

PRACTICE EXAM 19: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. Which of the following scenarios would NOT require the LCSW to file a mandated child abuse report under CANRA?

- A. A 12-year-old client describes being hit with a belt by a parent, leaving visible welts across the back and legs
- B. A client reveals that her ex-husband's new girlfriend has been leaving the client's 4-year-old child locked in a car for 30 minutes during shopping trips
- C. A 15-year-old client in therapy discloses consensual sexual activity with another 15-year-old classmate, and neither minor shows signs of coercion or exploitation
- D. A mother describes finding sexually explicit photos of her 8-year-old daughter on the family computer that were taken by the mother's adult boyfriend

2. An LCSW is treating a client who threatens during a session, "I'm going to kill my sister." The LCSW knows from previous sessions that the client and sister have a contentious but non-violent relationship and that the client uses hyperbolic language regularly. What should the LCSW do FIRST?

- A. Conduct a thorough risk assessment to evaluate the seriousness of the threat in context, considering the client's history, pattern of communication, current emotional state, and any additional risk factors before determining whether Tarasoff obligations are triggered
- B. Immediately contact the sister to provide a Tarasoff warning since the client identified a specific victim by name
- C. Document the statement and continue the session without further assessment since the LCSW knows the client speaks hyperbolically
- D. Initiate a 5150 hold since the client expressed homicidal ideation toward an identifiable individual

3. An LCSW working in a hospital setting is asked to evaluate a patient's decision-making capacity regarding a proposed medical procedure. Which of the following elements must the patient demonstrate to establish capacity?

- A. The ability to recite the risks and benefits of the procedure from memory without prompting
- B. The ability to understand the relevant information, appreciate how the information applies to their situation, reason about the options, and communicate a consistent choice
- C. The ability to agree with the medical team's recommendation, as disagreement with recommended treatment is itself evidence of impaired capacity
- D. The ability to articulate the medical rationale at a level equivalent to the treating physician's understanding of the procedure

4. An LCSW is treating a client who casually mentions that their neighbor has been leaving their dog outside without water in extreme heat for days at a time. The client is concerned about the animal but has not reported it. What is the LCSW's legal obligation?

- A. File a report with animal control since the LCSW is a mandated reporter for animal cruelty under California law
- B. Encourage the client to report the animal cruelty to authorities and document the therapeutic discussion about the client's concern
- C. File a mandated child abuse report since animal cruelty in a household is a known correlate of child abuse that must be investigated
- D. The LCSW has no legal reporting obligation for suspected animal cruelty since mental health professionals are not mandated reporters for animal abuse under California law, though the LCSW may address the client's distress about the situation therapeutically

5. An LCSW is providing therapy to a 17-year-old who discloses that she has been selling nude photographs of herself online. She created and distributed the images herself. She states no adult coerced her. Under California law, what should the LCSW consider regarding mandated reporting?

- A. No report is needed since the minor created the images voluntarily and no adult perpetrator is involved
- B. File a report naming the minor as both the victim and perpetrator of child exploitation since she is producing child pornography

C. Assess whether the minor may be a victim of exploitation despite her characterization of the activity as voluntary, consider whether adults are purchasing the images, and recognize that the production and distribution of sexually explicit images of a minor may constitute sexual exploitation warranting a mandated report regardless of the minor's stated voluntariness

D. Report only if the minor identifies adult purchasers by name since mandated reporting requires an identifiable perpetrator

6. An LCSW at an outpatient clinic is preparing to terminate with a client who has completed treatment goals. Which of the following is the LEAST appropriate component of the termination process?

A. Reviewing the client's progress and discussing relapse prevention strategies for maintaining therapeutic gains

B. Abruptly ending the therapeutic relationship at the final session without advance notice or discussion of the termination to avoid prolonging the client's dependency on therapy

C. Providing appropriate referrals for any ongoing needs and informing the client they may return to therapy in the future if needed

D. Processing the client's feelings about ending the therapeutic relationship and addressing any attachment-related concerns

7. An LCSW is treating a client who is going through a contentious divorce. The client's attorney sends the LCSW a list of "suggested diagnoses" that would support the client's legal strategy. Which response is MOST appropriate?

A. Decline to alter the diagnosis based on litigation strategy, maintain an accurate diagnostic formulation based on clinical assessment, and inform the client that the LCSW's diagnostic obligation is to clinical accuracy rather than legal advantage

B. Select the diagnosis from the attorney's list that most closely approximates the client's actual presentation since the legal and clinical goals can be aligned

C. Provide the attorney with a copy of the LCSW's independent clinical assessment and allow the attorney to determine how to use the information in the legal strategy

D. Request a meeting with the attorney to discuss which diagnosis would serve both clinical and legal purposes simultaneously

8. Under California law, which of the following statements about the BBS complaint process is MOST accurate?

- A. The BBS must resolve all complaints within 90 days of filing or the complaint is automatically dismissed
- B. Respondents are not entitled to know the identity of the complainant during the investigation process under any circumstances
- C. The BBS investigates only complaints filed by clients and does not accept complaints from colleagues, family members, or members of the public
- D. The BBS has the authority to investigate complaints, subpoena records, and take disciplinary action including license revocation, suspension, or probation following due process

9. An LCSW is providing therapy to a client who is experiencing severe grief after the death of their partner. The client reveals that the partner died during autoerotic asphyxiation. The client is deeply ashamed and has told no one else. The client asks the LCSW, "Do you judge me for how he died?" How should the LCSW respond?

- A. Reassure the client that the LCSW has no personal reaction to the manner of death to normalize the client's experience
- B. Redirect the question back to the client by asking what prompted them to ask and what it would mean if the LCSW did judge them
- C. Respond with empathetic honesty, acknowledging the client's courage in sharing this information, validating the complexity of their grief, and creating space for the client to process both the loss and the shame without imposing judgment or false neutrality
- D. Provide psychoeducation about autoerotic asphyxiation to reduce the client's shame by normalizing the behavior through clinical information

10. An LCSW treats a client who is a correctional officer. The client describes using unnecessary force against an inmate who was already restrained and compliant. The inmate sustained visible injuries. The client shows no remorse. What is the LCSW's reporting obligation?

- A. Report the excessive force to the prison's internal affairs division since the LCSW has a duty to report law enforcement misconduct

B. Assess whether the described incident constitutes abuse of a dependent adult — as inmates in custody may qualify as dependent adults under certain circumstances — and if reasonable suspicion of dependent adult abuse exists, file a mandated report

C. Report the officer to local law enforcement since the excessive force constitutes criminal assault that the LCSW is mandated to report

D. Maintain strict confidentiality since the use of force by correctional officers is governed by institutional policy rather than child or elder abuse reporting statutes

11. An LCSW is conducting a risk assessment for suicide. Which of the following is a PROTECTIVE factor that would reduce the client's overall risk level?

A. Strong social connectedness including meaningful relationships with family and friends, active participation in community, and a sense of belonging

B. A previous suicide attempt that did not result in serious injury, suggesting the client does not have genuinely lethal intent

C. The client's stated belief that suicide is "the rational choice" given their current circumstances, indicating clear cognitive processing

D. The client's advanced age, since older adults have lower rates of suicide completion compared to younger demographics

12. An LCSW is providing therapy to a 13-year-old whose parents bring the child for treatment of anxiety. During a session, the child discloses they are questioning their gender identity and asks the LCSW not to tell their parents. Under California law, what should the LCSW consider?

A. Inform the parents immediately since gender identity exploration in a 13-year-old requires parental involvement for any treatment decisions

B. File a mandated report since a 13-year-old questioning gender identity may indicate the child has been exposed to inappropriate sexual content

C. Maintain confidentiality and tell the child that their gender exploration is "just a phase" to alleviate anxiety without involving the parents

D. Maintain the child's confidentiality regarding the gender identity disclosure as part of the therapeutic relationship, recognizing that California law protects minors' right to explore identity in therapy, while therapeutically supporting the child in determining if and when they wish to discuss their identity with their parents

13. An LCSW is treating a client with PTSD who brings a loaded firearm to a therapy session "for protection." The client states they carry it everywhere due to hypervigilance. The LCSW's office policy prohibits firearms. What should the LCSW do?

- A. Allow the firearm since removing it could trigger the client's hypervigilance and destabilize the therapeutic alliance
- B. Call 911 immediately since bringing a loaded weapon to a therapy session constitutes a direct threat to the LCSW's safety
- C. Calmly address the office policy, ask the client to secure the firearm in their vehicle before continuing the session, explore the hypervigilance clinically, and assess whether the constant carrying of a weapon represents a safety concern that should be integrated into the treatment plan
- D. Continue the session with the firearm present but document that the client was armed and increase personal safety precautions for future sessions

14. An LCSW provides therapy to a client who has been stable on lithium for bipolar disorder for five years. The client reveals they stopped taking lithium three weeks ago because a naturopathic doctor recommended replacing it with herbal supplements. What is the LCSW's MOST urgent concern?

- A. The high risk of manic or depressive relapse following abrupt lithium discontinuation, combined with the potential for lithium withdrawal effects, necessitating immediate coordination with the prescribing psychiatrist to assess the client's clinical status and develop a safety plan
- B. Whether the naturopathic doctor's recommendation constitutes practicing medicine without a license, which should be reported to the medical board
- C. The client's right to make autonomous healthcare decisions, which the LCSW should respect without attempting to influence the choice
- D. Whether the herbal supplements interact with any other medications the client may be taking, which should be researched before raising any concerns

15. An LCSW provides supervision to an ASW who reports feeling attracted to a supervisor at another agency. The ASW asks the LCSW whether it would be ethical to pursue the relationship. What should the LCSW consider?

- A. Romantic relationships between supervisors and supervisees are always prohibited regardless of whether they work at the same agency

- B. The key consideration is whether a power differential exists between the ASW and the other supervisor that could create a coercive or exploitative dynamic, even if the other supervisor does not directly oversee the ASW's work
- C. The relationship is permissible since the other supervisor is at a different agency and has no authority over the ASW's licensing hours
- D. The relationship is permissible only if the ASW formally terminates all professional contact with the other agency before pursuing the romance

16. Which of the following would be MOST appropriate to include in psychotherapy progress notes?

- A. The LCSW's personal emotional reactions to the client's disclosures and detailed countertransference analysis
- B. Speculative diagnostic hypotheses about family members who are not the LCSW's clients
- C. Raw psychological test data and scoring sheets integrated directly into the progress note
- D. Relevant clinical observations, interventions used, client's response to treatment, progress toward goals, and the clinical rationale for any changes to the treatment plan

17. An LCSW is treating a client who is experiencing homelessness and frequently uses the therapy session as an opportunity to warm up and rest rather than engage in therapeutic work. The client often falls asleep during sessions. Some colleagues tell the LCSW this is "not real therapy" and the sessions should be terminated. What should the LCSW consider?

- A. Terminate the client since the sessions are not producing therapeutic benefit and continuing constitutes a waste of clinical resources
- B. Wake the client each time they fall asleep and insist on active therapeutic engagement as a condition of continued treatment
- C. Continue billing for the sessions as regular therapy since the client is present during the scheduled time regardless of participation level
- D. Recognize that the therapeutic relationship itself may serve an essential function for a person experiencing homelessness — providing safety, connection, and dignity — and assess whether the sessions are meeting the client's needs within a harm-reduction framework while adjusting expectations and therapeutic approach to match the client's current capacity

18. An LCSW has been treating a client for six months when the client reveals a prior trauma that fundamentally changes the clinical formulation. The current treatment plan, which was developed based on the original presenting concerns, is no longer adequate. What should the LCSW do?

- A. Revise the treatment plan to incorporate the new information, discuss the revised formulation with the client, obtain consent for the modified treatment approach, and update all clinical documentation to reflect the diagnostic reconsideration
- B. Continue with the existing treatment plan since changing course midway through treatment could destabilize the therapeutic progress already achieved
- C. Terminate the current therapeutic relationship and re-refer the client for a new intake evaluation with a fresh clinical perspective
- D. Add the trauma information to the clinical record but continue the current treatment approach until the existing treatment goals are completed

19. An LCSW is providing school-based therapy to a student whose parent calls to report that the child's other parent (who has equal custody) has enrolled the child in therapy with a different therapist at a different location. Both therapies are addressing the same presenting problem. What should the LCSW do?

- A. Continue therapy without modification since each parent has the independent right to enroll the child in therapy during their custodial time
- B. Contact the other therapist (with appropriate authorization) to coordinate care, discuss the potential clinical risks of uncoordinated concurrent treatment with both parents, and advocate for a unified treatment approach that serves the child's best interests
- C. Immediately terminate therapy since concurrent treatment by two therapists for the same problem is prohibited by professional ethics standards
- D. Report the situation to the family court since parents using competing therapists suggests the child is being used as a pawn in the custody dispute

20. An LCSW treats a client who was recently the victim of a violent crime. The client is experiencing acute stress symptoms and asks the LCSW to provide a detailed account of the crime to help with processing. The LCSW believes detailed processing of the traumatic event within the first 72 hours could worsen symptoms rather than help. What evidence-based principle should guide the LCSW's approach?

- A. Process the traumatic memory immediately and in full detail since early intervention prevents PTSD development
- B. Provide critical incident stress debriefing since this is the standard intervention for acute trauma responses
- C. Prescribe benzodiazepines to reduce the acute stress response before attempting any trauma processing
- D. Prioritize psychological first aid principles — providing safety, stabilization, practical support, and connection to resources — rather than forcing detailed trauma processing in the immediate aftermath, as research indicates that early forced processing can be iatrogenic

21. An LCSW is treating a client with anorexia nervosa whose BMI has dropped to 14.5. The client is medically fragile. The client's internist has recommended immediate hospitalization, but the client is a competent adult and refuses. The LCSW has been providing outpatient therapy. What is the LCSW's obligation?

- A. Continue outpatient therapy at the current frequency since the client has the right to refuse hospitalization
- B. Terminate outpatient therapy since providing treatment at an inadequate level of care constitutes substandard practice
- C. Document the medical recommendation and the client's informed refusal, communicate concerns to the client clearly and repeatedly, coordinate with the medical team, assess whether the client's cognitive functioning may be impaired by malnutrition to a degree that affects decision-making capacity, and increase the intensity of outpatient monitoring while continuing to advocate for appropriate care
- D. Involuntarily hospitalize the client since a BMI of 14.5 constitutes a medical emergency that overrides the client's refusal

22. An LCSW is asked by a court to provide testimony about the standard of care in a malpractice case against another LCSW. The LCSW being sued is someone the testifying LCSW knows professionally but is not a close friend. What should the LCSW consider before agreeing to testify?

- A. Whether the LCSW has the expertise to address the specific clinical issues in the case, whether any personal or professional relationship with the defendant could affect objectivity, and whether the LCSW can provide honest testimony based on a thorough review of the clinical materials rather than assumptions or collegial loyalty

B. Decline automatically since testifying against a colleague violates the collegial responsibility provisions of the NASW Code of Ethics

C. Agree to testify only if the LCSW can provide testimony favorable to the defendant since colleagues should support each other in legal proceedings

D. Agree to testify only if the compensation offered exceeds the LCSW's standard hourly rate since expert testimony requires a premium

23. An LCSW receives a referral for a client who states during the intake that he "doesn't believe in therapy" and is attending only because his wife threatened to leave him. He is openly hostile, dismissive of the therapeutic process, and states he plans to attend the minimum number of sessions possible. What is the MOST appropriate response?

A. Decline the referral since a client who does not believe in therapy cannot benefit from treatment and the sessions would be clinically futile

B. Accept the client, acknowledge the ambivalence without defensiveness, explore the client's resistance as clinically meaningful, and use motivational interviewing principles to meet the client where he is while maintaining a non-coercive therapeutic stance

C. Accept the client but inform him that hostility toward the therapist will result in termination if it continues beyond two sessions

D. Accept the client and immediately address the marital ultimatum as the primary therapeutic issue since the wife's threat is the proximate cause of the client's attendance

24. An LCSW is treating a client with agoraphobia. After eight months of treatment, the LCSW realizes that the therapeutic approach being used is not the recommended first-line evidence-based treatment for agoraphobia. What should the LCSW do FIRST?

A. Continue the current approach since the LCSW has developed a strong therapeutic alliance that should not be disrupted by changing modalities

B. Abruptly switch to the evidence-based treatment without discussion since the LCSW has an obligation to provide the most effective treatment available

C. Terminate therapy and refer the client to a specialist in the evidence-based approach since the LCSW has been providing substandard care

D. Discuss the situation honestly with the client, explain the evidence-based alternatives, offer options including modifying the current approach, transitioning to the recommended treatment, or referring to a specialist, and collaboratively determine the best path forward

25. An LCSW is treating a teenager who reveals that her 19-year-old boyfriend has been providing her with alcohol and marijuana at parties. The teenager is 14 years old. What reporting obligations does this scenario trigger?

A. File a mandated child abuse report since an adult providing alcohol and controlled substances to a 14-year-old constitutes child endangerment, and separately assess whether the sexual relationship between a 19-year-old and a 14-year-old constitutes unlawful sexual intercourse under California Penal Code Section 261.5

B. Report only the drug provision since the five-year age gap is not sufficient to constitute statutory rape under California law

C. File no report since the teenager is voluntarily participating in both the substance use and the relationship

D. Report only the sexual relationship since providing alcohol to a minor is a misdemeanor rather than a form of child abuse

26. An LCSW working in a psychiatric hospital observes that a fellow staff member routinely documents interventions in patient charts that the LCSW knows were never actually performed. What should the LCSW do?

A. Ignore the documentation since each clinician is responsible for the accuracy of their own charting

B. Confront the staff member privately and allow them to correct the documentation before taking formal action

C. Report the falsified documentation through appropriate institutional channels, as fabricating clinical records constitutes fraud that could endanger patient care and creates legal liability for the facility

D. Begin independently auditing the staff member's charts to build a comprehensive case before reporting

27. An LCSW has been treating a couple for marital therapy. After three months, one partner requests individual therapy with the LCSW to work on issues she does not want to discuss in the couples sessions. Which approach carries the MOST ethical risk?

- A. Declining the individual therapy request and providing a referral to another therapist for individual work while continuing the couples therapy
- B. Accepting the individual therapy request, as the LCSW would now hold confidential information from the individual sessions that could create an impossible position in the couples work — knowing secrets that affect the couple's treatment while being unable to address them in conjoint sessions
- C. Offering to convert the couples therapy into individual therapy for the requesting partner and referring the other partner to a different therapist
- D. Discussing the request in the next conjoint session to assess whether both partners are comfortable with the arrangement before proceeding

28. An LCSW is providing therapy to a client with paranoid personality disorder who demands that the LCSW provide a written guarantee that session content will never be disclosed under any circumstances. What should the LCSW communicate?

- A. Sign the guarantee to build trust with the paranoid client since the alliance is paramount for treatment of personality disorders
- B. Decline to sign but provide verbal reassurance that confidentiality is absolute since verbal assurances carry less legal weight
- C. Explain that confidentiality is a legal right but is subject to specific, limited exceptions mandated by law — such as imminent danger, child abuse, and court orders — and provide this information as part of the ongoing informed consent process
- D. Explain that confidentiality can be guaranteed absolutely within the therapeutic relationship and that no exceptions exist that would require the LCSW to disclose session content

29. An LCSW is providing therapy to a client who reveals that she works as a 911 dispatcher and has been making errors during calls due to severe PTSD symptoms — including freezing, dissociating, and misrouting emergency calls. She states that last week her error contributed to a delayed response to a cardiac arrest. What ethical analysis is required?

- A. Assess the severity, frequency, and trajectory of the on-duty impairment, recognize that a 911 dispatcher's errors can result in death, discuss the safety implications directly with the client, strongly encourage self-reporting or a fitness-for-duty evaluation, and carefully evaluate whether the magnitude of ongoing foreseeable harm to callers requiring emergency services creates a duty to take protective action

B. Maintain strict confidentiality since PTSD is a medical condition and the client's job performance is between her and her employer

C. Report the client's PTSD to her employer immediately since public safety dispatchers with psychological impairment must be removed from duty

D. Focus treatment exclusively on the PTSD symptoms and trust that symptom improvement will naturally resolve the workplace performance issues

30. An LCSW provides therapy to a client who is a licensed foster parent. The client states that CPS recently placed a new foster child in her home who has severe behavioral problems. The client says, "Honestly, I don't think I can handle this kid. I've been locking him in his room at night because I'm afraid of what he might do." The child is 6 years old. What is the LCSW's obligation?

A. Address the locking behavior as a parenting strategy issue and provide alternative behavioral management techniques before considering reporting

B. Encourage the client to contact the placing agency and request a different placement for the child

C. File a mandated child abuse report since locking a 6-year-old foster child in a room at night constitutes confinement that creates a risk of harm, and additionally contact the foster care licensing agency regarding the unsafe conditions

D. Document the client's concerns about the placement and recommend respite care services to prevent burnout

31. An LCSW is treating an elderly client who lives with an adult grandson. The client shows the LCSW bruises on her arms and states, "I must have bumped into something — I bruise so easily at my age." The LCSW notes the bruises are in various stages of healing and are in a pattern inconsistent with accidental injury. What should the LCSW do?

A. Accept the client's explanation since elderly clients commonly bruise easily and the LCSW should not jump to conclusions

B. File a mandated elder abuse report based on the physical findings that are inconsistent with the client's explanation, as the pattern of bruising in various stages of healing raises reasonable suspicion of physical abuse regardless of the client's minimization

C. Photograph the bruises for documentation purposes before filing any report so the evidence is preserved

D. Ask the client directly whether the grandson is physically abusing her before deciding whether to file a report

32. An LCSW treats a client who recently separated from a partner with a history of stalking behavior. The client has obtained a restraining order. During a session, the client receives a text message from the ex-partner that says, "I know where you are right now." The client becomes visibly frightened. What should the LCSW do?

A. Continue the session while processing the client's fear response therapeutically

B. Recommend the client contact police after the session to report the restraining order violation

C. Address the client's immediate safety needs by contacting their own security personnel or building management

D. Assess the immediacy of the threat, assist the client in contacting law enforcement to report the restraining order violation, help the client implement their safety plan, and address the safety concern as the clinical priority rather than continuing the session as planned

33. An LCSW is preparing to testify in a case. The client's attorney calls and suggests the LCSW review specific articles that support the attorney's legal theory before testifying. The articles are legitimate peer-reviewed research. Should the LCSW review the articles?

A. The LCSW may review relevant professional literature to prepare for testimony, but should base testimony on the complete body of relevant evidence and the LCSW's own clinical assessment rather than selectively presenting only research that supports one side's legal theory

B. The LCSW must refuse to review any materials suggested by an attorney since doing so would compromise the objectivity of the testimony

C. The LCSW should review only materials suggested by both the plaintiff's and defendant's attorneys to maintain balance

D. The LCSW should review the articles and base testimony on them since peer-reviewed research represents the highest standard of evidence

34. An LCSW working in a college counseling center treats a student who discloses they have been hacking into the university's computer system and changing grades — both their own and those of students who pay them. No one has been physically harmed. What is the LCSW's obligation?

- A. Report the student to the university's academic integrity office since the LCSW is a university employee with institutional reporting obligations
- B. Report the grade changing to law enforcement since unauthorized computer access constitutes a felony under state and federal law
- C. Maintain confidentiality since computer fraud does not fall within any mandatory exception to the psychotherapist-patient privilege, and address the behavior and its consequences clinically
- D. Inform the affected students whose grades were changed since they are identifiable victims of the fraud

35. An LCSW provides therapy to a client who mentions offhandedly that her 3-year-old child has been having "accidents" that required two emergency room visits in the past month — a burned hand from touching the stove and a fall down the stairs. The client describes both as typical childhood accidents. What should the LCSW consider?

- A. Accept the explanation since young children are prone to accidents and two ER visits in a month is within the normal range for an active toddler
- B. Assess whether the pattern of repeated emergency room visits, the specific types of injuries (burns and falls), and the child's age create reasonable suspicion of abuse or neglect warranting a mandated report, while recognizing that the LCSW is not expected to determine definitively whether abuse occurred
- C. Contact the emergency rooms to obtain the medical records before deciding whether to file a report
- D. Ask the client to bring the child to the next session so the LCSW can observe the child directly before making a reporting determination

36. An LCSW is treating a client with severe social anxiety who has been prescribed a benzodiazepine by a psychiatrist. The client has been increasing the dose on their own without the psychiatrist's knowledge and is now taking three times the prescribed amount. The client states, "I need more to function." What should the LCSW do?

- A. Continue therapy without addressing the medication misuse since pharmacological management is the psychiatrist's domain
- B. Report the client to the DEA for prescription drug abuse since unauthorized dose increases constitute illegal drug use

C. Advise the client to immediately reduce the dose to the prescribed amount since the current level of use is dangerous

D. Address the medication misuse as a clinical concern, discuss the serious risks of unsupervised benzodiazepine escalation including dependence and potentially fatal withdrawal, and with the client's consent, coordinate with the prescribing psychiatrist to ensure safe medication management

37. An LCSW is providing therapy to a couple when the wife discloses during a session that she has been hiding a gambling addiction and has accumulated \$80,000 in debt without the husband's knowledge. The husband is devastated. What should the LCSW do in the immediate aftermath of this disclosure?

A. Attend to both partners' emotional states, validate the significance of the disclosure for each partner, help the couple de-escalate if needed, and avoid rushing to problem-solving while creating space for both partners to process the revelation within the therapeutic framework

B. Focus exclusively on the husband's emotional response since he is the party who was deceived and is therefore the most vulnerable person in the room

C. Immediately shift the session focus to financial planning and debt management since the practical implications of the gambling debt are the most urgent concern

D. Suggest a temporary separation so both partners can process the disclosure independently before attempting to continue couples therapy

38. An LCSW has treated a client for two years. The LCSW is relocating to another state. The client expresses intense anger about the termination, stating, "You're abandoning me just like everyone else." How should the LCSW respond?

A. Apologize for the decision to relocate and offer to delay the move to accommodate the client's therapeutic needs

B. Interpret the anger as pathological and confront the client about their attachment pattern

C. Validate the client's feelings without becoming defensive, acknowledge that the termination is the LCSW's decision rather than the client's, connect the reaction to relevant therapeutic themes, and ensure the transition plan addresses the client's specific vulnerability to abandonment

D. Provide a rational explanation for the relocation to help the client understand that the decision is not personal and should not be taken as a rejection

39. An LCSW is providing therapy to a client at an agency that has recently been acquired by a large healthcare corporation. The new ownership has sent a memo requiring all therapists to limit sessions to 30 minutes and to see clients no more frequently than biweekly. Several of the LCSW's clients are high-acuity. The LCSW believes these restrictions will compromise care. What should the LCSW do FIRST?

- A. Advocate within the organization for clinical exceptions for high-acuity clients, documenting the clinical rationale for individualized treatment intensity and presenting evidence that the blanket restrictions could result in harm to specific clients
- B. Comply with the new requirements immediately since the LCSW is an employee bound by organizational policies
- C. Resign rather than provide care the LCSW considers substandard
- D. Continue providing 50-minute weekly sessions in defiance of the policy while documenting disagreement with the restrictions

40. An LCSW is treating a client who has been court-ordered to therapy as part of a probation agreement. The client has completed the required number of sessions and made adequate progress. The client asks the LCSW to write a favorable completion letter to the court. The LCSW has some lingering concerns about the client's risk level but acknowledges the client has met all treatment requirements. What should the LCSW do?

- A. Provide an honest completion letter that documents the client's compliance with treatment requirements and progress observed, while also noting any ongoing clinical concerns in a professional and balanced manner, allowing the court to make a fully informed decision
- B. Write an unqualified favorable letter since the client met all treatment requirements and the lingering concerns are too vague to include in a court document
- C. Refuse to write the letter until all lingering concerns have been fully resolved through additional therapy sessions
- D. Write two letters — a favorable completion letter for the court and a separate confidential letter to the probation officer documenting the concerns

41. An LCSW at a community mental health center is assigned a new client who is a registered sex offender on parole. The LCSW has strong personal feelings about sex offenders due to a family member's experience as a sexual assault survivor. What should the LCSW do?

- A. Accept the client since personal feelings should never influence case assignment decisions and the LCSW has a professional obligation to treat all assigned clients
- B. Accept the client and use the strong personal feelings as motivation to hold the client accountable for their behavior through confrontational therapeutic techniques
- C. File a formal objection with the agency's clinical director refusing the assignment on ethical grounds since treating sex offenders requires specialized certification
- D. Honestly assess whether the personal history would compromise the ability to provide competent, ethical treatment, seek consultation, and if the LCSW determines that objectivity cannot be maintained, request reassignment while ensuring the client is not left without services

42. An LCSW is providing therapy to a client who is going through cancer treatment. The client asks the LCSW to write a letter to the client's employer certifying that the client is unable to work due to the cancer and associated depression. The LCSW has been treating the depression but has no firsthand knowledge of the cancer diagnosis beyond the client's self-report. What should the LCSW do?

- A. Write a letter addressing the depression diagnosis and its functional impact on the client's ability to work, based on the LCSW's direct clinical observations, while noting that the cancer diagnosis and its functional limitations are being managed by the client's oncologist who can address the medical aspects of the disability claim
- B. Write a comprehensive disability letter addressing both the cancer and depression since the client reported both conditions during therapy
- C. Decline to write any letter since the LCSW cannot verify the cancer diagnosis independently
- D. Write the letter certifying inability to work due to cancer since the client's self-report during therapy constitutes clinical evidence of the medical condition

43. An LCSW treats a client with OCD whose compulsions include repeatedly checking whether the stove is off. The client's partner calls the LCSW between sessions, frustrated, saying, "I can't take it anymore — the checking takes hours every night. Can you just tell me what to do?" The client has signed a release allowing the LCSW to communicate with the partner. What should the LCSW do?

- A. Provide the partner with a detailed explanation of the client's diagnosis and specific instructions on how to respond to the checking compulsion
- B. Provide general psychoeducation about OCD and accommodation patterns, suggest the partner attend a session to discuss their role in the treatment plan, and offer referrals for partner support resources — without disclosing specific clinical information beyond what the client has authorized

C. Tell the partner to avoid participating in any of the client's rituals and to ignore the checking behavior entirely since accommodation reinforces compulsions

D. Inform the partner that the LCSW cannot discuss the client's treatment and suggest the partner seek their own therapy

44. An LCSW treats a client who recently discovered their therapist from five years ago died and left clinical records unsecured. The former client's records, including detailed trauma narratives, were found in boxes on the deceased therapist's curb during an estate cleanout. The client is distressed and asks the LCSW for legal advice about what recourse they have. What should the LCSW do?

A. Provide therapeutic support for the distress, explain that providing legal advice is outside the LCSW's scope of practice, refer the client to an attorney who specializes in healthcare privacy law, and note that the incident illustrates the importance of professional wills and designated records custodians in clinical practice

B. File a complaint with the BBS against the deceased therapist's estate for the records breach

C. Provide legal advice about the client's rights under HIPAA since the LCSW has training in healthcare privacy law

D. Contact the deceased therapist's estate to demand the records be secured immediately on behalf of the client

45. An LCSW is working with a client who presents with symptoms of major depression. However, the client's description of their home environment reveals potential exposure to carbon monoxide — an old furnace, frequent headaches, and symptoms that worsen at home and improve when away. What should the LCSW prioritize?

A. Continue treating the depression with evidence-based psychotherapy while monitoring for additional symptoms

B. Add an environmental assessment to the treatment plan and investigate the home furnace during a home visit

C. Prescribe a carbon monoxide detector for the home as part of the therapeutic safety planning intervention

D. Communicate the concern about possible carbon monoxide exposure to the client immediately, recommend urgent evaluation of the home furnace and medical evaluation for CO exposure, as untreated carbon monoxide poisoning can be fatal and the depressive symptoms may have a medical rather than psychiatric origin

46. An LCSW is treating a client who is a physician and who describes experiencing sexual arousal during physical examinations of patients. The physician has not acted on the arousal and finds it distressing. What is the LCSW's obligation?

- A. Report the physician to the Medical Board since sexual arousal during patient examinations indicates a predatory pattern that threatens patient safety
- B. Refuse to continue treating the physician since the therapeutic relationship could be perceived as enabling the continuation of the problematic behavior
- C. Maintain confidentiality and address the unwanted arousal clinically, recognizing it as an ego-dystonic experience that the client finds distressing and is proactively seeking help for, while monitoring for any escalation that would change the risk assessment
- D. Advise the physician to take a leave of absence from clinical practice until the arousal pattern is fully resolved through therapy

47. An LCSW receives a subpoena for a deposition in a case. The subpoena requests "all records and documents" related to the client. The client has not waived privilege. The LCSW contacts the client, who states they do not want any records disclosed. What is the proper course of action?

- A. Assert the psychotherapist-patient privilege on the client's behalf, appear at the deposition if required, decline to produce records or testify about privileged communications, and advise the requesting party that a court order specifically compelling disclosure over the client's objection would be needed
- B. Comply with the subpoena since it is a legally binding document that overrides the client's wishes
- C. Provide only a treatment summary rather than the complete records as a compromise between the subpoena and the client's wishes
- D. Ignore the subpoena entirely since the client has refused to waive privilege

48. An LCSW is treating a client who is a teacher at a private school. The client discloses that a student at the school told her that another teacher has been showing the class violent and sexually explicit content as part of "media literacy education." The content is not age-appropriate. The student who reported this is 12 years old. What is the LCSW's obligation?

- A. Advise the client to report the concern to the school administration since the client is the mandated reporter who received the information firsthand

B. File a mandated child abuse report since the exposure of a 12-year-old to sexually explicit content by an adult in a position of authority constitutes potential child abuse, regardless of the educational framing, and the LCSW received this information in a professional capacity

C. Encourage the client to discuss the media literacy curriculum with the other teacher to determine whether the content is actually age-inappropriate before taking any action

D. Contact the school's parent organization to alert them to the curriculum concern so parents can determine whether the content is acceptable for their children

49. An LCSW is providing therapy to a client who is a professional truck driver with untreated sleep apnea. The client regularly drives 12-hour shifts and admits to falling asleep at the wheel "several times a week." The client's doctor has recommended a CPAP machine, which the client refuses to use. What is the LCSW's ethical obligation?

A. Maintain strict confidentiality since sleep apnea is a medical condition and the client's driving decisions are a personal matter

B. Advise the client to take short naps during rest stops and provide relaxation techniques to improve sleep quality

C. Report the client to the DMV since California requires healthcare providers to report drivers with medical conditions affecting driving safety

D. Assess the severity and immediacy of the public safety risk posed by a truck driver who regularly falls asleep at the wheel, discuss the safety implications directly, strongly encourage compliance with the CPAP treatment and self-reporting, and evaluate whether the foreseeable risk to identifiable groups of motorists may create a duty to take protective action

50. An LCSW is treating a couple in which one partner has a gambling disorder. The gambling partner states they have been attending Gamblers Anonymous for six months and has stopped gambling. The other partner believes the gambling has continued. The LCSW notices the gambling partner appears evasive when discussing finances. What should the LCSW do?

A. Accept the gambling partner's statement at face value since the LCSW should not challenge a client's self-report without concrete evidence

B. Inform the non-gambling partner that the LCSW suspects ongoing deception based on clinical observation

C. Address the discrepancy between the partners' perceptions transparently within the couples session, noting the evasiveness as a clinical observation, and facilitate honest communication about the current status of the gambling behavior without siding with either partner

D. Contact Gamblers Anonymous to verify the gambling partner's attendance and sobriety claims

51. An LCSW has been treating a child for behavioral problems. The child's mother informs the LCSW that the father, who has joint legal custody, has hired a private investigator to follow the LCSW and has been taking photographs of clients entering the LCSW's office. What should the LCSW do?

A. Address the situation by consulting with an attorney about the LCSW's rights and the potential violation of other clients' privacy, assess whether the private investigator's activity constitutes harassment or stalking, and inform other clients if their privacy may have been compromised while continuing to provide competent clinical care to the child

B. Terminate therapy with the child since the father's adversarial behavior makes continued treatment impossible

C. Contact the father directly and demand the surveillance cease before the LCSW will continue treating the child

D. File a police report against the father for invasion of privacy and obtain a restraining order

52. An LCSW is treating a client who is a nurse and single mother of three. The client has been self-medicating with leftover prescription opioids from a previous surgery. She describes increasing her use over the past month and states she "can't function without them." She is not diverting medications from her workplace. What should the LCSW prioritize?

A. Report the client to the Board of Registered Nursing since a nurse using opioids recreationally poses a risk to patients

B. Prioritize the substance use as a clinical emergency by conducting a thorough substance use assessment, developing a treatment plan that addresses both the opioid use and the underlying factors, providing referrals for medication-assisted treatment, and assessing the client's capacity to safely care for her children while using opioids

C. Maintain focus on the original presenting problem and address the opioid use only if the client identifies it as a treatment goal

D. Advise the client to gradually reduce the opioid dose on her own using a self-directed taper schedule

53. An LCSW working in a hospice setting treats a dying client who asks the LCSW to serve as witness for the signing of a new will that disinherits the client's adult children. The client has decision-making capacity. What should the LCSW do?

- A. Sign as witness since the client has capacity and the LCSW is simply verifying the client's signature rather than endorsing the will's content
- B. Sign as witness but document in the clinical record that the LCSW is serving in a non-clinical capacity to maintain role clarity
- C. Assist the client in drafting the new will since the LCSW has intimate knowledge of the family dynamics that informed the client's decision
- D. Decline to serve as witness for the will, as doing so creates a dual relationship by involving the LCSW in a legal transaction that could later be challenged by the disinherited children, potentially drawing the LCSW into litigation and compromising the therapeutic relationship

54. An LCSW working at a youth shelter provides services to a 16-year-old runaway who presents with a sexually transmitted infection. The teenager does not want their parents notified. Under California law, what should the LCSW know?

- A. Parents must be notified of any medical condition affecting a minor under age 18 regardless of the minor's wishes
- B. The LCSW must file a mandated child abuse report solely because a minor has a sexually transmitted infection
- C. California law allows minors age 12 and older to consent to diagnosis and treatment of sexually transmitted infections without parental consent, and the minor's confidentiality regarding the STI should be maintained
- D. The LCSW should notify only the local public health department for disease tracking purposes while maintaining the minor's confidentiality from parents

55. An LCSW is treating a client with chronic suicidal ideation who has been stable for months. During a routine session, the client makes a dark humor joke: "Traffic was so bad today I almost drove into oncoming traffic on purpose — just kidding." The client laughs. How should the LCSW respond?

- A. Acknowledge the joke while also gently exploring whether the humor contains any genuine ideation, conducting a brief risk check given the client's history of chronic suicidal ideation, and documenting the interaction and the clinical assessment
- B. Laugh along with the client to maintain the therapeutic alliance and avoid making the client feel pathologized for using humor
- C. Immediately conduct a full formal suicide risk assessment since any reference to suicidal behavior from a client with a history of suicidal ideation must be treated as a serious disclosure
- D. Ignore the comment since the client was clearly joking and following up would be overreacting

56. An LCSW is treating a client who works at a pharmaceutical company. The client reveals that the company has been suppressing clinical trial data showing dangerous side effects of a widely prescribed medication. The client is torn about whether to blow the whistle. People may currently be harmed by the medication. What should the LCSW consider?

- A. Report the suppressed data to the FDA since the LCSW has knowledge of a public health threat
- B. Maintain confidentiality while providing therapeutic support for the client's decision-making process, recognizing that while the situation involves potential harm to the public, therapy disclosures about corporate misconduct do not fall within mandatory reporting exceptions — and help the client explore whistleblower protections and the ethical dimensions of the decision
- C. Encourage the client to remain silent about the data since blowing the whistle would likely result in job loss and financial hardship that could worsen the client's mental health
- D. Contact the pharmaceutical company's compliance department anonymously on the client's behalf

57. An LCSW treats a family in which a 14-year-old has been diagnosed with type 1 diabetes. The parents are devout Christian Scientists who believe in spiritual healing and refuse to allow insulin treatment. The teenager wants the insulin but feels unable to defy the parents. The teenager has been hospitalized twice for diabetic ketoacidosis. What must the LCSW do?

- A. Respect the parents' religious beliefs since the First Amendment protects their right to make medical decisions based on faith
- B. Refer the family to a religious counselor who can mediate between the parents' faith and the medical recommendations
- C. Encourage the teenager to express their preferences to the parents and support family dialogue about the treatment decision

D. File a mandated child abuse report since the parents' refusal to allow medically necessary insulin treatment for type 1 diabetes constitutes medical neglect that is placing the child's life in danger, as California does not recognize a religious exemption to child abuse laws

58. An LCSW working at a domestic violence shelter provides services to a woman who has been severely beaten by her partner. The client states she cannot return home but has nowhere to go. The shelter is at capacity. What is the LCSW's obligation beyond individual therapy?

A. Engage in active resource advocacy by contacting other shelters, exploring emergency housing options, connecting the client with community resources and legal services for protective orders, and ensuring the client is not discharged from safety into danger — recognizing that social work practice extends beyond the therapy room to addressing the systemic and practical barriers affecting client welfare

B. Provide a list of other shelters and resources and allow the client to make her own contacts since the LCSW's role is limited to therapeutic intervention

C. Allow the client to remain in the shelter beyond capacity limits since safety takes priority over institutional policies

D. Contact the client's family members to arrange housing since the LCSW needs to find a placement before the client can be discharged from the shelter

59. An LCSW is conducting a group therapy session for adults with substance use disorders. One group member shares that he has a stockpile of oxycodone hidden in his home "just in case." He states he has been sober for 60 days and has no intention of using. What should the LCSW address?

A. Nothing, since the group member is sober and his decision about whether to maintain a stockpile is a personal choice

B. Congratulate the member on 60 days of sobriety and move on to the next group member's sharing

C. Address the stockpile as a significant clinical concern within the group — exploring the function the stockpile serves (insurance against relapse, testing willpower, maintaining control), the risk it poses to sustained recovery, and how the group can support the member in addressing this barrier to full recovery

D. Instruct the group member to dispose of the stockpile before the next session or face termination from the group

60. An LCSW is treating an adolescent who has been cutting themselves. The adolescent is 15 years old and self-referred under California's minor consent provisions. The cutting has become more frequent and deeper, requiring medical attention for the first time. The adolescent still does not want parents informed. At what point might the LCSW be justified in involving the parents?

- A. Never — the minor consented independently and retains absolute control over confidentiality throughout treatment
- B. When the self-harm escalates to the point that it poses a serious threat to the minor's health or safety, the LCSW may involve the parents, as California's minor consent provisions allow parental involvement when the therapist determines the minor faces serious danger
- C. Only if the minor attempts suicide, as self-harm alone never justifies breaking confidentiality under the minor consent provisions
- D. Immediately — the initial episode of self-harm requiring medical attention already exceeded the threshold for parental notification

61. An LCSW is treating a client who has a seizure during a therapy session. The client loses consciousness and is convulsing on the floor. The client has no documented seizure history. What should the LCSW do?

- A. Attempt to restrain the client to prevent injury during the convulsions
- B. Wait for the seizure to stop naturally and then continue the therapy session
- C. Place objects in the client's mouth to prevent them from biting their tongue
- D. Call 911, clear the area around the client to prevent injury without restraining them, note the duration and characteristics of the seizure, remain with the client until emergency medical services arrive, and do not place anything in the client's mouth

62. An LCSW is treating a client with schizophrenia who is stable on medication but has poor insight into their illness. The client states, "I don't have schizophrenia — the medication is for my energy levels." The client takes the medication consistently. Should the LCSW challenge the client's understanding?

- A. Prioritize medication adherence over diagnostic insight, recognizing that if the client's explanation supports consistent medication compliance, challenging the framework could disrupt adherence and

precipitate relapse — while gradually building psychoeducation about the illness over time as the therapeutic relationship deepens

B. Insist on accurate diagnostic understanding since informed consent requires the client to fully understand their diagnosis and the purpose of their medication

C. Agree with the client's explanation to maintain the therapeutic alliance since the client's subjective understanding of their medication is more important than diagnostic accuracy

D. Discontinue the medication discussion entirely since medication management is the psychiatrist's responsibility

63. An LCSW is providing therapy to a client with a history of chronic pain who requests a letter supporting medical marijuana certification. The LCSW practices at a federally funded community health center. What must the LCSW consider?

A. Write the letter since California law permits medical marijuana and the client has a qualifying condition

B. Federal funding creates additional complications, as marijuana remains a Schedule I substance under federal law and federally funded facilities may face restrictions on recommending or supporting marijuana use — the LCSW should consult with the agency's legal counsel about institutional policy before providing any documentation

C. Decline categorically since LCSWs cannot write medical marijuana recommendation letters under any circumstances

D. Write the letter but use only the LCSW's personal letterhead rather than agency letterhead to separate the recommendation from the federally funded institution

64. An LCSW is treating a client who reveals that she has three different therapists at three different agencies, each treating her for a different presenting problem. None of the other therapists know about each other. What is the MOST important clinical concern?

A. The financial cost of three simultaneous therapy relationships, which may indicate the client's inability to manage resources appropriately

B. The risk of fragmented, contradictory, or clinically harmful treatment when multiple therapists are working without coordination, the clinical significance of the client's concealment pattern, and the need to address why the client feels she cannot address all of her concerns with a single provider

C. Whether the client's insurance is being billed for all three therapy relationships, which could constitute insurance fraud

D. Whether the client is manipulating all three therapists by presenting different versions of herself in each setting

65. An LCSW treats a client who has a documented intellectual disability and is in a romantic relationship. The client wants to discuss sexual health topics in therapy, including contraception and consent. The client's legal guardian contacts the LCSW and demands that "sex talk" be removed from the therapy agenda. What should the LCSW do?

A. Comply with the guardian's request since the guardian has legal authority over the client's treatment decisions

B. Explain to the guardian that regardless of guardianship status, the client has a right to receive education about sexual health, safety, and consent, and that this education serves a protective function — then collaborate with the guardian to ensure the client receives developmentally appropriate information

C. Refuse to discuss sexual topics in therapy since sex education is not within the scope of psychotherapy

D. Comply with the guardian's request but secretly provide the client with written sexual health materials to review outside of session

66. An LCSW at an agency is directed by management to begin seeing clients every 30 minutes instead of every 50 minutes, with no reduction in expected clinical documentation. The LCSW calculates that this schedule would leave approximately 3 minutes between clients for notes, restroom breaks, and session preparation. What should the LCSW do?

A. Comply with the schedule since the agency has the authority to determine appointment durations and clinical staff must adapt

B. Advocate with administration that the proposed schedule compromises the quality of care, documentation accuracy, and the LCSW's ability to provide ethical professional services, presenting specific concerns about the impact on clinical outcomes, documentation compliance, and potential liability

C. Comply with the schedule but reduce the thoroughness of clinical documentation to accommodate the time constraints

D. File an immediate complaint with the BBS against the agency for creating conditions that prevent ethical practice

67. An LCSW provides therapy to a client who is the adult child of a client the LCSW treated ten years ago. The LCSW treated the parent for severe narcissistic personality disorder and has extensive clinical knowledge about the parent's pathology. The adult child does not know the LCSW treated their parent. Should the LCSW accept this client?

A. Accept the client without disclosure since ten years have elapsed and the parent is a former client whose information is protected by confidentiality

B. Accept the client only after disclosing the prior treatment of the parent so the adult child can make an informed decision

C. Assess whether the prior clinical knowledge of the parent could compromise objectivity or create a conflict of interest in treating the adult child, recognizing that extensive knowledge of a client's parent's pathology could bias the therapeutic work, and make an informed decision about whether to accept or refer — potentially without revealing the specific prior relationship

D. Decline the client automatically since treating the adult child of a former client always constitutes a dual relationship

68. An LCSW is providing therapy to a client who is a surgeon. The client describes a recent operation during which she made a technical error that she believes may have caused the patient's death. The hospital has not yet completed its mortality review. The client is experiencing acute stress symptoms. What is the LCSW's obligation?

A. Report the incident to the Medical Board since the LCSW has knowledge of a medical error that resulted in a patient death

B. Provide therapeutic support for the client's acute stress response, maintain confidentiality since the incident is being reviewed through the hospital's own processes, and help the client process the emotional impact while recognizing that the hospital's mortality review system is the appropriate mechanism for evaluating the clinical aspects of the error

C. Contact the deceased patient's family to inform them that the death may have resulted from a surgical error

D. Advise the client to retain a malpractice attorney before discussing the incident further in therapy

69. An LCSW treats a client in individual therapy who asks the LCSW to also provide therapy to the client's teenage daughter. The daughter is struggling with anxiety related to her parents' divorce. What is the primary concern?

- A. Whether providing therapy to both a parent and the parent's child creates a dual relationship that could compromise the LCSW's objectivity with either client, create conflicts of interest when information from one client's therapy is relevant to the other's treatment, or place the LCSW in an untenable position during custody-related issues
- B. Whether the LCSW's schedule can accommodate an additional client from the same family
- C. Whether the daughter is old enough to consent to treatment independently under California's minor consent provisions
- D. Whether the client's insurance plan covers family members being treated by the same provider

70. An LCSW treats a client who is an immigration attorney. The client reveals that she has been fabricating documentation to help undocumented clients avoid deportation. She describes this as "fighting an unjust system." She is not the LCSW's client for immigration-related issues — she sought therapy for anxiety. What is the LCSW's obligation?

- A. Report the client to the State Bar since the LCSW has knowledge that an attorney is engaging in document fraud
- B. Encourage the client to stop the fraudulent activity and document the recommendation in the session notes
- C. Maintain confidentiality and address the anxiety therapeutically while recognizing that document fraud does not trigger any mandatory exception to the psychotherapist-patient privilege
- D. Maintain confidentiality since the document fraud does not fall within any mandatory reporting exception, while addressing the behavior and its personal, professional, and legal implications clinically, including exploring the connection between the fraudulent activity and the presenting anxiety

71. An LCSW treats a client who mentions that her 13-year-old son has been talking to an online "mentor" who encourages the son to keep their conversations secret from parents. The "mentor" has been asking the son to share personal photos and information about his daily schedule. The mother does not seem concerned, describing it as "just internet friends." What is the LCSW's obligation?

- A. Accept the mother's characterization and focus on the presenting treatment concerns

B. Recommend the mother install parental monitoring software and address the concern as a digital safety parenting issue within the therapy

C. Address the mother's minimization of the situation, recognizing that the pattern described — secrecy, photo requests, and schedule monitoring by an unknown adult — constitutes classic grooming behavior warranting a mandated child abuse report for suspected child exploitation

D. Advise the mother to have a conversation with the son about internet safety before determining whether the situation warrants further intervention

72. An LCSW is providing therapy to a same-sex couple who are planning a wedding. One partner's family of origin has been sending hostile, religiously-themed messages condemning the relationship. The client receiving the messages is deeply hurt. The LCSW personally shares the family's religious convictions but is committed to providing affirming therapy. What must the LCSW do?

A. Refer the couple to an LGBTQ+-affirming therapist since the LCSW's personal religious beliefs create an irreconcilable conflict that will inevitably compromise the therapy

B. Provide affirming, competent therapy that supports the couple's relationship, manage personal beliefs through self-awareness, consultation, and supervision, and address the family hostility as a therapeutic issue without allowing personal convictions to influence the clinical work

C. Disclose the shared religious beliefs to the couple so they can make an informed decision about continuing therapy with this LCSW

D. Provide therapy but avoid discussing the religious family conflict directly since the LCSW's personal beliefs make objective processing of this material impossible

73. An LCSW is providing therapy to a client who is an active-duty military service member being treated for PTSD. The client's commanding officer calls and demands to know whether the client is "fit for deployment." The LCSW has no military affiliation. What should the LCSW do?

A. Provide a fitness assessment since the military has a legitimate need to know whether service members are deployable

B. Decline to release any information without the client's written authorization, inform the client of the request, and collaboratively determine how to respond while recognizing that the client may face competing pressures between treatment needs and military obligations

C. Provide only confirmation that the client is in treatment without commenting on fitness for deployment

D. Contact the military's behavioral health office and transfer the case since military personnel should receive mental health services through military channels

74. An LCSW provides therapy to a client who reveals that she has been posing as a licensed therapist on social media, offering "therapy sessions" to followers for a fee. She has no clinical license or training. She views this as "life coaching." What should the LCSW consider?

A. Whether this constitutes the unauthorized practice of psychotherapy, which is illegal in California, and whether the LCSW should address the legal and ethical implications with the client while considering whether any reporting obligation exists

B. Nothing, since the client's business activities outside of therapy are not the LCSW's concern

C. Report the client to the BBS for practicing without a license since the LCSW has direct knowledge of unauthorized practice

D. Support the client's entrepreneurial efforts as long as the client avoids using the word "therapy" in her marketing

75. An LCSW is providing therapy to a client who has just learned that her teenage daughter was sexually assaulted by a classmate at school one year ago. The daughter never reported the assault and is now 18 years old. The daughter is not the LCSW's client. The mother wants the LCSW to file a report. What should the LCSW consider?

A. File a mandated report since the LCSW received information about child sexual abuse in a professional capacity

B. Advise the mother that since the daughter is now 18, no mandated reporting obligation exists and the daughter should decide for herself whether to report

C. The abuse occurred when the daughter was a minor, and information about past child abuse received in a professional capacity triggers the mandated reporting obligation regardless of the victim's current age — however, the LCSW should also consider whether the now-adult daughter's autonomy and wishes should factor into the clinical approach while fulfilling the legal reporting requirement

D. Decline to file a report since the daughter is not the LCSW's client and the information is secondhand from the mother.

Practice Exam 19: Answer Key and Explanations

1. C — Consensual sexual activity between two 15-year-olds of similar age, without coercion or exploitation, does not constitute reportable child abuse under CANRA. California Penal Code Section 261.5 addresses unlawful sexual intercourse involving age differentials, not same-age consensual contact between peers. The other three scenarios — belt welts, car confinement, and sexually explicit photos taken by an adult — all clearly trigger mandated reporting.
2. A — The LCSW's first obligation is a thorough risk assessment, not reflexive action. Context matters — a client with an established pattern of hyperbolic language who says "I'm going to kill my sister" during a contentious but non-violent sibling relationship requires assessment before determining whether the Tarasoff duty is triggered. Clinical judgment must distinguish between genuine threats and habitual dramatic expression.
3. B — Decision-making capacity requires four elements: the ability to understand the relevant information, appreciate how it applies to one's own situation, reason about the options, and communicate a consistent choice. Disagreement with medical recommendations is NOT evidence of impaired capacity. A patient may have full capacity and still make a choice the medical team considers unwise.
4. D — Mental health professionals are not mandated reporters for animal cruelty under California law. While animal abuse is concerning and may correlate with other forms of violence, the LCSW has no legal reporting obligation for suspected animal neglect. The LCSW may address the client's distress therapeutically and encourage voluntary reporting to animal control.
5. C — A minor producing and distributing sexually explicit images of herself raises complex exploitation concerns. Even without an identified adult coercer, the commercial distribution of explicit images of a 17-year-old to adult purchasers constitutes potential sexual exploitation. The LCSW should assess the full circumstances rather than accepting the minor's characterization at face value, recognizing that the voluntariness of a minor's participation in commercial sexual content is inherently questionable.
6. B — Abrupt termination without advance notice or processing is the LEAST appropriate component. Ethical termination requires advance discussion, review of progress, processing of feelings about ending, provision of referrals, and relapse prevention planning. Ending without notice violates the standard of care and can constitute abandonment, particularly for clients with attachment vulnerabilities.

7. A — Clinical diagnoses must be based on the LCSW's independent professional assessment, not on an attorney's litigation strategy. Altering a diagnosis to serve legal purposes constitutes fraud and violates the fundamental ethical obligation to maintain accurate, honest clinical documentation. The LCSW should explain that the diagnostic formulation reflects clinical truth, not legal advocacy.

8. D — The BBS has broad investigatory and disciplinary authority, including the power to investigate complaints from any source (clients, colleagues, the public), subpoena records, and impose disciplinary actions ranging from probation to license revocation following due process. Complaints are not automatically dismissed after any specific timeframe, and respondents may learn the complainant's identity during formal proceedings.

9. C — The client is asking a genuine question about whether they are being judged for the manner of their partner's death. The LCSW should respond with empathetic honesty — acknowledging the client's courage in sharing, validating the complexity of their grief and shame, and creating therapeutic space for processing. Neither false neutrality nor clinical deflection serves the therapeutic relationship in this moment.

10. B — Inmates in custody may qualify as dependent adults under certain circumstances in California. A correctional officer using unnecessary force against a restrained, compliant inmate — causing visible injuries — may constitute abuse of a dependent adult. The LCSW should assess whether this triggers a mandated dependent adult abuse report. The analysis depends on the specific custodial circumstances and the inmate's status.

11. A — Strong social connectedness — meaningful relationships, community participation, and a sense of belonging — is one of the most robust protective factors against suicide identified in research. Previous suicide attempts actually INCREASE risk rather than decrease it. Viewing suicide as "rational" reflects cognitive constriction, not protective reasoning. And older adults actually have HIGHER completion rates than younger demographics.

12. D — California law protects minors' right to explore identity issues, including gender identity, within the therapeutic relationship. Gender questioning in a 13-year-old is a normal developmental process, not evidence of abuse or pathology. The LCSW should maintain confidentiality regarding the gender identity disclosure and therapeutically support the child in determining if and when to discuss their identity with parents.

13. C — The LCSW should address the office policy calmly and professionally, request the client secure the weapon in their vehicle, and use the interaction as clinical material — exploring the hypervigilance

and its relationship to PTSD. Neither ignoring the weapon nor calling 911 as a first response is appropriate. Setting a clear boundary about the office policy while maintaining therapeutic engagement demonstrates that safety and therapy can coexist.

14. A — Abrupt lithium discontinuation carries significant medical risks including rebound mania, lithium withdrawal syndrome, and destabilization of a five-year stable mood disorder. This is a clinical emergency requiring immediate coordination with the prescribing psychiatrist. The LCSW's most urgent concern is the client's imminent risk of relapse, not the naturopathic doctor's conduct or the client's abstract right to make autonomous decisions.

15. B — The key consideration is whether a power differential exists between the ASW and the other supervisor that could create a coercive or exploitative dynamic. Even if the supervisor works at a different agency, professional power dynamics in the clinical training community may affect the relationship. The analysis should focus on power, exploitation potential, and professional boundary implications rather than applying a blanket rule.

16. D — Progress notes should contain clinically relevant observations, interventions used, client responses, progress toward treatment goals, and clinical rationale for treatment decisions. Personal countertransference reactions belong in psychotherapy notes (which receive heightened HIPAA protection), not in the medical record. Speculative diagnoses of non-clients and raw test data also do not belong in progress notes.

17. D — For a person experiencing homelessness, the therapeutic relationship itself may serve essential functions — safety, warmth, human connection, and dignity — even when traditional therapeutic engagement is limited. The LCSW should assess what the sessions mean to the client within a harm-reduction framework, adjust therapeutic expectations to the client's current capacity, and recognize that maintaining the connection may be the most therapeutic intervention available.

18. A — When new information fundamentally changes the clinical formulation, the treatment plan must be revised. The LCSW should update the diagnostic conceptualization, discuss the revised understanding with the client, obtain informed consent for the modified approach, and update all documentation. Continuing an outdated treatment plan when the underlying formulation has changed fails the duty of competent care.

19. B — Uncoordinated concurrent therapy for the same presenting problem by two therapists creates clinical risks including contradictory interventions and splitting. The LCSW should contact the other therapist (with authorization), discuss the risks with both parents, and advocate for a unified treatment

approach. The child's clinical needs — not the parents' custody dynamics — should drive the treatment structure.

20. D — Current evidence indicates that forced detailed processing of a traumatic event in the immediate aftermath (within the first 72 hours) can be iatrogenic — potentially worsening trauma responses rather than preventing PTSD. Psychological first aid principles — safety, stabilization, practical support, and resource connection — are the evidence-based approach for acute trauma. Critical incident stress debriefing has been shown to be ineffective or harmful.

21. C — A competent adult may refuse hospitalization, but a BMI of 14.5 requires heightened clinical action. The LCSW should document the recommendation and refusal, assess whether malnutrition may be impairing the client's cognitive capacity, coordinate with the medical team, increase monitoring intensity, and continue advocating for appropriate care. Passive acceptance or immediate involuntary hospitalization are both oversimplified responses to a complex clinical situation.

22. A — Before agreeing to provide expert testimony, the LCSW should assess whether they have relevant expertise, whether any professional relationship with the defendant could affect objectivity, and whether they can provide honest testimony based on thorough clinical review. Collegial loyalty should never influence expert testimony. The LCSW's obligation is to the truth and the profession's standards, not to a colleague's defense.

23. B — A client who "doesn't believe in therapy" and is attending under marital pressure presents a motivational challenge, not a clinical disqualification. The LCSW should accept the client, acknowledge the ambivalence non-defensively, explore the resistance as clinically meaningful material, and use motivational interviewing principles. Many clients who begin therapy reluctantly become meaningfully engaged when met without judgment.

24. D — Discovering mid-treatment that the current approach is not the evidence-based first-line treatment requires transparent discussion with the client. The LCSW should explain the situation honestly, present options including modifying the current approach, transitioning to the evidence-based treatment, or referring to a specialist. Collaborative decision-making respects the client's autonomy while fulfilling the duty to provide competent care.

25. A — This scenario triggers dual reporting obligations. First, an adult providing alcohol and marijuana to a 14-year-old constitutes child endangerment. Second, any sexual relationship between a 19-year-old and a 14-year-old constitutes unlawful sexual intercourse under California Penal Code

Section 261.5, as the five-year age gap makes the adult perpetrator guilty of a felony. Both elements warrant mandated reports.

26. C — Falsifying clinical documentation is fraud that endangers patient care and creates institutional liability. The LCSW should report through appropriate institutional channels — quality assurance, compliance, or administration — rather than ignoring the practice or conducting a private investigation. Clinical records are legal documents whose accuracy is essential for continuity of care, safety, and legal proceedings.

27. B — Accepting individual therapy with one partner while continuing couples therapy carries the MOST ethical risk because the LCSW would inevitably hold confidential information from individual sessions that creates an impossible clinical position. The LCSW would know secrets affecting the couple's treatment but be unable to address them in conjoint sessions, fundamentally compromising the integrity of the couples work.

28. C — The LCSW cannot provide an absolute guarantee of confidentiality because legally mandated exceptions exist. The ethical response is to explain confidentiality as a legal right with specific, limited exceptions — including imminent danger, child abuse reporting, and court orders — clearly and calmly as part of the informed consent process. Signing a false guarantee or providing misleading verbal reassurance would both be dishonest.

29. A — A 911 dispatcher whose PTSD causes freezing, dissociating, and misrouting emergency calls — with at least one incident contributing to a delayed cardiac arrest response — creates a foreseeable risk of death. The LCSW must assess the severity and trajectory, discuss the safety implications directly, and strongly encourage self-reporting. The magnitude of potential harm to emergency callers may create a duty to take protective action if the client refuses.

30. C — Locking a 6-year-old foster child in a room at night constitutes confinement that creates a risk of harm. Foster parents are held to specific regulatory standards that prohibit such practices. The LCSW must file a mandated child abuse report and should also notify the foster care licensing agency. The foster parent's burnout is understandable and should be addressed clinically, but it does not mitigate the reporting obligation.

31. B — Bruises in various stages of healing in a pattern inconsistent with accidental injury constitute physical findings that create reasonable suspicion of elder abuse. The client's minimization ("I must have bumped into something") is itself a common indicator of abuse. The LCSW must file a mandated elder abuse report based on the physical evidence pattern, not the client's explanation.

32. D — A client receiving a threatening message from a stalker who states "I know where you are right now" during a therapy session constitutes an immediate safety crisis. The LCSW should prioritize the client's safety — assisting with law enforcement contact to report the restraining order violation, implementing the safety plan, and treating the safety concern as the clinical priority rather than continuing therapeutic work as planned.

33. A — The LCSW may review relevant professional literature to prepare for testimony — this is appropriate preparation. However, testimony must be based on the complete body of relevant evidence and the LCSW's own clinical assessment, not selectively on articles supporting one side's theory. Cherry-picking literature to support a predetermined conclusion undermines the integrity and credibility of the testimony.

34. C — Computer fraud and unauthorized grade changing, while serious crimes, do not fall within any mandatory exception to the psychotherapist-patient privilege in California. No child abuse, elder abuse, or Tarasoff threat is present. The LCSW must maintain confidentiality while addressing the behavior clinically — including the legal, academic, and ethical consequences of the conduct.

35. B — Two emergency room visits in one month for a 3-year-old — involving both burns and falls — warrants assessment for possible abuse or neglect. While individual incidents may be accidental, the pattern of repeated injuries in a young child is a recognized indicator that should prompt evaluation. The LCSW is not expected to determine whether abuse occurred — only whether reasonable suspicion exists to file a report.

36. D — Unsupervised benzodiazepine escalation to three times the prescribed dose is a serious clinical concern with multiple dimensions: physical dependence, tolerance development, and the risk of potentially fatal withdrawal if the client suddenly stops. The LCSW should address the medication misuse clinically, discuss the specific risks, and coordinate with the prescribing psychiatrist (with consent) to ensure safe management.

37. A — The immediate therapeutic priority following a major in-session disclosure is emotional stabilization, not problem-solving. The LCSW should attend to both partners' emotional states, validate the significance of the disclosure, help de-escalate if needed, and create therapeutic space for processing. Rushing to financial planning or suggesting separation bypasses the essential emotional processing that must occur first.

38. C — The client's anger about the termination likely connects to significant therapeutic themes — abandonment, loss, and relational patterns. The LCSW should validate the feelings without becoming defensive, acknowledge that the termination is the LCSW's decision, connect the reaction to relevant

clinical material, and ensure the transition plan specifically addresses the client's abandonment vulnerability. The anger is therapeutic material, not a problem to be solved through explanation.

39. A — When new organizational requirements threaten client care, the LCSW's first obligation is internal advocacy. The LCSW should present specific clinical rationale for exceptions for high-acuity clients, document the potential harm the restrictions could cause, and propose alternatives. Immediate compliance, resignation, or defiance all bypass the professional obligation to advocate for client welfare through institutional channels first.

40. A — Court completion reports must be honest and comprehensive. The LCSW should document the client's compliance with treatment requirements and observed progress while also noting any lingering clinical concerns. Omitting concerns to produce a purely favorable letter misrepresents the clinical picture to the court. The court needs accurate information to make informed decisions about community safety and supervision needs.

41. D — Strong personal feelings about sex offenders stemming from a family member's victimization require honest self-assessment. The LCSW should evaluate whether competent, objective treatment is possible given the personal history, seek consultation, and if objectivity cannot be maintained, request reassignment while ensuring the client is not left without services. Neither denial of the personal reaction nor automatic refusal serves the client or the profession.

42. A — The LCSW should write a letter addressing what falls within direct clinical knowledge — the depression diagnosis and its functional impact — while clearly noting that the cancer diagnosis and its functional limitations are being managed by the oncologist. Writing beyond the LCSW's direct clinical observations (the cancer) or refusing to write anything at all are both inappropriate responses when a middle path of scope-appropriate documentation exists.

43. B — With a valid release allowing partner communication, the LCSW can provide general psychoeducation about OCD and accommodation patterns without disclosing specific clinical content beyond what the client authorized. Suggesting the partner attend a session creates a structured opportunity for collaborative treatment planning. Detailed clinical instructions or complete refusal to engage with the partner are both too extreme.

44. A — Providing legal advice is outside the LCSW's scope. The LCSW should offer therapeutic support for the distress, refer the client to a healthcare privacy attorney for legal questions, and recognize the broader lesson about the importance of professional wills and designated records

custodians in clinical practice. Filing a BBS complaint against a deceased therapist's estate is not a standard process.

45. D — Carbon monoxide poisoning can mimic depression — fatigue, headache, cognitive dysfunction, mood changes — and is potentially fatal. The temporal pattern (symptoms worse at home, better away) combined with an old furnace creates a medical emergency that the LCSW must address immediately. The depressive symptoms may have a medical rather than psychiatric origin. Failing to flag this concern could result in the client's death.

46. C — Ego-dystonic sexual arousal — unwanted, distressing, and not acted upon — is a clinical issue the physician is proactively seeking help for. This presentation is fundamentally different from predatory behavior. The LCSW should maintain confidentiality and treat the unwanted arousal clinically while monitoring for any escalation. Reporting to the Medical Board or advising a leave of absence would be disproportionate responses to distressing but ego-dystonic thoughts.

47. A — The psychotherapist-patient privilege belongs to the client, who has not waived it. The LCSW should assert the privilege on the client's behalf, appear at the deposition if required, decline to produce records or testify about privileged communications, and inform the requesting party that a specific court order compelling disclosure would be necessary to override the client's privilege. A subpoena alone does not override privilege.

48. B — An adult teacher exposing 12-year-olds to sexually explicit content in a school setting constitutes potential child abuse regardless of the educational framing. The LCSW received this information in a professional capacity, triggering an independent mandated reporting obligation. The LCSW cannot delegate this responsibility to the client (even though the client is also a mandated reporter) or defer to the school's internal processes.

49. D — A professional truck driver who regularly falls asleep at the wheel during 12-hour shifts, despite a treatable medical condition, creates a foreseeable risk of catastrophic harm to motorists. The LCSW should assess the severity, discuss the safety implications directly, strongly encourage CPAP compliance and self-reporting, and evaluate whether the magnitude of ongoing public safety risk may require protective action beyond therapeutic intervention.

50. C — The LCSW's clinical observation of evasiveness is important data. The appropriate response in couples therapy is to address the discrepancy between the partners' perceptions transparently, note the evasiveness as a clinical observation, and facilitate honest communication. The LCSW should not take

sides, accept either partner's account uncritically, or investigate independently — the therapeutic process itself is the vehicle for truth-telling.

51. A — The LCSW should consult an attorney about both the LCSW's rights regarding the surveillance and the potential violation of other clients' privacy. If the private investigator is photographing clients entering the LCSW's office, their privacy may be compromised. The LCSW must protect all clients while continuing to provide competent care to the child and navigating the adversarial custody dynamics.

52. B — The escalating opioid use is a clinical emergency that takes priority over the original presenting problem. The LCSW should conduct a thorough substance use assessment, develop a treatment plan addressing the opioid use, provide referrals for medication-assisted treatment, and assess whether the client's capacity to safely parent three children is compromised. Self-directed tapering of opioids without medical supervision is dangerous.

53. D — Serving as a witness for a will — particularly one that disinherits family members — creates a dual relationship that could draw the LCSW into future litigation. The disinherited children may challenge the will and call the LCSW to testify about the client's capacity and state of mind, fundamentally compromising the therapeutic relationship. The LCSW should decline and suggest the client use a non-clinical witness.

54. C — California law (Family Code Section 6926) allows minors age 12 and older to consent to diagnosis and treatment of sexually transmitted infections without parental consent or notification. The LCSW should maintain the teenager's confidentiality regarding the STI and ensure access to appropriate medical treatment. The STI alone does not trigger a mandated child abuse report.

55. A — Dark humor about suicide from a client with chronic suicidal ideation requires a calibrated response — not a full formal assessment but also not dismissal. The LCSW should acknowledge the joke naturally while gently exploring whether any genuine ideation exists underneath the humor, conduct a brief risk check, and document the interaction and assessment. This balanced approach respects the client's coping style while maintaining clinical vigilance.

56. B — Corporate suppression of clinical trial data showing dangerous side effects does not fall within any mandatory exception to the psychotherapist-patient privilege, despite the potential public health implications. The LCSW should maintain confidentiality while providing therapeutic support for the client's decision-making process, helping the client explore whistleblower protections, ethical dimensions, and the personal implications of action or inaction.

57. D — Refusal to allow medically necessary insulin for a child with type 1 diabetes constitutes medical neglect that places the child's life in danger. California does not recognize a religious exemption to child abuse laws. Two hospitalizations for diabetic ketoacidosis demonstrate that the child has already experienced life-threatening consequences. The LCSW must file a mandated child abuse report regardless of the parents' religious beliefs.

58. A — Social work practice extends beyond the therapy room. When a severely beaten client faces discharge from an overcapacity shelter with nowhere safe to go, the LCSW must engage in active resource advocacy — contacting other shelters, exploring emergency housing, connecting the client with legal services and community resources, and ensuring the client is not discharged from safety into danger. Simply providing a list of phone numbers fails the advocacy obligation.

59. C — A stockpile of oxycodone maintained by a person in early recovery is a significant clinical concern that should be addressed within the group. The LCSW should explore the function the stockpile serves — insurance, testing willpower, maintaining perceived control — the risk it poses to sustained recovery, and how the group can support the member. This is clinical material that belongs in the group process, not something to be ignored or handled punitively.

60. B — California's minor consent provisions allow parental involvement when the therapist determines the minor faces a serious threat to health or safety. The escalation from superficial cutting to deeper wounds requiring medical attention may cross this threshold. The LCSW should assess whether the current level of self-harm constitutes a "serious threat" sufficient to justify involving parents over the minor's objection, recognizing that the answer may be yes given the medical severity.

61. D — The LCSW should call 911, clear the area to prevent injury without restraining the client, note the seizure's duration and characteristics for medical personnel, stay with the client, and crucially — never place anything in the client's mouth, as this is a dangerous myth that can cause injury. Basic medical emergency response is within the expected competence of any healthcare professional.

62. A — When a client with schizophrenia takes medication consistently but attributes it to "energy levels" rather than the diagnosed condition, the therapeutic priority is maintaining the medication adherence that keeps the client stable. Challenging the client's explanatory framework could disrupt the adherence that prevents psychotic relapse. Psychoeducation about the illness should be gradual and strategic, built over time as the alliance deepens.

63. C — A federally funded community health center faces additional complications regarding marijuana — which remains a Schedule I substance under federal law. The LCSW must consult with the

agency's legal counsel about institutional policy before providing any documentation that could be interpreted as supporting marijuana use. The tension between California state law and federal funding requirements creates a genuine compliance concern.

64. B — Three concurrent therapists working without coordination creates significant clinical risks — contradictory interventions, fragmented care, and potential harm from uncoordinated treatment approaches. The client's concealment pattern is also clinically significant and worth exploring. The LCSW should address why the client feels she cannot bring all concerns to one provider and discuss the risks of the current arrangement.

65. B — Regardless of guardianship status, individuals with intellectual disabilities have a right to sexual health education, which serves a protective function by helping them understand consent, boundaries, and safety. The LCSW should explain this to the guardian and collaborate to ensure the client receives developmentally appropriate information. Complying with a blanket prohibition on sexual health education could leave the client vulnerable.

66. B — A schedule that allows 3 minutes between clients for documentation, restroom breaks, and session preparation compromises clinical care, documentation accuracy, and the LCSW's ability to practice ethically. The LCSW should advocate with administration by presenting specific concerns about clinical outcomes, documentation compliance, and potential liability. Compliance without advocacy or immediate regulatory complaints both bypass the professional obligation to address the issue internally first.

67. C — The LCSW must assess whether extensive prior clinical knowledge of the parent's narcissistic pathology could bias the treatment of the adult child. This knowledge might unconsciously influence the LCSW's interpretations, assumptions, and therapeutic direction. The decision requires honest self-assessment about whether objectivity can be maintained, potentially without revealing the specific prior relationship to protect the former client's confidentiality.

68. B — The surgical error is being reviewed through the hospital's mortality review process — the appropriate institutional mechanism for evaluating clinical errors. The LCSW's role is to provide therapeutic support for the acute stress response and maintain confidentiality. No mandatory reporting exception is triggered by a medical error that is already being investigated through institutional channels. The client's emotional needs are the clinical priority.

69. A — Treating both a parent and their child creates multiple conflict-of-interest risks. The LCSW would hold confidential information from each client's therapy that could bias the work with the other,

and if custody issues arise, the LCSW's dual knowledge creates an untenable position. The LCSW should carefully evaluate whether these risks can be managed or whether a referral for the daughter is more appropriate.

70. D — Document fraud by an attorney does not fall within any mandatory reporting exception. However, the behavior has clinical significance — the LCSW should address the fraud and its personal, professional, and legal implications therapeutically, including exploring the connection between the fraudulent activity and the presenting anxiety. Simply maintaining confidentiality without clinical exploration misses the therapeutic opportunity.

71. C — An unknown adult requesting photos, personal information, and daily schedule details from a 13-year-old while insisting on secrecy from parents constitutes a textbook grooming pattern. The LCSW should address the mother's dangerous minimization and file a mandated child abuse report for suspected child exploitation. Grooming behavior warrants reporting regardless of whether sexual abuse has already occurred.

72. B — The LCSW can and should provide affirming, competent therapy despite personally sharing the family's religious convictions. Professional ethics require managing personal beliefs through self-awareness, consultation, and supervision rather than imposing them on clients or reflexively referring. The family hostility is legitimate therapeutic material that the LCSW can address professionally without allowing personal convictions to influence the clinical work.

73. B — Military clients receiving therapy from civilian providers retain standard confidentiality protections. A commanding officer has no right to therapy information without the client's written authorization. The LCSW should decline the request, inform the client, and collaboratively determine the response — recognizing the client may face military pressures that complicate the decision about disclosure.

74. A — A person posing as a licensed therapist and charging fees for "therapy sessions" without a license is potentially engaged in the unauthorized practice of psychotherapy — a criminal offense in California. The LCSW should address the legal and ethical implications with the client and consider whether any reporting obligation exists, as members of the public receiving unlicensed "therapy" may be at risk.

75. C — California's mandated reporting law contains no statute of limitations. The abuse occurred when the daughter was a minor, and the LCSW received this information in a professional capacity. The reporting obligation is triggered regardless of the victim's current age. However, the LCSW should also

consider the now-adult daughter's autonomy and wishes in determining the clinical approach, even while fulfilling the legal reporting requirement.