

# PRACTICE EXAM 20: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

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1. An LCSW has been providing therapy to a client for four years. The client is a competent adult with chronic depression who, after extensive therapeutic exploration, makes the informed decision to discontinue all treatment — therapy, medication, and psychiatric follow-up. The LCSW believes the client will likely decompensate without treatment. What is the LCSW's obligation?

A. Respect the client's autonomous decision after ensuring the client understands the risks, provide thorough documentation of the informed refusal, leave the door open for the client to return, and complete an ethical termination process

B. Refuse to terminate since allowing a client with chronic depression to discontinue all treatment constitutes clinical abandonment

C. Continue scheduling appointments and billing the client's insurance to maintain the treatment slot in case the client changes their mind

D. Contact the client's family to express concern about the decision since a family intervention might persuade the client to continue treatment

2. An LCSW treats a client who is a paramedic. The client reveals that during a recent emergency response, he froze for approximately 45 seconds before beginning resuscitation on a cardiac arrest patient. The patient died. The client believes his delayed response contributed to the death. He has been experiencing similar freezing episodes due to PTSD from a previous call. He continues working full shifts. No one at work knows about the freezing. What is the LCSW's MOST difficult ethical challenge in this scenario?

A. Determining whether the client's PTSD diagnosis qualifies him for disability benefits that would allow him to stop working

B. Deciding whether to contact the paramedic's employer directly to report the impairment

C. Determining the appropriate billing code for the session since the presenting problem involves both occupational and mental health concerns

D. Weighing the client's right to confidentiality against the foreseeable risk that a paramedic who freezes during cardiac arrests will contribute to additional patient deaths, and determining whether the Tarasoff framework or another protective obligation applies to this pattern of potentially lethal occupational impairment

3. An LCSW is treating a client with dissociative identity disorder. The host personality has consented to treatment and is making progress. An alter personality emerges who identifies as a 6-year-old child and discloses sexual abuse that the host personality has no memory of. The alter's disclosure is vivid and clinically consistent with genuine trauma. Does the LCSW have a mandated reporting obligation?

A. No, because the abuse described by the alter may be a dissociative construction rather than a factual memory, and mandated reporting requires reasonable suspicion based on reliable information

B. No, because the client is an adult and CANRA applies only to current minors, not to adults disclosing childhood abuse

C. Only if the alter can identify the perpetrator and the LCSW can verify that the perpetrator currently has access to children

D. The LCSW should assess whether the disclosed abuse — regardless of the source personality — creates reasonable suspicion that a perpetrator may have abused or may currently have access to children, and if so, file a mandated report, recognizing that DID does not exempt the therapist from standard reporting obligations

4. An LCSW is providing therapy to a couple in which one partner has early-onset Alzheimer's disease. Over the course of treatment, the diagnosed partner's cognitive decline has progressed to the point where they can no longer meaningfully participate in conjoint sessions — they repeat questions, forget the content of previous sessions, and confabulate. The non-diagnosed partner wants to continue couples therapy. What is the MOST ethically complex consideration?

A. Whether the insurance company will continue to authorize couples therapy when one partner cannot meaningfully participate

B. Whether the LCSW should transition to individual therapy with the non-diagnosed partner only

C. Whether the diagnosed partner retains the capacity to consent to continued participation in therapy, and if not, whether continuing couples therapy with a participant who cannot meaningfully consent or engage constitutes an ethical violation regardless of the other partner's wishes

D. Whether the LCSW should refer both partners to a neuropsychologist for formal cognitive testing before continuing any form of therapy

5. An LCSW working in a psychiatric emergency department evaluates a patient who was brought in by police after making threats at a public gathering. The patient is calm, oriented, denies current homicidal ideation, and states the threats were "just words" spoken in anger. The patient has no psychiatric history. The police want the patient held. The LCSW's clinical assessment does not support a 5150 hold. What should the LCSW do?

A. Release the patient based on the clinical assessment, as the LCSW's professional evaluation — not law enforcement's preference — determines whether the criteria for involuntary detention are met under the LPS Act

B. Defer to law enforcement's judgment since the police witnessed the threatening behavior and have more information about the dangerousness of the situation

C. Hold the patient for the full 72 hours regardless of the clinical assessment since the threats at a public gathering create a liability risk if the patient is released and subsequently harms someone

D. Hold the patient and request a second evaluation from a psychiatrist before making any release decision to protect against potential liability

6. An LCSW treats a client who is a high school chemistry teacher. The client reveals that a student has been asking detailed questions about how to synthesize methamphetamine, claiming it is for an "extra credit project." The teacher suspects the student is actually planning to manufacture the drug. The teacher has not reported the concern to anyone. What layered analysis should the LCSW conduct?

A. Maintain confidentiality since a student's chemistry questions do not constitute child abuse or an imminent threat to an identifiable person

B. Encourage the teacher-client to report the concern to the school administration and allow the institutional process to handle the situation

C. File a police report since a student seeking to manufacture methamphetamine constitutes a criminal threat that the LCSW must report

D. Assess whether the LCSW has received information creating reasonable suspicion that a minor may be at risk — considering that methamphetamine manufacturing exposes the minor and anyone in the production environment to extreme danger — while also evaluating the teacher-client's independent mandated reporting obligations and encouraging the teacher to report

7. An LCSW treats a client with severe borderline personality disorder who has made over 200 emergency calls to the LCSW in the past year, most of which do not involve genuine safety crises. The LCSW has set limits on crisis calls multiple times. After the most recent limit-setting conversation, the

client completed a serious suicide attempt. The client survived and is now back in therapy. What is the MOST important clinical and ethical consideration going forward?

- A. Whether the LCSW should eliminate all between-session contact limits since the suicide attempt demonstrates that limit-setting with this client is dangerous
- B. Whether the LCSW should immediately terminate the therapeutic relationship since the pattern demonstrates the LCSW cannot safely treat this client
- C. How to balance the clinical necessity of setting appropriate limits with the recognition that the client's suicide attempt followed limit-setting, requiring a nuanced reassessment of the crisis protocol that neither eliminates boundaries nor ignores the demonstrated lethality — potentially through structured DBT or a step-up in care intensity
- D. Whether the LCSW is liable for the suicide attempt since it occurred after the LCSW set limits on the client's access to crisis support

8. An LCSW is providing therapy to a client who has been living with undiagnosed autism spectrum disorder throughout adulthood. The client has been misdiagnosed with social anxiety disorder, avoidant personality disorder, and generalized anxiety disorder by previous providers. The LCSW suspects ASD based on the clinical presentation but is not trained in adult autism assessment. What ethical obligations arise?

- A. Diagnose the client with ASD based on the clinical presentation since the LCSW's observations are sufficient for diagnostic purposes
- B. Continue treating the client for the previously assigned diagnoses since changing the diagnostic formulation without a formal assessment could destabilize the treatment
- C. Communicate the clinical observations to the client, recommend a comprehensive evaluation by a provider trained in adult autism assessment, adjust the treatment approach to accommodate possible neurodevelopmental differences, and coordinate care once a formal evaluation is completed
- D. Avoid mentioning autism to the client since introducing a new diagnostic possibility could cause unnecessary distress if the suspicion turns out to be incorrect

9. An LCSW is the only therapist at a rural crisis center. A client in acute suicidal crisis arrives at the same time as a walk-in client with a non-urgent concern. The LCSW cannot see both simultaneously. What ethical principle guides the decision about which client to see first?

- A. The principle that immediate safety concerns take priority over non-urgent clinical needs, requiring the LCSW to see the acutely suicidal client first while ensuring the walk-in client is informed about the wait and provided with appropriate resources if they cannot wait
- B. The principle of first-come-first-served, which requires the LCSW to see whichever client arrived at the facility first regardless of acuity level
- C. The principle of justice, which requires equal access to services and prohibits the LCSW from prioritizing one client's needs over another's
- D. The principle of autonomy, which requires the LCSW to ask both clients which of them believes their need is more urgent and defer to their self-assessment

10. An LCSW is treating a client who is an emergency room physician. The client reveals she has been experiencing intrusive suicidal thoughts, has access to lethal medications in the ER, and has been taking small doses of fentanyl from the hospital's medication supply to "take the edge off." She is currently functioning at work. What MULTIPLE simultaneous obligations does the LCSW face?

- A. A single obligation to maintain confidentiality since the physician is a consenting adult making autonomous decisions about her own substance use
- B. A single obligation to report the physician to the Medical Board since self-medicating with fentanyl while treating patients constitutes professional misconduct
- C. A single obligation to contact the hospital's Chief Medical Officer since the physician's substance use poses a risk to patients
- D. Multiple simultaneous obligations: conducting a suicide risk assessment given the ideation and access to lethal means, addressing the fentanyl diversion as both a substance use disorder and a clinical safety concern, evaluating whether the combination of suicidal ideation and impaired medical practice creates a foreseeable risk to identifiable patients, and weighing all of these against the therapeutic confidentiality that brought the physician to treatment

11. An LCSW supervisor discovers that a supervisee has been providing excellent clinical care — clients are progressing, documentation is thorough, and clinical judgment has been sound. However, the supervisor learns the supervisee has been lying about completing required continuing education hours and has fabricated CE certificates. What should the supervisor do?

- A. Overlook the CE fabrication since the supervisee's clinical work is excellent and the CE requirement is an administrative formality

B. Address the fabrication as a serious professional integrity issue that is separate from clinical competence, require the supervisee to complete the actual CE requirements, report the falsification to the BBS if required, and recognize that dishonesty in professional documentation undermines the entire regulatory framework regardless of clinical performance

C. Quietly instruct the supervisee to complete the CE hours and replace the fraudulent certificates without reporting, since the supervisee's clinical competence demonstrates the CE requirement is not meaningfully contributing to their practice

D. Immediately terminate the supervisory relationship and refuse to sign any verification of supervised hours already accumulated

12. An LCSW is treating a teenage client whose parents are engaged in a high-conflict divorce. The mother brings the child to therapy. During treatment, the LCSW develops a clinical opinion that the father is the more psychologically stable parent and that the child's symptoms are exacerbated by the mother's behavior. The mother asks the LCSW to write a letter supporting her custody petition. What ethical trap must the LCSW avoid?

A. The LCSW should write the letter supporting the mother since the mother is the client who initiated and is paying for the treatment

B. The LCSW should write the letter but include the clinical opinion that the father is the more stable parent since honesty is the highest ethical obligation

C. The LCSW must avoid becoming a custody advocate for either parent, recognizing that the therapeutic role is incompatible with providing custody opinions, that writing a letter for the mother while believing the father is the more stable parent creates an irreconcilable conflict, and that the appropriate response is to decline the letter and recommend an independent custody evaluation

D. The LCSW should terminate treatment with the child to avoid being drawn into the custody dispute

13. An LCSW is treating a client who discloses that she has been secretly poisoning her elderly mother's food with small amounts of a household cleaner. The mother lives with the client and depends on the client for all meals. The client states the poisoning is occurring in "tiny amounts" and the mother has not shown any symptoms. What is the LCSW's obligation?

A. Maintain confidentiality while addressing the behavior therapeutically since no harm has resulted and the client may stop if the underlying issues are addressed

B. Encourage the client to stop the behavior voluntarily and monitor the situation for any signs of harm before considering reporting

C. Contact the elderly mother's physician to recommend blood testing for toxic substances before filing a report to ensure evidence supports the allegation

D. File a mandated elder abuse report immediately, as deliberately introducing toxic substances into a dependent elderly person's food constitutes physical abuse regardless of the quantity or whether symptoms have appeared, and the LCSW should also consider whether the client poses an imminent danger to the mother

14. An LCSW treats a client who is a cybersecurity expert. The client reveals that while doing freelance security work, she discovered that a major children's hospital has a critical vulnerability in its electronic medical records system that could be exploited to alter patient medication orders — potentially causing lethal medication errors. She reported it to the hospital three months ago and they have done nothing to fix it. She is considering publishing the vulnerability publicly to force action. What should the LCSW consider?

A. Maintain therapeutic confidentiality while helping the client process the ethical dilemma, recognizing that while the unpatched vulnerability creates a risk of serious harm to hospitalized children, the disclosure was made in a therapeutic context that does not trigger a clear mandatory reporting exception — and support the client's decision-making about whether and how to escalate the disclosure

B. Report the vulnerability to the hospital's IT department since the LCSW has a duty to protect children from foreseeable harm

C. Encourage the client to publish the vulnerability immediately since public disclosure is the only way to force the hospital to act

D. Advise the client to drop the issue since the hospital's cybersecurity is outside both the client's and the LCSW's areas of responsibility

15. An LCSW is providing therapy to a client who is a registered nurse working in a neonatal intensive care unit. Over the past six months, the client has described increasingly disturbing fantasies about "helping" terminally ill newborns die. She has not acted on these fantasies but describes them as increasingly vivid and compelling. She states, "I know it's wrong but sometimes I think they would be better off." What ethical analysis is required?

A. Maintain confidentiality since the fantasies have not been acted upon and thoughts alone do not constitute reportable conduct

B. Assess the escalating nature of the fantasies — their increasing vividness, the rationalizing language, the specific access to vulnerable victims, and the occupational setting that provides opportunity —

recognizing that this progression may represent an evolving threat to identifiable vulnerable patients requiring protective action, not merely abstract ideation to be processed therapeutically

C. Report the nurse to the Board of Registered Nursing since the fantasies indicate she is psychologically unfit for her role in the NICU

D. File a mandated child abuse report since the fantasies involve harming newborns and the nurse has access to them

16. An LCSW is providing therapy to a client who was the sole survivor of a mass shooting. The client has been publicly identified in media coverage. A documentary filmmaker contacts the LCSW requesting an interview about the client's psychological recovery. The filmmaker states the documentary is "for the public good." What should the LCSW do?

A. Agree to the interview since the client has already been publicly identified and the documentary serves a public health education purpose

B. Agree to the interview but limit comments to general information about trauma recovery without mentioning the specific client

C. Decline to participate in the documentary in any capacity, as even general comments could be edited or contextualized in ways that imply information about the specific client, and the LCSW's participation could compromise the therapeutic relationship, breach confidentiality, or be perceived as exploiting the client's tragedy

D. Agree to the interview only if the client provides written consent for the LCSW's participation

17. An LCSW treats a couple in which one partner is actively suicidal and the other partner is the primary source of emotional abuse driving the suicidal partner's crisis. Continuing couples therapy keeps the suicidal partner connected to the abusive dynamic. Terminating couples therapy could be perceived as abandoning the suicidal partner during a crisis. What should the LCSW prioritize?

A. Continue couples therapy since the suicidal partner is connected to the LCSW and terminating the therapeutic relationship could worsen the suicidal crisis

B. Continue couples therapy but confront the abusive partner about their behavior and issue an ultimatum for change

C. Refer both partners for individual therapy and terminate the couples work entirely since couples therapy is contraindicated when one partner is abusing the other

D. Prioritize the suicidal partner's safety above the couples therapy framework — which may include transitioning the suicidal partner to individual crisis treatment, developing a safety plan, and terminating the conjoint work while ensuring the suicidal partner is not left without clinical support during the transition

18. An LCSW is treating a client who is a professional dog breeder. The client mentions that Animal Control recently investigated a complaint about conditions at her breeding facility and found it to be in compliance. However, the client then describes conditions that sound significantly worse than what she apparently told Animal Control — overcrowded kennels, inadequate veterinary care, and several dogs with untreated injuries. What is the LCSW's obligation?

A. The LCSW has no mandated reporting obligation for suspected animal cruelty since mental health professionals are not mandated animal abuse reporters under California law, though the LCSW should address the ethical implications of the client's conduct therapeutically

B. Report the conditions to Animal Control since the LCSW now has information suggesting the original investigation was based on false information

C. Contact the ASPCA since they have jurisdiction over commercial breeding operations

D. File a mandated child abuse report since animal hoarding conditions often co-occur with child abuse in the household

19. An LCSW provides therapy to a 16-year-old who is being treated for an eating disorder. The client reveals that her gymnastics coach weighs the team members daily, publicly announces each gymnast's weight, and has been telling the client she is "too fat to compete." The client's eating disorder worsened significantly after the coach began this practice. Several other minors on the team are also affected. What should the LCSW consider?

A. Address the coach's behavior as a therapeutic issue and help the client develop coping strategies for the toxic athletic environment

B. File a complaint with the gymnastics association since the coaching practices violate athletic governance standards

C. Assess whether the coach's systematic pattern of publicly shaming minors about their weight and telling them they are "too fat" — which has demonstrably contributed to the development of eating disorders in the client and potentially other minors — constitutes emotional abuse of children warranting a mandated child abuse report

D. Encourage the client's parents to address the coaching practices directly with the gym and remove the client from the program if the practices continue

20. An LCSW is providing therapy to an elderly client in a nursing home who is cognitively intact but physically frail. The client reveals that a nursing aide has been stealing money from the client's nightstand. The client says, "Don't report it — she's the only aide who is kind to me. If she gets fired, I'll get someone worse." What is the LCSW's obligation?

A. Respect the client's wish and focus on empowering the client to address the situation on their own terms

B. File a mandated elder abuse report since financial exploitation by a caretaker constitutes elder abuse under California law, regardless of the client's wishes — the reporting obligation overrides the client's preference, though the LCSW should address the client's fear about consequences and advocate for the client's safety within the facility

C. Report the theft to the nursing home administration rather than to Adult Protective Services since internal resolution is preferred for institutional misconduct

D. Conduct a cost-benefit analysis weighing the financial loss against the quality of care and defer to the client's informed judgment since the client is cognitively intact

21. An LCSW is treating a family in which the identified patient is an 8-year-old with behavioral problems. After several sessions, the LCSW becomes increasingly concerned that the mother may have factitious disorder imposed on another (Munchausen by proxy) — the child's symptoms appear to worsen suspiciously after the mother provides "updates" about the child's behavior, and the child behaves normally when the mother is not present. What should the LCSW do?

A. Confront the mother directly with the suspicion during a family session to observe her reaction and use it as clinical data

B. Continue monitoring the pattern without taking action until the evidence is conclusive since accusing a parent of factitious disorder is extremely serious

C. Refer the child for an independent medical evaluation and document the pattern of symptom presentation differences, but do not file a report until the medical evaluation confirms the suspicion

D. Recognize that factitious disorder imposed on another constitutes a form of child abuse, document the observed pattern meticulously, and file a mandated child abuse report based on the clinical observations that create reasonable suspicion — investigation and diagnostic confirmation are the responsibility of CPS and medical professionals, not the mandated reporter

22. An LCSW is treating a client with complex PTSD who has been in therapy for three years. The client has developed a strong therapeutic attachment and shows clear signs of dependent transference.

The LCSW has been offered a dream position in another state that starts in six weeks. How should the LCSW balance personal career goals with the clinical impact on a vulnerable client?

- A. Provide adequate notice, process the termination intensively over the remaining six weeks with specific attention to the dependent transference and abandonment themes, ensure a carefully selected referral who is briefed on the client's presentation, and offer a transitional period of availability after the move while accepting that the LCSW has the right to pursue career advancement even when the timing is clinically imperfect
- B. Decline the position since six weeks is insufficient time to terminate responsibly with a client who has dependent transference and complex PTSD
- C. Accept the position and transition to teletherapy to avoid terminating with the client since the therapeutic relationship is too important to end
- D. Accept the position and have a colleague deliver the termination news to minimize the emotional impact on the client

23. An LCSW provides therapy to a client who is the parent of a child with terminal cancer. The client discloses that she has been secretly researching options for acquiring lethal medication to end her child's life if the suffering becomes unbearable. The child is 7 years old. The client has not obtained any medication and states this is "just a backup plan." What ethical obligations intersect in this scenario?

- A. Only the therapeutic obligation to process the client's anticipatory grief and desperation, as the planning is hypothetical and the child is not in immediate danger
- B. Only the mandated reporting obligation since the client's research into obtaining lethal medication for her child constitutes a threat to the child's life
- C. Multiple obligations intersect: the therapeutic obligation to address the profound desperation driving the research, the assessment of whether the client's plans have progressed beyond hypothetical contingency planning to constitute a genuine threat to the child, the potential mandated reporting obligation if a credible danger to the child is identified, and the recognition that the client sought help in therapy precisely because of distress about these thoughts
- D. Only the obligation to contact the child's oncology team to ensure the child is receiving adequate palliative care that would eliminate the parent's perceived need for intervention

24. An LCSW receives a referral for a new client. During the intake, the client states: "I need you to understand — I've researched every therapist in this area. I've read your reviews, your publications, and I've spoken to three of your former clients about you. I know more about you than you think." The client

appears otherwise appropriate and is seeking help for relationship difficulties. What should the LCSW evaluate?

- A. Whether the client's behavior constitutes stalking that warrants a police report before proceeding with therapy
- B. Whether the degree of pre-therapy research — particularly contacting former clients — represents a boundary concern, a controlling relational pattern consistent with the presenting problem, or potentially a red flag for the therapeutic relationship, and how to address this transparently while assessing whether the therapeutic frame can be established on a foundation that has already been compromised by the client's research
- C. Nothing concerning — thorough research about a therapist before beginning treatment demonstrates healthy consumer behavior and good self-advocacy
- D. Whether the LCSW's former clients breached their own confidentiality by discussing their treatment with the prospective client

25. An LCSW treats a client who is a pediatric oncologist. The client describes experiencing moral distress about a case in which the parents of a dying child are insisting on aggressive treatment that the medical team believes is causing the child suffering without meaningful benefit. The child is too young to express preferences. The client asks the LCSW, "At what point does aggressive treatment become child abuse?" How should the LCSW approach this question?

- A. Advise the physician that any treatment the parents consent to is legally authorized and cannot constitute abuse since parental medical decision-making is protected
- B. Advise the physician to file a child abuse report against the parents since forcing a dying child to undergo painful treatments constitutes physical abuse
- C. Redirect the question entirely to the client's emotional experience since the medical ethics of the case are outside the LCSW's expertise
- D. Engage with the question as both a therapeutic concern and a genuine ethical dilemma, explore the physician's moral distress, provide support for the ethical reasoning process, acknowledge that the line between aggressive treatment and medical harm to a child is genuinely ambiguous, and suggest the physician utilize the hospital ethics committee rather than making the determination alone

26. An LCSW has been treating a client for two years. The client reveals during a session that the LCSW's spouse has been having an affair — the client discovered this because the LCSW's spouse has been frequenting the same bar where the client works. The client provides specific details that appear

credible. The LCSW is shocked and distressed. What is the LCSW's MOST immediate clinical obligation?

- A. Acknowledge the personal impact of the disclosure honestly without excessive detail, maintain the professional focus on the client's needs, and arrange for personal support outside the session — recognizing that the session must remain the client's space even when the LCSW has been personally destabilized
- B. End the session immediately since the LCSW cannot provide objective therapy while processing devastating personal information
- C. Continue the session as if the disclosure did not occur since the LCSW's personal life is irrelevant to the therapeutic work
- D. Thank the client for the information and explore how the client feels about having shared something so personal about the LCSW's life

27. An LCSW is treating a client who volunteers at a center for adults with intellectual disabilities. The client describes a colleague at the center who uses demeaning language, withholds food as punishment, and has been isolating certain residents from group activities for "being difficult." The residents are all dependent adults. What is the LCSW's obligation?

- A. Address the client's distress about the workplace situation and recommend the client report through the center's internal channels
- B. Encourage the client to file a report with Disability Rights California since they have oversight authority for disability service programs
- C. File a mandated report of suspected dependent adult abuse, as the described pattern of demeaning language, withholding food, and isolation of dependent adults by a caretaker constitutes emotional and physical abuse/neglect that the LCSW has learned about in a professional capacity
- D. Document the client's report and monitor for additional information before determining whether a mandated report is warranted

28. An LCSW is treating a client with chronic suicidal ideation who has developed a close friendship with another client in the same group therapy. The friend (also the LCSW's client) discloses privately that the suicidal client has been texting them detailed plans for a suicide attempt this weekend. The suicidal client has not disclosed these plans to the LCSW. What ethical complexity does this create?

- A. The LCSW should contact the suicidal client's family immediately based on the group member's report
- B. The LCSW has received clinically critical safety information from one client about another client, creating a tension between the reporting client's expectation of how the information will be handled and the LCSW's duty to protect the suicidal client — the LCSW should use the information to take appropriate protective action while managing both therapeutic relationships with transparency
- C. The LCSW should not act on the information since it was disclosed by a third party and not by the suicidal client directly
- D. The LCSW should wait until the next group session and create an opportunity for the suicidal client to disclose the plans voluntarily in the group setting

29. An LCSW working in an oncology unit is providing therapy to a patient who has been told they have six months to live. The patient confides that they have hidden their terminal diagnosis from their 10-year-old child. The patient asks the LCSW's help in maintaining the secret. The child has been brought to the hospital and is asking why the parent keeps coming to the "medicine place." What is the MOST clinically and ethically sound approach?

- A. Help the parent maintain the secret since the parent's right to manage family communication about their own medical condition is absolute
- B. Inform the child about the parent's terminal diagnosis without the parent's consent since the child has a right to prepare for the parent's death
- C. Report the situation to the hospital's child life specialist as a form of emotional neglect since hiding a terminal diagnosis from a child causes psychological harm
- D. Explore the parent's fears about disclosure, provide evidence-based guidance about the impact of secrecy versus age-appropriate honesty on children's grief processing, support the parent in developing a disclosure plan, and gently advocate for the child's emotional needs while respecting the parent's autonomy and timeline

30. An LCSW treats a client who is an attorney representing a defendant in a murder trial. The attorney-client confides that the defendant has privately admitted guilt to the attorney and described the location of evidence that would exonerate an innocent person currently convicted of a different crime. The attorney states legal ethics prevent disclosure. The client is experiencing severe moral distress. What is the LCSW's obligation?

- A. Maintain therapeutic confidentiality while helping the client process the moral distress, recognizing that the attorney's ethical obligations regarding client confidences are governed by the State Bar's rules

of professional conduct — which create a conflict the LCSW cannot resolve — and that the information about the wrongfully convicted person, while deeply troubling, was received in a therapeutic context that does not trigger any mandatory reporting exception

B. Report the location of the evidence to law enforcement since an innocent person's wrongful incarceration constitutes an ongoing injustice that overrides therapeutic confidentiality

C. Contact the State Bar to report the attorney's ethical dilemma since the LCSW has knowledge of a situation affecting the administration of justice

D. Advise the attorney to disclose the evidence location since the LCSW has an ethical obligation to promote social justice

31. An LCSW is treating a client who recently completed jury duty. The client reveals that during deliberations, another juror made racist comments that influenced the verdict, resulting in a conviction the client believes was unjust. The defendant was sentenced to 20 years in prison. The client is experiencing guilt for not speaking up during deliberations. What is the LCSW's obligation?

A. Report the juror misconduct to the court since an unjust conviction based on racial bias represents a miscarriage of justice that the LCSW should help correct

B. Encourage the client to report the misconduct to the court while providing therapeutic support for the guilt, but recognize that the LCSW's own obligation is to maintain therapeutic confidentiality regarding the content of therapy sessions

C. Address the guilt therapeutically, explore the client's values and the impact of their silence, support the client in determining whether they wish to report the juror misconduct through appropriate channels, and maintain therapeutic confidentiality — recognizing that juror misconduct, while serious, does not trigger any exception to the psychotherapist-patient privilege

D. Contact the defense attorney to anonymously inform them about the juror misconduct so the conviction can be appealed

32. An LCSW treats a client who is a social media influencer with 5 million followers. The client posts a video during a manic episode making bizarre, grandiose claims and announcing plans to give away their entire estate. The client's family contacts the LCSW urgently requesting intervention. The LCSW can see the video online. The client has not contacted the LCSW. What should the LCSW consider?

A. Whether the public social media content, combined with the LCSW's clinical knowledge of the client's bipolar disorder, the family's urgent concern, and the potentially self-destructive nature of the announced plans, warrants outreach to the client to assess the current clinical status — recognizing that a

manic episode with evidence of impaired judgment and grandiosity may meet criteria for clinical intervention even without a direct request from the client

B. Take no action since the client has not contacted the LCSW and the social media post does not constitute a therapy session

C. Respond to the family's request by providing the family with clinical information about the client's diagnosis and treatment to help them manage the crisis

D. Contact the social media platform and request the video be removed under HIPAA provisions since the client is posting while in a clinical state that compromises decision-making capacity

33. An LCSW is providing therapy to a client who has been maintaining sobriety for two years. The client reveals that their AA sponsor has been making sexual advances and using the sponsorship relationship to coerce compliance. The client is distressed but afraid that reporting will disrupt their recovery program. The sponsor is not a licensed professional. What is the LCSW's obligation?

A. Address the coercive dynamic therapeutically, support the client in understanding that the sponsor's behavior is abuse of a power differential, help the client identify alternative recovery support, provide information about reporting options, and assess whether the sponsor's pattern may be affecting other sponsees — while recognizing that AA sponsorship is a peer relationship outside the LCSW's mandatory reporting framework

B. Report the sponsor to the local AA intergroup office since the LCSW has knowledge of misconduct within the recovery community

C. File a police report on the client's behalf since sexual coercion constitutes criminal conduct regardless of whether it occurs in a professional or peer context

D. Maintain confidentiality and address the issue exclusively within the therapeutic relationship without discussing any external reporting options

34. An LCSW treats a client with PTSD who has been participating in an underground ayahuasca ceremony facilitated by a self-described "shaman" who has no medical or therapeutic training. The client reports the ceremonies have been more helpful than any previous treatment. However, the client also describes experiences during ceremonies that concern the LCSW — severe vomiting lasting hours, periods of unresponsiveness, and interactions with other participants that sound sexually inappropriate. What should the LCSW consider?

A. Support the client's participation since the reported therapeutic benefit outweighs the concerning elements and indigenous healing practices deserve respect

B. Report the "shaman" to law enforcement since facilitating ayahuasca ceremonies with a controlled substance constitutes drug distribution

C. Terminate therapy since the client's participation in ayahuasca ceremonies is incompatible with evidence-based mental health treatment

D. Assess the described experiences for safety concerns — including potential medical risks from severe protracted vomiting, the possibility that "periods of unresponsiveness" may represent dangerous drug reactions, and whether the "sexually inappropriate interactions" may constitute exploitation of a vulnerable person in an altered state — while exploring the therapeutic benefits the client reports and addressing the situation with clinical nuance rather than reflexive validation or condemnation

35. An LCSW has been treating a client for one year. The client reveals that they are the person who has been leaving anonymous negative reviews about the LCSW online — 14 separate one-star reviews across multiple platforms, each describing fabricated clinical misconduct. The client finds this "cathartic" and has no intention of stopping. The reviews are harming the LCSW's practice. What should the LCSW do?

A. Terminate the client immediately and pursue legal action for defamation and tortious interference with business relationships

B. Continue therapy without addressing the reviews since the reviews are the client's personal activity outside the therapeutic relationship

C. Address the review-writing as significant clinical material — exploring its function in the therapeutic relationship, the dynamics of anonymous aggression toward the LCSW, and the impact on the therapeutic process — while also honestly communicating the real-world consequences for the LCSW's practice and setting appropriate expectations about the therapeutic frame going forward

D. Report the client to the BBS for filing false complaints against a licensed professional

36. An LCSW treats a couple in which one partner has recently transitioned gender and the other partner is struggling to adjust. The transitioning partner accuses the LCSW of being "transphobic" whenever the LCSW explores the non-transitioning partner's feelings of loss and confusion. What is the MOST ethically sound therapeutic stance?

A. Focus exclusively on affirming the transitioning partner's identity and discontinue any exploration of the non-transitioning partner's adjustment difficulties to avoid the appearance of transphobia

B. Maintain a therapeutic stance that affirms the transitioning partner's identity while also creating space for the non-transitioning partner's authentic emotional experience — recognizing that exploring grief,

confusion, and adjustment in the context of a partner's transition is not transphobic but is a legitimate therapeutic need that must be addressed for the couple's relationship to survive

C. Refer the couple to a therapist who specializes exclusively in transgender issues since the accusation of transphobia suggests the LCSW is not competent to treat this population

D. Address the transitioning partner's accusation by explaining that exploring both partners' feelings is a standard couples therapy technique and the accusation is unfounded

37. An LCSW is treating a client who is an emergency department nurse. The client describes a recent shift where she was so exhausted from working three consecutive 12-hour shifts that she accidentally administered the wrong blood type to a patient. The patient had a severe transfusion reaction and nearly died. The hospital's error reporting system flagged the incident. The nurse is devastated and asking for the LCSW's help processing the guilt. What is the LCSW's obligation?

A. Provide therapeutic support for the client's emotional response, maintain confidentiality since the error has already been reported through the hospital's system, assess for the nurse's own suicide risk given the severity of the guilt, and address the systemic factors (consecutive 12-hour shifts, exhaustion) contributing to the error while helping the client process the moral injury

B. Report the nurse to the Board of Registered Nursing since the LCSW has knowledge that a healthcare professional's error nearly killed a patient

C. Contact the hospital to verify that the incident was properly reported before deciding whether the LCSW has an independent reporting obligation

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

38. An LCSW is providing therapy to a client who is in the process of adopting a child from another country. The adoption agency requires a "psychological fitness to parent" letter. The LCSW has been treating the client for depression for two years and has concerns about the client's parenting capacity based on observations during therapy — specifically, the client's emotional volatility, difficulty managing frustration, and intermittent alcohol misuse. Writing a positive letter would be dishonest. Writing a negative letter would devastate the therapeutic relationship. What should the LCSW do?

A. Write a positive letter since the LCSW's role as therapist requires supporting the client's goals and the concerns may not be relevant to parenting

B. Write a letter that honestly reflects the LCSW's clinical observations without advocacy in either direction

C. Write the letter focusing only on the client's strengths to maintain the therapeutic relationship while hoping the adoption agency's home study process will identify the concerns independently

D. Decline to write the letter, explaining that the treating therapist role and the evaluative role create a dual relationship that would compromise both the evaluation's objectivity and the therapeutic relationship, and recommend the client obtain an independent parenting evaluation from a provider who has no prior therapeutic relationship

39. An LCSW is treating a client with severe social anxiety who has been making progress using gradual exposure. The client lands a job requiring public speaking — a major therapeutic milestone. However, the client's new manager contacts the LCSW (without the client's knowledge or consent) and says, "I hired her because you're her therapist and I figured you could help her handle the public speaking. I need you to coach her through her presentations." What should the LCSW do?

A. Agree to provide behind-the-scenes coaching since it would support the client's therapeutic goals

B. Inform the client's manager that the LCSW cannot confirm or deny whether the individual is a client

C. Decline to provide coaching to the client, as the manager's request reveals the manager hired the client based on an assumption about the therapeutic relationship, creating a boundary complication, and inform the manager that the LCSW cannot discuss anyone's treatment status without authorization

D. Both B and C are correct — the LCSW should decline to confirm the therapeutic relationship AND decline the coaching request, and should inform the client about the manager's contact so the client can address the employment boundary issue

40. An LCSW is treating a client who has been the victim of a hate crime. The client wants to pursue legal action but fears retaliation from the perpetrators. The client asks the LCSW to testify about the psychological impact of the hate crime. The LCSW supports the client's pursuit of justice. What should the LCSW consider before agreeing to testify?

A. Whether the LCSW's personal support for the client's cause could compromise the objectivity required for clinical testimony

B. Whether testifying would serve the client's therapeutic interests or could be retraumatizing, how the transition from therapist to witness could affect the therapeutic relationship, whether the testimony would be based on clinical observations rather than advocacy, and whether an independent forensic evaluator would be more appropriate — recognizing that even well-intentioned testimony from a treating therapist carries inherent credibility limitations due to the therapeutic alliance

C. Nothing — the LCSW should testify without hesitation since supporting a hate crime victim's pursuit of justice is consistent with social work values of social justice

D. Only whether the LCSW's schedule can accommodate the court appearances since the ethical considerations are straightforward

41. An LCSW is conducting a therapy session when the building's fire alarm activates. The LCSW and client evacuate. While standing outside waiting for clearance to re-enter, the LCSW's client encounters another client who was also evacuated from a different therapist's office in the same building. The two clients realize they are both in therapy. What is the LCSW's obligation?

A. The LCSW's obligation in this moment is limited — the incidental encounter during a building evacuation is not a confidentiality breach caused by the LCSW, and the LCSW should maintain appropriate boundaries during the evacuation, avoid confirming any professional relationship between either client and the building's practitioners, and address the encounter in subsequent sessions if it becomes clinically relevant

B. The LCSW should immediately separate the two clients to prevent further interaction that could compromise their confidentiality

C. The LCSW should introduce the two clients since they have a shared experience that could be therapeutically beneficial

D. The LCSW should file a HIPAA incident report since the building's lack of separate exits constitutes a privacy violation

42. An LCSW is treating a client who works at a preschool. The client mentions she has been experiencing dissociative episodes — brief periods of "losing time" — while at work supervising children ages 2 to 4. During these episodes, she has no memory of what occurred and other staff have noticed her "zoning out." What should the LCSW consider?

A. Whether the dissociative episodes in the workplace should be treated as a clinical issue separate from any child safety concern

B. Whether dissociative episodes affecting a caretaker responsible for supervising toddlers could create a dangerous situation if the caretaker "loses time" while children in her care are in proximity to hazards

C. Whether to recommend FMLA leave documentation without addressing the workplace safety implications

D. Whether the dissociative episodes occurring while the client supervises very young children create a reasonable suspicion that children may be at risk of harm due to inadequate supervision during the episodes, potentially triggering a mandated reporting obligation for child endangerment, while simultaneously addressing the dissociative disorder clinically and encouraging the client to seek fitness-for-duty evaluation

43. An LCSW has been treating a client for three years. During a session, the client shows the LCSW a text exchange with the LCSW's teenage child, revealing that the client and the LCSW's child have been communicating on social media for months. The communications are friendly and non-sexual, but the client appears to have initiated the contact. What should the LCSW consider?

A. Nothing concerning since the communications are friendly and non-sexual, and the LCSW cannot control who their family members interact with

B. Whether the client's undisclosed social media contact with the LCSW's child represents a boundary violation that has fundamentally compromised the therapeutic relationship, assess the client's motivations, address the boundary transgression directly, and determine whether continued therapy is clinically viable given that the client has accessed the LCSW's personal life through contact with the LCSW's minor child

C. End the friendship between the client and the LCSW's child by demanding the client cease all contact, but continue the therapeutic relationship without further discussion

D. Transfer the client to another therapist without discussing the social media contact to avoid an uncomfortable confrontation

44. An LCSW is providing therapy at a community health center to a client who is pregnant and undocumented. The client has been receiving prenatal care at the same health center. The client reveals she has been using a false identity to access healthcare services, including a fabricated Social Security number. She is terrified of being discovered. What is the LCSW's obligation?

A. Report the identity fraud to the health center's administration since the client is obtaining services under false pretenses

B. Maintain therapeutic confidentiality while addressing the client's anxiety, recognizing that the false identity does not trigger any mandatory reporting exception, and provide information about the client's actual eligibility for prenatal care regardless of immigration status under California law — which may reduce the client's perceived need for the fabricated identity

C. Report the client to the Social Security Administration since the use of a fabricated Social Security number constitutes federal identity theft

D. Continue therapy without addressing the false identity issue since immigration and identity matters are outside the scope of mental health treatment

45. An LCSW is treating a couple in which both partners are therapists. During a heated session, one partner turns to the LCSW and says, "As a fellow therapist, you know my partner is being narcissistic

right now. Just tell her she's wrong — you can see the personality pathology." What should the LCSW do?

- A. Decline to diagnose either partner within the session, address the attempt to triangulate the LCSW as an ally against the other partner, and maintain therapeutic neutrality while exploring the dynamic that the request reveals about the couple's relational patterns
- B. Provide a professional assessment of whether the partner's behavior reflects narcissistic traits since both partners are clinicians who can handle diagnostic feedback
- C. Side with the requesting partner since the LCSW's clinical assessment confirms the observed pattern and honesty is the highest therapeutic value
- D. Redirect the session to discussion of how both partners use clinical language as a weapon in their relationship conflict

46. An LCSW has been treating a client for five years. The LCSW is now experiencing the early stages of cognitive decline — forgetting session content, misremembering client details, and occasionally losing track during sessions. The LCSW's spouse has expressed concern. No formal diagnosis has been made. What is the LCSW's ethical obligation?

- A. Continue practicing since no diagnosis has been confirmed and the symptoms may be related to normal aging or stress
- B. Reduce the caseload to manage the cognitive demands while monitoring for further decline
- C. Inform all current clients about the cognitive changes so they can make informed decisions about continuing treatment
- D. Seek a comprehensive neuropsychological evaluation immediately, honestly assess whether current clinical functioning meets the standard of care, implement safeguards such as increased documentation and consultation, and if the evaluation confirms cognitive decline that affects clinical competence, develop a plan for ethical practice closure

47. An LCSW provides school-based therapy to a 14-year-old student. The student hands the LCSW a sealed envelope and says, "Give this to my parents after I'm gone." The student appears calm. What should the LCSW do?

- A. Accept the envelope and deliver it to the parents as requested since respecting the client's wishes is fundamental to the therapeutic relationship

B. Accept the envelope but open it after the session to assess whether it contains concerning content before deciding whether to deliver it

C. Treat the statement "after I'm gone" as a potential indicator of suicidal intent requiring immediate assessment — do not accept the envelope as instructed, express concern about the statement directly, conduct a thorough suicide risk evaluation, and take protective action based on the assessment findings

D. Accept the envelope, seal it in the client's file, and address the statement at the next scheduled session

48. An LCSW is providing therapy to a client who reveals that she recently discovered her husband has been viewing child sexual abuse material on his computer. They have two young children in the home. The client is distraught but does not want to report her husband because she fears he will go to prison and the family will lose their income. What is the LCSW's obligation?

A. Encourage the client to report the discovery to law enforcement and support her through the decision-making process without filing a report unless the client authorizes it

B. File a mandated child abuse report immediately, as the presence of child sexual abuse material in a home with young children creates reasonable suspicion that the children may be at risk of sexual abuse, regardless of whether the client wishes to report

C. Maintain confidentiality and address the client's distress therapeutically since viewing illegal material, while criminal, does not constitute direct abuse of the children

D. Advise the client to secure the computer as evidence and consult with a family attorney before any reports are made so the family can prepare for the legal consequences

49. An LCSW is treating a client with treatment-resistant depression who has exhausted all standard evidence-based options. The client asks about ketamine treatment, psilocybin therapy, and transcranial magnetic stimulation. The LCSW has limited knowledge about these emerging treatments. What is the LCSW's obligation?

A. Provide accurate information based on the LCSW's current knowledge, acknowledge the limitations of that knowledge honestly, encourage the client to consult with psychiatric specialists who are trained in these specific modalities, and support the client's informed exploration of emerging treatment options without overstating or dismissing their potential

B. Discourage the client from pursuing any experimental or emerging treatments since evidence-based therapy should remain the exclusive focus

C. Recommend a specific ketamine clinic that the LCSW has heard positive things about from other clients

D. Research the treatments independently and present findings to the client as if the LCSW has expertise in these areas

50. An LCSW is providing clinical supervision when the supervisee presents a case involving a client who has disclosed planning a school shooting. The supervisee documented the disclosure but took no action, stating they "weren't sure if it was serious." The disclosure occurred yesterday. What is the supervisor's MOST urgent obligation?

A. Schedule an emergency supervision session to discuss the case thoroughly before determining the appropriate response

B. Instruct the supervisee to increase session frequency with the client to monitor the situation more closely

C. Document the supervisee's failure to act and file a complaint with the BBS for negligent practice

D. Take immediate action to ensure the duty to protect is fulfilled — which may include contacting law enforcement directly, assessing the threat level, and notifying the school — as the supervisor bears professional responsibility for the supervisee's clinical practice and a potential mass casualty threat cannot be deferred for further deliberation

51. An LCSW who has practiced for 30 years is preparing to retire. The LCSW has records spanning three decades, including some from deceased clients and some from clients who cannot be located. What does responsible practice closure require regarding these records?

A. Shred all records immediately upon retirement since the LCSW's professional obligations terminate when the license is surrendered

B. Transfer all records to the BBS since the Board assumes custody of records when a licensee retires

C. Arrange for secure storage of all records for the legally required retention periods through a designated records custodian, make reasonable efforts to notify clients about the practice closure and records access, ensure the custodian understands confidentiality obligations, and maintain records of deceased clients and unreachable clients for the full retention period since the duty of confidentiality survives both the termination of the therapeutic relationship and the client's death

D. Retain only records from the past seven years and destroy all older records since California's statute of limitations for malpractice renders older records unnecessary

52. An LCSW treats a client who is a public defender representing a defendant charged with multiple counts of child sexual abuse. The public defender-client is experiencing vicarious trauma from the case materials and has been having nightmares. During a session, the client inadvertently shares details about the defendant's case that suggest the defendant may have additional victims who have not been identified. The LCSW does not know the defendant. What is the LCSW's obligation?

- A. Report the information to law enforcement since knowledge of potential additional child abuse victims creates a mandated reporting obligation
- B. The LCSW must maintain therapeutic confidentiality since the information was disclosed in a therapeutic context, the LCSW has no direct knowledge of the alleged abuse, the information is protected by both the psychotherapist-patient privilege and the attorney-client privilege, and the identification of additional victims is the responsibility of law enforcement investigating the existing case
- C. Contact the district attorney's office to ensure they are aware of potential additional victims
- D. Encourage the public defender to report the potential additional victims through the criminal justice process

53. An LCSW is providing therapy to a client at a residential substance abuse program. The program requires random urine drug testing. The client confides that he has been using a prosthetic device to submit synthetic urine samples while continuing to use methamphetamine. He has passed every drug test. What should the LCSW consider?

- A. Whether the client's continued methamphetamine use while circumventing the program's drug testing creates a safety concern for other residents and the treatment community, whether the deception undermines the client's own treatment, and whether the LCSW's obligations to the treatment program's integrity require addressing the deception — while recognizing that the specific approach depends on the program's confidentiality policies and the LCSW's role within the treatment team
- B. Maintain strict confidentiality and address the substance use clinically without informing the treatment program about the testing deception
- C. Immediately report the deception to the program director since the client is undermining the treatment program and potentially endangering other residents
- D. Confiscate the prosthetic device and require the client to submit to a directly observed urine test before leaving the session

54. An LCSW is providing therapy at a free clinic. A client who has been seen for six months stops attending sessions. Two months later, the LCSW sees the client's photograph on a missing person's poster in the neighborhood. What should the LCSW do?

- A. Take no action since the therapeutic relationship has ended and the LCSW has no ongoing obligation to the former client
- B. Contact the client's emergency contact listed in the clinical record to share concern about the missing person status
- C. Post information about the missing client on the LCSW's social media to help locate the client
- D. Contact law enforcement to report that the LCSW recognizes the missing person as a former client without disclosing clinical information, providing the investigative team with the minimal identifying information that could aid the search while maintaining therapeutic confidentiality about the content of treatment

55. An LCSW is treating a client who works at a government intelligence agency. The client states that discussing the details of their work could compromise national security. The client wants therapy for work-related stress but can describe only vague generalities about the source of the stress. Can the LCSW provide effective treatment under these constraints?

- A. No, effective therapy requires full disclosure and the LCSW should decline to treat the client unless complete transparency about the work stressors is possible
- B. The LCSW can provide treatment by focusing on the client's emotional and physiological responses to stress, interpersonal patterns, coping mechanisms, and general themes without requiring specific classified details — recognizing that effective therapy addresses the person's experience of events, not necessarily the factual details of those events
- C. Yes, but only if the LCSW obtains a security clearance that would allow the client to discuss classified information in session
- D. Yes, but the LCSW must document in the record that the client's disclosures are intentionally limited due to national security concerns

56. An LCSW is treating a client who reveals she is pregnant by her adult son through an incestuous relationship. Both are consenting adults. There are no minor children involved. The client is seeking therapy for the emotional complexity of the situation and the pregnancy decision. What is the LCSW's legal obligation?

- A. Report the incest to law enforcement since consensual incest between adults is illegal in California
- B. File a mandated child abuse report since incest is a reportable form of abuse
- C. The LCSW has no mandatory reporting obligation since both parties are consenting adults and no minors are involved, and should provide competent, nonjudgmental therapy addressing the client's emotional needs and the complex decisions she faces — while recognizing that adult consensual incest, though illegal in California, does not trigger any mandatory exception to the psychotherapist-patient privilege
- D. Refuse to treat the client since providing therapy for an incestuous relationship would constitute the LCSW's implicit endorsement of illegal conduct

57. An LCSW is treating a client who is a teacher at a school for children with severe disabilities. The client describes a colleague who has been creating humiliating social media content featuring students with disabilities — photographing them during personal care moments and posting the images with mocking captions. The students cannot consent to being photographed and are not aware their images are being shared. What is the LCSW's obligation?

- A. File a mandated report of suspected abuse of dependent persons, as the photographing of vulnerable, non-consenting individuals during personal care moments and the public distribution of humiliating images constitutes exploitation and emotional abuse of dependent persons
- B. Encourage the client to report the colleague through the school's internal reporting system and address the client's distress therapeutically
- C. Report the social media content to the platform for removal since the content violates the platform's terms of service regarding exploitation
- D. Contact the parents of the students appearing in the photos so they can take legal action against the colleague

58. An LCSW has been treating a client with chronic pain for three years. The client has been stable on a treatment regimen that includes therapy, physical therapy, and a moderate dose of opioid pain medication prescribed by a pain specialist. A new insurance reviewer denies continued authorization for therapy, stating the client has reached "maximum benefit." The LCSW and the client both believe termination would destabilize the treatment regimen and lead to increased medication dependence. What should the LCSW do?

- A. Terminate therapy as directed by the insurance reviewer since the authorization denial constitutes a clinical determination by the insurance company

B. Continue providing therapy without authorization and absorb the cost since the LCSW has an ethical obligation to prioritize client welfare over financial considerations

C. Refer the client to a cheaper provider who can be covered under the insurance plan

D. Appeal the denial with clinical documentation supporting the medical necessity of continued therapy as part of an integrated chronic pain treatment regimen, assist the client in understanding their appeal rights, explore alternative payment arrangements during the appeal period, and advocate for the client's access to the comprehensive treatment that maintains their stability

59. An LCSW discovers that a therapy client is the person who burglarized the LCSW's home three months ago. The LCSW recognizes a distinctive item in the client's possession during a session — a one-of-a-kind piece of jewelry that was stolen from the LCSW's home. The LCSW is certain this is the stolen item. What should the LCSW do?

A. Confront the client about the jewelry and demand its return during the session

B. Recognize that the LCSW's ability to provide objective, competent therapy has been fundamentally compromised by the personal victimization, seek immediate consultation, arrange for transfer of the client to another therapist, and separately address the property crime through appropriate legal channels without using information obtained in the therapeutic relationship

C. Continue therapy while secretly building a case by documenting additional evidence of the client's criminal conduct

D. Report the theft to police and provide the client's identifying information from therapy records since the LCSW is the victim of a crime

60. An LCSW is providing therapy to a client who is experiencing anticipatory grief about their aging pet dog who has been diagnosed with terminal cancer. The client's grief is as intense as any human loss the LCSW has witnessed. The client asks, "Do you think it's stupid that I'm this upset about a dog?" How should the LCSW respond?

A. Reassure the client that many people grieve pets but suggest the intensity of the reaction may indicate unresolved grief from a previous human loss that should be explored

B. Validate the client's experience without qualifying or redirecting it — pet loss grief is a legitimate clinical concern, and dismissing or pathologizing the intensity of attachment to an animal companion minimizes the client's authentic emotional experience

C. Validate the grief but encourage the client to prepare for the loss by beginning to think about getting a new pet as a coping strategy

D. Provide psychoeducation about the stages of grief and how they apply to the loss of an animal companion to normalize the client's experience through a clinical framework

61. An LCSW has just completed their licensing exam and is setting up a private practice. A friend who is also a new LCSW suggests they share office space and refer clients to each other. The friend proposes a "mutual referral agreement" where each LCSW pays the other a percentage of fees from referred clients. What ethical issue does this arrangement present?

A. The percentage-based referral fees constitute an unethical kickback arrangement that creates a financial incentive to refer clients based on revenue potential rather than clinical appropriateness, violating professional ethics standards prohibiting fee-splitting based on referrals

B. No ethical issue exists since the arrangement is between two equally positioned colleagues and the mutual nature of the referral agreement eliminates any power differential

C. The arrangement is ethical as long as both LCSWs disclose the referral agreement to all clients in their informed consent documents

D. The only issue is whether the referral fees are taxable income that must be reported to the IRS

62. An LCSW treats a client who is the sole witness to a hit-and-run accident that killed a pedestrian. The client saw the driver and the license plate clearly but has not reported the information to police because they "don't want to get involved." The perpetrator has not been identified and the victim's family is publicly pleading for witnesses to come forward. What is the LCSW's obligation?

A. Encourage the client to report the information to law enforcement and explore the resistance therapeutically, but recognize that failure to report a crime as a witness is the client's personal decision and does not trigger any mandatory exception to the psychotherapist-patient privilege for the LCSW

B. Report the license plate information to police anonymously on the client's behalf since a death has occurred and justice requires action

C. File a report with law enforcement providing the client's name and the information about the hit-and-run since the LCSW has knowledge that could solve a fatal crime

D. Maintain confidentiality without addressing the topic further since the hit-and-run is outside the scope of therapy

63. An LCSW is treating a family in which the parents homeschool their four children, ages 6 through 14. During therapy, the LCSW observes that the children have significant academic delays, limited

social skills, and appear to have minimal contact with peers or adults outside the immediate family. The parents describe their educational approach as "child-led learning" and express hostility toward government oversight. What should the LCSW consider?

- A. Homeschooling is a protected parental right and the LCSW has no basis for concern or intervention regardless of the children's academic or social functioning
- B. Assess whether the significant academic delays, limited social skills, and social isolation of the children — considered together — may constitute educational neglect or general neglect under CANRA, recognizing that while homeschooling is a legitimate educational choice, it does not exempt parents from the obligation to provide children with an adequate education and appropriate socialization opportunities
- C. Report the family to the California Department of Education for violating homeschool regulations since the academic delays suggest the educational program is inadequate
- D. Focus therapy exclusively on the presenting problem and avoid addressing the homeschooling concerns since educational decisions are the parents' prerogative

64. An LCSW is treating a client who discloses that her 16-year-old daughter has been sending sexually explicit messages to an adult man she met online. The man is 35 years old. The daughter does not know her mother has discovered the messages. The mother wants to handle it "privately" within the family. What is the LCSW's obligation?

- A. Respect the mother's decision to handle the situation privately since the family's approach to addressing the situation is a parenting decision
- B. Recommend the mother confront the daughter and confiscate her phone to stop the communication
- C. File a mandated child abuse report since an adult engaging in sexually explicit communication with a 16-year-old constitutes sexual exploitation of a minor under CANRA, regardless of the mother's preference for private resolution
- D. Advise the mother to save the messages as evidence before reporting, and then file a mandated report once the evidence is preserved

65. An LCSW is treating a client who works as a correctional officer at a juvenile detention facility. The client describes a culture of systematic abuse at the facility — routine use of excessive force, denial of medical care, and staff members engaging in sexual relationships with detained minors. The client has been too afraid of retaliation to report. What is the LCSW's obligation?

- A. Encourage the client to use California's whistleblower protections and report through appropriate channels while providing therapeutic support
- B. File mandated child abuse reports based on the information received about sexual exploitation and physical abuse of minors in custody, as the systematic pattern described creates reasonable suspicion of ongoing child abuse affecting multiple identifiable minors, and provide the client with information about whistleblower protections
- C. Report the facility conditions to the Department of Justice since systematic abuse in a juvenile facility constitutes a civil rights violation
- D. Maintain confidentiality and address the client's fear therapeutically while encouraging voluntary reporting through the client's own initiative

66. An LCSW is nearing the end of a long and distinguished career. In a final session with a longtime client, the client asks, "Looking back, do you have any regrets about how you treated me?" The LCSW genuinely has some — specifically, the LCSW believes they moved too quickly into trauma processing early in the treatment, which caused an unnecessary crisis. How should the LCSW respond?

- A. Deny any regrets since admitting clinical errors could undermine the client's confidence in the treatment they received
- B. Provide a detailed accounting of every clinical decision the LCSW would make differently if they could repeat the treatment
- C. Deflect the question by asking the client what prompted it and processing the question's therapeutic significance without answering directly
- D. Respond with measured honesty, acknowledging that clinical reflection is part of responsible practice, sharing the specific regret if it serves the client's therapeutic closure, and modeling the self-awareness and accountability that the LCSW hopes the client will carry forward

67. An LCSW has practiced ethically for 35 years and is writing a memoir about their career. The memoir includes clinical vignettes from cases spanning three decades. All identifying details have been changed — names, ages, genders, professions, and locations are all altered. However, several vignettes contain unusual clinical details that the clients themselves might recognize as their own stories, even though no outside reader could identify them. What ethical consideration remains?

- A. No ethical concern exists since all identifying information has been removed and no outside reader could identify the clients

B. The ethical concern persists because the clients themselves may recognize their own stories, and the experience of discovering one's therapy disclosed in a published memoir — even with altered details — could constitute a betrayal of the therapeutic trust that survives termination, suggesting the LCSW should consider obtaining consent from identifiable former clients or further disguising clinical details

C. The only concern is whether the publisher's legal team has reviewed the manuscript for defamation liability

D. The ethical concern is resolved by the passage of time since the therapeutic relationship's confidentiality obligations expire when the treatment ends

68. An LCSW is providing the final session of a 12-session court-ordered treatment for a client convicted of domestic violence. The client has attended every session, completed all assignments, and demonstrated textbook responses throughout the program. However, the LCSW's clinical intuition — based on subtle behavioral cues, the precision of the client's "correct" responses, and the absence of genuine emotional engagement — strongly suggests the client is performing recovery rather than experiencing it. The court expects a completion report. What should the LCSW document?

A. Document only that the client completed all 12 sessions and met all program requirements since clinical intuition is not an evidence-based basis for negative documentation

B. Document that the client met all program requirements but include specific behavioral observations that led to the clinical concern — such as the rehearsed quality of responses, the absence of genuine emotional engagement, and the pattern of performance versus authentic processing — allowing the court to make an informed determination

C. Document only positive findings since the client technically met all treatment requirements and the LCSW's subjective impressions should not undermine the client's legal standing

D. Refuse to submit a completion report until the client demonstrates genuine engagement, requesting additional court-ordered sessions

69. An LCSW has provided therapy to a client for 10 years — the longest therapeutic relationship of the LCSW's career. The client has grown enormously, resolved major traumas, built a stable life, and no longer meets criteria for any diagnosis. The LCSW knows termination is clinically appropriate but finds it emotionally difficult to end the relationship. What should the LCSW recognize?

A. That the LCSW's reluctance to terminate may constitute countertransference that is serving the LCSW's needs rather than the client's, and that continuing therapy beyond clinical necessity because of the therapist's attachment is an ethical concern — the LCSW should seek consultation, process the

attachment through personal therapy or supervision, and initiate the termination discussion with the client

B. That 10-year therapeutic relationships never truly need to end and the LCSW can transition to a maintenance schedule of monthly or quarterly sessions indefinitely

C. That the LCSW should terminate immediately without processing their own feelings since the clinical indication for termination is clear and delay constitutes an ethical violation

D. That the emotional difficulty of termination indicates the therapeutic relationship has become a friendship and should naturally evolve into a post-termination social relationship

70. An LCSW is providing therapy to a client who is a paramedic and first responder. The client describes responding to a mass casualty event at a school. The client found an injured child who reminded them of their own child. The client provided medical care but the child died. The client states, "I see that child's face every time I close my eyes. I don't know if I can keep doing this job." The client is not suicidal. What is the MOST important therapeutic priority?

A. Recommend the client take disability leave immediately since continuing to work as a first responder while experiencing acute trauma symptoms is dangerous

B. Begin EMDR processing of the traumatic event immediately to prevent consolidation of the traumatic memory

C. Assess whether the client's current level of distress constitutes PTSD or acute stress disorder and refer for psychiatric medication evaluation

D. Create a safe therapeutic space for the client to process the profound moral injury and grief, assess the overall impact on functioning including the ability to continue working safely, and help the client determine the appropriate pace of recovery — recognizing that first responders often experience shame about emotional responses that the LCSW should normalize while also addressing the occupational implications

71. An LCSW is treating a 75-year-old client who has expressed a clear, consistent wish to discontinue dialysis that is keeping her alive. She has full decision-making capacity and is not depressed. Her adult children are horrified and beg the LCSW to "talk her out of it." What is the LCSW's role?

A. Align with the children's request since family members' concerns about a life-or-death decision should influence the therapeutic approach

B. Support the client's right to make an autonomous, informed decision about discontinuing life-sustaining treatment, provide space for processing the decision and its implications, facilitate

communication between the client and her family about the decision, and ensure the client has access to palliative care consultation — without attempting to persuade the client to continue treatment based on the family's wishes

C. Recommend a psychiatric evaluation to rule out depression before honoring the client's expressed wish since any decision to discontinue life-sustaining treatment must be preceded by a mental health clearance

D. Refuse to engage with the topic since dialysis decisions are medical rather than psychological issues

72. An LCSW who has maintained an impeccable 30-year career makes a genuine clinical error that results in a client being harmed. The error was a lapse in judgment during a crisis situation — the LCSW failed to conduct an adequate risk assessment and the client attempted suicide shortly after the session. The client survived. The LCSW is consumed with guilt and self-doubt. What does professional ethics require of the LCSW?

A. Immediately report the error to the BBS and surrender the license since any clinical error resulting in client harm constitutes grounds for license revocation

B. Own the error honestly — seek personal therapy to process the guilt, consult with a malpractice attorney and insurance carrier, honestly assess whether the standard of care was met, document the incident accurately without altering records, learn from the error to prevent recurrence, and continue to practice if competence remains intact — recognizing that clinical errors, while serious, do not define an entire career or automatically constitute impairment

C. Minimize the significance of the error since 30 years of impeccable practice demonstrates that the lapse was an anomaly that does not require significant professional reflection or behavioral change

D. Terminate all high-risk clients immediately to reduce the probability of future errors since the incident demonstrates the LCSW can no longer manage crisis situations competently

73. An LCSW who is about to retire is asked by a former client — whose treatment ended eight years ago — to serve as a character reference in a custody case. The LCSW has fond memories of the client and genuinely believes the client is an excellent parent based on their therapeutic work together. What should the LCSW consider?

A. Whether serving as a character reference based on a therapeutic relationship that ended eight years ago creates a dual role, whether observations from therapy constitute an adequate basis for custody-related testimony, whether the reference could be challenged on the grounds that the LCSW's knowledge is outdated and therapeutically biased, and whether there is any risk that providing the reference could require disclosure of clinical information

B. Nothing — writing a simple character reference for a former client is a benign post-termination interaction that raises no ethical concerns

C. Only whether the LCSW's retirement schedule allows time to participate in the custody proceedings

D. Only whether the former client can provide updated information about their current parenting to supplement the LCSW's eight-year-old clinical observations

74. For this final question: An LCSW reaches the end of their career and reflects on the thousands of ethical decisions made over decades of practice. What single principle has been the most consistent thread across every ethical decision in this examination series?

A. That the therapist's legal protection should be the primary consideration in every clinical decision

B. That institutional policies should always take precedence over individual clinical judgment

C. That ethical practice requires the continuous integration of client welfare, legal obligations, professional standards, cultural humility, and honest self-assessment — and that the right answer is almost never the most reactive, the most passive, or the most rigid response, but rather the one that demonstrates thoughtful clinical judgment applied to the specific circumstances of each unique situation

D. That strict adherence to any single ethical code provides sufficient guidance for all clinical situations

75. An LCSW has completed an entire career. The last client has been terminated, the records have been secured, the professional will has been activated, and the license has been surrendered. A former client from 15 years ago contacts the LCSW with a clinical question. Does the LCSW have any remaining obligation?

A. No obligation exists since the LCSW is no longer licensed and providing any clinical guidance would constitute practicing without a license

B. The duty of confidentiality survives retirement, license surrender, and even the LCSW's own death — while the LCSW can no longer provide clinical services, the obligation to protect the former client's confidential information remains in perpetuity, and the LCSW should decline to provide clinical guidance while ensuring the former client is connected to appropriate current resources

C. The LCSW may provide clinical guidance informally since the relationship was established when the LCSW was licensed

D. The LCSW's only remaining obligation is to refer the former client to the records custodian named in the professional will

## Practice Exam 20: Answer Key and Explanations

1. A — A competent adult has the absolute right to discontinue treatment, including all therapy and medication, even when the therapist believes decompensation is likely. The LCSW's obligation is to ensure the client understands the risks through informed refusal documentation, complete an ethical termination, and leave the door open for return. Chronic depression does not eliminate the client's decisional authority.
2. D — This is the most difficult Tarasoff-adjacent question in the series. A paramedic who freezes during cardiac arrests has already contributed to one patient death and will likely encounter future cardiac arrests. The core challenge is weighing therapeutic confidentiality against the foreseeable risk that a known pattern of occupational impairment will result in additional deaths among identifiable groups of emergency patients.
3. B — The disclosure describes childhood abuse experienced by the client — now an adult. CANRA applies to current minors, not adults disclosing past childhood abuse, UNLESS the perpetrator currently has access to children. The LCSW should assess whether the identified perpetrator still has access to minors. If so, a report is warranted regardless of which personality disclosed the information. DID does not create a special exemption.
4. C — The most ethically complex issue is whether the diagnosed partner retains the capacity to consent to continued participation. As Alzheimer's progresses, meaningful participation in therapy — including the ability to understand, process, and retain information — deteriorates. Continuing conjoint therapy with a participant who cannot meaningfully consent raises questions about the integrity and ethics of the treatment regardless of the other partner's desires.
5. A — The LCSW's clinical assessment — not law enforcement's preference — determines whether the criteria for involuntary detention are met under the LPS Act. If the clinical evaluation does not support a 5150 hold, the LCSW should release the patient. Holding a patient who does not meet clinical criteria to satisfy police or to avoid liability violates the patient's rights and the LPS Act's purpose.
6. D — This requires layered analysis. A student seeking methamphetamine synthesis knowledge creates a potential danger to the student and anyone in the manufacturing environment. The LCSW should assess whether this information creates reasonable suspicion that a minor is at risk of harm. Simultaneously, the teacher-client has an independent mandated reporting obligation that the LCSW should address. Both tracks require attention.

7. C — The clinical history — 200+ non-crisis calls followed by a serious attempt after limit-setting — demands a nuanced recalibration, not a binary response. Eliminating all boundaries would reinforce the maladaptive pattern. Terminating would abandon a client with demonstrated lethality. The appropriate response is a structured reassessment — potentially through a formal DBT framework or step-up in care — that maintains therapeutic limits while acknowledging the demonstrated risk.

8. C — When an LCSW suspects a condition outside their diagnostic expertise, the ethical obligation is to communicate the observation, recommend appropriate evaluation, and adapt the current treatment to accommodate the possibility while awaiting formal assessment. Diagnosing without training, ignoring the clinical impression, or withholding the observation from the client all fail the standard of care.

9. A — When clinical resources are limited and two clients present simultaneously with different acuity levels, the principle of prioritizing immediate safety concerns governs. The acutely suicidal client must be seen first. The walk-in client should be informed about the wait and provided with resources. This is clinical triage — a fundamental emergency care principle.

10. D — This scenario involves four simultaneous obligations that the LCSW must hold in tension: suicide risk assessment given ideation and lethal access, substance use disorder treatment for the fentanyl diversion, evaluation of whether the physician's impairment creates a foreseeable risk to patients, and the recognition that therapeutic confidentiality is what brought this physician to treatment. No single obligation supersedes the others — all must be addressed.

11. B — Fabricating continuing education certificates is a professional integrity violation regardless of clinical competence. The regulatory system depends on honest self-reporting. The supervisor must require completion of actual CE requirements, address the dishonesty as a character issue separate from clinical skill, and report if required. Excellent clinical work does not excuse fraudulent professional documentation.

12. C — The LCSW faces a classic dual-role trap. Writing a custody letter for the mother while privately believing the father is more stable creates an irreconcilable conflict. The therapeutic role is incompatible with custody advocacy. The LCSW should decline the letter, explain the role limitation, and recommend an independent custody evaluation that can provide the court with an unbiased assessment.

13. D — Deliberately introducing toxic substances into a dependent elderly person's food constitutes physical abuse under California's elder abuse statutes — regardless of the quantity or whether symptoms

have appeared. The intent to poison is itself abusive. The LCSW must file a mandated elder abuse report immediately and assess whether the mother is in imminent danger requiring emergency intervention.

14. A — An unpatched hospital cybersecurity vulnerability that could alter pediatric medication orders creates a genuine risk of harm to hospitalized children. However, the information was received in a therapeutic context and does not fall within a clear mandatory reporting exception. The LCSW should maintain confidentiality while supporting the client's decision-making about escalation, recognizing the profound ethical tension between therapeutic privilege and child safety.

15. B — The escalating trajectory is the critical factor — fantasies becoming more vivid, rationalizing language emerging, specific access to vulnerable victims, and an occupational setting providing opportunity. This progression pattern from ideation toward potential action, combined with access to the most vulnerable patient population imaginable, requires the LCSW to assess whether the situation has moved beyond abstract therapeutic material into territory requiring protective action.

16. C — Even general comments about trauma recovery in a documentary about a specific mass shooting survivor could be edited, contextualized, or juxtaposed in ways that imply information about the specific client. The LCSW's participation could compromise the therapeutic relationship, breach confidentiality through inference, or be perceived as exploiting the client's tragedy. Declining entirely is the safest course.

17. D — The suicidal partner's safety is the overriding priority. Couples therapy that keeps a suicidal person connected to their abuser is clinically contraindicated. The LCSW should transition the suicidal partner to individual crisis treatment with a safety plan while terminating the conjoint work. The critical point is ensuring the suicidal partner is not abandoned during the transition — the termination of couples therapy must not mean termination of clinical support.

18. A — Mental health professionals are not mandated reporters for animal cruelty under California law. While the breeding conditions sound concerning, the LCSW has no legal reporting obligation for suspected animal neglect or abuse. The LCSW should address the ethical implications of the client's conduct therapeutically, including the discrepancy between what the client told Animal Control and what she described in session.

19. C — A coach systematically publicly shaming minors about their weight and telling them they are "too fat" — with demonstrable harm including the development of eating disorders — may constitute emotional abuse of children. The LCSW should assess whether the pattern creates reasonable suspicion

warranting a mandated report. The athletic context does not exempt abusive behavior from child protection analysis.

20. B — Financial exploitation by a caretaker constitutes elder abuse under California law regardless of the client's wishes about reporting. The mandated reporting obligation overrides the client's preference — just as it does with child abuse. The LCSW should file the report while addressing the client's very real fear about consequences and advocating for the client's safety within the facility.

21. D — Factitious disorder imposed on another (Munchausen by proxy) is a form of child abuse. The LCSW's clinical observations — symptoms worsen after the mother's reports, the child behaves normally without the mother — create reasonable suspicion sufficient for a mandated report. The LCSW is not responsible for diagnostic confirmation; CPS and medical professionals conduct the investigation. Waiting for conclusive evidence delays protection of the child.

22. A — The LCSW has the right to pursue career advancement even when the timing is clinically imperfect. Six weeks, while not ideal, is sufficient for intensive termination work if conducted with focus and intentionality. The key obligations are: adequate notice, intensive processing of the dependent transference and abandonment themes, a carefully selected referral, and a transitional period of availability. Declining a career opportunity is not ethically required.

23. C — Multiple obligations intersect simultaneously. The therapeutic obligation to address the client's desperation is primary — she came to therapy because of these thoughts. But the assessment of whether the planning has progressed beyond contingency to constitute a genuine threat to the child cannot be deferred. If a credible danger is identified, mandated reporting is triggered. The LCSW must hold all dimensions simultaneously rather than collapsing to a single obligation.

24. B — The client's extensive pre-therapy research — particularly contacting former clients — goes beyond healthy consumer behavior. The pattern may represent a controlling relational style consistent with the presenting problem, a boundary concern that has already compromised the therapeutic frame, or a red flag for the therapeutic relationship. The LCSW should address this transparently rather than ignoring it or reflexively refusing treatment.

25. D — The question "when does aggressive treatment become child abuse?" is both a genuine ethical dilemma and a therapeutic expression of the physician's moral distress. The LCSW should engage with both dimensions — supporting the client's emotional processing while acknowledging the genuine ethical ambiguity. The hospital ethics committee is the appropriate venue for institutional resolution of this type of medical ethics question.

26. A — The LCSW has been personally destabilized by devastating information delivered during a therapy session. The immediate obligation is to maintain the session as the client's space — acknowledging the personal impact without extensive processing, maintaining professional focus, and arranging personal support afterward. The session cannot become about the LCSW's crisis. This tests the most fundamental boundary: the therapy hour belongs to the client.

27. C — Demeaning language, withholding food as punishment, and isolation of dependent adults by a caretaker constitute emotional and physical abuse/neglect under California's Dependent Adult Abuse reporting statutes. The LCSW received this information in a professional capacity, triggering a mandated reporting obligation. The residents' dependency status and the caretaker's pattern of conduct make this a clear reporting case.

28. B — The LCSW has received clinically critical safety information from one client about another. The duty to protect the suicidal client's life outweighs the expectation that information shared in individual sessions will be handled with standard confidentiality. The LCSW should use the information to take appropriate protective action while managing both relationships with as much transparency as the clinical situation allows.

29. D — The LCSW should explore the parent's fears, provide evidence-based guidance about the impact of secrecy versus age-appropriate honesty on children's grief processing, and gently advocate for the child's emotional needs. Research consistently shows that children benefit from honest, developmentally appropriate communication about a parent's terminal illness. The LCSW should support the parent toward disclosure while respecting the parent's timeline.

30. A — The information about the wrongfully convicted person, while deeply troubling, was received in a therapeutic context and is further protected by the attorney-client privilege governing the attorney's own confidential communications. No mandatory reporting exception applies to the LCSW. The LCSW should provide therapeutic support for the client's moral distress while recognizing that the resolution of this injustice lies outside the therapeutic relationship.

31. C — Juror misconduct based on racial bias, while a serious miscarriage of justice, does not trigger any mandatory exception to the psychotherapist-patient privilege. The LCSW should address the client's guilt therapeutically, explore the values and consequences of the client's silence, and support the client in determining whether to report through appropriate channels — while maintaining therapeutic confidentiality about the session content.

32. A — A client's manic episode with evidence of impaired judgment — grandiose public declarations and plans to give away an estate — combined with the LCSW's clinical knowledge of the client's bipolar disorder, may warrant proactive outreach even without a direct client request. The LCSW should attempt to assess the client's current status. The social media content provides observable evidence of decompensation that the family's urgent concern corroborates.

33. A — AA sponsorship is a peer relationship — not a licensed professional relationship — and falls outside the LCSW's mandatory reporting framework. The LCSW should address the coercive dynamic therapeutically, support the client in understanding that the sponsor's behavior constitutes an abuse of the power differential, help identify alternative recovery support, and provide information about reporting options while recognizing the sponsor may be exploiting other sponsees.

34. D — The LCSW must assess the described experiences with clinical rigor. Severe protracted vomiting carries medical risks. "Periods of unresponsiveness" may represent dangerous drug reactions requiring medical attention. "Sexually inappropriate interactions" during an altered state may constitute exploitation of a vulnerable person. The LCSW should address the safety concerns without reflexively condemning or validating the overall experience.

35. C — Fourteen fabricated one-star reviews constitute significant clinical material — aggression toward the therapist expressed through anonymous channels. The LCSW should address this within the therapeutic relationship, exploring the function of the behavior, the dynamics of anonymous aggression, and the real-world consequences. Neither ignoring the reviews nor immediately terminating addresses the clinical significance of what the client is communicating through the behavior.

36. B — Affirming a transitioning partner's identity and creating space for a non-transitioning partner's grief and adjustment are not mutually exclusive. Exploring loss, confusion, and adjustment in the context of a partner's transition is a legitimate therapeutic need — not transphobia. The LCSW should maintain this therapeutic stance clearly and non-defensively while continuing to affirm the transitioning partner's identity.

37. A — The incident was already reported through the hospital's error reporting system. The LCSW's role is therapeutic: providing support for the devastating guilt, assessing the nurse's own suicide risk given the severity of the emotional response, and addressing the systemic factors — consecutive 12-hour shifts and exhaustion — that contributed to the error. The LCSW should also help the client process the moral injury of having nearly caused a patient's death.

38. D — The treating therapist should not serve as the forensic evaluator for a parenting fitness letter. The LCSW has clinical concerns about parenting capacity that would make a positive letter dishonest, but writing a negative letter would destroy the therapeutic relationship. The dual-role conflict is irreconcilable. The LCSW should decline and recommend an independent parenting evaluation by a provider without a prior therapeutic relationship.

39. D — The manager's call reveals two problems: a confidentiality issue (the LCSW cannot confirm the therapeutic relationship) and a boundary issue (the manager is attempting to recruit the LCSW as a workplace performance coach). The LCSW should decline to confirm the therapeutic relationship AND decline the coaching request, then inform the client about the manager's contact so the client can address the employment boundary.

40. B — Before agreeing to testify, the LCSW should assess whether personal support for the client's cause could compromise objectivity, whether testifying would be therapeutic or retraumatizing, how the role transition from therapist to witness would affect the therapeutic relationship, and whether an independent forensic evaluator would provide more credible and clinically appropriate testimony. Even well-intentioned testimony from a treating therapist carries inherent limitations.

41. A — An incidental encounter during a building evacuation is not a confidentiality breach caused by the LCSW. The LCSW should maintain appropriate boundaries during the evacuation, avoid confirming any professional relationships, and address the encounter in subsequent sessions if clinically relevant. This is a real-world situation where the LCSW's obligation is limited by the circumstances beyond their control.

42. D — A preschool worker experiencing dissociative episodes — losing time while supervising toddlers near hazards — creates a potential child safety concern. The LCSW should assess whether the episodes create reasonable suspicion that children may be at risk of harm due to inadequate supervision during dissociative states, potentially triggering a mandated reporting obligation. Simultaneously, the dissociative disorder requires clinical treatment and the client should be encouraged to seek a fitness-for-duty evaluation.

43. B — A client secretly initiating and maintaining social media contact with the LCSW's teenage child represents a serious boundary transgression that has accessed the LCSW's personal life through contact with a minor family member. The LCSW must assess the client's motivations, address the boundary violation directly, and determine whether the therapeutic relationship has been fundamentally compromised by this intrusion into the LCSW's private life.

44. B — The false identity does not trigger any mandatory reporting exception. However, the LCSW should provide information about the client's actual eligibility for prenatal care regardless of immigration status under California law — including Medi-Cal for pregnant individuals regardless of documentation status. This information may reduce the client's perceived need for the fabricated identity while ensuring both the client and the pregnancy receive appropriate care.

45. A — One partner's attempt to recruit the LCSW as an ally against the other partner — using shared professional identity as leverage — is a triangulation dynamic that the LCSW must not reinforce. The LCSW should decline to diagnose either partner within the session, name the triangulation pattern, and maintain therapeutic neutrality. The request itself reveals important relational dynamics about how the couple uses power and expertise in their conflict.

46. D — Early signs of cognitive decline affecting clinical performance require immediate and honest action. The LCSW should seek comprehensive neuropsychological evaluation, implement safeguards, and if the evaluation confirms decline affecting competence, develop a plan for ethical practice closure. Continuing to practice without assessment, reducing the caseload as a half-measure, or disclosing to all clients are all inadequate responses compared to pursuing definitive evaluation.

47. C — "Give this to my parents after I'm gone" from a 14-year-old client is a potential suicide warning that requires immediate assessment. The LCSW should not accept the envelope as instructed, should express direct concern about the statement, and should conduct a thorough suicide risk evaluation. Calm presentation does not rule out suicidal intent — in fact, some individuals become calm after making a decision. This is a potential farewell gesture that demands immediate clinical response.

48. B — The presence of child sexual abuse material in a home with young children creates reasonable suspicion that the children may be at risk. Research consistently demonstrates a correlation between CSAM consumption and contact offenses. The mandated reporting obligation is triggered by the risk to the identifiable children in the home — the client's wishes about reporting, while understandable, cannot override the duty to protect the children.

49. A — When a client asks about treatments outside the LCSW's expertise, the ethical response is honest engagement: provide what is known, acknowledge what is not, recommend specialist consultation, and support informed exploration. Neither dismissing emerging treatments nor pretending expertise serves the client. The LCSW's role is to facilitate informed decision-making, not to be the sole source of all clinical knowledge.

50. D — A disclosed plan for a school shooting requires immediate protective action — not deliberation in a future supervision session, increased monitoring, or a BBS complaint. The supervisor bears professional responsibility for the supervisee's clinical practice. The duty to protect from a mass casualty threat is the most urgent obligation a clinician can face. The supervisor must act now to contact law enforcement and assess the threat level.

51. C — Practice closure requires comprehensive records management. Records must be stored securely for the full legally required retention periods through a designated custodian. The duty of confidentiality survives retirement, license surrender, and the client's death. Records of deceased and unreachable clients must be maintained with the same care as records of active clients. The regulatory framework does not permit destruction simply because the therapist has retired.

52. B — The information is triply protected: by the psychotherapist-patient privilege (the LCSW's therapeutic relationship), by the attorney-client privilege (the public defender's relationship with the defendant), and by the therapeutic context in which the information was inadvertently shared. The LCSW has no direct knowledge of abuse — only information filtered through multiple privileged relationships. Law enforcement investigating the existing case is responsible for identifying additional victims.

53. A — This scenario tests the intersection of individual client confidentiality with the LCSW's obligations to the treatment program and community. The methamphetamine use and testing deception undermine the client's own treatment, may affect other residents, and compromise the program's integrity. The LCSW must navigate between confidentiality and community safety based on the specific program's policies and the LCSW's defined role within the treatment team.

54. D — Recognizing a missing person as a former client creates a limited obligation to assist the investigation without breaching therapeutic confidentiality. The LCSW should contact law enforcement to confirm recognition of the missing person and provide minimal identifying information that could aid the search. Detailed clinical information should not be disclosed, but the LCSW's recognition itself could be critical to locating a potentially endangered person.

55. B — Effective therapy addresses the person's experience of events — their emotional responses, physiological reactions, interpersonal patterns, and coping mechanisms — not necessarily the factual details. Many successful therapies operate without complete disclosure of all circumstances. The LCSW can provide meaningful treatment by working with the client's experience of stress while respecting the legitimate constraints on disclosure of classified information.

56. C — Adult consensual incest, while illegal in California (Penal Code Section 285), does not trigger any mandatory exception to the psychotherapist-patient privilege. No minors are involved, eliminating CANRA obligations. The LCSW should provide competent, nonjudgmental therapy addressing the client's emotional needs and complex decisions. Criminal conduct disclosed in therapy remains confidential unless it falls within a specific statutory exception.

57. A — Photographing vulnerable, non-consenting individuals with severe disabilities during personal care moments and publicly distributing humiliating images constitutes exploitation and emotional abuse of dependent persons. The LCSW received this information in a professional capacity, triggering a mandated reporting obligation under California's dependent adult abuse statutes. The students' inability to consent to or even know about the images amplifies the exploitative nature.

58. D — The LCSW must advocate for continued treatment as part of the integrated chronic pain regimen. The evidence supports that terminating therapy could destabilize the treatment approach and increase medication dependence — which itself creates a medical risk. The LCSW should appeal with clinical documentation, assist with understanding appeal rights, explore alternative payment during the appeal, and advocate based on medical necessity.

59. B — The LCSW's ability to provide objective, competent therapy has been fundamentally compromised by discovering they are the client's burglary victim. The personal victimization — and the certainty of recognizing the stolen item — makes continued therapeutic objectivity impossible. The LCSW should seek consultation, arrange transfer, and address the property crime through legal channels separately, without using therapeutic information to build a criminal case.

60. B — Pet loss grief is a legitimate clinical concern that should be validated without qualification. Dismissing the intensity by suggesting it represents displaced grief from a human loss pathologizes the client's genuine attachment to their companion animal. The LCSW should validate the experience directly and completely. Research consistently demonstrates that human-animal bonds produce grief responses comparable in intensity to the loss of human relationships.

61. A — Percentage-based mutual referral fees between colleagues constitute kickback arrangements regardless of the mutual nature or equal positioning of the parties. The financial incentive to refer clients based on revenue rather than clinical appropriateness violates professional ethics standards. Fee-splitting based on referrals is prohibited to protect clients from referral decisions driven by the therapist's financial interest rather than the client's clinical needs.

62. D — Failure to report a crime as a witness, while morally troubling, is the client's personal decision and does not trigger any mandatory exception to the psychotherapist-patient privilege. The LCSW should explore the client's resistance therapeutically and encourage reporting, but cannot breach confidentiality to provide law enforcement with information the client disclosed in therapy — even when a death is involved and the victim's family is pleading for help.

63. B — While homeschooling is a legitimate educational choice, it does not exempt parents from providing adequate education and appropriate socialization. Significant academic delays, limited social skills, and minimal contact with peers or adults outside the family — considered together — may constitute educational neglect or general neglect under CANRA. The LCSW should assess whether the totality of observations creates reasonable suspicion warranting a mandated report.

64. C — An adult engaging in sexually explicit communication with a 16-year-old constitutes sexual exploitation of a minor under CANRA. The mandated reporting obligation is triggered regardless of the mother's preference for private resolution. The perpetrator is an identifiable adult engaging in exploitative behavior with a minor — this is exactly the type of situation mandated reporting exists to address. The mother's wishes cannot override the legal requirement.

65. B — Systematic sexual exploitation and physical abuse of minors in a juvenile detention facility triggers mandated reporting obligations. The pattern described — excessive force, medical care denial, and sexual relationships between staff and detained minors — constitutes ongoing child abuse affecting multiple identifiable minors. The LCSW must file mandated reports and should provide the client with information about California's whistleblower protections for their own potential reporting.

66. D — In a final session with a longtime client, measured honesty about clinical regret can serve the therapeutic relationship's closure beautifully. Acknowledging that the LCSW moved too quickly into trauma processing — if shared thoughtfully and in service of the client's closure — models the self-awareness and accountability that therapy aims to develop. This is not a confession but a demonstration of the reflective practice that characterizes clinical maturity.

67. B — Even with all identifying details changed, the ethical concern persists because the clients themselves may recognize their own stories. Discovering one's therapy experience disclosed in a published memoir — even unrecognizable to others — could constitute a profound betrayal of therapeutic trust. The duty of confidentiality extends beyond preventing identification by outsiders; it includes protecting the client's own sense that their therapy was held as sacred.

68. C — Court completion reports must be honest. The LCSW should document that all program requirements were met while also including the specific behavioral observations underlying the clinical concern — rehearsed responses, absent emotional engagement, performance versus processing. These are factual clinical observations, not subjective impressions. The court needs this information to make an informed determination. Omitting clinical concerns to produce a favorable report misrepresents the clinical picture.

69. A — The LCSW's reluctance to terminate a client who no longer needs therapy may represent countertransference serving the LCSW's needs rather than the client's. Continuing therapy beyond clinical necessity because of the therapist's attachment is an ethical concern that mirrors the dependency the profession warns against in clients. The LCSW should seek consultation, process the attachment personally, and initiate the termination discussion that serves the client's autonomy and growth.

70. D — The therapeutic priority for a first responder processing a child death is creating a safe space for the profound grief and moral injury — not immediately recommending disability leave, rushing into trauma processing, or focusing on diagnostic classification. First responders often experience shame about emotional responses. The LCSW should normalize the response while also honestly assessing the occupational implications at an appropriate pace.

71. B — A competent, non-depressed 75-year-old's consistent wish to discontinue life-sustaining dialysis is a protected autonomous decision. The LCSW should support the client's right to self-determination, provide space for processing, facilitate family communication, and ensure access to palliative care — without attempting to change the client's mind based on the family's distress. The family's wishes, however understandable, do not override a competent adult's healthcare decisions.

72. B — A genuine clinical error after 30 years of impeccable practice requires honest professional reckoning — not surrender or minimization. The LCSW should seek personal therapy, consult legal counsel, assess whether the standard of care was met, document accurately without alteration, learn from the error, and continue practicing if competence remains intact. One error — even a serious one — does not negate decades of competent practice or necessarily indicate impairment.

73. A — Serving as a character reference based on an eight-year-old therapeutic relationship raises multiple concerns: the dual role of therapist-turned-character-witness, the outdated nature of the clinical knowledge, the therapeutic bias inherent in observations made during a treatment alliance, the potential need to disclose clinical information, and the possibility of cross-examination about the former therapeutic relationship. Each concern warrants careful analysis before agreeing.

74. C — The unifying principle across all 900 questions in this series is that ethical practice requires the continuous integration of client welfare, legal obligations, professional standards, cultural humility, and honest self-assessment. The right answer is almost never the most reactive response, the most passive response, or the most rigid response — it is the one that demonstrates thoughtful clinical judgment applied to the specific circumstances of each unique situation.

75. B — The duty of confidentiality is the last professional obligation standing after everything else has ended. It survives termination of therapy, retirement from practice, surrender of the license, and even the LCSW's own death (through the records custodian). While the LCSW can no longer provide clinical services without a license, the obligation to protect every former client's confidential information remains in perpetuity. This is the final lesson: the therapeutic trust, once given, is held forever.