make vaccination decisions for their children while noting that California's exemption laws have been tightened and the children may face school exclusion

D. Terminate the therapeutic relationship since continuing to treat a parent who refuses to vaccinate perpetuates a public health risk

71. An LCSW is treating a client who has been experiencing auditory hallucinations for the first time. The client has no psychiatric history and has recently started a new job that involves exposure to industrial chemicals. What should the LCSW prioritize?

A. Diagnose the client with schizophrenia since the onset of auditory hallucinations in adulthood is pathognomonic for psychotic disorder

B. Prioritize an urgent medical referral to rule out toxicological or neurological causes of the hallucinations, as new-onset auditory hallucinations in a client with no psychiatric history and recent chemical exposure may have a medical etiology that requires identification and treatment before a psychiatric diagnosis is assigned

C. Begin antipsychotic medication management by referring to psychiatry before pursuing any medical evaluation

D. Address the hallucinations through CBT for psychosis while monitoring for additional psychotic symptoms before considering medical referral

72. An LCSW is providing therapy to a client who asks the LCSW to complete a form verifying the client's emotional disability for the purpose of obtaining a disabled parking placard. The client has severe social anxiety that makes walking through large parking lots extremely distressing. What should the LCSW consider?

A. Whether the client's social anxiety constitutes a qualifying disability for a parking placard under California's criteria, whether completing the form is within the LCSW's scope of practice, and whether the clinical documentation accurately supports the request — recognizing that parking placards require certification of specific mobility-related functional limitations that may differ from the client's anxiety-based avoidance

B. Complete the form immediately since the client's distress in parking lots constitutes a functional limitation that qualifies for disability accommodation

C. Decline categorically since disabled parking placards are exclusively for physical disabilities and mental health conditions never qualify

D. Complete the form since the client is the best judge of their own disability needs and the LCSW should support the client's self-assessment

73. An LCSW is providing treatment to a client who has been convicted of a sex offense and is on the sex offender registry. The client has completed all court-ordered treatment and has been in therapy voluntarily for ongoing relapse prevention. The client reveals that he recently began coaching his son's Little League team and has not disclosed his sex offender status to the league or parents. What should the LCSW consider?

A. Maintain confidentiality since the client has completed court-ordered treatment and his voluntary registry compliance demonstrates he is managing his risk appropriately

B. Report the client to law enforcement since sex offenders may have restrictions on contact with minors that coaching would violate

C. Encourage the client to disclose his status to the league voluntarily and process the decision therapeutically

D. Assess whether the client's sex offender registration terms include restrictions on unsupervised contact with minors that coaching would violate, evaluate the clinical risk factors, consider whether children on the team may be at risk, and determine whether the situation creates an obligation to take protective action given the access to an identifiable group of children

74. An LCSW is providing therapy to a client who is a software engineer at a company that manufactures children's toys. The client reveals that their company has been aware of a product defect that could cause choking in young children but has decided not to issue a recall due to the financial cost. The client is troubled by the company's decision. What should the LCSW consider?

A. Report the product safety issue to the Consumer Product Safety Commission since the LCSW has a professional obligation to protect children from foreseeable harm

B. Maintain confidentiality and focus exclusively on the client's distress about the workplace situation since product safety is outside the scope of mental health practice

C. Whether the knowledge of a product defect that could harm children creates an ethical obligation that extends beyond standard confidentiality, recognizing that while product safety information disclosed in therapy does not fall within a clear mandatory exception to privilege, the potential for harm to children may warrant consultation about whether any protective action is appropriate

D. Advise the client to report the defect to the CPSC themselves and provide support through the whistleblowing process

75. An LCSW treats a teenage client at a school-based clinic. The client has been progressing well in therapy and the LCSW decides to terminate. During the final session, the client gives the LCSW a handwritten letter expressing gratitude. After the client leaves, the LCSW reads the letter and discovers it contains a detailed suicide plan that the client did not verbalize during the session. What must the LCSW do IMMEDIATELY?

- A. Document the letter contents and address the suicide plan at a follow-up session the next day
- B. Immediately attempt to contact the client by phone, initiate emergency procedures if the client cannot be reached, contact the client's parents or guardians, and arrange for immediate safety assessment — treating the written plan with the same urgency as a verbal disclosure of imminent suicidal intent
- C. Contact the school counselor and ask them to check on the student since the LCSW has already terminated the therapeutic relationship
- D. File the letter in the client's chart and reopen the case for the next scheduled session to address the suicide plan therapeutically

Practice Exam 18: Answer Key and Explanations

1. B — A therapist's pregnancy and maternity leave require proactive management proportional to each client's clinical needs. Clients with abandonment histories are particularly vulnerable to temporary separations from attachment figures, including therapists. Adequate advance notice, individualized transition planning, processing of the feelings the absence evokes, and competent coverage during the leave are all essential. Waiting until the last minute or terminating vulnerable clients both cause unnecessary harm.

2. D — Chronic non-suicidal self-injury in a client with BPD who has engaged in the behavior for 15 years without medical intervention and denies suicidal intent does not automatically trigger a legal duty to breach confidentiality. The LCSW should conduct a comprehensive risk assessment, address the self-harm through evidence-based treatment such as DBT, and breach confidentiality only if the assessment reveals genuine suicidal intent or an escalation that constitutes actual danger to self. NSSI and suicidality are clinically distinct phenomena.

3. A — Clinical integrity requires honest communication even in emotionally charged end-of-life settings. If the LCSW could not hear the client's words, the most ethical response is to say so. Guessing or fabricating content — however well-intentioned — risks misrepresenting the dying person's final communication. The family's need for closure does not justify compromising the accuracy of the client's words.

4. C — The LCSW must provide an accurate, honest report to the court. Misrepresenting partial completion as full completion constitutes fraud upon the court. The report should document the number of sessions attended, clinical progress observed, and the fact that the client discontinued before completing the court-ordered requirements. The court — not the LCSW — determines the consequences of noncompliance.

5. B — A 10-year-old child stating she has "a baby growing inside me" constitutes a disclosure that warrants immediate mandated reporting. A child of this age cannot become pregnant without sexual contact, and the statement creates reasonable suspicion of sexual abuse. The LCSW should file the report without delay. Exploring the statement further through additional sessions or contacting parents first risks compromising both the child's safety and the integrity of any subsequent investigation.

6. A — When no specialist is accessible and a client presents in urgent need, the LCSW may provide initial stabilization within competence while actively pursuing consultation and training. This approach balances the client's immediate need for care against the competence requirement. The LCSW should not treat the adolescent long-term without developing appropriate expertise and should arrange transfer to a specialist as soon as one becomes accessible.

7. D — Before administering any clinical assessment — even a brief screening tool — the LCSW must introduce themselves, explain their role, describe the purpose of the screening and how results will be used, and obtain the patient's informed consent. A physician's request does not substitute for the patient's own consent. Administering a behavioral health screen to a stranger without introduction or consent violates fundamental ethical principles.

8. C — Young children (ages 4 and 6) left unsupervised by a caretaker experiencing active psychotic symptoms constitutes reasonable suspicion of child neglect and endangerment under CANRA. The LCSW received this information in a professional capacity and must file a mandated report. The children's safety is the primary concern — regardless of whether the ex-husband's behavior stems from a mental health condition.

9. B — The supervisor's personal knowledge of the client creates a conflict that could bias supervision on this case. The supervisor should disclose the connection, recuse from supervising this specific case, and arrange alternative consultation. This protects the client's confidentiality, the integrity of the supervision, and the supervisee's clinical development. Ending the entire supervisory relationship is unnecessarily disruptive.

10. A — A small, intimate yoga class with only eight participants creates regular personal contact that differs from brief incidental encounters. The LCSW should assess whether this ongoing proximity could affect the therapeutic dynamic, discuss the situation openly with the client, and collaboratively determine a solution. Ignoring the overlap or reflexively terminating are both inappropriate when a thoughtful conversation could resolve the issue.

11. D — An 11-year-old being kept home from school to serve as primary caretaker for a younger sibling raises two distinct concerns: educational deprivation (the child is missing school) and age-inappropriate caretaking responsibility. Either may independently constitute general neglect under CANRA. The LCSW should assess whether reasonable suspicion exists and file a mandated report if warranted, while also considering what support services might help the family.

12. C — No mandatory exception to the psychotherapist-patient privilege requires disclosure of a client's genetic information to family members, even when those family members carry the same genetic risk. The LCSW must maintain confidentiality while therapeutically exploring the client's decision. The ethical tension is real — but the legal framework is clear: genetic information shared in therapy is protected.

13. A — The LCSW has an ethical obligation to advocate for residents' rights when institutional practices appear to violate those rights. The first step is internal advocacy — bringing the concern to facility leadership with specific recommendations for alternative approaches. Escalation to external regulatory agencies is appropriate only if internal advocacy fails. Secretly circumventing the policy or filing external complaints without attempting internal resolution bypasses the appropriate sequence.

14. B — This scenario requires layered analysis. The self-prescribing poses a direct health risk to the physician herself. Patients under her care may be affected if the self-medication impairs her judgment. The unauthorized use of a colleague's DEA number reveals a pattern of deception with clinical significance. The LCSW should maintain confidentiality while addressing all dimensions therapeutically and strongly encouraging the client to stop the dangerous behavior and seek appropriate treatment.

15. D — Termination of parental rights extinguishes the biological parent's legal authority over the child, including access to the child's protected health information. The LCSW should decline to release records and direct the mother to seek a court order if she believes records are needed for her appeal. The current legal guardians — the foster/adoptive parents — hold the authority to authorize any release.

16. C — Social workers have an ethical obligation to advocate for client welfare even within institutional settings where their authority is limited. The LCSW should document the clinical

deterioration, communicate the harmful impact of prolonged isolation to administration, recommend alternative housing, and escalate through appropriate channels if initial advocacy fails. Simply accepting the security determination or refusing to treat are both inadequate responses.

17. A — The LCSW received information in a professional capacity that a minor is being sexually exploited — specifically, an adult is producing pornographic images of a 16-year-old. This constitutes child sexual abuse under CANRA and triggers an immediate mandated reporting obligation. The reporting duty applies regardless of whether the LCSW has a therapeutic relationship with the child and regardless of the mother's fear of consequences.

18. A — After direct discussion with the colleague has been unsuccessful, the next step is escalation through formal institutional channels. The LCSW should document specific clinical observations supporting the concern and utilize the clinic's quality assurance or compliance processes. If institutional channels fail to address the issue, external reporting to the appropriate licensing board or regulatory agency may be warranted. The LCSW cannot simply accept the overprescribing.

19. D — The LCSW has a clinical obligation to provide evidence-based information about the documented harms of aversive interventions, including electric shock devices. This is not imposing values — it is providing clinical expertise. The LCSW should discuss alternatives, assess whether the planned placement creates a risk of harm, and document the clinical discussion. Silently supporting a potentially harmful placement violates the duty to the child client.

20. A — When an evidence-based treatment is not producing results, the appropriate response is systematic modification — reassessing the diagnostic formulation, adjusting the protocol, and discussing the lack of progress openly with the client. Switching to an unvalidated approach simply because CBT has been unsuccessful prioritizes novelty over evidence. The client deserves access to effective evidence-based treatment, which may mean referral to a specialist in an alternative proven approach.

21. C — This scenario requires integrating multiple principles simultaneously. Prenatal substance use is not a CANRA trigger before birth — so no mandated report is required. However, multiple urgent clinical obligations exist: the fentanyl use creates serious medical risks during delivery that the obstetrician needs to know about, the client needs substance abuse treatment resources, and the LCSW should prepare the client for the likelihood of newborn drug testing. All of these require clinical action within the confidentiality framework.

22. B — Retroactive alteration of clinical records — even cosmetic changes — constitutes a serious professional conduct issue. Medical records are legal documents, and modifying entries without proper

addendum procedures can constitute fraud, compromise the evidentiary integrity of the record, and expose both the clinician and the agency to legal liability. The supervisor must address this directly, implement corrective measures, and retrain the staff member on documentation standards.

23. D — Therapists cannot validate or corroborate the factual accuracy of memories. Memory is reconstructive and susceptible to distortion, and representing therapeutic work as forensic evidence would be professionally irresponsible. The LCSW should support the client therapeutically, clearly explain the distinction between clinical treatment and forensic evidence, and refer the client to law enforcement if they wish to pursue an investigation through appropriate channels.

24. A — Distributing prescription controlled substances, while a serious felony, does not fall within any mandatory exception to the psychotherapist-patient privilege in California. No child or elder abuse, no Tarasoff threat, and no other statutory trigger is present. The LCSW must maintain confidentiality while addressing the behavior clinically — including the legal consequences, the health risks to buyers, and the financial pressures driving the conduct.

25. C — The LCSW received information in a professional capacity creating reasonable suspicion that an elderly person with dementia is being financially exploited by a family member. Under California's Elder Abuse and Dependent Adult Civil Protection Act, this triggers a mandated reporting obligation. The reporting duty is based on the information received, not on whether the LCSW has a direct relationship with the elderly person. Thirdhand information received professionally still triggers the duty.

26. B — The LCSW should reinforce the group confidentiality agreement with all members, address the specific concern about the recognizable name, and assess the situation. The journalist's presence requires heightened attention but not automatic removal. Processing the event within the group framework respects all members while addressing the legitimate safety concern. A blanket exclusion based on profession would be discriminatory.

27. D — Conducting therapy while a client is experiencing active dissociative effects from a medical procedure compromises the client's ability to engage meaningfully, process information, and provide reliable self-report. The LCSW should decline to conduct the session, assess the client's immediate safety, arrange safe transportation if needed, and reschedule. Proceeding with therapy during an altered state fails to meet the standard of care.

28. A — An independent medical examination requires objectivity that is fundamentally incompatible with an existing therapeutic relationship. The therapeutic alliance creates an inherent bias that would

compromise the evaluation's credibility and potentially harm the client's legal interests. The LCSW must decline the IME request. Disclosing the relationship to the insurance company while proceeding does not eliminate the objectivity problem.

29. C — The LCSW's role is to explore the psychological barriers to self-management — not to serve as an enforcement agent for the medical team. This includes understanding the emotional, cognitive, social, and systemic factors affecting the patient's health behaviors. The LCSW should work with the patient to support informed autonomous decision-making while respecting the patient's right to make their own health choices, even ones the medical team disagrees with.

30. B — Before releasing records, the LCSW should contact the client to discuss the authorization's scope, explain the potential implications of full disclosure (including possible insurance denial), and ensure the client makes an informed decision. If the client proceeds, the LCSW should apply the minimum necessary standard. The LCSW cannot simply refuse all disclosure or blindly release the entire file without ensuring the client understands the consequences.

31. D — The LCSW is not qualified to determine whether a pediatric examination was medically appropriate, but is qualified to assess whether the totality of information — including the description of an unusually prolonged genital exam and the child's distress — creates reasonable suspicion of child abuse. If reasonable suspicion exists, the LCSW must file. Investigators and medical experts — not the LCSW — will determine the medical appropriateness.

32. A — While the LCSW has no mandatory reporting obligation for professional impairment disclosed in couples therapy, the disclosed errors and burnout raise legitimate patient safety concerns. The LCSW should address these concerns as part of the clinical work — exploring how the impairment connects to the marital distress, discussing the safety implications, and strongly encouraging each partner to seek support through professional channels.

33. C — The supervisor must recognize the conflict of interest created by having a family member on the supervisee's caseload. The appropriate response is disclosure to the supervisee, recusal from supervising that specific case, and arrangement of alternative supervision — while protecting the relative's confidentiality. This addresses the conflict without unnecessarily disrupting the entire supervisory relationship.

34. B — In a rural community where incidental contact is inevitable, the LCSW should respond warmly but briefly without confirming or elaborating on the professional relationship. The client's spontaneous public disclosure does not obligate the LCSW to confirm the relationship or engage in extended social

interaction. The incident should be addressed therapeutically at the next session to discuss boundaries and the implications of public disclosure.

35. A — The social media connection between an alter and the LCSW constitutes a dual relationship that must be addressed immediately. The LCSW should end the social media connection, discuss the situation transparently with the client system, process the boundary implications, and strengthen the social media boundaries in the informed consent. Continuing the online relationship or blocking without discussion both fail to address the issue therapeutically.

36. D — Daily texting, gift-giving, off-campus meetings, and an escalating personal relationship between a teacher and a 14-year-old student constitute a textbook grooming pattern — regardless of the adult's denial of sexual intent. Grooming itself is a form of child exploitation. The LCSW should assess whether these behaviors create reasonable suspicion warranting a mandated report, which in this case they almost certainly do. Grooming behavior does not require sexual contact to be reportable.

37. A — The statement "I could kill you!" made during a commonplace argument that has since resolved, with no genuine intent expressed and no continuing danger, does not trigger the Tarasoff duty. The duty requires a serious threat of physical violence to a reasonably identifiable victim — not colloquial expressions of anger in resolved interpersonal conflicts. Clinical judgment must distinguish between genuine threats and common figures of speech.

38. B — The client's question about the LCSW's hands provides an opportunity to explore OCD-related dynamics — specifically the tendency to seek reassurance and compare behaviors. The LCSW should address the question without disclosing personal health information, redirect to the client's own experience, and use the moment therapeutically. Neither disclosing a diagnosis nor providing a detailed mundane explanation serves the therapeutic purpose.

39. A — When a client with minor children requires emergency psychiatric hospitalization, the LCSW must address the children's safety as part of the crisis response. This may involve contacting emergency contacts, family members, or CPS if no alternative caretaker can be identified. Minor children left without a caretaker constitute a child welfare emergency that cannot be deferred to hospital social workers after admission.

40. D — The client's public writing about therapy sessions — even without naming the LCSW — has affected the LCSW's practice and the therapeutic dynamic. The LCSW should address the concern directly in therapy, explore the client's motivations, discuss the impact on the LCSW's professional life,

and assess whether the public nature of the disclosure requires changes to the therapeutic approach. Neither ignoring it nor terminating without discussion serves the client.

41. C — The client's disclosure that therapy is a "performance" is itself clinically significant and should be documented. Progress reports must accurately reflect the LCSW's clinical observations — including the client's statement about lack of genuine engagement. Submitting favorable reports that contradict the LCSW's actual assessment would constitute fraudulent misrepresentation to the court. Honest documentation protects the public and the integrity of the court-ordered treatment process.

42. B — When a treatment approach is not working and the client specifically requests an evidence-based alternative, the LCSW must honestly acknowledge the limitation. The ethical response is transparent discussion of options — including referral to a CBT specialist or the LCSW obtaining proper CBT training. Continuing an ineffective approach because it is the LCSW's preferred modality prioritizes therapist comfort over client welfare.

43. A — This scenario requires balancing empathy for a depressed father with assessment of the children's welfare. Three children under 5 left for hours while the parent lies in bed may constitute neglect depending on severity and frequency, even when driven by depression. The LCSW should assess the risk to the children, treat the depression aggressively, explore support services, and determine whether the level of care falls below the threshold warranting a mandated report.

44. D — A firefighter who freezes during building entries creates a foreseeable risk of death to colleagues who depend on him for backup inside burning structures. The LCSW should thoroughly assess the severity and frequency, discuss the safety implications directly, and strongly encourage self-disclosure or a fitness-for-duty evaluation. The magnitude of potential harm to identifiable colleagues may necessitate protective action if the client refuses to self-report.

45. C — Custody evaluations require specialized competence in forensic methodology, child development assessment, family dynamics evaluation, and specific instruments. An LCSW without this training cannot competently conduct a custody evaluation regardless of how the referring attorney frames the request. Accepting would constitute practicing outside competence and could produce a flawed evaluation that harms the family.

46. C — Chemotherapy-related cognitive changes ("chemo brain") require therapeutic adaptation — not cessation or continuation without modification. Shorter sessions, written summaries, simplified language, repetition, and session recordings accommodate the cognitive limitations while maintaining

therapeutic momentum. Adapting treatment to a client's current capacity is a fundamental clinical competency, not paternalism.

47. B — The LCSW should assess the threats for credibility and specificity as part of standard clinical care, address the client's safety, provide information about reporting options, and respect the client's own assessment while ensuring adequate safety planning. The client's occupation does not reduce the LCSW's duty of care, and dismissing the threats or moralizing about the client's work are both inappropriate.

48. D — Systematic fraudulent billing — submitting claims for group sessions when individual sessions were provided — is insurance fraud regardless of whether the LCSW's own clients are affected. The LCSW has an ethical obligation to report through appropriate channels. Knowledge of institutional fraud creates a responsibility to act, even when the LCSW's personal practices are ethical.

49. C — The adolescent client's whispered objection signals a power dynamic that is compromising the therapeutic space. The LCSW should prioritize the client's therapeutic needs by exploring the coach's influence, advocating with the parents for a modified communication arrangement, and addressing the systemic pressure preventing the client from expressing her preferences. The parents' release should not override the clinical assessment of what serves the adolescent.

50. A — The statement "I'm going to make him pay" requires careful Tarasoff analysis. The LCSW should assess the credibility, specificity, and imminence of the threat, considering the client's history of impulsive behavior, the perpetrator's release timeline, and the emotional context of grief. A thorough risk assessment determines whether this represents genuine intent toward an identifiable victim or an expression of grief-related anger. The analysis — not the statement alone — determines the response.

51. B — Three months of therapeutic encouragement without progress, combined with escalating time-sensitivity, changes the ethical calculus. The LCSW should assess whether the anxiety is preventing truly autonomous decision-making, explore practical accommodations to reduce the barrier, and consider whether more directive intervention is warranted. Simply respecting avoidance when a client's health may be deteriorating is not the same as respecting autonomy.

52. D — Legal adult marijuana use in a child's presence does not automatically constitute child endangerment. However, the LCSW should assess the full context — including whether the use impairs parenting, whether the child has access to the substance, whether secondhand exposure creates health risks, and whether other neglect indicators exist. A nuanced assessment rather than a reflexive report or reflexive dismissal is the appropriate response.

53. B — Framing a client's desire to stay up past 9:00 PM or eat snacks as "noncompliance" requiring therapeutic intervention reflects a program culture that may not respect the autonomy and dignity of individuals with intellectual disabilities. The LCSW should recognize that these are normal personal preferences, not pathological behaviors requiring treatment, and advocate for the client's right to make age-appropriate lifestyle choices.

54. A — The LCSW should express concern about the potential risk, provide psychoeducation about the difference between "natural" and "safe," and strongly encourage disclosure to the obstetrician. The LCSW is not qualified to provide specific medical guidance about the supplement's safety profile but is qualified to identify the clinical urgency and ensure the client receives appropriate medical consultation.

55. B — Clinical documentation must reflect the LCSW's honest professional observations. If discrepancies exist between the client's reported symptoms and the LCSW's clinical impressions, these should be documented accurately. The litigation context does not alter the LCSW's documentation obligations. Falsifying records to support a legal case would constitute fraud, while accurately documenting clinical observations protects both the LCSW's integrity and the client's long-term interests.

56. C — Sexual assault of an elderly person in a care facility constitutes elder abuse under California's Elder Abuse and Dependent Adult Civil Protection Act. The mandated reporting obligation overrides the client's wishes regarding confidentiality. The LCSW must file immediately. The client's fear of retaliation should be addressed through safety planning and communication with the facility's administration, but it cannot prevent the required report.

57. B — The LCSW should maintain confidentiality and address the affair therapeutically. Adultery — even if it violates the UCMJ — does not fall within any mandatory exception to the psychotherapist-patient privilege. The LCSW should explore the client's feelings, the marital dynamics, potential consequences, and the client's decision-making process about whether and how to address the affair with her husband.

58. C — California courts have consistently held that while adults may refuse life-saving medical treatment on religious grounds, the state's *parens patriae* interest in protecting children generally overrides parental religious objections when a minor's life is at risk. The medical team may seek an emergency court order to administer the transfusion. The LCSW should understand this legal framework to support appropriate clinical and institutional decision-making.

59. B — The mandated reporting obligation is triggered by information creating reasonable suspicion received in a professional capacity — not by the formality or conversational nature of the disclosure. A client's casual mention of a neighbor's apparently neglected children during therapy constitutes information received professionally. The LCSW should assess whether reasonable suspicion exists and file a report if warranted.

60. D — Intermittent impairment requires proactive management rather than denial or resignation. The LCSW should schedule strategically, seek medical treatment, monitor performance honestly, have contingency plans for symptomatic days, and consult with colleagues. This approach protects clients while allowing the LCSW to continue practicing competently on the majority of days when functioning is not affected.

61. A — A surgeon performing procedures with hand tremors from alcohol withdrawal creates a foreseeable risk of catastrophic harm to identifiable patients. The LCSW must assess the immediacy and severity of the risk, address the alcohol dependence as a clinical priority, strongly encourage self-reporting through the Medical Board's diversion program, and carefully evaluate whether the magnitude of risk to future surgical patients requires protective action beyond therapeutic intervention alone.

62. C — Attending a client's medical appointment requires analysis of whether the boundary crossing serves a genuine therapeutic purpose, how it could affect the professional relationship, and whether alternatives exist. A fertility clinic appointment during a high-stress treatment creates a context where emotional support is understandable, but the LCSW must weigh this against the boundary implications and consider whether the client's support needs could be met through other means.

63. B — Providing legal advice about the incident is outside the LCSW's scope of practice. The LCSW should address the guilt therapeutically, suggest the client consult an attorney for legal questions, and maintain confidentiality. Running over a neighbor's cat and not reporting it, while morally complex, does not trigger any mandatory exception to the psychotherapist-patient privilege.

64. D — When a client becomes acutely suicidal with a specific plan and intent and refuses voluntary hospitalization, the LCSW must initiate the 5150 process. This includes contacting the designated facility or mobile crisis team, documenting the specific criteria met, remaining with the client until emergency personnel arrive, and ensuring that any dependents are safe. Each step in the sequence is critical.

65. B — A daycare worker leaving toddlers unsupervised for 20 minutes creates a substantial risk of harm to dependent children in the worker's professional care. This constitutes general neglect under

CANRA. The mandated reporting obligation applies regardless of whether actual harm occurred — the substantial risk of harm to very young children who cannot protect themselves is sufficient. The worker's remorse does not eliminate the reporting obligation.

66. C — The LCSW should assess whether the child's nutritional needs are being met, explore the relational dynamics of the dietary rigidity, and consider whether the pediatrician's concerns about a 2-year-old's nutrition rise to a child welfare concern. A 2-year-old has specific nutritional needs for brain development that may not be met by a strict vegan diet without careful supplementation. The LCSW should facilitate evidence-based discussion without reflexively reporting or dismissing.

67. B — Per-referral fees from pharmaceutical companies for directing clients into drug trials constitute kickbacks. This arrangement creates a financial incentive for the LCSW to recommend research participation based on revenue rather than clinical appropriateness. It violates professional ethics, potentially federal anti-kickback statutes, and undermines the trust clients place in their therapist's unbiased clinical recommendations.

68. D — The LCSW must carefully distinguish between ego-dystonic intrusive thoughts (common in postpartum OCD, distressing to the mother, typically low risk) and ego-syntonic thoughts with intent (which pose genuine danger). This mother is horrified by the thoughts and has taken protective action — hallmarks of postpartum OCD rather than genuine intent to harm. Psychoeducation, validation, and appropriate treatment should follow the assessment. Reflexive reporting or hospitalization for intrusive thoughts could devastate a new mother who is already protecting her baby.

69. A — The LCSW should provide therapeutic support for processing the harassment, address the anxiety preventing protective action, offer information about reporting options and legal protections, and empower the client to make informed decisions. The LCSW should not report on the client's behalf, contact the harasser, or file a police report — the client is a competent adult whose autonomy must be respected while receiving support to exercise that autonomy effectively.

70. C — The LCSW should maintain therapeutic neutrality while providing evidence-based information if asked, address clinical concerns arising from the decision, and respect the parent's legal right to make vaccination decisions. California's tightened exemption laws (SB 277) may affect the children's school enrollment, which is relevant information. Neither lecturing the parent nor reporting to CPS is appropriate when the decision, while controversial, falls within the parent's legal rights.

71. B — New-onset auditory hallucinations in a person with no psychiatric history and recent exposure to industrial chemicals strongly suggest a potential medical etiology — including toxic encephalopathy.

An urgent medical referral to rule out toxicological or neurological causes must take priority over psychiatric diagnosis. Treating presumed schizophrenia without ruling out a treatable medical cause could result in serious harm.

72. A — Disabled parking placards have specific eligibility criteria related to mobility limitations. The LCSW should assess whether the client's social anxiety meets these criteria, whether completing the form is within scope, and whether the clinical documentation honestly supports the request. The LCSW should not reflexively complete or refuse the form but should evaluate the specific requirements against the client's actual functional limitations.

73. D — A registered sex offender coaching children's sports requires careful analysis. The LCSW should determine whether registry terms include restrictions on unsupervised minor contact that coaching would violate, evaluate clinical risk factors, and assess whether children are potentially at risk. The situation involves an identifiable group of children in the client's direct supervision. If the clinical assessment and legal restrictions indicate risk, the LCSW may need to take protective action.

74. C — Knowledge of a children's product defect that could cause choking creates an ethical tension between confidentiality and the protection of children. While product safety disclosures in therapy don't fall within a clear mandatory reporting exception, the potential for serious harm to children warrants at minimum a careful ethical analysis and consultation. The LCSW should explore all dimensions of the situation before determining whether any action is appropriate.

75. B — A written suicide plan discovered after the client has left demands the same immediate response as a verbal disclosure of imminent suicidal intent. The LCSW must act immediately — attempting to contact the client by phone, initiating emergency procedures if the client cannot be reached, contacting parents or guardians, and arranging for immediate safety assessment. The fact that termination has occurred does not eliminate the duty to respond to an imminent safety crisis. Waiting until the next day could be fatal.