

PRACTICE EXAM 21: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. An LCSW is providing disaster mental health services at an emergency shelter following a major earthquake. Hundreds of displaced residents are seeking support. A woman approaches the LCSW in crisis, sobbing, and states her child is trapped in a collapsed building and rescue efforts are underway. The LCSW has no prior relationship with this individual. What standard of practice applies to this encounter?

A. The same standard of informed consent, documentation, and confidentiality that applies in an outpatient therapy office must be maintained during disaster response

B. No professional obligations apply since the encounter occurs outside a formal clinical setting and no therapeutic relationship has been established

C. The LCSW should decline to provide any support until a formal intake and consent process can be completed

D. Psychological first aid principles apply — the LCSW should provide immediate stabilization, emotional support, and practical assistance while understanding that disaster response modifies but does not eliminate professional obligations, and that informed consent may be adapted to the emergency context

2. An LCSW discovers that a therapy app the LCSW has been recommending to clients as a between-session support tool has been collecting and selling user data to third-party advertisers, including mental health data entered by the users. The LCSW recommended the app to approximately 30 clients over the past year. What is the LCSW's obligation?

A. No obligation exists since the app is a third-party product and the LCSW is not responsible for the app company's data practices

B. Notify all clients who were recommended the app about the data practices, discontinue recommending it, and recognize that recommending clinical tools carries an implicit responsibility to vet them for privacy and security compliance

C. File a HIPAA complaint against the app developer since the data collection violates protected health information standards

D. Continue recommending the app since clients voluntarily chose to use it and were free to review the app's terms of service independently

3. An LCSW treats a client who is a social worker at a child welfare agency. During therapy, the client describes making custody recommendations that the client admits are influenced by personal biases against fathers. The client states, "I always recommend maternal custody because kids need their mothers." Multiple families have been affected. What should the LCSW consider?

A. Maintain strict confidentiality since the client's professional conduct is disclosed in a therapeutic context and no mandated reporting exception applies

B. Report the client to their licensing board immediately since gender-biased custody recommendations constitute professional misconduct

C. Address the bias as a significant clinical and professional ethics issue, explore its origins therapeutically, discuss the harm to families affected by the biased recommendations, and strongly encourage the client to address the practice with their supervisor while considering whether children may be at ongoing risk due to the biased decision-making

D. Focus therapy exclusively on the personal issues underlying the bias without addressing the professional implications

4. Under California law, what is the maximum number of ASWs an LCSW supervisor may supervise at one time for purposes of licensure hour accumulation?

A. California law does not specify a maximum number, but the BBS requires that the supervisor be able to provide adequate supervision to each supervisee, and professional standards suggest the supervisor should only take on as many supervisees as they can competently oversee

B. Three ASWs per supervisor, as established by the BBS supervision regulations

C. Five ASWs per supervisor, with a requirement that one hour of individual supervision be provided for every 10 hours of client contact

D. Ten ASWs per supervisor, with the provision that group supervision may substitute for individual supervision for supervisees beyond the fifth

5. An LCSW works at an agency that provides therapy to court-referred juveniles. A 16-year-old client tells the LCSW that his public defender has advised him not to discuss certain topics in therapy because the therapy records could be subpoenaed by the prosecution. The client asks the LCSW whether this is true. What should the LCSW communicate?

A. Reassure the client that therapy records are absolutely privileged and can never be accessed by the prosecution under any circumstances

B. Explain honestly that while therapy records are generally protected by the psychotherapist-patient privilege, exceptions exist, and in certain juvenile court proceedings the privilege may be limited — the client should discuss specific concerns with the public defender while the LCSW ensures the informed consent clearly addresses the limits of confidentiality in the court-ordered context

C. Advise the client to follow the public defender's instruction and avoid discussing certain topics since the attorney's legal advice takes precedence over therapeutic considerations

D. Inform the client that since therapy is court-ordered, no confidentiality protections exist and all session content can be shared with the prosecution at any time

6. An LCSW is providing therapy to an adult client who casually mentions, "When I was 12, my uncle used to do stuff to me. He's dead now." The client has never disclosed childhood sexual abuse before and does not want to discuss it further. The uncle is deceased. What is the LCSW's mandated reporting obligation?

A. File a mandated report since the LCSW is required to report all disclosures of childhood sexual abuse regardless of circumstances

B. No report is needed since both the victim and the perpetrator are adults and the perpetrator is deceased, eliminating any possibility of current child victims

C. File a report only if the client provides additional details about the nature of the abuse sufficient to determine whether it meets the legal definition of sexual abuse

D. Consider whether the deceased uncle may have had access to other children who could also have been victimized, and if no reasonable suspicion exists that any current children are at risk from this perpetrator, recognize that the reporting obligation requires an assessment of whether children may currently be endangered rather than a reflexive report of all historical disclosures

7. An LCSW is conducting a parenting capacity evaluation ordered by the family court. During the evaluation, the LCSW develops a strong clinical impression that one parent has narcissistic personality disorder. The LCSW has not administered any formal personality assessment instruments. Should the LCSW include this diagnostic impression in the evaluation report?

A. Include the clinical impression only if it is supported by specific behavioral observations documented during the evaluation, clearly identified as a clinical impression rather than a formal diagnosis, and relevant to the parenting capacity questions the court has asked — while acknowledging the limitation that no formal personality assessment was conducted

B. Include the diagnosis definitively since the LCSW's clinical training qualifies them to diagnose personality disorders based on clinical interview alone

C. Exclude any reference to personality pathology since LCSWs are not authorized to diagnose personality disorders in forensic evaluations

D. Include the diagnosis only if the parent consents to the diagnostic label being included in the court report

8. An LCSW is providing teletherapy to a client who lives in a rural area with unreliable internet. Sessions are frequently interrupted by dropped connections, frozen video, and garbled audio. The client cannot access in-person services. What ethical consideration is MOST important?

A. Continue teletherapy without modification since some therapy is better than no therapy

B. Transition to phone-based sessions only since phone connections are more reliable in rural areas

C. Assess whether the technology limitations are compromising the quality of clinical care to a degree that falls below the standard of care, explore all available alternatives including phone sessions or hybrid models, document the technology challenges and their clinical impact, and ensure the client is receiving adequate treatment despite the technological barriers

D. Terminate the therapeutic relationship and provide referrals since the LCSW cannot provide adequate treatment through an unreliable telehealth connection

9. An LCSW is treating a married couple. During a conjoint session, both partners simultaneously receive emergency phone calls — one partner's parent has had a stroke and the other partner's sibling has been in a serious car accident. Both partners need to leave immediately. What should the LCSW do?

A. Ask one partner to stay and complete the session while the other responds to their emergency

B. End the session supportively, briefly assess whether either partner is in a state that compromises their ability to drive safely, and schedule a follow-up session promptly while making themselves available for brief check-in calls if needed during the crisis period

C. Extend the session by one hour to process both emergencies before allowing the couple to leave

D. Continue the session via speakerphone while both partners drive to their respective emergencies

10. An LCSW is providing therapy to a client who has been diagnosed with terminal pancreatic cancer and has approximately two months to live. The client asks the LCSW to attend the client's funeral when the time comes. What should the LCSW consider?

A. Decline categorically since attending a client's funeral constitutes a post-termination boundary violation

B. Agree immediately since refusing would be perceived as cold and dismissive of the therapeutic relationship

C. Consult the NASW Code of Ethics for specific guidance on funeral attendance since the code provides a definitive rule on this topic

D. Consider the clinical meaning of the request for the client, the potential therapeutic value of acknowledging the invitation during the client's remaining sessions, the impact on the client's family members who may or may not know about the therapy, and the LCSW's own needs — recognizing that attending a client's funeral is a boundary crossing that may be clinically appropriate in certain circumstances

11. An LCSW who provides therapy at a community health center is approached by a pharmaceutical sales representative who offers the LCSW an all-expenses-paid trip to a luxury resort for a "continuing education conference" sponsored by the pharmaceutical company. The conference includes four hours of CE content and three days of resort activities. What should the LCSW do?

A. Decline the offer, as accepting gifts of significant value from pharmaceutical companies creates a conflict of interest that could influence clinical recommendations, even unconsciously, and the heavily leisure-oriented nature of the trip suggests the primary purpose is influence rather than education

B. Accept the trip only if the LCSW discloses the pharmaceutical sponsorship to all clients for whom the company's products might be relevant

C. Accept the trip since the CE hours are legitimate and the LCSW needs continuing education credits for license renewal

D. Accept the trip but pay for the resort activities out of pocket while allowing the pharmaceutical company to cover the CE portion

12. An LCSW treats a client who mentions that her 6-year-old nephew, who she babysits regularly, has been having frequent nosebleeds and complains of headaches. The child lives in an older home that the aunt suspects may contain lead paint. The parents have not had the home tested. What should the LCSW consider?

- A. This is a medical concern outside the scope of the LCSW's clinical responsibility and does not warrant any action beyond the therapeutic work
- B. File a mandated child abuse report against the parents for exposing the child to environmental hazards in their home
- C. Consider whether a young child being regularly exposed to a suspected environmental hazard that could cause serious developmental harm — particularly if the parents have been informed of the concern and have not acted — may constitute a form of neglect warranting assessment and potential mandated reporting, while also encouraging the aunt to pursue the concern through appropriate channels
- D. Recommend the client contact the EPA and defer all further action to the environmental regulatory agency

13. An LCSW provides therapy to a client who is transgender and undergoing hormone therapy. The client asks the LCSW to store a supply of their hormone medication at the LCSW's office "in case of emergency." What should the LCSW do?

- A. Agree to store the medication since it demonstrates support for the client's gender-affirming care and builds the therapeutic alliance
- B. Decline to store prescription medications at the therapy office, as doing so creates liability concerns, falls outside the scope of clinical practice, and could create a boundary issue — while exploring what need the request is serving and helping the client develop an appropriate plan for medication access during emergencies
- C. Agree to store the medication only if the client provides a copy of the prescription and a signed liability waiver
- D. Store the medication in a locked cabinet separate from the LCSW's personal belongings to minimize any boundary concerns

14. An LCSW receives a call from a colleague who states, "I'm calling because my client mentioned your client by name during a session and described a plan to assault your client this weekend. My client specifically named your client and described where the assault would happen." What is the LCSW's obligation?

- A. Wait for the colleague's client's own therapist to handle the duty to protect since the threat originated in the colleague's therapy session
- B. Advise the colleague to file a police report and take no independent action since the LCSW did not receive the threat information from their own client

C. Acknowledge the information but take no action since the Tarasoff duty applies only to threats communicated by the therapist's own client during the therapist's own session

D. Take immediate action to protect the LCSW's own client, as a credible threat has been communicated to the LCSW in a professional capacity — the duty to protect the identified potential victim exists regardless of the source of the threat information, and the LCSW should warn the client and contact law enforcement

15. An LCSW is providing therapy to a client whose 14-year-old daughter has been exchanging sexually explicit text messages with a 14-year-old classmate. Both sets of parents know about the texting and have addressed it with their children. No adults are involved. Does this trigger a mandated reporting obligation for the LCSW?

A. Same-age consensual sexting between 14-year-old peers, without adult involvement or evidence of coercion, does not constitute child sexual abuse under CANRA, and no mandated report is required — though the LCSW should address the situation's clinical and safety implications with the parent

B. Yes, any creation of sexually explicit content depicting a minor must be reported regardless of who created it

C. Yes, but only because both children are under 15 — if they were both 16 or older, no report would be required

D. Yes, because the parents' awareness of the behavior without taking legal action constitutes neglect requiring a mandated report

16. An LCSW working in a hospice provides therapy to a dying client's adult daughter who is the primary caregiver. The daughter reveals she has been increasing her father's morphine beyond the prescribed dose because "he's in so much pain and the doctors aren't doing enough." The father is actively dying with days to live. What should the LCSW consider?

A. This is a compassionate end-of-life decision that does not warrant clinical concern since the father is actively dying

B. Whether the unauthorized medication increase — while motivated by compassion — constitutes a form of dependent adult abuse since a caretaker is administering medication doses exceeding the physician's orders to a vulnerable person, and whether the LCSW should address the situation through coordination with the hospice medical team rather than or in addition to considering a mandated report

C. Report the daughter to law enforcement immediately since administering medication above prescribed doses constitutes illegal drug administration

D. Contact the father's hospice physician directly to discuss the medication dosing without the daughter's knowledge or consent

17. An LCSW is providing group therapy for veterans. During a session, one veteran makes a racist comment directed at another veteran. Several group members react strongly. What should the LCSW do in the moment?

A. Ignore the comment and redirect the group to the previous topic to prevent escalation

B. Ask the targeted veteran to leave the room so the LCSW can address the racism with the group without further exposing the targeted individual

C. Address the comment directly as a group process event — naming the racist nature of the statement, attending to the targeted member's experience, holding the speaker accountable while maintaining a therapeutic stance, and using the incident as material for the group to examine its own dynamics around race, power, and respect

D. End the session immediately and schedule individual sessions with both the speaker and the targeted veteran before resuming group

18. An LCSW treats a client who is a licensed contractor. The client reveals he has been using substandard materials in home construction projects while billing clients for premium materials. He describes cutting corners on electrical wiring in ways that could create fire hazards in occupied homes. What should the LCSW consider?

A. Maintain strict confidentiality since construction fraud does not trigger any mandatory reporting exception for therapists

B. Report the contractor to the Contractors State License Board since defective electrical work creates fire hazards

C. Contact the homeowners directly since they are identifiable victims of ongoing fraud

D. Assess whether the defective electrical wiring creating fire hazards in occupied homes — where identifiable families including children live — represents a foreseeable risk of serious physical harm to identifiable persons that may require protective analysis beyond standard confidentiality, while also addressing the fraud pattern clinically

19. An LCSW is treating a couple in which one partner is a mental health professional who repeatedly uses clinical terminology to pathologize the other partner during sessions — saying things like "you're

clearly exhibiting narcissistic defenses" and "your attachment style is disorganized." The non-clinician partner feels intimidated and unable to respond. What should the LCSW prioritize?

- A. Address the power imbalance created by one partner weaponizing clinical language against the other, set a boundary about the use of diagnostic labels within the session, and create an equitable therapeutic space where both partners can communicate without one using professional expertise as a tool of dominance
- B. Allow the clinical terminology since it provides useful diagnostic information about the non-clinician partner's behavior
- C. Educate the non-clinician partner on clinical terminology so they can engage on equal footing with the clinician partner
- D. Refer the couple to a therapist who is also a mental health professional so the clinician partner will feel more professionally respected

20. An LCSW is providing therapy to a client who is HIV-positive. During a session, the client mentions that he regularly donates plasma at a local plasma center. He states he does not disclose his HIV status during the screening process. What should the LCSW do?

- A. Report the client to the plasma center immediately since HIV-positive plasma donations create a public health emergency
- B. Maintain therapeutic confidentiality while strongly encouraging the client to disclose his HIV status to the plasma center, addressing the ethical and health implications clinically, and recognizing that California law does not mandate therapist disclosure of a client's HIV status to third parties
- C. File a report with the California Department of Public Health since knowingly donating HIV-positive blood products constitutes a reportable public health violation
- D. Contact the plasma center anonymously to alert them about potential contaminated donations without identifying the client

21. An LCSW working in an elementary school discovers that a 9-year-old student has been creating detailed drawings of violent acts — specifically depictions of shooting classmates with labels identifying specific children by name. The student has no history of violence but has been increasingly isolated. What should the LCSW do?

- A. Confiscate the drawings and schedule an immediate parent conference to address the behavior

B. Dismiss the drawings as normal childhood fantasy since many children create violent content without acting on it

C. Conduct a thorough threat assessment, notify the school administration and the student's parents, assess whether the specificity and escalating nature of the content represents a genuine safety concern, develop a safety plan, and consider whether any reporting obligations are triggered by the identified threats toward named classmates

D. File a police report since the drawings constitute terroristic threats that must be reported to law enforcement

22. An LCSW treats a client who is experiencing severe burnout as a child protective services investigator. The client reveals that due to overwhelming caseloads, she has been closing investigations prematurely without completing required home visits or interviews. She estimates this has affected approximately 40 cases involving children at risk. What is the LCSW's obligation?

A. Maintain confidentiality and address the burnout therapeutically since the client's job performance issues are a personal matter disclosed in therapy

B. Report the client to her supervisor at CPS since the premature case closures endanger children

C. Focus therapy on stress management techniques to help the client manage the caseload more effectively

D. Recognize that the premature closure of 40 child protection investigations potentially leaves dozens of at-risk children without adequate safety assessment — creating a situation where the LCSW has received information suggesting children may be in danger — and determine whether this information creates reasonable suspicion of child endangerment warranting a mandated report while also addressing the burnout clinically and encouraging the client to disclose the case closures to her supervisor

23. An LCSW is treating a client with severe OCD who has a contamination obsession. The client requests that the LCSW provide therapy sessions in a "clean room" environment — requiring the LCSW to wear a surgical mask, gloves, and a gown, and to sanitize all surfaces before each session. Accommodating this request would reinforce the OCD symptoms. What is the MOST clinically appropriate response?

A. Discuss the request within the OCD treatment framework, explain how accommodation reinforces the disorder, collaboratively develop an approach that balances the client's immediate distress with the treatment goal of reducing compulsive behaviors, and work toward gradually eliminating the accommodations as part of the exposure-based treatment

B. Accommodate all requests fully since the client has the right to determine the conditions under which they receive therapy

C. Refuse all accommodations and conduct sessions in the standard office environment since any accommodation constitutes enabling the OCD

D. Accommodate the requests temporarily for six months and then abruptly remove all accommodations to facilitate a rapid exposure experience

24. An LCSW working in a school setting is asked by the school principal to facilitate a "restorative justice circle" for students involved in a bullying incident. One of the students involved is the LCSW's individual therapy client. What concern should the LCSW identify?

A. No concern exists since restorative justice practices are within the scope of school-based clinical social work

B. The LCSW has confidential information about the therapy client that could influence the facilitation of the restorative process, creating a dual role that could compromise both the therapeutic relationship and the fairness of the restorative justice proceeding

C. The only concern is whether the LCSW has been trained in restorative justice facilitation

D. The concern is limited to obtaining parental consent for all students participating in the circle

25. An LCSW is providing therapy to a client who is pregnant and has been taking prescription lithium for bipolar disorder throughout the pregnancy. The client's psychiatrist has determined the benefits of continued lithium outweigh the risks. The client's mother contacts the LCSW and demands the LCSW "make her stop taking that poison — it will harm the baby." What should the LCSW do?

A. Contact the prescribing psychiatrist to discuss the mother's concerns and request a medication change

B. Inform the client's mother that she should discuss her concerns with the client's obstetrician since medication management during pregnancy involves medical decision-making

C. Decline to discuss the client's treatment with the mother absent the client's authorization, maintain the client's confidentiality, and if the topic arises in therapy, support the client's informed medical decision-making process in collaboration with the treatment team

D. Encourage the client to discontinue lithium to address the mother's concerns and prevent potential harm to the fetus

26. An LCSW is providing therapy to a minor client at a school-based clinic. The school district implements a new policy requiring all school-based therapists to share therapy progress notes with the school's student support team, including administrators, teachers, and counselors. What should the LCSW do?

A. Object to the policy since sharing therapy progress notes with non-clinical school personnel violates the student's confidentiality and potentially FERPA, and advocate for a policy that distinguishes between therapy records and general educational records

B. Comply with the policy since the LCSW is a school district employee bound by institutional policies regarding student records

C. Comply with the policy but redact all clinical content from the notes before sharing them with the student support team

D. Resign from the position rather than comply with a policy that violates student confidentiality

27. An LCSW treats a client who describes feeling increasingly "called" to commit a mass act of violence to draw attention to a political cause. The client has not identified a specific target, date, or method, but describes the ideation as escalating and "harder to resist." What should the LCSW do?

A. Maintain confidentiality since the ideation is vague and does not identify a specific target as required by the Tarasoff duty

B. Document the statements and increase session frequency to monitor for escalation before considering any protective action

C. Advise the client to seek psychiatric evaluation for possible medication management of the escalating violent ideation

D. Conduct a thorough threat assessment evaluating the specificity, escalation, planning behavior, and means access, recognizing that while the traditional Tarasoff framework requires an identifiable victim, evolving case law and professional ethics may support protective action when a credible, escalating threat of mass violence exists even without a specific named target — and consult immediately with colleagues and potentially law enforcement

28. An LCSW working at a substance abuse treatment facility learns that the facility has been admitting clients who do not meet diagnostic criteria for substance use disorders — accepting them because their insurance authorizes treatment and the facility needs revenue. These clients are receiving unnecessary treatment. What should the LCSW do?

- A. Accept the facility's admission practices since clinical intake decisions are made by the admissions team rather than individual therapists
- B. Continue treating assigned clients without questioning the admission criteria since the LCSW's responsibility begins after admission
- C. Report the practice through appropriate channels, as admitting clients who do not meet diagnostic criteria for the sole purpose of collecting insurance revenue constitutes fraud that harms both the unnecessarily treated clients and the healthcare system
- D. Refuse to treat any clients admitted under these circumstances and demand the facility conduct proper diagnostic assessments before any client is assigned to the LCSW's caseload

29. An LCSW is providing family therapy when the 15-year-old client suddenly locks eyes with the LCSW and mouths the words "help me" while the parents are looking at their phones. The parents have been dominating the sessions and the teenager has been mostly silent. What should the LCSW do?

- A. Address the silent communication by asking the parents to put away their phones and creating space for the teenager to speak openly
- B. Find an appropriate moment to speak with the teenager privately — either through requesting individual time as part of the family therapy structure or scheduling a separate session — to understand what the teen is communicating and assess whether a safety concern exists
- C. Interpret the teenager's behavior as attention-seeking and redirect the family session to the identified treatment goals
- D. File a mandated child abuse report based on the teenager's nonverbal communication since the message "help me" constitutes a disclosure of abuse

30. An LCSW is providing teletherapy to a client. During a session, the LCSW hears what sounds like a child crying in distress in the background. The client appears to ignore the crying. After several minutes, the LCSW hears what sounds like a slapping noise followed by the child screaming and then silence. The client continues the session as if nothing happened. What should the LCSW do?

- A. Address the sounds directly with the client by expressing concern about what was heard, assess whether the child may be in danger, and recognize that what the LCSW directly observed during a professional encounter — sounds consistent with a child being struck — may constitute firsthand evidence creating reasonable suspicion of child abuse warranting a mandated report
- B. Ignore the background sounds since the LCSW cannot be certain about what occurred and speculating could damage the therapeutic relationship

- C. End the session immediately and call 911 to report a child in danger at the client's location
- D. Document the observations in the session notes and bring them up at the next session to explore what occurred

31. An LCSW is working with a client who has a history of severe childhood neglect. The client has been in therapy for two years and has developed a strong therapeutic attachment. The LCSW notices that the client has begun mirroring the LCSW's speech patterns, clothing style, and mannerisms. What should the LCSW understand about this behavior?

- A. The mirroring indicates the client has developed an unhealthy enmeshment with the LCSW that requires immediate confrontation and boundary-setting
- B. The mirroring is a form of flattery that the LCSW should accept graciously without clinical analysis
- C. The mirroring should be reported to a supervisor since it indicates the therapeutic relationship has become pathological
- D. The mirroring likely represents a developmental process related to the client's early neglect — in the absence of secure early attachments, the client may be using the therapeutic relationship to develop a coherent sense of self, and this should be understood within the context of attachment theory and addressed therapeutically rather than pathologized or ignored

32. An LCSW is treating a client who works at a veterinary clinic. The client describes a coworker who has been euthanizing animals without proper authorization and without the pet owners' knowledge or consent. The animals being euthanized are not terminally ill. What is the LCSW's legal obligation regarding this information?

- A. File a report with the California Veterinary Medical Board since the LCSW has knowledge of unauthorized veterinary procedures
- B. File a police report since unauthorized euthanasia of animals constitutes criminal animal cruelty
- C. The LCSW has no mandated reporting obligation for animal cruelty or unauthorized veterinary practices, as these do not fall within any exception to the psychotherapist-patient privilege — the LCSW should address the client's distress therapeutically and may encourage the client to report through appropriate channels
- D. Contact the pet owners whose animals were euthanized since they are identifiable victims who deserve to know what happened

33. An LCSW who provides school-based therapy learns that a colleague at the same school has been providing therapy to students while their license has been suspended by the BBS. The colleague is seeing 15 students and the families are unaware of the suspension. What should the LCSW do?

A. Mind the LCSW's own practice and avoid involvement in a colleague's licensing issues since this is between the colleague and the BBS

B. Report the unlicensed practice to the school administration and the BBS, as a licensed professional practicing on a suspended license is engaging in unlicensed practice that potentially harms 15 student clients and constitutes a matter of public safety

C. Speak with the colleague privately and allow them to resolve the situation before involving external authorities

D. Warn the families of the affected students directly so they can make informed decisions about their children's treatment

34. An LCSW is providing therapy to a client who mentions that her husband, who is not the LCSW's client, has been making comments about wanting to "blow up his office building." The wife describes him as stressed but says, "He would never actually do anything." The husband has legal access to explosives through his construction job. What is the LCSW's obligation?

A. Assess the information seriously given the specificity of the threat and the access to means, recognizing that under *Ewing v. Goldstein*, threat information communicated by a family member to the therapist can trigger the duty to protect — conduct a thorough analysis of the threat's credibility and take appropriate protective action if the threat is determined to be serious

B. No obligation exists since the husband is not the LCSW's client and the Tarasoff duty applies only to threats made by the therapist's own clients

C. Advise the wife to monitor her husband's behavior and report back at the next session before the LCSW takes any action

D. Contact the husband's employer to ensure the explosives are secured without notifying law enforcement to avoid overreacting

35. An LCSW is treating a client who reveals that she has been administering unprescribed sleeping pills to her toddler so the child will sleep through the night, allowing the mother to rest. She describes crushing over-the-counter sleeping pills into the child's juice. The child has not shown any adverse effects. What is the LCSW's obligation?

- A. Address the behavior as a parenting education issue and provide information about safe sleep practices for toddlers without filing a report since no harm has occurred
- B. Recommend the mother discuss the child's sleep difficulties with the pediatrician and document the recommendation in the session notes
- C. Encourage the mother to gradually reduce the sleeping pill dosage to wean the child off the medication safely
- D. File a mandated child abuse report immediately since administering unprescribed medication to a toddler — including crushing sleeping pills into the child's food — constitutes child endangerment regardless of whether adverse effects have been observed, as the practice creates a substantial risk of harm to a very young child

36. An LCSW provides therapy to a client who is a corrections officer at a women's prison. The client describes participating in strip searches that she acknowledges go beyond what policy requires — including unnecessary body cavity searches and prolonged visual inspections that she recognizes make the inmates uncomfortable. She describes this as "just thorough work." What should the LCSW consider?

- A. Accept the client's framing since strip search procedures are governed by correctional policy and fall outside the LCSW's clinical expertise
- B. File a police report since conducting unnecessary body cavity searches constitutes sexual assault
- C. Assess whether the described conduct — unnecessary body cavity searches and prolonged visual inspections of inmates — constitutes sexual abuse of dependent adults in custody, and if reasonable suspicion exists, consider a mandated dependent adult abuse report while addressing the behavior therapeutically
- D. Focus therapy on the client's work stress without addressing the search practices since the inmate population is outside the scope of the LCSW's clinical responsibility

37. An LCSW is treating a couple in therapy. During a heated argument in session, one partner threatens to post intimate photographs of the other partner online without consent. This is commonly known as "revenge porn." What should the LCSW consider?

- A. Address the threat as a significant clinical and legal issue, inform the threatening partner that nonconsensual distribution of intimate images is a criminal offense in California, explore the dynamics underlying the threat, and assess whether the threatened partner needs safety planning related to digital abuse — while maintaining the therapeutic stance

B. Ignore the threat since statements made during arguments are typically hyperbolic and should not be taken literally

C. End the session and report the threat to law enforcement since revenge porn threats constitute criminal harassment

D. Focus exclusively on de-escalating the argument without addressing the specific revenge porn threat since the primary therapeutic goal is reducing conflict

38. An LCSW is treating a 17-year-old client who reveals she has been working as a server at a restaurant where the manager requires all female servers to wear revealing outfits and has been making sexual comments about their bodies. The client is uncomfortable but says all the servers accept it. What should the LCSW consider?

A. Whether a manager making sexual comments about the bodies of minor employees and requiring them to wear revealing clothing constitutes sexual harassment or exploitation of minors in the workplace, potentially warranting a mandated child abuse report given the client's age and the power differential

B. Address the client's discomfort therapeutically and encourage her to set boundaries with the manager

C. Advise the client to find a different job since the work environment is clearly inappropriate

D. Contact the restaurant to report the manager's conduct to the corporate human resources department

39. An LCSW treats a client who describes using AI voice cloning technology to create audio recordings that sound exactly like their ex-spouse saying incriminating things. The client plans to present these fabricated recordings in family court as evidence of verbal abuse to gain full custody of their children, ages 5 and 9. What should the LCSW do?

A. Maintain confidentiality since the plan to fabricate evidence does not trigger any mandatory reporting exception

B. Encourage the client to consult an attorney before using the fabricated recordings since they may be inadmissible

C. Report the planned evidence fabrication to the family court since children's welfare depends on accurate judicial proceedings

D. Address the fabrication plan clinically — including its legal consequences, the ethical implications of deceiving a court in a custody matter, and the potential impact on the children — assess whether the deception reflects a broader pattern that raises child welfare concerns, and document the discussion

40. An LCSW is providing services at a residential treatment facility for adolescents. The LCSW discovers that the facility has been conducting therapy sessions in rooms equipped with hidden cameras and recording equipment. Neither the clients nor their families were informed of the recording. Staff state it is for "quality assurance." What should the LCSW do?

- A. Accept the explanation since quality assurance monitoring is a legitimate institutional function
- B. Verify whether the recording is authorized by the institution's administration and, if so, take no further action
- C. Report the undisclosed recording to appropriate authorities, as conducting therapy sessions under hidden surveillance without client or family knowledge violates informed consent requirements, client privacy rights, and potentially California's two-party consent recording laws — and advocate for immediate cessation of the practice
- D. Continue providing services but add a disclosure about potential recording to the informed consent forms going forward

41. An LCSW treats a client who is a teacher. The client reveals that a colleague at the school has been leaving the classroom frequently during instructional time, leaving 25 first-graders unsupervised for 15-20 minutes at a time. The client has reported this to the principal, who has taken no action. What should the LCSW consider?

- A. This is an employment dispute that should be resolved through the school's internal administrative processes
- B. Whether 6-year-old children being repeatedly left without adult supervision for extended periods in a school setting creates a risk of harm that may constitute child endangerment warranting a mandated child abuse report, particularly since internal reporting to the principal has been ineffective
- C. Encourage the client to document the incidents and pursue the concern through the teachers' union grievance process
- D. Report the principal to the school board for failing to address a safety concern

42. An LCSW is treating a client who is the mother of a child with a rare genetic disorder. The client reveals she has been part of an online parent support community where members share unproven and potentially dangerous "treatments" for the condition, including administering industrial chemicals as "detox protocols." The client has begun one of these protocols on her 5-year-old child. What is the LCSW's obligation?

- A. File a mandated child abuse report since administering industrial chemicals to a child as a purported medical treatment constitutes child endangerment regardless of the parent's belief in its efficacy
- B. Recommend the client consult with the child's physician before continuing the protocol and document the recommendation
- C. Address the client's desperation therapeutically and provide psychoeducation about evidence-based treatments for the genetic condition
- D. Maintain confidentiality and monitor the child's condition for any signs of adverse effects before considering a report

43. An LCSW is providing therapy to a client who is a social media influencer specializing in mental health content. The client frequently posts about therapy techniques, including specific exercises and interventions the LCSW has used in their sessions. The posts never identify the LCSW but describe the interventions in detail that could be harmful if followers attempt them without clinical guidance. What should the LCSW address?

- A. Nothing, since the client has the right to share information about their own therapy experience on their personal social media
- B. File a cease-and-desist order since the client is sharing proprietary therapeutic techniques without authorization
- C. Instruct the client to stop posting about therapy immediately as a condition of continuing treatment
- D. Discuss the potential harm that could result from followers attempting clinical interventions without professional guidance, address how the social media activity may affect the therapeutic relationship, and explore the dynamics of the client's need to publicly share therapeutic content — while respecting the client's right to share their own experience

44. An LCSW provides therapy to a client who reveals that her 16-year-old son has been recruited by a local gang and was recently involved in a robbery. The son is not the LCSW's client. The mother does not want to report the gang involvement because she fears retaliation against the family. No one was physically injured in the robbery. What is the LCSW's obligation?

- A. Report the gang activity to law enforcement since the LCSW has knowledge of criminal conduct involving a minor
- B. File a mandated child abuse report since a 16-year-old's gang involvement constitutes child endangerment

C. Assess whether the minor's gang recruitment and involvement in criminal activity — combined with the inherent dangers of gang membership for a 16-year-old — creates reasonable suspicion that the child is at risk of serious harm, potentially warranting a mandated report for child endangerment, while addressing the mother's fear of retaliation therapeutically

D. Maintain strict confidentiality and focus therapy on the mother's anxiety about her son's safety

45. An LCSW is providing therapy at a correctional facility. An inmate client reveals that a guard has been smuggling contraband drugs into the facility and distributing them to inmates, including the client. The client is currently using the smuggled drugs. What should the LCSW consider?

A. Report the guard to the warden immediately since contraband smuggling constitutes a criminal offense that endangers institutional security

B. Assess whether the guard's conduct — smuggling and distributing drugs to incarcerated individuals in the guard's custody — constitutes abuse or exploitation of dependent adults, as inmates are dependent persons and providing them with addictive substances exploits the power differential, while also addressing the client's substance use clinically

C. Focus therapy on the client's substance use without addressing the guard's conduct since the LCSW's clinical responsibility is limited to the therapeutic relationship

D. Document the client's statements and defer to the facility's internal investigation procedures

46. An LCSW is treating a client who works at a daycare center. The client mentions casually that the daycare has a policy of placing infants face-down for naps because "they sleep better that way." The client seems unconcerned. What should the LCSW consider?

A. Whether a daycare center systematically placing infants in a prone sleeping position — contrary to established safe sleep guidelines that identify this practice as a significant risk factor for sudden infant death syndrome — creates a safety risk to multiple infants that may warrant a mandated report for child endangerment

B. Provide the client with educational materials about safe infant sleep practices and trust that the client will share them with the daycare administration

C. Defer to the daycare's professional judgment about sleep positioning since childcare professionals are trained in infant care practices

D. Document the information and monitor for any reports of SIDS incidents at the daycare before taking action

47. An LCSW is treating a client who is a surgeon and reveals that he has been operating on patients while experiencing significant vision problems — blurriness and occasional double vision. He has not reported the vision changes to his hospital or sought ophthalmologic evaluation. He states, "I can still feel what I'm doing even when I can't see perfectly." What ethical analysis is required?

A. Maintain strict confidentiality since the surgeon's medical condition is a personal health matter protected by the therapeutic relationship

B. Advise the client to schedule an eye appointment and continue monitoring the situation therapeutically

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

D. Assess the severity and immediacy of the risk to surgical patients, recognizing that a surgeon performing operations with undiagnosed vision impairment creates a foreseeable risk of catastrophic harm to identifiable patients on the operating table — strongly encourage immediate self-reporting and an ophthalmologic evaluation, and carefully evaluate whether the magnitude of risk requires protective action

48. An LCSW has been treating a client for three years. The client announces she is writing a book about her therapy journey and wants the LCSW to write the foreword. The client states the book will include detailed descriptions of sessions, the LCSW's therapeutic techniques, and the client's diagnostic information. The LCSW is not identified by name. What should the LCSW do?

A. Write the foreword since the client has not identified the LCSW by name and the client has the right to share their own story

B. Write the foreword but insist on reviewing the manuscript first to ensure clinical accuracy and remove any potentially identifying information

C. Decline to write the foreword, as doing so would constitute a dual relationship (therapist and literary collaborator), could implicitly confirm the therapeutic relationship to anyone who identifies the author, and could compromise the LCSW's clinical objectivity — while exploring the request's meaning therapeutically

D. Agree to write the foreword only after formal termination of the therapeutic relationship

49. An LCSW working at a youth shelter provides services to a 17-year-old who reveals he has been selling fentanyl-laced pills to peers at his school. He describes the pills as "just pressed Xanax" but the LCSW knows fentanyl-laced counterfeit pills have caused multiple overdose deaths in the community. What should the LCSW consider?

A. Maintain strict confidentiality since drug distribution does not trigger any mandatory reporting exception under the psychotherapist-patient privilege

B. Assess whether a 17-year-old distributing fentanyl-laced pills to peers — in a community where such pills have caused overdose deaths — creates a foreseeable risk of serious harm to identifiable persons (classmates at a specific school) that may require protective analysis, while also considering whether the minor's own involvement in drug distribution constitutes a child endangerment concern

C. Report the client to law enforcement immediately since distributing fentanyl constitutes a felony offense posing an imminent public safety risk

D. Focus therapy on harm reduction strategies and educate the client about the dangers of fentanyl contamination

50. An LCSW is treating a couple. One partner reveals during a session that they have been adding unprescribed medication to the other partner's food to "calm them down." The medicated partner did not know this was occurring. The medication being administered is a prescription benzodiazepine that the administering partner obtained from a friend. What is the LCSW's obligation?

A. Address the covert drugging as a serious clinical and potentially criminal matter — administering medication to an unknowing person constitutes a form of intimate partner violence that may also constitute poisoning — ensure the safety of the drugged partner, and assess whether the conduct warrants a report to law enforcement or other protective action

B. Process the disclosure within the couples therapy framework by exploring why one partner felt the need to secretly medicate the other

C. Maintain confidentiality and address the behavior therapeutically since medication administration between partners is a private relationship matter

D. Advise the administering partner to stop the behavior and monitor whether they comply before considering any external action

51. An LCSW is providing therapy to a client who is a science teacher at a middle school. The client mentions that a 13-year-old student has been showing visible signs of self-harm — cuts on the forearms — that the client has noticed but not reported. The client states, "I figured the school counselor would handle it." The LCSW's client is a mandated reporter. What is the LCSW's obligation?

A. Maintain confidentiality and address the client's avoidance of reporting obligations therapeutically

B. Encourage the client to fulfill their mandated reporting obligation and document the recommendation

C. Report the client to the school administration for failing to fulfill mandated reporting duties

D. Recognize that the LCSW has now received information in a professional capacity about a minor who is self-harming, creating the LCSW's own independent obligation to assess the situation — while self-harm by a minor does not automatically constitute abuse under CANRA, the LCSW should also inform the client of the consequences of failure to report as a mandated reporter and encourage immediate reporting

52. An LCSW is treating a client who describes her 4-year-old child's behavior at a new preschool. The child has begun exhibiting sexualized behavior — attempting to touch other children's genitals, using sexual language inappropriate for the age, and acting out sexual scenarios during play. The behaviors began after starting at the new preschool two weeks ago. What should the LCSW consider?

A. Dismiss the behavior as age-appropriate curiosity that the preschool environment may have triggered through increased social exposure

B. Recommend the mother enroll the child in a social skills program to address the inappropriate touching behavior

C. Assess whether the sudden onset of age-inappropriate sexualized behaviors coinciding with a new caregiving environment creates reasonable suspicion that the child may have been exposed to sexual abuse or exploitation at the preschool, warranting a mandated child abuse report

D. Advise the mother to speak with the preschool director about the child's behavior before considering any reporting

53. An LCSW is providing therapy to an elderly client who lives with her adult son. The client has been gradually losing weight and appears increasingly malnourished. When asked about meals, the client states, "My son is in charge of the food. He says I eat too much so he's put me on a diet." The client is frail and significantly underweight. What is the LCSW's obligation?

A. Recommend the client speak with her physician about the weight loss at the next medical appointment

B. File a mandated elder abuse report since an adult child restricting food intake of a frail, underweight elderly parent to the point of visible malnourishment constitutes neglect or abuse of a dependent elderly person

C. Provide the client with nutritional information and suggest she supplement her diet with snacks between meals

D. Contact the son to discuss the dietary plan and determine whether the food restriction is medically indicated

54. An LCSW is providing therapy to a client who works as a school bus driver and reveals she has been texting while driving the bus, including during routes when children are on board. She does not see this as a problem. What should the LCSW consider?

A. Whether a school bus driver who regularly texts while transporting children creates a foreseeable risk of serious harm to an identifiable group of children, warranting assessment of whether the Tarasoff duty or other protective obligation applies — while strongly encouraging the client to stop the behavior and report it to her employer

B. Address the texting as a safety concern therapeutically and recommend the client stop the behavior

C. Report the client to her employer since texting while driving a school bus violates commercial driving regulations

D. Maintain confidentiality since distracted driving, while dangerous, does not trigger any mandatory exception to the psychotherapist-patient privilege

55. An LCSW working at a hospital is providing therapy to a patient who is a minor and requires a life-saving blood transfusion. The parents refuse the transfusion on religious grounds. The 16-year-old patient, however, tells the LCSW privately that she wants the transfusion and is afraid of dying. What is the LCSW's obligation?

A. Support the parents' decision since they hold legal authority over medical decisions for their minor child

B. Advocate for the patient's stated wishes but ultimately defer to the parents' religious convictions

C. Contact the patient's school counselor for additional support and guidance

D. Advocate for the minor patient's expressed wish to receive life-saving treatment, communicate the patient's wishes to the medical team, and support the medical team in seeking an emergency court order to administer the transfusion if necessary — recognizing that California courts have consistently held that the state's interest in preserving a minor's life overrides parental religious objections

56. An LCSW is treating a client who is a veterinarian. The client reveals she has been performing unnecessary surgical procedures on animals to generate revenue. The procedures involve significant pain and recovery for the animals. She shows no remorse. What is the LCSW's legal obligation?

- A. Report the veterinarian to the California Veterinary Medical Board since the LCSW has knowledge of professional misconduct
- B. File a report with animal control since the unnecessary procedures constitute animal cruelty
- C. The LCSW has no mandated reporting obligation for animal cruelty or veterinary misconduct, as neither falls within any exception to the psychotherapist-patient privilege — the LCSW should address the behavior clinically including the lack of empathy and the ethical implications
- D. Contact the ASPCA to report the veterinary practice for investigation

57. An LCSW is providing therapy to a client who is undergoing IVF treatment. The client is experiencing severe emotional distress from the hormonal treatments and repeated failed cycles. The client's IVF physician has asked the LCSW to provide a letter stating the client is "emotionally stable enough to continue IVF." The LCSW's honest assessment is that the client's current emotional state is fragile. What should the LCSW do?

- A. Provide an honest clinical assessment that accurately reflects the client's current emotional state, discuss the letter's content with the client before sending it, and support the client in making informed decisions about continuing IVF — recognizing that honest documentation serves the client's long-term interests even when it may delay a desired procedure
- B. Write a favorable letter since the decision to continue IVF should be between the client and her physician, and the LCSW should not be a barrier to reproductive choices
- C. Refuse to write any letter since providing clinical information to a fertility physician constitutes a forensic function incompatible with the therapeutic role
- D. Write the letter stating the client is emotionally stable while documenting the LCSW's actual concerns in the therapy chart

58. An LCSW receives an email from a client between sessions that contains a detailed suicide note. The email was sent at 3:00 AM and the LCSW discovers it at 8:00 AM. The LCSW does not know the client's current status. What should the LCSW do?

- A. Wait until the next scheduled session to address the content of the email since responding to between-session communications could reinforce attention-seeking behavior
- B. Immediately attempt to contact the client by phone, and if the client cannot be reached, initiate emergency procedures including contacting emergency services at the client's location, the client's emergency contacts, and any other individuals identified in the safety plan — treating the suicide note with the same urgency as if it were disclosed in person

C. Respond to the email asking the client to clarify whether the note reflects current intent or was written during a temporary emotional crisis that has since passed

D. Forward the email to the client's psychiatrist and allow the medical provider to determine the appropriate level of response

59. An LCSW is treating a client who mentions that her elderly mother-in-law, who lives in the client's home, has been giving her prescription pain medications to the client's 8-year-old child "for headaches." The grandmother insists this is a traditional remedy from her home country. What is the LCSW's obligation?

A. Respect the grandmother's cultural practices regarding traditional medicine and address the client's concerns about it therapeutically

B. Recommend the client discuss the medication use with the child's pediatrician and document the recommendation

C. Encourage the client to have a family conversation with the grandmother about appropriate medication for children

D. File a mandated child abuse report since an adult administering prescription pain medication to an 8-year-old without medical authorization creates a substantial risk of harm to the child regardless of cultural intent

60. An LCSW is treating a client who is a real estate agent. The client reveals that she has been knowingly selling homes with undisclosed structural defects that make the homes unsafe. She has sold approximately 12 homes in this condition over the past year. Families with children are currently living in structurally compromised homes. What should the LCSW consider?

A. Maintain confidentiality since real estate fraud does not trigger any mandatory reporting exception for therapists

B. Report the client to the California Bureau of Real Estate for professional misconduct

C. Contact the homeowners to warn them about the structural defects since they are identifiable victims

D. Whether families — including children — living in homes with known structural defects that make the homes unsafe may be at foreseeable risk of physical harm, and whether this knowledge creates an obligation that extends beyond standard confidentiality analysis, particularly regarding the children residing in the compromised structures

61. An LCSW is treating a client who works as a nanny for a wealthy family. The client describes the family's 3-year-old child as "out of control" and reveals that she has been using a technique she calls "quiet time" — locking the child in a dark closet for up to 30 minutes when the child misbehaves. She learned this technique from a parenting blog. What is the LCSW's obligation?

A. File a mandated child abuse report since confining a 3-year-old in a dark closet constitutes child abuse regardless of the caretaker's intent, and inform the client that this practice is dangerous and abusive

B. Provide the client with alternative behavioral management techniques and recommend she discuss discipline approaches with the family

C. Contact the family that employs the nanny to inform them about the discipline technique being used on their child

D. Address the practice as a parenting skills issue and recommend the client attend a childcare training program

62. An LCSW is providing therapy to a client who has been diagnosed with a rare condition that requires specialized treatment the LCSW is not trained to provide. However, the client has formed a strong therapeutic attachment and refuses to transfer to a specialist, stating, "You're the only therapist I trust." What should the LCSW do?

A. Continue treatment since the therapeutic alliance is the most important predictor of treatment outcomes and should not be disrupted

B. Honor the client's attachment while honestly discussing the limitations of the LCSW's expertise, explore options such as concurrent treatment with a specialist while maintaining the therapeutic relationship, or seek consultation and training to develop competence in the specialized area if feasible

C. Terminate the therapeutic relationship and transfer the client to a specialist since continuing to treat beyond one's competence is never acceptable

D. Continue treatment but reduce the session frequency to make room for the client to eventually accept a specialist referral

63. An LCSW is providing therapy to a client who is the executor of a deceased relative's estate. The client discovers that the deceased relative had been operating a human trafficking ring and that victims may still be in captivity. The relative died before the operation was shut down. What should the LCSW consider?

- A. Maintain confidentiality since the information relates to a deceased person's criminal activity and the client is not a perpetrator
- B. Encourage the client to report to law enforcement and process the distress therapeutically
- C. File a mandated child abuse report since human trafficking victims may include minors
- D. Recognize that if trafficking victims — potentially including minors — may still be in captivity, the information suggests persons are in immediate danger, and the LCSW should assess whether this creates an obligation to take protective action including encouraging or potentially making a report to law enforcement, while providing therapeutic support

64. An LCSW treats a client whose 7-year-old has been exhibiting fire-setting behavior — the child has set three small fires in the home over the past month. The parents have addressed the behavior by removing lighters and matches but the child found other ignition sources. No one has been injured. What should the LCSW consider?

- A. This is a normal childhood behavior that should be addressed through behavioral parent training without external intervention
- B. Refer the child for a fire safety education program through the local fire department
- C. Assess whether the escalating fire-setting behavior in a 7-year-old — particularly the persistence despite parental intervention — creates a safety risk to the child and other household members that may constitute child endangerment warranting a mandated report, while also considering referral for specialized assessment of the fire-setting behavior
- D. Document the behavior and monitor for further escalation before considering any reporting or intervention

65. An LCSW provides therapy at a community mental health center that has recently partnered with a technology company to use AI-driven chatbots for "therapeutic check-ins" between sessions. The chatbot collects client data that is stored on the tech company's servers. Clients are told the chatbot provides "therapeutic support." What ethical concerns should the LCSW raise?

- A. Whether the chatbot interactions constitute therapy requiring licensed oversight, whether clients have been adequately informed about data collection and storage practices, whether the tech company has a proper business associate agreement, whether the chatbot's advice could be harmful without clinical supervision, and whether describing AI interactions as "therapeutic support" is misleading to clients
- B. No concerns since AI chatbot technology is an innovative tool that enhances the therapeutic process and improves client outcomes

C. The only concern is whether the chatbot has been programmed with evidence-based therapeutic responses

D. The concern is limited to whether the chatbot technology meets HIPAA encryption requirements

66. An LCSW is treating a client who is a commercial fisherman. The client reveals he has been dumping toxic waste from his boat into the ocean near a popular swimming beach. He states this saves him the cost of proper disposal. Families and children swim at this beach daily. What should the LCSW consider?

A. Maintain strict confidentiality since environmental crimes do not trigger any mandatory reporting exception

B. Whether the deliberate dumping of toxic waste near a beach where families and children swim daily creates a foreseeable risk of serious physical harm to identifiable persons — recognizing that while environmental crimes are not standard therapy reporting triggers, the direct endangerment of specific people at a specific location may warrant analysis beyond routine confidentiality parameters

C. Report the dumping to the Environmental Protection Agency since the LCSW has knowledge of an environmental crime

D. Contact the local beach authority to post warnings about potential water contamination

67. An LCSW is treating a client with autism spectrum disorder who communicates primarily through a text-to-speech device. The device occasionally malfunctions, causing the client to become extremely frustrated and unable to communicate during sessions. The LCSW has noticed that the client sometimes appears to be trying to communicate something important during malfunctions but cannot. What should the LCSW do?

A. Continue sessions only when the device is fully functional and cancel sessions whenever it malfunctions

B. Rely on the LCSW's interpretations of the client's nonverbal communication when the device malfunctions since experienced clinicians can read body language effectively

C. Inform the client's support team that the device needs to be replaced before therapy can continue

D. Develop backup communication strategies with the client in advance — such as a picture board, written communication, or simplified gesture system — that can be used when the device malfunctions, ensuring the client always has a way to communicate needs and concerns during therapy

68. An LCSW is providing therapy to a client who is a registered nurse working night shifts at a hospital. The client reveals she has been bringing her 4-year-old and 6-year-old children to the hospital and leaving them sleeping in her car in the parking garage during her 12-hour overnight shifts because she cannot afford childcare. What is the LCSW's obligation?

A. Provide the client with information about low-cost childcare resources and address the financial stress therapeutically

B. Encourage the client to speak with her supervisor about adjusting her schedule to accommodate childcare needs

C. File a mandated child abuse report since leaving young children unsupervised in a car for 12-hour periods overnight constitutes child neglect and endangerment, regardless of the parent's financial constraints — while also connecting the client with emergency childcare resources

D. Document the disclosure and monitor the situation to determine whether the children are actually at risk

69. An LCSW provides therapy to a teenage client who mentions that her friend's older brother (age 22) has been hosting parties where he provides alcohol to groups of 14- and 15-year-old girls and then "picks one to go to his room with." The client has not attended these parties. What is the LCSW's obligation?

A. Maintain confidentiality since the information is about a third party and the LCSW's client is not directly involved

B. File a mandated child abuse report since the described pattern — an adult providing alcohol to minors and selecting individual minors for sexual encounters — constitutes child sexual exploitation that the LCSW has learned about in a professional capacity, regardless of whether the LCSW's own client has been victimized

C. Encourage the client to tell her parents about the parties so they can report to law enforcement

D. Address the client's safety planning and help her develop strategies for avoiding the parties without filing any report

70. An LCSW is treating a client who is a professional dog walker. The client mentions that one of her clients' homes has a strong chemical smell, and she has noticed lab equipment in the garage that she recognizes from a documentary about methamphetamine manufacturing. She walks the family's dog three times a week, and the family has a 2-year-old child. What should the LCSW consider?

- A. Encourage the client to report her observations to law enforcement and address her anxiety about the situation therapeutically
- B. Assess whether the information — chemical odors and suspected drug manufacturing equipment in a home with a 2-year-old — creates reasonable suspicion that a child is being endangered by exposure to a drug manufacturing environment, warranting a mandated child abuse report
- C. Maintain confidentiality since the information is secondhand from a client about a third party's home
- D. Advise the client to stop walking the dog at that home to avoid personal exposure to dangerous chemicals

71. An LCSW is treating a client who works at a nursing home. The client describes a coworker who has been posting photos and videos of cognitively impaired residents on social media in humiliating situations — during toileting, in states of undress, and during confused episodes. The residents cannot consent to being photographed. What is the LCSW's obligation?

- A. Encourage the client to report the conduct to the nursing home administrator
- B. Advise the client to report the social media content to the platform for removal
- C. File a mandated elder abuse report since the photographing and public humiliation of cognitively impaired elderly residents constitutes emotional abuse and exploitation of dependent adults that the LCSW has learned about in a professional capacity
- D. Document the information and address the client's distress about the workplace environment

72. An LCSW is providing therapy to a client who is a foster parent caring for a 3-year-old with reactive attachment disorder. The client reveals that a "therapist" recommended the family practice a technique involving withholding food and affection until the child demonstrates compliant behavior. The client has been implementing this for two weeks. The child has lost weight. What is the LCSW's obligation?

- A. Validate the foster parent's efforts to follow professional recommendations and suggest modifications to make the technique less restrictive
- B. Contact the recommending "therapist" to discuss the clinical appropriateness of the intervention before taking any action
- C. File a mandated child abuse report since withholding food and affection from a 3-year-old foster child, resulting in weight loss, constitutes physical and emotional abuse regardless of the therapeutic rationale — and also report the "therapist" whose recommendation led to the harmful practice

D. Address the harmful technique educationally and recommend evidence-based attachment interventions without filing a report since the foster parent was following professional advice

73. An LCSW treats a client who reveals she recently discovered a hidden camera in the bathroom of her AirBnB rental. She found recordings of herself and her teenage daughter that include nude images. The AirBnB host has recordings of a minor in private spaces. What is the LCSW's obligation?

A. File a mandated child abuse report since an adult has created recordings of a nude minor without consent, which constitutes sexual exploitation of a child — and encourage the client to also report to law enforcement for both the adult and minor victimization

B. Encourage the client to report the hidden camera to AirBnB's customer service and the local police

C. Maintain confidentiality and address the client's distress about the privacy violation therapeutically

D. Contact the AirBnB host directly and demand the recordings be destroyed

74. An LCSW is providing therapy to a client who works at an animal testing laboratory. The client describes conditions that sound like severe animal suffering — animals in obvious pain, inadequate anesthesia during procedures, and staff who appear indifferent to the animals' distress. The client is deeply troubled. What is the LCSW's legal obligation?

A. Report the laboratory to the USDA's Animal and Plant Health Inspection Service since the conditions described violate the Animal Welfare Act

B. The LCSW has no mandated reporting obligation for animal cruelty or laboratory conditions, as these fall outside the exceptions to the psychotherapist-patient privilege — the LCSW should address the client's moral distress therapeutically and support the client in exploring reporting options through appropriate regulatory channels

C. File a police report for animal cruelty since the described conditions constitute criminal animal abuse

D. Contact the laboratory's institutional review board to report the welfare concerns anonymously

75. An LCSW has provided therapy to a client for five years. The client has made extraordinary progress, resolving major trauma, building stable relationships, and achieving career goals. In the final session, the client says, "I could never have done this without you. You saved my life." How should the LCSW respond?

- A. Deflect the compliment by attributing all progress to the client's own effort to avoid the appearance of taking credit for the client's achievements
- B. Accept the praise without discussion since the client deserves to express their gratitude at the end of a long therapeutic relationship
- C. Acknowledge the client's gratitude warmly, honor the significance of the therapeutic relationship while also recognizing the client's own courage, effort, and resilience as the true drivers of change — and use the final moments to reinforce the client's internalized capacity for continued growth beyond therapy
- D. Redirect the conversation to a review of relapse prevention strategies since the final session should focus on clinical maintenance rather than emotional processing

Practice Exam 21: Answer Key and Explanations

1. D — Disaster mental health services operate under modified professional standards — not the absence of professional standards. Psychological first aid principles guide the encounter: provide stabilization, emotional support, and practical assistance while adapting informed consent to the emergency context. The LCSW retains professional obligations including basic confidentiality and competence, but the delivery framework adjusts to the crisis setting.
2. B — When an LCSW recommends a clinical tool to clients, an implicit responsibility exists to vet the tool for basic privacy and security compliance. Discovering that the recommended app sells mental health data to advertisers creates an obligation to notify affected clients so they can take protective action. The LCSW should discontinue recommending the app and review all future tool recommendations for data privacy practices before endorsing them.
3. C — The client's acknowledged gender bias in custody recommendations has affected approximately 40 families — a significant pattern of harm. The LCSW should address the bias as both a clinical issue (exploring its origins) and a professional ethics issue (discussing the harm to families), while strongly encouraging the client to disclose the pattern to her supervisor. The LCSW should also consider whether children may be at ongoing risk from continued biased decision-making.
4. A — California law does not specify a rigid maximum number of supervisees per LCSW supervisor. However, the BBS requires that supervisors provide adequate supervision to each supervisee, and professional standards dictate that the supervisor should only accept as many supervisees as can be competently overseen. The quality of supervision — not a fixed number — is the governing standard.

5. B — The client deserves honest information about the limits of confidentiality in court-ordered therapy. While psychotherapist-patient privilege generally protects therapy records, exceptions exist, and in juvenile court proceedings the privilege may be limited depending on the circumstances. The LCSW should explain this honestly while encouraging the client to discuss specific legal strategy questions with the public defender.

6. D — The mandated reporting obligation is triggered when there is reasonable suspicion that children may currently be at risk. A deceased perpetrator with no identified access to living children eliminates the prospective protective purpose of a report. However, the LCSW should assess whether other children might have been victimized or whether the perpetrator had associates who continue to pose a risk. The analysis requires assessment, not a reflexive report or reflexive dismissal.

7. A — An LCSW may include a clinical impression of personality pathology in a forensic report if it is supported by specific documented behavioral observations, clearly identified as a clinical impression rather than a formal diagnosis, relevant to the court's parenting capacity questions, and transparent about the limitation that no formal personality assessment was conducted. Forensic integrity requires both honesty and appropriate caveats about the basis for clinical impressions.

8. C — Technology limitations that compromise the quality of clinical care — frequent disconnections, garbled audio, frozen video — may result in treatment that falls below the standard of care. The LCSW must assess the clinical impact, explore all alternatives including phone sessions, document the challenges, and ensure the client receives adequate treatment. Simply continuing compromised sessions without assessment or reflexively terminating both fail the client.

9. B — Simultaneous family emergencies require the LCSW to end the session supportively while ensuring neither partner leaves in a state that compromises their safety — particularly their ability to drive. A brief safety assessment, a prompt follow-up plan, and availability for check-in calls demonstrate appropriate clinical management of an extraordinary session disruption.

10. D — Attending a client's funeral is a boundary crossing — not automatically a violation — that requires thoughtful clinical analysis. The LCSW should consider the meaning of the request for the dying client, how the attendance would affect the family, and the LCSW's own needs. For some terminally ill clients, knowing the therapist will attend provides meaningful comfort during the dying process. The decision should be clinically informed rather than categorically applied.

11. A — Pharmaceutical company-sponsored luxury trips create conflicts of interest that can unconsciously influence clinical recommendations. The heavily leisure-oriented nature of the trip —

four hours of CE embedded in three days of resort activities — suggests the primary purpose is influence rather than education. Accepting gifts of significant value from entities that have a financial interest in clinical recommendations violates professional independence.

12. C — A young child experiencing nosebleeds and headaches in a home with suspected lead paint raises a potential environmental health hazard with serious developmental implications. Lead poisoning can cause irreversible neurological damage in children. The LCSW should assess whether the parents' failure to address the known hazard constitutes neglect and whether a mandated report is warranted, while also encouraging the aunt to pursue the concern through public health channels.

13. B — Storing a client's prescription medications at the therapy office creates liability exposure, falls outside the clinical scope of practice, and introduces a physical dimension to the therapeutic relationship that could complicate boundaries. The LCSW should decline while exploring the underlying need — which may reflect anxiety about medication access, gender-affirming care continuity, or transition-related fears — and help develop an appropriate plan.

14. D — When a colleague communicates a credible threat against the LCSW's own client, the duty to protect is activated regardless of the source of the threat information. The LCSW should take immediate action to warn the client and contact law enforcement. The Tarasoff duty focuses on protecting the identifiable victim — not on whether the threat was communicated directly by the therapist's own client.

15. A — Consensual sexting between same-age 14-year-old peers, without adult involvement or coercion, does not constitute child sexual abuse under CANRA. While the creation of sexually explicit images of minors raises legal concerns for the minors themselves, the LCSW's mandated reporting obligation focuses on abuse and exploitation. The LCSW should address the clinical and safety implications with the parent while recognizing the reporting threshold is not met.

16. B — A caregiver increasing a dying patient's medication beyond prescribed doses — even compassionately motivated — constitutes unauthorized administration of controlled substances to a dependent adult. The LCSW should consider whether this meets the threshold for dependent adult abuse reporting while also recognizing the end-of-life context. The most appropriate immediate action may be coordination with the hospice medical team to address pain management through proper channels.

17. C — A racist comment in group therapy is a group process event that requires direct therapeutic intervention. The LCSW should name the racist nature of the statement, attend to the targeted member's experience, hold the speaker accountable within a therapeutic framework, and use the incident to examine group dynamics around race and respect. Ignoring the comment, removing the targeted member, or ending the session all fail to address the moment therapeutically.

18. D — A contractor who deliberately installs defective electrical wiring in occupied homes creates fire hazards for identifiable families. The LCSW should assess whether families and children living in structurally dangerous homes face a foreseeable risk of serious harm that may extend the ethical analysis beyond standard confidentiality. Construction fraud alone doesn't trigger reporting, but the physical danger to occupants — particularly children — adds a dimension that warrants careful consideration.

19. A — One partner weaponizing clinical terminology to pathologize and dominate the other creates a power imbalance that undermines the therapeutic process. The LCSW must address this directly — setting boundaries about diagnostic labeling within sessions, creating equitable communication space, and exploring the relational dynamics underlying the use of professional expertise as a tool of control.

20. B — California law does not impose a mandatory duty on therapists to disclose a client's HIV status to third parties, including blood product collection facilities. The LCSW should maintain confidentiality while strongly encouraging the client to disclose his status to the plasma center, addressing the ethical and public health implications clinically. Blood product facilities have their own screening protocols as a secondary safety measure.

21. C — Detailed drawings of shooting specific, named classmates represent a potential threat that requires systematic assessment. The LCSW should conduct a thorough threat assessment, notify school administration and parents, evaluate the specificity and escalating nature of the content, develop a safety plan, and consider whether reporting obligations are triggered by the identified threats toward named children.

22. D — A CPS investigator prematurely closing 40 cases means approximately 40 groups of at-risk children were denied adequate safety assessment. The LCSW has received information suggesting children may be in danger due to inadequate protection. This creates a complex situation where the LCSW must assess whether the information triggers a mandated reporting obligation while also addressing the burnout driving the behavior and encouraging the client to self-report.

23. A — OCD accommodation requests should be addressed within the treatment framework rather than categorically accommodated or refused. The LCSW should explain how accommodation reinforces the disorder, collaboratively develop a graduated approach to reducing rituals as part of evidence-based ERP treatment, and balance the client's immediate distress with the long-term treatment goal of reducing compulsive behaviors.

24. B — Facilitating a restorative justice circle involving the LCSW's own therapy client creates a dual role where confidential information from individual therapy could influence the group facilitation. The

LCSW's prior knowledge of the client's inner world, vulnerabilities, and therapeutic disclosures could bias the restorative process and compromise both the fairness of the proceeding and the therapeutic relationship.

25. C — The LCSW cannot discuss the client's treatment with the mother absent the client's authorization. The mother's concerns about lithium during pregnancy, while understandable, should be directed to the medical team managing the pregnancy. The LCSW's role is to support the client's informed decision-making process in collaboration with the prescribing psychiatrist and obstetrician — not to take sides in a family disagreement about medical treatment.

26. A — Sharing therapy progress notes with non-clinical school personnel — teachers, administrators, counselors — violates student confidentiality and potentially FERPA protections for therapy records. The LCSW should object to the policy and advocate for a distinction between therapy records and general educational records. Compliance with a policy that violates student rights requires advocacy rather than silent acquiescence.

27. D — Escalating ideation about committing mass violence — described as increasingly difficult to resist — represents a credible evolving threat even without a specific named target. The traditional Tarasoff framework requires an identifiable victim, but evolving professional ethics and public safety considerations may support protective action when a credible mass violence threat exists. The LCSW should conduct a thorough threat assessment and consult immediately.

28. C — Admitting clients who do not meet diagnostic criteria solely to collect insurance revenue constitutes healthcare fraud that harms the unnecessarily treated clients and the system. The LCSW should report through appropriate channels — compliance, administration, or regulatory agencies. Participating silently in fraudulent admissions makes the LCSW complicit regardless of whether the LCSW personally made the admission decisions.

29. B — A teenager silently mouthing "help me" to the LCSW while parents are distracted is a significant nonverbal communication that demands follow-up. The LCSW should find an appropriate way to create private time with the teenager — either by structuring individual time within the family session or scheduling a separate session — to understand what the teen is communicating and assess whether a safety concern exists.

30. A — During a teletherapy session, the LCSW directly heard sounds consistent with a child being struck — crying, a slapping sound, screaming, then silence. This is firsthand observation during a professional encounter, creating reasonable suspicion of child abuse sufficient for a mandated report.

The LCSW should address the sounds directly with the client and assess the child's safety while recognizing that what was heard constitutes evidence.

31. D — Mirroring the therapist's speech, clothing, and mannerisms in a client with severe childhood neglect likely represents a developmental process. Without secure early attachments to model identity formation, the client may be using the therapeutic relationship to develop a coherent sense of self. This should be understood within attachment theory and addressed therapeutically — not pathologized, ignored, or reflexively confronted.

32. C — Mental health professionals are not mandated reporters for animal cruelty or unauthorized veterinary practices under California law. Neither falls within any exception to the psychotherapist-patient privilege. The LCSW should address the client's distress therapeutically and may encourage the client to report through appropriate channels such as animal control or the California Veterinary Medical Board.

33. B — A colleague practicing on a suspended license constitutes unlicensed practice that endangers 15 student clients. The LCSW should report to both school administration and the BBS. Practicing without a valid license is a serious public safety matter — the families are receiving services from someone who has been specifically determined by the regulatory board to require license suspension.

34. A — Under *Ewing v. Goldstein*, threat information communicated by a family member triggers the Tarasoff analysis. The wife's report that her husband wants to "blow up his office building" — combined with his documented access to explosives through construction work — requires serious assessment. The specificity of the threat and the available means elevate this beyond casual venting. The LCSW should analyze the threat's credibility and take protective action if warranted.

35. D — Administering crushed, unprescribed sleeping pills to a toddler's juice constitutes child endangerment requiring an immediate mandated report. Over-the-counter sleep medications are not tested or approved for toddlers, and the dosing, drug interactions, and potential for respiratory depression create a substantial risk of serious harm. The absence of observed adverse effects does not mitigate the ongoing risk.

36. C — Unnecessary body cavity searches and prolonged visual inspections of inmates — acknowledged by the client as exceeding policy requirements — may constitute sexual abuse of dependent adults in custody. Inmates are dependent persons whose bodily autonomy is constrained by their incarceration. The LCSW should assess whether reasonable suspicion of dependent adult abuse exists and consider a mandated report.

37. A — A revenge porn threat during couples therapy must be addressed as both a clinical and legal matter. The LCSW should inform the threatening partner that nonconsensual distribution of intimate images is a crime in California (Penal Code Section 647(j)(4)), explore the dynamics underlying the threat, and assess whether the threatened partner needs safety planning for digital abuse. Ignoring the threat or focusing only on de-escalation misses the legal dimension.

38. A — An adult manager making sexual comments about minors' bodies, requiring revealing clothing, and maintaining a pattern of sexualized behavior with minor employees constitutes potential sexual exploitation given the power differential and the employees' ages. The LCSW should assess whether this creates reasonable suspicion of child sexual exploitation warranting a mandated report.

39. D — Fabricating court evidence using AI voice cloning to influence a custody determination affects children's welfare. The LCSW should address the plan clinically — including its legal consequences and impact on the children — assess whether the deception reflects a broader pattern raising child welfare concerns, and document the discussion. While evidence fabrication alone may not trigger mandatory reporting, the custody context involving children adds an important dimension.

40. C — Hidden surveillance cameras recording therapy sessions without client or family knowledge constitutes a severe violation of informed consent, privacy rights, and potentially California's two-party consent recording laws. The LCSW should report to appropriate authorities and advocate for immediate cessation. "Quality assurance" does not authorize undisclosed recording of confidential therapy sessions with minors.

41. B — Twenty-five first-graders (approximately 6 years old) repeatedly left unsupervised for 15-20 minutes creates a genuine safety risk. When internal reporting to the principal has failed, the LCSW should assess whether the ongoing endangerment warrants a mandated child abuse report. Very young children left without supervision face risks of injury, wandering, and other hazards that institutional indifference does not mitigate.

42. A — Administering industrial chemicals to a 5-year-old child as a purported medical treatment — regardless of the parent's belief in its efficacy or the online community promoting the practice — constitutes child endangerment requiring an immediate mandated report. Industrial chemicals are toxic substances not approved for human consumption. The parent's desperation is understandable and should be addressed therapeutically, but the child's safety cannot wait.

43. D — The client's social media posts describing specific therapeutic interventions could harm followers who attempt clinical techniques without professional guidance. The LCSW should discuss the

potential for harm, address how the posting behavior may affect the therapeutic relationship, and explore the dynamics driving the need to publicly share therapeutic content — while respecting the client's right to share their own experience.

44. C — A 16-year-old's gang recruitment and involvement in armed robbery — combined with the inherent dangers of gang membership for a minor — may create reasonable suspicion that the child is at risk of serious harm warranting a mandated report. The LCSW should assess the situation carefully, recognizing that the mother's fear of retaliation is legitimate and should be addressed therapeutically alongside the child safety analysis.

45. B — A correctional guard smuggling and distributing addictive drugs to inmates in custody constitutes exploitation of the power differential between staff and incarcerated persons. Inmates are dependent individuals whose access to substances is controlled by the institution. The guard's conduct — providing addictive substances to dependent adults — should be assessed as potential dependent adult abuse while the client's substance use is addressed clinically.

46. A — A daycare center systematically placing infants in a prone sleeping position directly contradicts established safe sleep guidelines identifying this practice as a significant SIDS risk factor. Multiple infants are affected by the institutional policy. The LCSW should assess whether this systemic practice creates reasonable suspicion of child endangerment warranting a mandated report, as the risk applies to every infant in the facility's care.

47. D — A surgeon operating with undiagnosed and unreported vision impairment — blurriness and double vision — creates a foreseeable risk of catastrophic harm to patients on the operating table. The LCSW should assess the severity and immediacy, strongly encourage self-reporting and immediate ophthalmologic evaluation, and carefully evaluate whether the magnitude of surgical risk requires protective action beyond therapeutic intervention alone.

48. C — Writing a foreword to a client's therapy memoir creates a dual relationship (therapist and literary collaborator), could confirm the therapeutic relationship to readers who identify the author, and compromises clinical objectivity. The LCSW should decline while exploring the request's therapeutic meaning. The client's book project is their right — the LCSW's participation in it is the boundary concern.

49. B — A 17-year-old distributing fentanyl-laced pills at a school — where such pills have caused overdose deaths in the community — creates a foreseeable risk of serious harm to identifiable persons (classmates at a specific school). The LCSW should assess whether this information creates obligations

beyond standard confidentiality, while also considering whether the minor's own involvement in dangerous drug distribution constitutes a child safety concern.

50. A — Covertly administering prescription benzodiazepines to an unknowing person's food constitutes drugging/poisoning and a form of intimate partner violence. The drugged partner did not consent to the medication. The LCSW should address this as a serious clinical and potentially criminal matter, ensure the safety of the unknowing partner, and assess whether the conduct warrants law enforcement involvement or other protective action.

51. D — The LCSW has received information about a self-harming minor and about a mandated reporter's failure to report. The LCSW's own obligation requires assessing the situation independently — while self-harm by a minor doesn't automatically trigger CANRA, the LCSW should evaluate the full picture. Additionally, the LCSW should inform the teacher-client about the legal consequences of failure to report and strongly encourage immediate reporting.

52. C — Sudden onset of age-inappropriate sexualized behaviors — attempting genital touching, sexual language, acting out sexual scenarios — coinciding with a new caregiving environment is a recognized pattern suggesting possible sexual abuse exposure. The temporal correlation between starting at the new preschool and the behavior onset creates reasonable suspicion warranting a mandated child abuse report.

53. B — An adult child controlling and restricting food intake of a frail, visibly underweight elderly parent constitutes abuse or neglect of a dependent elder. The client's statement that the son "is in charge of the food" and has "put her on a diet" — resulting in visible malnourishment in a frail elderly person — creates clear reasonable suspicion of elder abuse requiring a mandated report.

54. A — A school bus driver who regularly texts while transporting children creates a foreseeable risk of serious harm to an identifiable group. The LCSW should assess whether this pattern triggers a protective obligation while strongly encouraging the client to stop the behavior. The combination of distracted driving and responsibility for children elevates this beyond a standard confidentiality analysis.

55. D — California courts have consistently held that the state's interest in preserving a minor's life overrides parental religious objections to life-saving treatment. The LCSW should advocate for the patient's expressed wish to receive the transfusion, communicate the patient's wishes to the medical team, and support pursuit of an emergency court order. The 16-year-old's own stated desire to live strengthens the case for judicial intervention.

56. C — Mental health professionals are not mandated reporters for animal cruelty or veterinary misconduct under California law. Neither falls within any exception to the psychotherapist-patient privilege. The LCSW should address the behavior and its implications — including the disturbing lack of empathy — clinically while recognizing the legal boundary of the reporting obligation.

57. A — The LCSW should provide an honest assessment that accurately reflects the client's current emotional fragility rather than a favorable letter that misrepresents the clinical picture. Honest documentation serves the client's long-term interests — if the IVF physician adjusts the treatment timeline based on accurate emotional assessment, this protects the client from proceeding during a period of heightened vulnerability.

58. B — A suicide note discovered at 8:00 AM that was sent at 3:00 AM demands immediate emergency response — not waiting for the next session, emailing a clarifying question, or deferring to another provider. The LCSW should immediately attempt phone contact and, if unsuccessful, initiate emergency procedures including contacting emergency services, emergency contacts, and safety plan contacts. Every minute matters.

59. D — An adult giving prescription pain medication to an 8-year-old without medical authorization creates a substantial risk of harm regardless of cultural intent. Prescription opioids can cause respiratory depression, overdose, and death in children at doses appropriate for adults. The LCSW must file a mandated child abuse report. Cultural practices involving prescribed controlled substances administered to children require the same reporting assessment as any other endangerment.

60. D — Families and children living in homes with known undisclosed structural defects face foreseeable physical harm — collapse, fire hazards, or other structural failures. While real estate fraud alone doesn't trigger mandatory reporting, the presence of children in unsafe structures adds a child welfare dimension. The LCSW should assess whether the information about children in structurally compromised homes creates an obligation extending beyond standard confidentiality.

61. A — Locking a 3-year-old in a dark closet for up to 30 minutes constitutes child abuse regardless of the caretaker's stated intent or the source of the "technique." Very young children confined in dark spaces are at risk of physical injury, psychological trauma, and extreme distress. The LCSW must file a mandated report immediately. A parenting blog recommendation does not legitimize an abusive practice.

62. B — When a client refuses referral to a needed specialist, the LCSW should honor the attachment while being transparent about competence limitations. Creative solutions include concurrent treatment

with a specialist while maintaining the therapeutic relationship, or the LCSW obtaining consultation and training. The client's trust is valuable — the goal is to expand the treatment team without destroying the attachment that supports the client's engagement.

63. D — If human trafficking victims — potentially including minors — may still be in captivity, lives may be in immediate danger. While the information pathway is complex (deceased perpetrator's estate discovered by the client), the potential for ongoing captivity of trafficking victims creates a situation where the LCSW should assess whether protective action is warranted and support the client in reporting to law enforcement.

64. C — Escalating fire-setting behavior in a 7-year-old that persists despite parental intervention creates a safety risk to the child and household members. The LCSW should assess whether the behavior constitutes child endangerment warranting a mandated report while also recommending specialized assessment. Persistent fire-setting in young children is a recognized high-risk behavior requiring professional evaluation beyond standard parenting intervention.

65. A — AI chatbot "therapeutic check-ins" raise multiple concerns: whether the interactions constitute unlicensed therapy, data collection transparency, BAA compliance, potential harm from unsupervised AI advice, and whether calling AI interactions "therapeutic support" is misleading. The LCSW should raise all of these concerns with agency leadership. Technology innovation does not exempt the agency from professional ethics standards.

66. B — Deliberate dumping of toxic waste near a beach where families and children swim daily creates a direct, foreseeable risk of physical harm to identifiable people at a specific location. While environmental crimes are not standard therapy reporting triggers, the direct endangerment of specific people — particularly children — warrants analysis beyond routine confidentiality. The LCSW should carefully assess whether protective action is warranted.

67. D — Developing backup communication strategies in advance ensures the client always has a way to communicate needs and concerns. This proactive approach — picture boards, written communication, simplified gestures — respects the client's communication needs and prevents the frustration and clinical risk of having no communication pathway during device malfunctions. Accessibility planning is a fundamental accommodation obligation.

68. C — Leaving a 4-year-old and 6-year-old unsupervised in a car for 12 hours overnight constitutes child neglect and endangerment. Young children in a parking garage face risks including temperature extremes, stranger danger, and emergency inability to self-rescue. The LCSW must file a mandated

report while simultaneously connecting the client with emergency childcare resources. Financial constraints explain but do not excuse child endangerment.

69. B — An adult providing alcohol to groups of 14- and 15-year-old girls and selecting individual minors for sexual encounters constitutes a clear pattern of child sexual exploitation. The LCSW received this information in a professional capacity, triggering a mandated reporting obligation regardless of whether the LCSW's own client was directly involved. The systematic pattern suggests multiple victims requiring investigation.

70. B — Chemical odors and suspected methamphetamine manufacturing equipment in a home with a 2-year-old create reasonable suspicion of child endangerment. Drug manufacturing environments expose children to toxic chemicals, explosion risk, and associated criminal activity. The LCSW received this information in a professional capacity and should assess whether a mandated child abuse report is warranted based on the child's exposure to a suspected drug manufacturing environment.

71. C — Photographing and publicly humiliating cognitively impaired elderly residents who cannot consent — during toileting, in undress, and during confusion — constitutes emotional abuse and exploitation of dependent adults. The LCSW received this information in a professional capacity, triggering a mandated elder abuse report. The residents' cognitive impairment makes them unable to protect themselves or even know about the exploitation.

72. C — Withholding food and affection from a 3-year-old foster child — resulting in documented weight loss — constitutes physical and emotional abuse regardless of the "therapeutic" justification. The LCSW must file a mandated child abuse report. The "therapist" whose recommendation led to the harmful practice should also be reported to their licensing board, as recommending food withholding for a toddler with attachment difficulties violates every evidence-based guideline for attachment disorder treatment.

73. A — Hidden camera recordings of a nude minor in private spaces constitute child sexual exploitation — the creation of sexually explicit material depicting an identifiable child without consent. The LCSW must file a mandated child abuse report. The recordings of the adult client are also criminal but fall under separate law enforcement jurisdiction. The child exploitation dimension is the LCSW's mandated reporting trigger.

74. B — Mental health professionals are not mandated reporters for animal cruelty or laboratory animal welfare conditions under California law. These matters fall outside the exceptions to the psychotherapist-patient privilege. The LCSW should address the client's moral distress therapeutically

and support the client in exploring reporting options through appropriate regulatory channels such as the USDA's APHIS.

75. C — The final session of a five-year therapeutic relationship deserves a response that honors both the relationship and the client's growth. The LCSW should acknowledge the gratitude warmly, recognize the significance of the therapeutic bond, AND affirm the client's own courage, effort, and resilience as the true agents of change. This response reinforces the client's internalized capacity for continued growth — the ultimate goal of therapy — while honoring the genuine connection that made the work possible.