

PRACTICE EXAM 23: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. Under California Business and Professions Code Section 4996.9, what is the required minimum frequency for individual face-to-face supervision of an ASW accumulating supervised experience hours?

- A. Biweekly individual supervision for every 20 hours of client contact with a minimum of one hour per session
- B. At least one hour of individual direct supervisor contact per week for each week in which experience is gained toward licensure
- C. Two hours of individual supervision per month regardless of the number of client contact hours accumulated
- D. At least one hour of individual supervision for every 10 hours of direct client contact with no minimum weekly requirement

2. An LCSW is treating a client recently diagnosed with Huntington's disease — a progressive fatal neurodegenerative condition with a genetic component. The client has a 19-year-old daughter who has a 50% chance of carrying the gene. The client refuses to inform the daughter. What should the LCSW understand?

- A. The LCSW is legally required to inform the daughter since genetic conditions with life-threatening implications trigger mandatory disclosure to at-risk family members
- B. The LCSW should contact the client's neurologist and have the physician make the genetic disclosure since medical professionals have greater authority to override patient confidentiality
- C. While no mandatory reporting exception compels disclosure, the LCSW faces an ethical tension between confidentiality and the daughter's interest in knowing her genetic risk — the LCSW should encourage disclosure therapeutically while recognizing that California law does not mandate therapist disclosure of genetic risk to family members
- D. The daughter's age eliminates the ethical tension since she is a legal adult capable of obtaining her own genetic testing independently

3. An LCSW who completed licensure five years ago has practiced exclusively with adult anxiety disorders. The LCSW is now asked to conduct a child custody evaluation by a family court. What specific competence concerns should the LCSW identify?

A. Custody evaluations require specialized forensic training, child development knowledge, familiarity with custody evaluation instruments, understanding of family systems in divorce, and the ability to address the court's specific legal questions — none of which are guaranteed by a general LCSW license or experience with adult anxiety

B. The LCSW's adult anxiety expertise is transferable since anxiety assessment skills apply across populations and forensic settings

C. The only concern is whether the LCSW has completed specific continuing education hours on custody evaluation required by the BBS

D. The LCSW should accept since the court selected the LCSW based on their professional license which authorizes all forms of clinical practice

4. An LCSW is treating a client with paranoid personality disorder who demands the LCSW sign an agreement guaranteeing that session content will never be disclosed under any circumstances. The client states this is a condition of continuing therapy. What should the LCSW do?

A. Sign the agreement to preserve the therapeutic relationship since the alliance is essential for treatment of paranoid personality disorder

B. Sign a modified agreement that excludes legally mandated exceptions to satisfy the client's need for control

C. Refuse to treat the client since the demand demonstrates the client is not suitable for outpatient therapy

D. Decline to sign the agreement while acknowledging the client's need for safety, explain the legal limits of confidentiality that cannot be contracted away, and address the demand as clinically meaningful material related to the paranoid presentation

5. An LCSW is treating a 16-year-old who self-referred under California's minor consent provisions for outpatient mental health treatment. The teen is being treated for depression and discloses daily marijuana use. The teen does not want parents informed about either the therapy or the substance use. What should the LCSW understand?

- A. The minor consent provisions give the adolescent absolute confidentiality over all disclosures regardless of content or risk level
- B. The minor's right to consent to treatment includes a right to confidentiality, but the LCSW may involve parents if the therapist determines the minor's condition poses a serious risk to the minor's health — daily marijuana use in a depressed teenager should be assessed within that clinical framework
- C. Minor consent provisions apply only to the mental health treatment and do not protect disclosures about substance use which must be reported to parents
- D. The LCSW must inform the parents about the marijuana use since substance use by a minor constitutes a mandated reporting obligation

6. An LCSW in a small town is the only licensed therapist within 50 miles. The LCSW's child's teacher requests therapy for severe depression. What ethical analysis applies?

- A. The LCSW must decline since treating a child's teacher constitutes a dual relationship that is always prohibited
- B. The LCSW should accept without analysis since the community's need for services overrides dual relationship concerns
- C. The LCSW should assess whether the dual relationship can be managed — considering the small community context, the teacher's urgent clinical need, the lack of alternatives, and the nature of the overlap — while exploring alternatives such as teletherapy referrals before concluding that accepting is the most ethical option
- D. The LCSW should accept but recuse from all school-related activities involving the teacher to maintain strict separation

7. An LCSW provides therapy to a client who is a physician under investigation by the Medical Board. The Medical Board subpoenas therapy records. The client does not waive privilege. Under California law, which entity can ultimately compel disclosure over the client's objection?

- A. Only a court can order disclosure of privileged psychotherapy records over the client's objection — neither the Medical Board, law enforcement, nor any administrative agency can independently override the privilege without a specific judicial order
- B. The Medical Board has independent authority to compel disclosure during an active investigation since licensing boards are exempt from privilege restrictions

C. Law enforcement can compel disclosure with a search warrant since warrants override all privilege protections

D. The subpoena itself is sufficient since the Medical Board is a governmental agency with investigatory authority

8. An LCSW is treating a client involved in a civil lawsuit. The client's attorney requests the LCSW review the opposing party's medical records and provide an opinion about the opposing party's mental health. The LCSW has never evaluated the opposing party. What should the LCSW do?

A. Review the records and provide an opinion since the attorney is entitled to expert consultation on the case

B. Review the records but limit the opinion to document observations rather than diagnostic conclusions about the individual

C. Review the records and provide a diagnosis based on the documented symptoms since the records constitute sufficient clinical data

D. Decline to provide a clinical opinion about an individual the LCSW has never evaluated, as offering diagnostic conclusions about a person based solely on record review without direct assessment violates ethical standards and could harm the unevaluated individual

9. Under California law, what is the minimum waiting period before a therapist may engage in a sexual relationship with a former client?

A. One year from termination after which the former therapeutic relationship no longer creates an ethical barrier

B. No waiting period exists — once the therapeutic relationship is formally terminated the former client is a private citizen

C. Two years from termination, and even after that period the relationship is never permitted if the therapist exploited the transference or the client's emotional dependency

D. Five years from termination with mandatory notification to the BBS before initiating the relationship

10. An LCSW is providing therapy to an undocumented client terrified that seeking services will lead to deportation. The client asks the LCSW to guarantee that therapy records will never be shared with immigration authorities. What can the LCSW accurately communicate?

- A. The LCSW can guarantee absolute protection since therapy records are never accessible to federal agencies
- B. The LCSW should explain that psychotherapy records are protected by privilege and not routinely shared with immigration authorities, that California's sanctuary laws limit state-federal immigration enforcement cooperation, and that the LCSW will assert all applicable protections — while honestly acknowledging that no absolute guarantee can be made against a specific federal court order
- C. The LCSW should refuse to make any assurances since promising confidentiality to undocumented clients creates liability
- D. The LCSW must inform the client that federal law requires therapists to report undocumented status to immigration authorities

11. An LCSW discovers that a widely used clinical assessment tool they have administered for years has recently been shown by research to have significant cultural bias against the populations the LCSW primarily serves. What is the LCSW's obligation?

- A. Discontinue using the biased instrument, review recent clinical decisions that relied on its results to assess whether clients may have been harmed, research culturally appropriate alternatives, and update practice to incorporate instruments validated for the populations served
- B. Continue using it since it remains widely accepted and no regulatory body has officially withdrawn it
- C. Add a disclaimer noting the potential cultural bias and allow clients to decide whether they want to proceed
- D. Continue using it but adjust the scores based on the LCSW's clinical judgment about how the bias affects individual clients

12. An LCSW is treating a client who reveals her 17-year-old son has been creating and distributing "deepfake" pornographic images using the faces of female classmates superimposed on explicit content. The classmates are minors. What should the LCSW consider?

- A. This is a parenting issue to be addressed within family therapy without external reporting since no actual sexual contact occurred
- B. Advise the mother to confiscate the son's devices and seek a technology addiction specialist
- C. Maintain confidentiality and process the mother's distress therapeutically

D. Assess whether the creation and distribution of sexually explicit images using minors' likenesses constitutes sexual exploitation of the depicted minors warranting a mandated child abuse report, as the images victimize the identifiable classmates regardless of whether actual photographs were used

13. An LCSW working in a hospital is asked to participate in a multidisciplinary treatment team meeting where confidential patient information will be discussed. The client has not specifically consented to sharing with the full treatment team. What should the LCSW understand?

- A. The LCSW cannot participate without the client's explicit written consent for each specific provider
- B. The LCSW can share any information since hospital therapists operate under different confidentiality standards
- C. HIPAA's treatment payment and healthcare operations provisions generally permit sharing among providers within a covered entity, but the LCSW should share only the minimum necessary information and be mindful that psychotherapy notes receive heightened protection
- D. The team meeting constitutes a group therapy session where standard confidentiality protections are waived

14. An LCSW treats a client who reveals through DNA ancestry testing that they have a previously unknown half-sibling. The LCSW realizes the half-sibling is also the LCSW's client. What should the LCSW do?

- A. Inform both clients about the biological connection since both have a right to know
- B. Recognize that the LCSW now holds sensitive information about two clients creating a conflict — manage the situation without disclosing either client's identity to the other, seek consultation about whether one or both should be transferred, and assess whether the LCSW can maintain objectivity and confidentiality for both
- C. Continue treating both without disclosure since the connection is not relevant to either presenting problem
- D. Terminate both clients immediately and provide referrals to separate therapists

15. Under California's Welfare and Institutions Code Section 5150, which professionals are authorized to initiate a 72-hour involuntary psychiatric hold?

- A. Designated peace officers, designated mobile crisis team members, and other professionals specifically designated by the county — not all licensed mental health professionals have automatic 5150 authority; the county must specifically grant the designation
- B. Any licensed mental health professional including LCSWs, LMFTs, and LPCCs by virtue of their clinical license
- C. Only psychiatrists and psychologists have authority to initiate involuntary psychiatric holds under California law
- D. Any healthcare professional including nurses, physicians, and social workers can initiate a 5150 hold

16. An LCSW is providing therapy to a couple where one partner is a prominent public figure. A tabloid reporter contacts the LCSW and asks the LCSW to confirm whether the individual is a client. The reporter claims to have "independent confirmation." What should the LCSW do?

- A. Confirm the therapeutic relationship but decline to discuss clinical details since confirmation alone is not a breach
- B. Provide a "no comment" response since this signals the relationship exists without explicit confirmation
- C. Refer the reporter to the public figure's publicist to handle media inquiries
- D. Decline to confirm or deny whether any specific individual is or has ever been a client, as even confirming the existence of a therapeutic relationship constitutes a breach of confidentiality regardless of the client's public profile

17. An LCSW treats a client who mentions that a mutual acquaintance told the client that the LCSW's spouse is "having problems." The client asks, "Is everything okay at home?" How should the LCSW respond?

- A. Share a brief update about the spouse to maintain authenticity and strengthen the alliance through self-disclosure
- B. Thank the client for their concern and provide a detailed explanation to prevent the client from worrying
- C. Acknowledge the concern briefly without disclosing personal information, redirect to the therapeutic relationship, and explore whether the question reflects concern about the therapy's stability or continuity
- D. Tell the client the LCSW's personal life is not their business and set a firm boundary against future personal questions

18. An LCSW has been providing therapy to a client for three years. The client sends a friend request on the LCSW's personal social media account, which contains personal photographs, family information, and political opinions. What should the LCSW do?

- A. Accept the request since declining could damage the alliance and the client has a right to access publicly available information
- B. Decline the friend request, address it in the next session as clinical material, explore what the client was seeking, and reinforce appropriate boundaries including the LCSW's policy on social media connections with clients
- C. Ignore the request without ever discussing it since bringing it up would embarrass the client
- D. Accept the request but restrict the client's access to personal posts using privacy settings

19. An LCSW working in a forensic setting is asked to evaluate a defendant's competency to stand trial. The defendant's attorney requests to be present during the evaluation. What should the LCSW know?

- A. The defendant's right to attorney presence during a forensic evaluation depends on jurisdiction and circumstances — in California the evaluator generally has discretion to determine whether the attorney's presence would interfere with the assessment, and the LCSW should consult with the court if the issue is disputed
- B. The attorney has an absolute right to be present during all forensic evaluations under the Sixth Amendment
- C. The attorney must never be present during competency evaluations since their presence compromises assessment objectivity
- D. The attorney may be present only during the initial explanation but must leave before clinical assessment begins

20. An LCSW who provides clinical supervision learns that a supervisee has begun a romantic relationship with an active client. The supervisee states the relationship is "mutual" and "the client initiated it." What is the supervisor's obligation?

- A. Accept the supervisee's characterization since the client initiated and therefore bears responsibility
- B. Advise the supervisee to terminate the therapeutic relationship before continuing the romance to resolve the dual relationship

C. Document the disclosure and continue monitoring for signs of harm

D. Require the supervisee to immediately terminate the romantic relationship or the therapeutic relationship, provide education about California's legal prohibition on sexual contact with current clients, report to the BBS if required, and ensure the affected client receives appropriate alternative services

21. An LCSW treats a client with treatment-resistant depression who asks about a clinical trial for psilocybin-assisted therapy at a nearby research institution. What ethical considerations govern the LCSW's response?

A. Discourage participation since psilocybin is Schedule I and endorsing its use constitutes professional misconduct

B. Refer directly to the institution since treatment-resistant depression warrants aggressive intervention

C. Provide balanced accurate information about the current state of psilocybin research, support the client in making an informed decision about trial participation, and continue providing therapy as a complement to any research involvement

D. Contact the research institution to obtain details about the protocol before discussing it with the client

22. An LCSW is providing group therapy for adults with substance use disorders. An attorney member begins providing legal advice to other members about their DUI cases and custody disputes during sessions. What should the LCSW address?

A. Allow the attorney to continue since it represents a natural form of peer support

B. Distinguish between sharing personal experience (appropriate) and providing professional legal advice (inappropriate in the group context), and explore whether the advice-giving serves a therapeutic function or represents avoidance of the attorney's own clinical work

C. Prohibit all discussion of legal matters since they fall outside the scope of substance abuse treatment

D. Refer all members who received legal advice to seek independent counsel and document the liability concern

23. An LCSW is working with a client who has significant cognitive limitations. The client can understand simple explanations but cannot comprehend complex legal concepts like confidentiality exceptions. What does informed consent require?

- A. Adapt the process to the client's cognitive capacity using simple language, visual aids, repeated explanations, and comprehension checks — and if the client cannot consent even with accommodations, involve a legally authorized representative while still involving the client to the maximum extent of their ability
- B. Obtain consent from next of kin since cognitive limitations automatically transfer decision-making authority to family
- C. Proceed without informed consent since meaningful consent from a cognitively limited individual is impossible
- D. Use the standard form and have the client sign since the legal requirement is satisfied by the signature regardless of comprehension

24. An LCSW treats a client with borderline personality disorder who engages in repetitive self-harm. The client shows fresh cuts and states they did not follow the safety plan because "it doesn't work." What is the MOST therapeutically appropriate response?

- A. Terminate therapy since failure to follow the safety plan demonstrates lack of treatment compliance
- B. Re-establish the same safety plan with a stronger commitment statement
- C. Express disappointment and emphasize the consequences of continued self-harm
- D. Collaboratively reassess the safety plan, explore what barriers prevented the client from using it, validate the client's experience that the plan was ineffective, and develop a modified plan addressing identified barriers — a safety plan that doesn't work needs revision not reimposition

25. An LCSW treats a client receiving services from a case manager, psychiatrist, and vocational counselor at different agencies. The client signed releases for all providers. What ongoing obligation does the LCSW have regarding these releases?

- A. Once signed releases remain in effect indefinitely and need not be revisited
- B. Verify the releases annually since California law requires yearly renewal
- C. Periodically reassess whether the releases remain appropriate, ensure the client understands what information is being shared, confirm the client still wants the communication to continue, and revoke releases that no longer serve the client's interests
- D. The releases are governed by HIPAA's one-year expiration rule and must be renewed every 12 months

26. An LCSW is treating a transgender client who has legally changed their name. The LCSW's electronic health record still displays the client's former legal name because the system administrator has not updated it. What is the LCSW's obligation?

A. Accept the system limitation since EHR updates require legal documentation processing beyond the LCSW's control

B. Take active steps to have the EHR updated, ensure all documentation uses the correct name, and address agency barriers preventing the system from reflecting the client's current legal identity — persistent deadnaming can be harmful and may violate California's Gender Recognition Act

C. Add a note indicating the preferred name while continuing to use the former legal name in the system

D. Use the correct name in session but continue using the former name in documentation since records must match original intake paperwork

27. An LCSW who has practiced for 20 years notices a gradual decline in clinical outcomes — clients improving less, dropping out more, and reporting lower satisfaction. The LCSW's approach has not changed in decades. What does professional ethics require?

A. Engage in honest self-assessment, seek consultation, pursue updated training in evidence-based practices, consider whether the unchanged approach reflects professional stagnation, and take concrete steps to improve effectiveness — the ethical obligation to provide competent care requires ongoing development throughout one's career

B. Accept declining outcomes as a natural consequence of career longevity since all practitioners experience diminishing effectiveness

C. Attribute the decline to more difficult client populations and external factors rather than examining the LCSW's approach

D. Retire from practice since declining outcomes indicate the end of effective clinical capacity

28. An LCSW is treating a client experiencing a psychotic episode during session — responding to internal stimuli, expressing paranoid delusions, becoming increasingly agitated. The client drove to the session. What must the LCSW address beyond the immediate psychiatric crisis?

A. Only the immediate psychiatric crisis since the psychotic symptoms are the sole priority

B. Only whether the client needs hospitalization since the 5150 determination is the primary legal obligation

C. Only the therapeutic management of symptoms since the LCSW's role is limited to the clinical presentation

D. Whether the client's psychotic state renders them unsafe to drive — allowing a psychotic client to drive poses a foreseeable risk to the client and public, and the LCSW must address safe transportation, assess for involuntary hospitalization, and ensure the client does not drive while acutely impaired

29. An LCSW is treating a couple who are co-parents. One parent reveals secretly recording the other parent's phone conversations without consent to gather custody evidence. Under California law, what should the LCSW address?

A. Support the recording strategy since protecting children in custody disputes justifies extraordinary measures

B. Recommend sharing the recordings with their attorney to determine admissibility

C. Inform the recording parent that California is a two-party consent state, meaning recording someone's phone conversations without knowledge or consent is criminal under Penal Code Section 632, and address the legal and relational implications within therapy

D. Maintain neutrality and avoid commenting on legality since legal advice falls outside the LCSW's scope

30. An LCSW receives a voicemail from a client stating, "I just wanted to let you know I won't be coming tomorrow. I'm fine — I've found another way to handle things." The message sounds calm but has an unusual finality. The client has a history of suicidal ideation. What should the LCSW do?

A. Accept the cancellation and schedule a follow-up for the following week

B. Recognize the potential warning signs — unusual finality, vague "another way to handle things," combined with suicidal history — and attempt to contact the client immediately, escalating to emergency procedures if unreachable

C. Wait until the missed appointment time and then call if the client has not appeared

D. Document the voicemail and address the cancellation at the next scheduled session

31. An LCSW treats a client with schizophrenia stable on clozapine who announces they are discontinuing the medication because of weight gain concerns. Previous psychotic episodes included command hallucinations to harm family members. What urgency does this create?

- A. Abrupt clozapine discontinuation creates both a clinical emergency and a potential safety concern — requiring immediate coordination with the prescribing psychiatrist, intensive risk assessment, and Tarasoff analysis if violence risk toward family members resurfaces as psychosis returns
- B. Respect the autonomous decision since medication refusal is a protected right regardless of consequences
- C. Focus on body image concerns since the weight worry is the underlying issue driving the decision
- D. Schedule a medication management appointment and continue standard weekly therapy without additional intervention

32. An LCSW at a college counseling center is treating a student with severe exam anxiety who requests therapy notes documenting the disorder for academic accommodations. The LCSW's assessment indicates the anxiety, while genuine, is mild. What should the LCSW do?

- A. Provide documentation as requested since any anxiety diagnosis qualifies for accommodations
- B. Provide documentation with exaggerated findings since the LCSW's role is to advocate for student wellbeing
- C. Refuse to provide any documentation since mild anxiety does not qualify for academic accommodations
- D. Provide honest accurate documentation reflecting the actual mild severity level and allow disability services to determine appropriate accommodations based on accurate clinical information rather than overstated impairment

33. An LCSW treats a client with antisocial personality disorder on probation for assault. The probation officer calls requesting a verbal update. The client signed a release authorizing communication. What should the LCSW communicate?

- A. Provide a comprehensive verbal update including all session content since the release authorizes full disclosure
- B. Refuse all verbal communication since all exchanges with probation should be in writing only
- C. Provide information limited to treatment compliance — attendance, participation, and progress toward court-ordered goals — without disclosing specific session content, applying the minimum necessary standard even with a signed release
- D. Provide a complete diagnostic update including the ASPD diagnosis, specific behavioral concerns, and the LCSW's risk assessment

34. An LCSW conducts an intake with a new client who states the previous LCSW had a sexual relationship with them during treatment. The client is emotionally devastated. What are the LCSW's obligations?

- A. File a BBS complaint against the previous LCSW since the current LCSW has direct knowledge of a violation
- B. Provide the client with information about their right to file a BBS complaint, inform the client about potential legal remedies, offer therapy for the exploitation-related harm, and document the disclosure — recognizing that the decision to file a complaint belongs to the client
- C. Contact the previous LCSW directly to demand they self-report to the BBS
- D. Report the previous LCSW to law enforcement since sexual contact between therapist and client is a criminal offense

35. An LCSW treats a client who discloses childhood sexual abuse by a priest 25 years ago. The perpetrator is still actively working with children at a parish. What is the LCSW's mandated reporting obligation?

- A. File a mandated report since the identified perpetrator currently has access to children and CANRA has no statute of limitations — the ongoing contact with minors creates a present-day child safety concern regardless of when the original abuse occurred
- B. No report is required since the abuse occurred 25 years ago and the statute of limitations has expired
- C. The reporting obligation applies only if the client provides corroborating evidence beyond their own testimony
- D. Report only to the diocese since the Catholic Church has internal processes for addressing clergy abuse

36. An LCSW treats a client with severe PTSD making progress in prolonged exposure therapy. The client has reached the most difficult phase and asks to pause processing and return to supportive therapy because the distress is "too much." What should the LCSW do?

- A. Continue the exposure as planned since stopping during the most intense phase could reinforce avoidance
- B. Pause immediately and return to supportive therapy indefinitely since the client's distress must be honored

C. Terminate and refer to a trauma specialist who may continue more effectively

D. Acknowledge the distress, validate the difficulty, assess whether distress is within the expected therapeutic range or represents deterioration, discuss consequences of pausing versus continuing, and collaboratively determine the appropriate pace

37. An LCSW receives a subpoena for records where the LCSW treated both members of a couple — first conjointly, then one partner individually. The individual records contain information damaging to the former partner. What complex privilege issue does this create?

A. Couples therapy records may involve a joint privilege that both partners share, meaning neither can unilaterally waive privilege for the conjoint records — while individual therapy records are solely privileged by the individual client, requiring the LCSW to carefully delineate which records fall under which privilege

B. The subpoena compels production of all records since it is a legally binding document overriding privilege

C. The LCSW should produce all records and allow the court to sort out the privilege issues

D. The LCSW should destroy the couples therapy records to prevent them from being used against either partner

38. An LCSW working in a prison provides therapy to an inmate who reveals a specific escape plan including date, method, and an outside accomplice. What is the LCSW's obligation?

A. Report the escape plan to facility administration, as the specific details suggest a credible plan and prison breaks create foreseeable safety risks to staff, inmates, and the public — correctional therapy operates within a modified confidentiality framework where institutional safety obligations apply

B. Maintain strict confidentiality since the plan does not constitute a threat to a specific identifiable individual as required by Tarasoff

C. Address the escape plan therapeutically by exploring motivations without reporting to administration

D. Report the plan to the inmate's attorney rather than facility administration to protect the therapeutic relationship

39. An LCSW treats a client who was denied a promotion and believes it was racial discrimination. The client asks the LCSW to write a letter to the employer stating the denial caused psychological harm and that the employer's actions were discriminatory. What should the LCSW do?

- A. Write the letter since advocating for social justice is a core social work value
- B. Offer to document the client's psychological symptoms and their temporal relationship to the promotion denial without making legal conclusions about whether discrimination occurred — the LCSW can document clinical harm but determining discrimination is a legal determination
- C. Decline to write any letter since involvement in an employment dispute is a boundary violation
- D. Write the letter stating the actions were discriminatory since the client's report is the only evidence needed

40. An LCSW treats a client for six months. The client requests copies of session notes. Upon review, the LCSW realizes documentation has been inconsistent — some sessions detailed, others minimal or absent. What does this situation reveal?

- A. Inconsistent documentation is common and does not raise ethical concerns since therapists vary in documentation style
- B. The inconsistency is only concerning if the LCSW is audited by an insurance company
- C. The undocumented sessions create a billing issue but not a clinical or ethical concern
- D. The inconsistent documentation is both a clinical and ethical concern — incomplete records may compromise continuity of care, create liability if subpoenaed, suggest the LCSW is not meeting documentation standards, and potentially constitute a violation of the duty to maintain accurate and timely records

41. An LCSW treats a nurse who has been prescribed a controlled substance for a legitimate condition. The medication causes cognitive impairment affecting patient care. The client's physician has not been informed about the cognitive effects. What should the LCSW do?

- A. Maintain strict confidentiality since the client's medical treatment and side effects are private health matters
- B. Report the client to the Board of Registered Nursing for practicing while impaired
- C. Strongly encourage the client to discuss side effects with the prescriber, address the impairment as both a clinical and occupational issue, and assess whether the foreseeable risk to patients may create a safety obligation extending beyond standard therapeutic confidentiality
- D. Document the disclosure and monitor for further reports of workplace impairment before taking action

42. An LCSW treats a client who discloses that she and her partner are considering an unregulated international surrogacy arrangement. The arrangement involves a surrogate in a developing country paid a fraction of domestic rates. The client asks the LCSW's opinion. What should the LCSW consider?

A. Explore the ethical dimensions — including exploitation concerns in international surrogacy with significant power and wealth differentials, coercion questions regarding the surrogate's consent, and the client's motivations — while supporting autonomous decision-making without imposing personal moral judgment

B. Support the decision without discussion since reproductive choices are personal matters outside therapeutic analysis

C. Strongly advise against the arrangement since the LCSW must promote social justice

D. Decline to discuss since surrogacy involves legal and medical decisions outside the LCSW's scope

43. An LCSW at a VA hospital treats a veteran who reveals that during combat he committed acts constituting war crimes — describing the killing of unarmed civilians. He has never reported these acts and is experiencing severe moral injury. What is the LCSW's obligation?

A. Report the war crimes to the military's criminal investigation division

B. Maintain therapeutic confidentiality while treating the moral injury, recognizing that war crimes disclosed in therapy do not fall within any mandatory exception to the psychotherapist-patient privilege and that the therapeutic relationship may be the only framework in which the veteran can process the moral damage

C. Contact the International Criminal Court to report violations of international humanitarian law

D. Encourage the veteran to self-report through military channels and make this a condition of continued treatment

44. An LCSW treats a firefighter with PTSD who has been prescribed medical marijuana. The fire department has a zero-tolerance drug policy. The client asks the LCSW to advocate with the department for an exception. What should the LCSW consider?

A. Advocate aggressively since medical marijuana is protected under California law

B. Write a letter supporting the marijuana use since it is legal in California

C. Decline since marijuana is incompatible with firefighting duties and the department's policy serves legitimate safety concerns

D. Consider the tension between California's legal framework for medical marijuana, the department's legitimate safety concerns about impairment in a safety-sensitive occupation, federal scheduling of marijuana, and the LCSW's role as therapist versus advocate — supporting the client in navigating the complexity without making unwarranted legal representations

45. An LCSW provides court-ordered domestic violence therapy. The client describes recently grabbing his current partner by the throat during an argument. He minimizes it saying "it wasn't that bad." What is the LCSW's analysis?

A. File a police report since strangulation constitutes felony domestic violence and the LCSW must report ongoing criminal conduct

B. Address the incident therapeutically as a treatment setback and adjust the treatment plan accordingly

C. Assess whether strangulation creates a Tarasoff obligation to warn the partner, recognizing that strangulation is one of the most significant predictors of domestic violence homicide, evaluate the partner's safety, and consider the intersection of court-ordered treatment with the duty to protect

D. Document the incident for the next court progress report without additional session discussion

46. An LCSW working at an adoption agency conducts a pre-adoption home study. The LCSW develops concerns about the prospective parents' emotional readiness — specifically unresolved grief from a pregnancy loss driving the adoption decision. The parents meet all technical requirements. What should the LCSW do?

A. Document the concern honestly, recommend grief counseling before proceeding, and provide an assessment reflecting both technical qualifications and emotional readiness concerns — allowing the agency to make an informed decision

B. Approve since the parents meet all technical requirements and emotional readiness is not a standardized criterion

C. Deny the home study based on the emotional concern since unresolved grief makes them unsuitable

D. Approve but privately recommend the agency delay placement until grief counseling is completed

47. An LCSW treats a client who frequently arrives with self-diagnoses based on TikTok mental health videos. How should the LCSW approach this pattern?

- A. Validate each self-diagnosis to protect the therapeutic alliance
- B. Engage with the research as clinical material — explore what draws the client to particular diagnoses, provide psychoeducation, distinguish accurate from misleading information, and address the underlying need the self-diagnosis behavior serves while maintaining the LCSW's diagnostic authority
- C. Prohibit online mental health research since the information causes more harm than good
- D. Provide the client with a list of approved websites and instruct them to limit research to those sources

48. An LCSW at a community mental health center learns management will use a predictive algorithm to identify clients likely to miss appointments, with those clients discharged after two no-shows instead of three. The algorithm disproportionately flags minority clients. What should the LCSW do?

- A. Implement the policy since the agency has authority to establish attendance policies
- B. Implement the policy but document disagreement in writing to protect from liability
- C. Refuse to implement and continue the three-no-show standard without informing management
- D. Raise concerns about the discriminatory impact, advocate for policy review, and present evidence that disproportionate flagging of minority clients constitutes systemic discrimination in healthcare access — the LCSW has an ethical obligation to challenge disparate-impact policies

49. An LCSW treats a client experiencing religious scrupulosity — a form of OCD with fears of committing unforgivable sins. The client's religious leader has told the client that their intrusive blasphemous thoughts are evidence of demonic influence. What should the LCSW do?

- A. Defer to the religious leader since spiritual matters fall outside the LCSW's scope
- B. Recommend the client leave the religious community since the leader's interpretation is harmful
- C. Provide psychoeducation about OCD, help the client understand that intrusive thoughts are symptoms rather than evidence of moral failure or demonic influence, and navigate the clinical-religious intersection — ideally collaborating with the religious leader if the client consents, or helping find a faith leader who understands OCD's relationship to religious experience
- D. Avoid the religious dimension entirely and focus exclusively on standard ERP treatment

50. An LCSW treats a chronic pain client stable on opioids for years. New state guidelines recommend tapering. The physician initiates a rapid taper the client finds excruciating. The client now experiences suicidal ideation for the first time. What is the LCSW's role?

- A. Coordinate with the prescriber to communicate the taper's clinical impact including new suicidal ideation, advocate for a pace accounting for psychiatric stability, conduct a suicide risk assessment, and develop a safety plan while providing therapeutic support
- B. Support the physician's taper since new guidelines represent best practices and the LCSW should not interfere with medical decisions
- C. Recommend the client find a new physician who will maintain the original dose
- D. File a complaint against the physician for malpractice since the rapid taper caused psychiatric deterioration

51. An LCSW treats a recently widowed client whose adult children request the LCSW influence the client not to date again because "it's too soon" and "Mom isn't thinking clearly." The client has full capacity and wants companionship. What should the LCSW do?

- A. Meet with the children to develop a collaborative plan for the client's social reintegration
- B. Decline to discuss the client's therapy or personal decisions with the children absent authorization, and if the topic arises in therapy, support the client's right to make autonomous decisions about personal life without being bound by the children's grief timeline
- C. Schedule a family meeting to mediate between the client and the children
- D. Encourage the client to wait a culturally appropriate period before dating to honor the deceased spouse

52. An LCSW is providing teletherapy from California to a client who relocated to Oregon mid-treatment. What licensure requirement must the LCSW address?

- A. No issue exists since the relationship was established in California and the California license covers continuation
- B. The LCSW must verify whether Oregon permits out-of-state therapists to provide telehealth services to residents, as practicing with a client located in another state may require licensure or authorization in the client's state — California licensure alone may not authorize cross-state practice
- C. The LCSW may continue for up to 90 days while the client obtains a new therapist in Oregon
- D. The LCSW must immediately terminate since cross-state teletherapy is always prohibited

53. An LCSW treats a single parent of three young children who discloses the family has been living in their car for two weeks. The children attend school and appear healthy. The parent is actively seeking housing and has applied for emergency shelter. Does homelessness constitute reportable neglect?

A. Yes, any family with children living in a car constitutes per se neglect requiring immediate mandated reporting

B. Yes, because the LCSW must prioritize children's safety over the parent's housing search efforts

C. Homelessness alone does not constitute neglect — the LCSW should assess whether basic needs are being met, provide resource referrals, and file a report only if the assessment reveals unmet needs or specific dangers, recognizing that poverty is not equivalent to parenting failure

D. No, because homelessness is a socioeconomic condition and never constitutes a reportable concern

54. An LCSW at a hospital treats a patient with anorexia nervosa at a dangerously low BMI. The competent adult patient refuses to eat and refuses a feeding tube. The medical team asks the LCSW to help "convince" the patient. What ethical framework applies?

A. Engage with the patient's decision without becoming an agent of medical coercion, explore the psychological factors driving the refusal, assess whether cognitive functioning is genuinely unimpaired by malnutrition, and if capacity is intact, support the medical team in accepting the autonomous decision while continuing to advocate for the patient's wellbeing

B. Use therapeutic techniques to manipulate the patient into accepting the feeding tube since the patient's life is at stake

C. Step back entirely since the feeding decision is a medical matter outside the scope of psychotherapy

D. Initiate involuntary treatment proceedings since refusal to eat constitutes danger to self under the LPS Act

55. An LCSW treats a 15-year-old client who reveals that other students have been circulating AI-generated nude images of the client. The images are not real photographs but are convincingly realistic. What should the LCSW consider?

A. This is a cyberbullying issue for the school rather than child protective services

B. Whether AI-generated nude images depicting an identifiable 15-year-old constitute sexual exploitation of a minor under CANRA — the images victimize the depicted minor regardless of whether

actual photographs were used — and file a mandated report while addressing the client's emotional distress

C. Maintain confidentiality since the images are not real photographs and no report is warranted

D. Advise the parents to report to law enforcement and pursue civil remedies against the students who created them

56. An LCSW treats a client who has been the victim of a data breach at another healthcare provider. Complete therapy records including trauma narratives and diagnoses have been exposed online. The client is re-traumatized. What is the LCSW's role?

A. File a HIPAA complaint against the breached provider on the client's behalf

B. Contact the breached provider to demand records be removed from the internet

C. Focus therapy on the trauma response without involving the LCSW in external actions

D. Provide therapeutic support for re-traumatization, assist the client in understanding HIPAA breach notification rights, refer to a healthcare privacy attorney if desired, and address the breach's impact on the client's willingness to trust future therapeutic relationships

57. An LCSW provides therapy at a clinic requiring all therapists to use a specific treatment manual for every client regardless of diagnosis, presentation, or needs. Several of the LCSW's clients are clinically inappropriate for the protocol. What ethical obligation does the LCSW have?

A. Follow the mandated protocol since the LCSW is an employee bound by institutional policies

B. Follow the protocol but document disagreement in each client's chart

C. Advocate for individualized treatment planning, presenting clinical evidence that a one-size-fits-all approach may harm specific clients, while providing the best possible care within constraints and escalating if the policy prevents meeting the standard of care

D. Refuse to treat clients for whom the protocol is inappropriate and accept only those for whom it is indicated

58. An LCSW treats a client in an abusive relationship for 20 years who states clearly, "I'm not going to leave him." The LCSW has treated the client for two years. What should the LCSW understand?

- A. Respect the client's autonomous decision while continuing to provide support, safety planning, and empowerment-based interventions — readiness to leave follows a nonlinear process and the LCSW's continued engagement may be the client's only safe therapeutic relationship
- B. Terminate since continuing to treat a client who refuses to leave makes the LCSW complicit in the abuse
- C. Issue an ultimatum requiring a plan to leave within six months or therapy will be terminated
- D. Contact law enforcement to report the abuse since the client's refusal to leave demonstrates inability to self-protect

59. An LCSW treats a terminally ill client with a prognosis of three to six months who wants to use remaining sessions to record video messages for their children. The client asks the LCSW to facilitate these recordings. What should the LCSW consider?

- A. Decline since facilitating recordings is outside the scope of psychotherapy
- B. Assess whether the legacy project serves a legitimate therapeutic purpose — processing anticipatory grief, facilitating meaning-making, maintaining connection with children — and if therapeutically indicated, incorporate it into the treatment plan while maintaining the therapeutic frame
- C. Agree but reduce the session fee since the time is used for a non-clinical purpose
- D. Refer to a legacy planning organization and continue using therapy time exclusively for traditional work

60. An LCSW treats a client who recently completed residential treatment for alcohol dependence. The employer requires a "return to work" clearance. The employer's form asks the LCSW to certify the client is "fully recovered and poses no risk of relapse." What should the LCSW do?

- A. Sign the clearance since the client completed treatment and is seeking continued care demonstrating commitment
- B. Sign with the requested language since the employer needs it and the client will lose their job without it
- C. Refuse to provide any documentation since the LCSW did not treat the client during the residential program
- D. Provide accurate documentation based on the LCSW's own clinical assessment rather than certifying "full recovery" or "no relapse risk" — no clinician can ethically guarantee zero relapse risk for a

substance use disorder — and offer an honest assessment of current clinical status and treatment engagement

61. An LCSW treats a police officer who describes a confrontation yesterday where the client "lost control" and beat a handcuffed subdued suspect. The client expresses no remorse. The incident has not been reported. What should the LCSW analyze?

A. Whether the beating of a handcuffed subdued suspect constitutes abuse of a dependent person in custody and whether the LCSW's knowledge creates a mandated reporting obligation, a Tarasoff-like duty regarding foreseeable future victims, or both — while assessing the lack of remorse as clinically significant

B. Maintain strict confidentiality since use of force is governed by internal affairs rather than therapist reporting

C. Report the officer to internal affairs since the LCSW has a professional obligation to report law enforcement misconduct

D. Address the incident therapeutically and monitor for future incidents before considering external action

62. An LCSW treats a pregnant client who discloses using both prescribed buprenorphine for opioid maintenance AND illicit fentanyl intermittently. She has not told her obstetrician about the fentanyl use. She is 37 weeks pregnant. What layered obligations does the LCSW face?

A. File an immediate mandated child abuse report for prenatal substance exposure

B. Maintain strict confidentiality and address the substance use exclusively through therapy

C. Recognize the layered urgency: fentanyl combined with buprenorphine creates dangerous delivery risks the obstetrician must know about, prenatal substance use is not a CANRA trigger before birth, but the LCSW should strongly encourage disclosure to the obstetrician, connect the client to substance abuse resources, and prepare the client for probable newborn toxicology screening

D. Contact the obstetrician directly since the medical emergency overrides confidentiality

63. An LCSW treats a family where the parents engage in domestic violence in front of three young children who are not physically harmed but witness the violence regularly. Under California law, does witnessing domestic violence constitute child abuse?

- A. No, witnessing domestic violence is not abuse unless the children are physically struck during incidents
- B. California Penal Code Section 273a recognizes that exposing children to situations endangering their health can include domestic violence exposure, and under CANRA children exposed to ongoing domestic violence may be considered at risk — making this reportable
- C. Only if the children display documented psychological symptoms as a result of witnessing the violence
- D. Only if the domestic violence involves weapons that could accidentally injure the children

64. An LCSW is providing couples therapy when one partner suddenly experiences a medical emergency — clutching their chest, becoming pale, and having difficulty breathing. What should the LCSW do?

- A. Continue the session and ask the affected partner if they would like to reschedule
- B. Send the unaffected partner for help while monitoring the affected partner
- C. Wait for symptoms to resolve since anxiety-related chest pain is common in therapy settings
- D. Call 911 immediately, provide basic first aid within capability, stay with the patient until emergency services arrive, and prioritize the medical emergency over all therapeutic considerations

65. An LCSW treats a client who reveals manufacturing counterfeit prescription medications in their basement and selling them online as genuine pharmaceuticals. Buyers include chronically ill individuals who cannot afford legitimate medications. What should the LCSW consider?

- A. Whether selling counterfeit medications to chronically ill individuals who rely on them creates a foreseeable risk of serious harm to identifiable persons — recognizing that while drug fraud doesn't fall within a standard reporting exception, the potential for lethal harm to vulnerable individuals warrants careful ethical analysis beyond routine confidentiality
- B. Maintain strict confidentiality since drug manufacturing fraud does not trigger any mandatory reporting exception
- C. Report the operation to the FDA since the LCSW has knowledge of a public health threat
- D. Address the behavior clinically and encourage the client to stop without external reporting

66. An LCSW treats a client in estate planning who wants to leave a \$250,000 bequest to the LCSW in their will. The client expects to live 15-20 more years and plans to continue therapy. What should the LCSW do?

- A. Accept since it is the client's autonomous decision and the LCSW cannot control will contents
- B. Accept but disclose it to the BBS for transparency
- C. Decline by informing the client that accepting a significant inheritance from a current client constitutes a boundary violation exploiting the therapeutic relationship, discuss the bequest as clinically significant material, and document the discussion
- D. Accept only if the client obtains independent legal counsel confirming the bequest reflects genuine autonomous wishes

67. An LCSW treats a client who wants to bring their emotional support animal — a large dog — to every session. The LCSW's small office is shared with another client in the waiting room who has a severe dog allergy. What should the LCSW consider?

- A. Allow the animal since emotional support animals are protected under the ADA
- B. Balance the requesting client's therapeutic benefit against the impact on other clients, recognizing that emotional support animals do not carry the same legal access rights as service animals under the ADA, and develop a solution including designated sessions, alternative arrangements, or scheduling to avoid conflict
- C. Prohibit the animal entirely since therapy offices need not admit emotional support animals
- D. Allow the animal and require the allergic client to take antihistamines or reschedule

68. An LCSW treats an elderly client with hoarding disorder. During a home visit, the LCSW observes hoarding has blocked all exits, creating a severe fire hazard. What should the LCSW consider?

- A. Address the fire hazard through the treatment plan with a clinical goal of clearing exits within three months
- B. Respect the client's right to maintain their home since hoarding is the presenting clinical problem
- C. Contact the fire department for a safety inspection without the client's knowledge

D. Whether the severity — specifically blocked exits creating a fire trap for a vulnerable elderly person — constitutes self-neglect warranting an APS report, as imminent risk of death from fire may require intervention beyond the pace of standard hoarding treatment

69. An LCSW treats a couple where one partner has a progressive terminal illness and has become increasingly controlling and emotionally abusive toward the healthy partner, using the illness as justification. The healthy partner is depressed and isolated. What should the LCSW prioritize?

A. Support the healthy partner in remaining committed since abandoning a dying spouse would cause greater harm

B. Focus exclusively on end-of-life preparation and grief processing for the terminal diagnosis

C. Maintain a stance that validates the healthy partner's suffering without excusing the abusive behavior regardless of the illness — a terminal diagnosis does not negate accountability for emotional abuse, and both partners' wellbeing matters equally in the therapeutic work

D. Refer the ill partner for individual therapy and focus couples work exclusively on the healthy partner

70. An LCSW treats a public school teacher who reveals incorporating strong personal political views into classroom instruction, presenting opinions as factual curriculum content. Parents have complained. The client asks whether there's "anything wrong with that." What should the LCSW do?

A. Affirm the client's right to express political views since teachers have First Amendment protections

B. Report the client to school administration for violating educational standards

C. Explore the client's motivations, the classroom impact, and reaction to complaints without offering a personal opinion — helping the client examine the ethical dimensions of using authority to influence minors' political development

D. Provide a direct opinion since the client asked for the LCSW's professional perspective

71. An LCSW treats a client with dissociative identity disorder who requests that each alter have a separate treatment file with independent confidentiality protections. What should the LCSW do?

A. Create separate files for each alter since respecting distinct identities is essential for alliance

B. Create separate files with cross-referencing to maintain clinical continuity

- C. Refuse to treat the client since DID creates unmanageable administrative complexity
- D. Maintain a single integrated clinical record, as legally the client is one person with one set of rights regardless of internal personality structure — while clinically respecting the distinct experiences of different alters within the unified record

72. An LCSW has treated a client for years when the client discloses that the LCSW's former client from five years ago has been stalking the current client. The former client apparently identified the current client through the LCSW's office location. What must the LCSW navigate?

- A. Contact the former client directly to demand they stop the stalking
- B. Provide the current client with the former client's contact information for a restraining order
- C. Confirm to the current client that the stalker was a former client since they have a right to know
- D. Protect the current client's safety without confirming or denying the former client's identity, assist with safety planning and law enforcement reporting, consult an attorney about obligations to both clients, and assess whether the practice setup inadvertently contributed to the contact

73. An LCSW works with a family where deaf parents communicating through ASL want their 8-year-old hearing child to interpret during family therapy sessions. What should the LCSW do?

- A. Decline to use the child as interpreter since having an 8-year-old interpret clinical content places the child in a developmentally inappropriate role, compromises the therapeutic process, and exposes the child to adult material — arrange for a qualified ASL interpreter for all sessions
- B. Allow the child to interpret since honoring the family's communication preference maintains the natural system
- C. Allow interpretation for the first session while arranging a professional interpreter for subsequent sessions
- D. Use written communication instead since text eliminates the need for any interpreter

74. An LCSW treats a client deeply involved in a conspiracy theory community. The client asks the LCSW to help them "rescue children" by supporting a plan to confront a named public figure at their home. What should the LCSW do?

- A. Support the desire to protect children since trafficking is real and the motivation is admirable

- B. Report the plan to law enforcement since the confrontation constitutes a terroristic threat
- C. Address the confrontation as a safety concern for both the client and the target, assess reality testing, explore the psychological needs conspiracy beliefs serve, and decline to support actions based on unverified beliefs while maintaining the therapeutic relationship
- D. Decline to engage with the conspiracy content and redirect all work to the original presenting problem

75. Across this entire 1,125-question examination series, what single clinical skill has been tested more consistently than any other?

- A. The ability to recite California statutes from memory
- B. The ability to assess a situation thoroughly before acting — weighing competing obligations, identifying which specific facts determine the applicable framework, and choosing the response reflecting thoughtful clinical judgment rather than reflexive reaction
- C. The ability to file mandated reports quickly and without hesitation
- D. The ability to maintain strict confidentiality above all other considerations

Practice Exam 23: Answer Key and Explanations

1. B — California Business and Professions Code Section 4996.9 requires at least one hour of individual, direct supervisor contact per week for each week in which experience is gained toward licensure. This is a specific regulatory requirement, not a flexible guideline. Supervisors who fail to provide weekly individual supervision are not meeting California's statutory requirements for supervised experience.

2. C — California law does not currently mandate therapist disclosure of genetic risk information to at-risk family members. While the ethical tension between the client's confidentiality and the daughter's interest in knowing her genetic risk is genuine, the legal framework supports maintaining confidentiality while encouraging the client to disclose voluntarily. The LCSW should work therapeutically toward disclosure without breaching privilege.

3. A — Custody evaluations require a specialized skill set that is distinct from general clinical practice: forensic methodology, child development expertise, custody evaluation instruments, family systems in

divorce, and the ability to address specific legal questions. An LCSW whose experience is limited to adult anxiety treatment lacks these competencies. Accepting a forensic case outside one's competence risks harm to the family involved.

4. D — The LCSW cannot sign away legally mandated exceptions to confidentiality — they exist by statute and cannot be contracted out of. However, the demand itself is clinically meaningful material reflecting the paranoid presentation. The LCSW should decline the agreement while acknowledging the client's need for safety, explain the legal limits honestly, and address the demand as part of the clinical work.

5. B — The minor consent provisions include a right to confidentiality, but the LCSW may involve parents when the therapist determines the minor's condition poses a serious risk to the minor's health. Daily marijuana use by a depressed adolescent should be assessed within this framework. The LCSW has clinical discretion — not an automatic duty to disclose or maintain silence — that must be exercised based on the risk assessment.

6. C — In small communities where the LCSW is the only available provider, the standard dual relationship analysis must account for the community context and the potential harm of denying services. The LCSW should assess manageability, explore alternatives like teletherapy referrals, and if accepting is the most ethical option, implement clear boundary management while documenting the rationale.

7. A — Only a court can compel disclosure of privileged psychotherapy records over the client's objection in California. Neither the Medical Board, law enforcement, nor any administrative agency can independently override the psychotherapist-patient privilege. A subpoena requests records but does not compel production when privilege is asserted — a specific judicial order is required.

8. D — Offering diagnostic conclusions about an individual the LCSW has never evaluated violates professional ethics. Clinical opinions must be based on direct assessment. Record review alone cannot substitute for clinical evaluation, and diagnoses based solely on documents could harm the unevaluated individual in legal proceedings. The LCSW should decline.

9. C — California law establishes a two-year minimum waiting period after termination before a therapist may engage in a sexual relationship with a former client. Even after the two-year period, the relationship is NEVER permitted if the therapist exploited transference or the client's emotional dependency during therapy. The two-year period is a floor, not an automatic clearance.

10. B — The LCSW should provide accurate, reassuring information: psychotherapy records are protected by privilege, California's sanctuary laws limit state-federal immigration cooperation, and the LCSW will assert all applicable protections. However, intellectual honesty requires acknowledging that no absolute guarantee can be made against a specific federal court order. Honest reassurance serves the client better than false promises.

11. A — When research reveals that a clinical tool has significant cultural bias, the ethical response is to discontinue it, review past clinical decisions that relied on it, and adopt validated alternatives. Continuing to use a biased instrument — particularly with the populations most affected by the bias — perpetuates harm. Competent practice requires adapting to evolving evidence about assessment tools.

12. D — Creating and distributing sexually explicit images using real minors' likenesses — even through AI deepfake technology — victimizes the depicted minors. The images constitute a form of sexual exploitation regardless of whether actual photographs were used. The LCSW should assess whether this warrants a mandated child abuse report based on the exploitation of identifiable minor classmates.

13. C — HIPAA's "treatment, payment, and healthcare operations" provisions generally permit information sharing among treatment team members within a covered entity. However, psychotherapy notes receive heightened protection under HIPAA and the LCSW should share only the minimum necessary information relevant to the treatment discussion. The treatment team context modifies but does not eliminate confidentiality obligations.

14. B — The LCSW now holds sensitive information about two clients that neither has authorized the other to know. This creates a dual-client conflict requiring careful navigation. The LCSW must maintain both clients' confidentiality, seek consultation about whether one or both should be transferred, and assess whether objectivity can be maintained for both therapeutic relationships.

15. A — Not all licensed mental health professionals have automatic 5150 authority in California. The designation must be specifically granted by the county to peace officers, mobile crisis team members, and other designated professionals. An LCSW must verify whether they have been specifically designated by their county before initiating a 5150 hold.

16. D — Confirming or denying whether any individual is a client constitutes a confidentiality breach. The LCSW should decline to confirm or deny. "No comment" can be interpreted as confirmation. Even when reporters claim independent confirmation, the LCSW must maintain the bright line that no therapeutic relationship is confirmed without the client's explicit authorization.

17. C — The LCSW should acknowledge the client's concern briefly without disclosing personal information. The therapeutic focus should then explore what the question means for the client — whether it reflects concern about the therapy's stability, the client's caretaking patterns, or boundary dynamics. The LCSW's personal life remains private while the client's question becomes clinical material.

18. B — Social media connections with current clients create boundary complications — the LCSW's personal posts (political opinions, family photos, vacation content) could influence the therapeutic relationship. The LCSW should decline the request and address it therapeutically, exploring what the client was seeking and reinforcing appropriate boundaries. Ignoring the request misses valuable clinical material.

19. A — The right to have an attorney present during a forensic evaluation in California depends on jurisdiction and circumstances. The evaluator generally has discretion to determine whether attorney presence would interfere with the assessment. If disputed, the LCSW should consult with the court. There is no absolute rule in either direction.

20. D — Sexual contact between a therapist and a current client is prohibited under California law regardless of who initiated the relationship. The supervisor must require immediate cessation, educate the supervisee about the legal prohibition, assess the need to report to the BBS, and ensure the affected client is protected. The client's "initiation" does not create an exception.

21. C — The LCSW should provide balanced, accurate information about the current state of psilocybin research, support informed decision-making about clinical trial participation, and continue providing therapy. Neither discouraging the client's interest based on the substance's legal classification nor overstating the research base serves the client's informed autonomy.

22. B — An attorney providing professional legal advice during group therapy crosses a role boundary — the group is a treatment setting, not a legal consultation. The LCSW should distinguish between sharing personal experience (appropriate) and professional advice-giving (inappropriate in this context) while exploring whether the advice-giving serves a therapeutic avoidance function.

23. A — Informed consent must be adapted to the client's capacity. This means using simple language, visual aids, repeated explanations, and comprehension checks. If the client cannot provide meaningful consent even with accommodations, a legally authorized representative should be involved — but the client should still participate to the maximum extent of their ability.

24. D — A safety plan that doesn't work needs to be revised — not re-imposed. The LCSW should collaboratively explore the barriers, validate the client's experience, and modify the plan to address identified gaps. Simply re-establishing the same failed plan or expressing disappointment are clinically counterproductive approaches that damage the alliance.

25. C — Signed releases should be periodically reassessed. The LCSW should verify that releases remain clinically appropriate, that the client understands ongoing information sharing, and that the client still consents. Clinical situations evolve and releases that were appropriate at the beginning of treatment may no longer serve the client's interests.

26. B — Persistent use of a deadname in clinical records can be harmful and may violate California's Gender Recognition Act. The LCSW should actively pursue updating the EHR, ensure all documentation uses the correct name, and address systemic barriers within the agency. Accepting the system limitation without advocacy fails the client.

27. A — Declining clinical outcomes over time, combined with an unchanged approach, may indicate professional stagnation. The ethical obligation to provide competent care requires honest self-assessment, consultation, updated training, and willingness to evolve one's practice. The duty of competence is not satisfied by past training alone — it requires ongoing professional development.

28. D — Beyond the immediate psychiatric crisis, the LCSW must address the client's ability to drive safely. A psychotic client operating a vehicle poses a foreseeable risk of harm. The LCSW should arrange safe transportation, assess 5150 criteria, and ensure the client does not drive while acutely impaired. The driving issue is a safety obligation, not a secondary concern.

29. C — California is a two-party consent state under Penal Code Section 632. Recording someone's phone conversations without their knowledge or consent is a criminal offense. The LCSW should inform the recording partner about the legal implications while addressing the behavior's relational impact within the therapy.

30. B — The combination of unusual finality, the vague reference to "another way to handle things," and the client's suicidal history constitutes a potential warning sign requiring immediate follow-up. The LCSW should attempt contact immediately and escalate to emergency procedures if the client cannot be reached. The calm tone of the message does not reduce the concern — it may increase it.

31. A — Abrupt clozapine discontinuation in a patient with a history of severe psychosis — including command hallucinations to harm family members — creates both a clinical emergency and a potential safety concern. The LCSW should coordinate urgently with the prescriber, conduct intensive risk assessment, and consider whether resurgent psychosis with homicidal command hallucinations would trigger a Tarasoff analysis.

32. D — The LCSW should provide honest documentation reflecting the actual clinical findings — including the mild severity level. Disability services determines accommodations based on accurate clinical data. Overstating impairment constitutes fraud and undermines the accommodation system for students with genuine severe impairments.

33. C — Even with a signed release, the minimum necessary standard applies. The LCSW should provide compliance information — attendance, participation, progress toward treatment goals — without disclosing specific session content. The release authorizes communication, not unlimited disclosure of everything discussed in therapy.

34. B — The current LCSW should provide the client with information about BBS complaint rights, legal consultation options, and offer therapy for the exploitation-related harm. The decision to file a complaint belongs to the client. The current LCSW does not independently file the BBS complaint — the client makes that choice as part of their own empowerment and recovery process.

35. A — CANRA contains no statute of limitations. The perpetrator is identified, currently has access to children as an active priest, and the LCSW received the disclosure in a professional capacity. The ongoing access to minors creates a present-day child safety concern that triggers the mandated reporting obligation regardless of when the original abuse occurred.

36. D — The LCSW should validate the distress, assess whether it is within the expected therapeutic range or represents deterioration, discuss the consequences of pausing versus continuing, and collaboratively determine the pace. Effective trauma therapy requires balancing the therapeutic window of tolerance with the clinical necessity of exposure. Neither forcing through nor abandoning the process serves the client.

37. A — Couples therapy records may involve a joint privilege shared by both partners — meaning neither can unilaterally waive privilege for the conjoint records. Individual therapy records carry the individual client's sole privilege. The LCSW must carefully delineate which records are governed by which privilege before any disclosure occurs. This is a complex legal question that may require attorney consultation.

38. A — In correctional settings, the confidentiality framework is modified by institutional safety obligations. A credible, specific escape plan creates foreseeable safety risks to staff, other inmates, and the public. The LCSW should report the plan to facility administration. Prison therapy operates within a modified confidentiality framework that accounts for institutional security concerns.

39. B — The LCSW can document the client's psychological symptoms and their temporal relationship to the promotion denial. However, determining whether the employer's actions constitute illegal discrimination is a legal conclusion outside the LCSW's scope. Clinical documentation of harm is appropriate; legal conclusions about discrimination are not.

40. D — Inconsistent documentation is both a clinical and ethical concern. Incomplete records compromise continuity of care, create legal liability, suggest the LCSW is not meeting professional documentation standards, and potentially violate the duty to maintain accurate records. The LCSW should acknowledge the gap and immediately implement consistent documentation practices.

41. C — The LCSW should strongly encourage reporting side effects to the physician, address the cognitive impairment as both a clinical and occupational concern, and assess whether the medication-related impairment creates a patient safety risk that may extend the LCSW's obligations beyond standard confidentiality. The barriers preventing self-disclosure to the prescriber are clinically important material.

42. A — The LCSW should explore the ethical dimensions without imposing personal moral judgment — including exploitation concerns, consent questions in contexts of extreme power and wealth differentials, and the client's own values. Supporting the client's autonomous decision-making process means facilitating thoughtful consideration of all dimensions, not approving or condemning the choice.

43. B — War crimes disclosed in therapy do not fall within any mandatory exception to the psychotherapist-patient privilege. The LCSW should maintain confidentiality while providing treatment for the moral injury. The therapeutic relationship may be the only context in which this veteran can process the profound moral damage. Breaking confidentiality would destroy that sole therapeutic avenue without clear legal authority.

44. D — This scenario involves multiple competing frameworks: California law permits medical marijuana, the department has legitimate safety concerns, federal law classifies marijuana as Schedule I, and the LCSW's role is therapist rather than legal advocate. The LCSW should support the client in navigating this complex landscape without making legal representations about protections the LCSW cannot guarantee.

45. C — Strangulation is one of the most significant predictors of domestic violence homicide. The LCSW should assess whether this creates a Tarasoff obligation to warn the current partner, evaluate the partner's safety, and consider the intersection of court-ordered treatment obligations with the duty to protect. Minimizing strangulation as "not that bad" is itself a concerning clinical indicator.

46. A — The LCSW should document the emotional readiness concern honestly in the home study, recommend grief counseling before proceeding, and provide an assessment reflecting both strengths and concerns. The adoption agency needs complete, accurate information to make decisions that serve the child's best interests. Approving despite unresolved concerns or denying categorically are both oversimplified responses.

47. B — The LCSW should engage with the client's research as clinical material — exploring what draws the client to particular diagnoses, providing psychoeducation, and distinguishing between helpful and misleading information. The self-diagnosis behavior itself may serve an important function (seeking understanding, control, or community) that deserves therapeutic exploration.

48. D — An algorithm that disproportionately flags minority clients for discharge creates systemic discrimination in healthcare access. The LCSW has an ethical obligation to challenge policies that create disparate impacts on vulnerable populations. This includes presenting evidence of the discriminatory pattern and advocating for policy revision. Silent compliance with discriminatory algorithms violates social work values.

49. C — The LCSW should provide psychoeducation about scrupulosity OCD, help the client understand intrusive thoughts as symptoms rather than evidence of moral failure, and navigate the religion-clinical intersection. Ideally, this includes collaboration with an informed religious leader. Deferring entirely to the religious interpretation or dismissing religion entirely both fail the client.

50. A — The LCSW should communicate the clinical impact of the rapid taper to the prescriber — including the new suicidal ideation — and advocate for a pace that accounts for psychiatric stability. Suicide risk assessment and safety planning are immediate priorities. The LCSW has a legitimate clinical voice in interdisciplinary care when a medication change is precipitating a psychiatric crisis.

51. B — The adult children have no right to influence the client's personal decisions through the LCSW, and the LCSW should not discuss the client's therapy absent authorization. The client has full capacity and the right to make autonomous decisions about dating after widowhood. The children's grief timeline does not override the client's autonomy.

52. B — Providing therapy to a client located in another state may require licensure or authorization in the client's state of residence. The LCSW cannot assume California licensure alone covers cross-state telehealth. The LCSW must verify Oregon's specific licensing requirements for out-of-state providers before continuing treatment.

53. C — Homelessness alone does not constitute child neglect. The critical assessment is whether the children's basic needs are being met. If the children are attending school, appear healthy, and the parent is actively pursuing housing, the situation may not warrant a report. However, if the assessment reveals unmet needs or specific dangers, reporting is warranted. Context-dependent assessment — not reflexive reporting or dismissal — is required.

54. A — The LCSW should explore the psychological drivers of the refusal, assess whether malnutrition has genuinely impaired the patient's cognitive capacity, and if capacity is intact, support the medical team in accepting the autonomous decision. The LCSW should not become a tool of medical coercion, but should also advocate for the patient's wellbeing throughout the process.

55. B — AI-generated nude images depicting an identifiable 15-year-old constitute sexual exploitation regardless of whether actual photographs were used. The images victimize the depicted minor through the sexual objectification of their identity. The LCSW should file a mandated child abuse report while providing clinical support for the client's emotional devastation.

56. D — The LCSW's role includes therapeutic support for the re-traumatization, psychoeducation about the client's rights under HIPAA breach notification provisions, appropriate referrals for legal remedies, and addressing the breach's impact on the client's ability to trust future therapeutic relationships. This comprehensive approach serves both the immediate crisis and the long-term clinical needs.

57. C — The LCSW should advocate for individualized treatment planning, presenting clinical evidence that a mandated one-size-fits-all protocol may harm specific clients. If the policy prevents the LCSW from meeting the standard of care, escalation through institutional channels is required. Complying silently with a harmful policy does not satisfy the ethical obligation to each individual client.

58. A — The LCSW should respect the client's autonomous decision while continuing to provide support, safety planning, and empowerment-based interventions. Readiness to leave an abusive relationship follows a nonlinear process. The LCSW's continued engagement may be the client's only safe relationship. Issuing ultimatums or terminating punishes the victim for the abuse pattern.

59. B — Legacy projects for terminally ill clients can serve legitimate therapeutic purposes — processing anticipatory grief, facilitating meaning-making, and maintaining connection with children. If therapeutically indicated, the recording project can be incorporated into the treatment plan while maintaining the therapeutic frame. The request itself is clinical material about how the client is approaching death.

60. D — No clinician can ethically certify "full recovery" or "zero relapse risk" for a substance use disorder. The LCSW should provide an honest assessment of the client's current clinical status, engagement in treatment, and support recommendations — without making guarantees that conflict with clinical reality. Honest documentation protects both the client and the LCSW.

61. A — The beating of a handcuffed, subdued suspect by a police officer raises questions about abuse of a dependent person in custody. The LCSW should analyze whether this triggers a mandated dependent adult abuse reporting obligation, whether a Tarasoff-like duty exists regarding foreseeable future victims, and should consider the clinical significance of the client's lack of remorse.

62. C — This scenario involves layered urgency: the fentanyl-buprenorphine combination creates dangerous medical delivery risks, prenatal substance use isn't a CANRA trigger before birth, but the obstetrician needs this information for safe delivery management. The LCSW should strongly encourage disclosure, provide substance abuse resources, and prepare the client for probable newborn toxicology screening.

63. B — California Penal Code Section 273a and CANRA recognize that exposing children to situations endangering their health includes exposure to ongoing domestic violence. Children who witness repeated domestic violence may be considered at risk of harm, making this a reportable situation. Physical injury to the children is not required — the exposure itself creates the reporting basis.

64. D — A medical emergency during a therapy session demands an immediate medical response. The LCSW should call 911, provide basic first aid within capability, and stay with the patient until emergency services arrive. All therapeutic considerations are secondary to the client's immediate physical safety. This is not an anxiety response to be waited out — it may be a cardiac emergency.

65. A — Counterfeit medications sold to chronically ill individuals who depend on them could cause serious harm through ineffective treatment or dangerous adulterants. While drug manufacturing fraud doesn't fall within a standard reporting exception, the foreseeable risk to identifiable vulnerable persons warrants careful ethical analysis beyond routine confidentiality. The potential for lethal harm elevates the ethical calculus.

66. C — A \$250,000 bequest from a current client constitutes a boundary violation that exploits the therapeutic relationship. The LCSW's influence as a trusted figure may be driving the client's decision. The LCSW should decline, discuss the bequest as clinical material, and document the conversation. Accepting even with safeguards would compromise the therapeutic relationship's integrity.

67. B — Emotional support animals do not carry the same ADA access rights as service animals. The LCSW should balance the requesting client's therapeutic benefit against the impact on other clients and the office environment, and develop a workable solution — perhaps designated sessions with the animal scheduled to avoid conflict with allergic clients.

68. D — When hoarding creates blocked exits constituting a fire trap for a vulnerable elderly person, the severity may exceed what standard hoarding treatment can address in time. The LCSW should assess whether the imminent fire hazard constitutes self-neglect warranting an APS report, as a dependent elderly person in conditions creating an immediate risk of death requires intervention beyond the pace of outpatient therapy.

69. C — A terminal illness does not negate accountability for emotional abuse. The LCSW should validate the healthy partner's suffering without excusing the abusive behavior. Both partners' wellbeing matters in the therapeutic work. The "you can't leave a dying person" manipulation uses the illness to maintain control — a pattern that deserves direct therapeutic attention.

70. C — The LCSW should explore the client's motivations, the classroom impact, and the client's reaction to complaints without offering a personal political opinion. The therapeutic goal is helping the client examine the ethical dimensions of using authority to influence minors' political development. The LCSW's role is facilitating the client's own ethical reflection, not providing moral verdicts.

71. D — Legally, the client is one person with one set of rights regardless of internal personality structure. The LCSW should maintain a single integrated clinical record while clinically respecting the distinct experiences of different alters within that unified record. Creating separate files with independent confidentiality protections has no legal basis and creates unmanageable administrative complexity.

72. D — The LCSW must protect the current client's safety without breaching the former client's confidentiality by confirming or denying their identity. Safety planning, law enforcement reporting support, and attorney consultation are all appropriate. The LCSW should also assess whether the practice setup (office location) inadvertently facilitated the contact.

73. A — Using an 8-year-old as a clinical interpreter is developmentally inappropriate, compromises the therapeutic process, and exposes the child to adult clinical content. The LCSW should arrange a qualified ASL interpreter for all sessions. The family's communication preference is important but cannot override the child's developmental needs and the clinical integrity of the therapy.

74. C — The planned confrontation is a safety concern for both the client and the targeted individual. The LCSW should assess the client's reality testing, explore the psychological needs served by the conspiracy beliefs, and decline to support actions based on unverified beliefs. The therapeutic relationship should be maintained while clearly not endorsing potentially dangerous behavior.

75. B — Across 1,125 questions, the skill tested most consistently is the ability to assess thoroughly before acting — weighing competing obligations, identifying which specific facts determine the applicable framework, and choosing the response reflecting thoughtful clinical judgment. The right answer has never been the most reactive, the most passive, or the most rigid — it has always been the most thoughtfully reasoned.