

PRACTICE EXAM 24: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. An LCSW is treating a client who is a professional athlete. The client's team physician calls and requests clinical information about the client's mental health status to determine "fitness to play." The client has not authorized the release. The team physician states the information is needed for "player safety." What should the LCSW do?

A. Decline to release any information without the client's written authorization, inform the client about the request, and collaboratively determine how to respond — recognizing that the team physician's claim of "player safety" does not override the psychotherapist-patient privilege

B. Release a summary of the client's diagnosis and current functioning since the team physician is another healthcare provider requesting information for safety purposes

C. Provide a fitness-for-play determination to the team physician since the LCSW has an obligation to prevent injury to the athlete

D. Refer the team physician to the client's primary care provider since mental health records require different authorization than medical records

2. An LCSW is treating a couple where the wife reveals she is secretly planning to file for divorce and wants to use therapy to gather information about the husband's psychological vulnerabilities before leaving. She asks the LCSW to keep this plan confidential from the husband. What should the LCSW do?

A. Maintain the wife's secret since each partner is entitled to individual confidentiality within couples therapy

B. Inform the husband immediately since he has a right to know his wife's intentions

C. Continue therapy while secretly working to protect the husband from manipulation since the LCSW must protect both clients equally

D. Address the fundamental incompatibility between the wife's covert agenda and the purpose of conjoint therapy, explain that the LCSW cannot facilitate a process designed to exploit one partner's vulnerability, and determine whether couples therapy can ethically continue under these circumstances

3. An LCSW is treating a client who is a foster youth aging out of the system at age 21. The client has no family support, limited life skills, and is about to lose housing, healthcare, and case management services simultaneously. What does social work ethics require beyond individual therapy?

A. Focus exclusively on the client's emotional readiness for independence since the systemic issues are outside the LCSW's control

B. Refer the client to a case manager for practical assistance since resource coordination is not the LCSW's role

C. Integrate advocacy and resource coordination into the therapeutic work — connecting the client with transitional housing programs, extended foster care benefits under AB 12, Medi-Cal continuation, employment services, and educational support — recognizing that social work practice includes addressing systemic barriers

D. Terminate therapy since the client's immediate needs are practical rather than psychological and therapy is not the appropriate service

4. An LCSW working in a substance abuse program discovers that the program's marketing materials contain fabricated success statistics — claiming a 90% sobriety rate when the actual rate is closer to 25%. Prospective clients are making treatment decisions based on these false claims. What should the LCSW do?

A. Accept the marketing as a business function outside the LCSW's clinical responsibility since marketing decisions are made by administration

B. Raise the concern through appropriate channels, as the fabricated statistics constitute deceptive advertising that harms prospective clients making treatment decisions based on false information — and if internal advocacy fails, consider reporting to the California Department of Health Care Services or the BBS

C. Quietly inform prospective clients about the actual success rates during intake sessions without formally challenging the marketing

D. Resign from the program to avoid complicity in the deceptive marketing practices

5. An LCSW is providing therapy to a client who is a 17-year-old emancipated minor. The client's biological parents, whose parental rights were not terminated, contact the LCSW demanding access to therapy records. What should the LCSW know about the emancipated minor's rights?

A. Biological parents retain access to their child's records until the child turns 18 regardless of emancipation status

- B. The emancipated minor's records are accessible to the biological parents only with a court order
- C. The parents have the right to a treatment summary but not to detailed session notes
- D. An emancipated minor holds their own rights to confidentiality and controls their own health information — the parents have no right to access therapy records without the emancipated minor's authorization, as emancipation grants the minor the legal rights of an adult in matters including healthcare decisions

6. An LCSW is treating a client with severe health anxiety who has been visiting multiple emergency rooms seeking reassurance about physical symptoms that have been medically evaluated and cleared. The ER visits are costing the healthcare system substantial resources. What is the LCSW's primary obligation?

- A. Treat the health anxiety as the clinical priority using evidence-based approaches such as CBT or exposure-response prevention, while coordinating with the client's primary care provider to develop a unified approach that reduces unnecessary ER utilization through appropriate clinical management rather than restricting the client's healthcare access
- B. Contact the emergency rooms to inform them that the client's visits are driven by anxiety rather than genuine medical need so they can redirect the client
- C. Confront the client about the financial cost of the ER visits and require the client to commit to stopping the visits as a condition of continued therapy
- D. Report the client's behavior to their insurance company since the repeated unnecessary ER visits constitute healthcare fraud

7. An LCSW is treating a client with dissociative identity disorder. During a session, an alter emerges who states they are a different gender than the host and requests that the LCSW use different pronouns when addressing them. What should the LCSW do?

- A. Use only the pronouns associated with the host personality's gender since the host provided the informed consent
- B. Refuse to change pronouns during sessions since the request reflects symptomatology that should be treated rather than accommodated
- C. Respect each alter's expressed identity including pronoun preferences, as affirming the internal system's diversity supports the therapeutic relationship with the entire system and demonstrates respect for the client's complex identity structure

D. Use gender-neutral pronouns for all alters to avoid confusion and maintain consistency throughout the treatment

8. An LCSW is providing therapy to a client who works at a children's hospital. The client describes a colleague who has been diverting pain medication intended for pediatric patients. Children in post-surgical recovery have been reporting unmanaged pain, and the colleague has been documented taking medication from the automated dispensing system without corresponding patient orders. What should the LCSW consider?

A. Maintain strict confidentiality since drug diversion does not trigger any mandatory reporting exception for therapists

B. Assess whether children being deprived of prescribed pain medication — resulting in documented unmanaged post-surgical pain — constitutes a form of institutional neglect or child endangerment warranting a mandated report, separate from the drug diversion issue itself

C. Report the diversion to the Drug Enforcement Administration since the LCSW has knowledge of a federal controlled substance violation

D. Encourage the client to report through the hospital's internal processes and address the moral distress therapeutically

9. An LCSW is conducting an initial assessment with a new client who presents with apparent mania — pressured speech, grandiosity, decreased need for sleep, and impulsive financial decisions. The client has no psychiatric history and no established psychiatric care. The client wants to begin psychotherapy. What should the LCSW do FIRST?

A. Begin psychotherapy immediately since the client has requested treatment and the LCSW should respect the client's autonomy

B. Conduct a comprehensive psychosocial assessment and develop a treatment plan before making any referrals

C. Administer a mood disorder screening instrument to confirm the diagnosis before taking any action

D. Facilitate an urgent psychiatric referral for diagnostic evaluation and possible medication management before or concurrent with initiating psychotherapy, as a first presentation of mania requires medical assessment to rule out medical conditions and to evaluate the need for mood stabilization

10. An LCSW is providing therapy to a client who has been diagnosed with a terminal illness and is receiving hospice care. The client states they want to complete the MAID (Medical Aid in Dying)

process under California's End of Life Option Act. The client asks the LCSW for a mental health evaluation to confirm capacity for the MAID request. What should the LCSW know?

A. Under California's End of Life Option Act, a mental health evaluation is required only if the attending or consulting physician determines the client may have a mental disorder affecting their capacity — the LCSW should be familiar with the Act's requirements, assess whether providing the evaluation creates a dual role concern, and if appropriate, conduct an objective capacity evaluation or refer to an independent evaluator

B. The LCSW must decline since providing MAID-related evaluations is outside the scope of LCSW practice

C. The LCSW should perform the evaluation and certify the client's capacity without reservation since the client has a terminal diagnosis and the request is legally protected

D. The LCSW must refuse to participate in any MAID-related evaluation due to the profession's commitment to preserving life

11. An LCSW provides therapy to a client who is deaf and communicates through American Sign Language. The agency typically uses a video remote interpreting (VRI) service for ASL sessions. The client expresses discomfort with VRI, stating the interpreter often misses nuances and the video lag disrupts the therapeutic flow. What should the LCSW prioritize?

A. Continue with VRI since it is the agency's standard accommodation and provides sufficient communication access

B. Offer the client a written exchange of notes during sessions as an alternative to VRI

C. Advocate for an in-person certified ASL interpreter who specializes in mental health interpreting, as effective therapy depends on accurate communication and the client's expressed experience that VRI is inadequate constitutes a legitimate accommodation concern that should be addressed

D. Learn basic ASL signs to supplement the VRI service and demonstrate cultural sensitivity

12. An LCSW is treating a client with chronic suicidal ideation who has been hospitalized six times in the past year. Each hospitalization follows a similar pattern: crisis → ER → brief inpatient stay → discharge → repeat. The current treatment approach is not preventing the cycle. What should the LCSW reconsider?

- A. Continue the current approach since the hospitalizations demonstrate the system is working to keep the client alive
- B. Reevaluate whether the revolving hospitalization cycle itself has become part of the clinical problem, consider whether a different treatment model — such as DBT with its emphasis on reducing suicidal behavior through skill-building rather than crisis-driven hospitalization — could break the cycle, and consult with the treatment team about modifying the crisis response protocol
- C. Terminate the therapeutic relationship and refer to a higher level of care since the LCSW's outpatient treatment has been ineffective
- D. Reduce the frequency of sessions to prevent the client from becoming overly dependent on therapy

13. An LCSW is providing therapy to a client who is undocumented and has been detained by ICE. The client is in an immigration detention facility and requests therapy via the facility's video system. The LCSW has concerns about the privacy of the communication. What should the LCSW consider?

- A. Provide therapy via the video system without concern since any therapy access is better than none in a detention setting
- B. Refuse to provide therapy through the facility's video system since the LCSW cannot verify the communication is truly private
- C. Provide therapy but limit the session content to general supportive topics without addressing any sensitive clinical material
- D. Assess the privacy limitations of the detention facility's communication system, inform the client about the potential that communications may be monitored, obtain informed consent that specifically addresses the privacy limitations, and adapt the therapeutic approach to the constraints while advocating for improved communication privacy for detained individuals receiving mental health services

14. An LCSW treats a family where the parents practice "free-range parenting" — allowing their children ages 8 and 10 to walk to the park alone, ride bikes in the neighborhood unsupervised, and stay home alone after school for two hours. No safety incidents have occurred. A concerned relative reported the family to CPS, which investigated and found no neglect. The parents ask the LCSW whether their parenting approach is appropriate. What should the LCSW consider?

- A. Recognize that California does not specify a minimum age for children to be left unsupervised, that CPS already investigated and found no neglect, and that the described activities fall within the range of normal developmental autonomy-building for children of these ages — the LCSW should support the family's parenting approach while encouraging continued age-appropriate safety measures

- B. Recommend the parents stop allowing the children to be unsupervised since any unsupervised time for children under 12 constitutes a risk the LCSW should advise against
- C. Decline to comment on parenting philosophy since the LCSW's role is limited to addressing the family's presenting clinical concerns
- D. File an independent mandated report since the LCSW's clinical judgment may differ from the CPS investigator's finding

15. An LCSW is providing therapy to a client who is a nurse practitioner. The client describes increasing reliance on alcohol to manage work stress and states she has been drinking before some shifts. She has not made any clinical errors yet. What clinical principle should guide the LCSW's approach to this disclosure?

- A. Maintain strict confidentiality until the client reports an actual clinical error since impairment without harm does not create an obligation beyond therapy
- B. Report the nurse practitioner to the Board of Registered Nursing immediately since the LCSW has knowledge of a healthcare professional practicing while impaired
- C. Assess the severity, trajectory, and imminence of the impairment, address the alcohol use as a clinical priority, strongly encourage self-reporting through the Board's diversion program, and evaluate whether the foreseeable risk to identifiable patients — given that drinking before clinical shifts creates a predictable pattern of impairment in a healthcare setting — may require action beyond standard therapeutic confidentiality
- D. Focus therapy exclusively on the work stress since the alcohol use will resolve once the underlying stressor is addressed

16. An LCSW is providing therapy to a couple where one partner has recently come out as nonbinary and requested the use of they/them pronouns. The other partner refuses to use the requested pronouns in session, stating "I married a man and I'll call him what I want." What should the LCSW do?

- A. Allow each partner to use their preferred terms of address since forcing pronoun use could alienate the resistant partner
- B. Affirm the nonbinary partner's right to their identity and pronoun preferences while creating therapeutic space to explore both partners' experiences — modeling the use of the correct pronouns while addressing the other partner's resistance as clinical material about the relationship adjustment rather than a simple compliance issue
- C. Require the resistant partner to use the correct pronouns as a condition of continuing couples therapy

D. Use the nonbinary partner's former pronouns to maintain therapeutic alliance with both partners

17. An LCSW is treating a client who is a military veteran receiving VA healthcare. The client has also been receiving therapy from the LCSW in a private practice setting, paying out of pocket. The client asks the LCSW to submit claims to the VA for the private therapy. The LCSW is not a VA-contracted provider. What should the LCSW do?

A. Submit the claims since the client is a veteran entitled to VA-funded mental health services

B. Submit the claims under the client's VA identification number and allow the VA to determine eligibility

C. Modify the billing to appear as though the services were provided through the VA system

D. Decline to submit claims to the VA since the LCSW is not a contracted VA provider and submitting claims under these circumstances could constitute healthcare fraud — inform the client about legitimate options for VA coverage including the VA's Community Care program

18. An LCSW has been treating a client for three years. The LCSW wins a substantial lottery prize and decides to retire immediately. The LCSW has 45 active clients. What is the LCSW's ethical obligation regarding the practice closure?

A. Provide each client with adequate advance notice, individualized transition planning based on clinical acuity, appropriate referrals, and a reasonable period for the transition — recognizing that immediate retirement requires the LCSW to prioritize the safety and continuity of care for all clients, particularly those who are high-risk or have significant therapeutic attachment

B. Close the practice immediately since the LCSW has the right to retire at any time and clients can find new therapists independently

C. Continue practicing for one year before retiring since ethical standards require a minimum one-year notice period for practice closure

D. Transfer all 45 clients to a single colleague who has agreed to accept the entire caseload to streamline the transition

19. An LCSW provides therapy to a client who is going through a high-conflict custody battle. The opposing party's attorney sends the LCSW a letter threatening to file a BBS complaint unless the LCSW provides a letter supporting the opposing party's custody position. The LCSW has never evaluated the opposing party. What should the LCSW do?

- A. Provide a neutral letter summarizing the therapeutic observations without making custody recommendations to satisfy the attorney's request and avoid the BBS complaint
- B. Comply with the attorney's demand to avoid the professional risk of a BBS complaint
- C. Recognize this as coercive and potentially illegal intimidation, decline to provide a letter supporting a party the LCSW has never evaluated, document the threatening communication, consult with a professional liability attorney about the threat, and continue providing ethical clinical services without being influenced by the legal threat
- D. File a counter-complaint against the attorney with the State Bar for threatening a licensed professional

20. An LCSW is treating a teenager whose parents are divorced and share joint legal custody. The mother, who brings the child to therapy, signs the informed consent. The father has not been informed about the therapy. After six months, the father discovers the treatment and objects, demanding it stop. What is the legal situation?

- A. The mother's consent is sufficient since she is the parent who arranged the treatment
- B. Joint legal custody generally requires both parents' knowledge and consent for mental health treatment decisions — the LCSW may need to involve the father in the consent process and cannot continue treatment over a custodial parent's objection without legal clarification about the specific custody order's provisions regarding healthcare decisions
- C. The father's objection is irrelevant since the therapy has been beneficial and terminating would harm the child
- D. The LCSW should continue therapy and advise the mother to file a motion with the family court to obtain sole authority over medical decisions

21. An LCSW is treating a client who mentions that their 16-year-old child has been working at a family member's restaurant for 12-hour shifts, six days a week, during the school year. The child has been falling asleep in class and grades have dropped significantly. The child is not being paid for the work. What should the LCSW consider?

- A. This is a family economic situation that should be addressed through vocational counseling rather than child protection channels
- B. Encourage the client to reduce the child's work hours and address the family's financial pressures therapeutically

C. Report the situation to the Department of Labor for child labor law violations since the hours exceed legal limits for minors during the school year

D. Whether a minor being required to work unpaid 12-hour shifts six days a week during the school year — resulting in educational harm evidenced by sleep deprivation and failing grades — constitutes exploitation and educational neglect that may warrant a mandated child abuse report

22. An LCSW is providing therapy to a client who has been experiencing command auditory hallucinations telling them to harm their neighbor. The client has been compliant with medication and reports the hallucinations have decreased. However, the client casually mentions that they recently purchased a knife "for cooking." The client has no history of violence. What should the LCSW assess?

A. Whether the combination of command hallucinations to harm a specific identifiable person and the recent acquisition of an item that could serve as a weapon warrants a more intensive safety evaluation — even though the client attributes the knife to cooking, the timing of the purchase in the context of active command hallucinations requires careful assessment of whether the knife represents means acquisition

B. Nothing additional since the client has attributed the knife purchase to a benign purpose and the hallucinations are decreasing on medication

C. Only whether the medication dosage should be increased since the hallucinations have not fully resolved

D. Only whether to notify the neighbor since the client has not made a direct verbal threat

23. An LCSW is providing group therapy. One group member discloses during session that she has HIV. After the session, another group member approaches the LCSW privately and states, "I need to know who in the group has HIV because I have the right to protect myself." What should the LCSW do?

A. Disclose the HIV-positive member's identity since other group members have a legitimate health concern

B. Inform the inquiring member that HIV is transmitted only through specific bodily fluid contact and the group therapy setting poses no transmission risk

C. Explain that confidentiality prevents disclosing any individual member's health information, provide psychoeducation about HIV transmission that addresses the member's concern without identifying anyone, and address the request as potential group process material regarding stigma and fear

D. Inform the entire group about the HIV disclosure at the next session since all members have a right to know for their safety

24. An LCSW is providing therapy to a client who is a truck driver and reveals that he has been experiencing microsleep episodes — brief involuntary episodes of sleep lasting a few seconds — while driving his commercial vehicle. He refuses to report this to his employer or stop driving. What level of analysis does this require?

- A. Address the sleep deprivation therapeutically and recommend the client improve his sleep hygiene without further intervention
- B. Assess the severity and frequency of the microsleep episodes, recognize that a commercial truck driver who loses consciousness even briefly while operating a large vehicle creates an imminent foreseeable risk of catastrophic harm to other motorists, discuss the safety implications directly, strongly encourage self-reporting and medical evaluation, and carefully evaluate whether the magnitude and imminence of risk to identifiable groups requires protective action
- C. Maintain strict confidentiality since the client's driving behavior is a personal employment matter
- D. Report the client to the DMV since California law requires healthcare providers to report medical conditions affecting driving

25. An LCSW treats a client who is a social worker at another agency. During therapy, the client discloses that she has been fabricating home visit reports for families on her caseload — she has not actually visited the homes but documents that she has. Some of these families include children under active CPS supervision. What should the LCSW consider?

- A. Whether the fabrication of home visit documentation for families with children under CPS supervision creates a situation where children who should be receiving safety monitoring are not being assessed — potentially placing them at risk of ongoing abuse or neglect — which may trigger the LCSW's own mandated reporting obligation separate from any professional misconduct concern
- B. Maintain strict confidentiality and address the fabrication exclusively as a workplace ethics issue within the therapy
- C. Report the client to the BBS for professional misconduct since fabricating clinical documentation violates licensing standards
- D. Encourage the client to confess to her supervisor and correct the documentation without any external reporting by the LCSW

26. An LCSW is treating a client with severe agoraphobia who has not left her apartment in two years. The client has been receiving groceries through delivery and seeing the LCSW via telehealth. The client's lease is expiring and the landlord is not renewing. The client will need to physically relocate but becomes panicked at the thought. What does the LCSW's role include?

- A. Continue weekly telehealth sessions focused on processing the anxiety about relocation and trust that the client will manage the move when the time comes
- B. Terminate therapy and refer to a therapist who can provide in-person home-based services to help with the physical relocation
- C. Recommend the client seek emergency psychiatric hospitalization to manage the anxiety during the relocation
- D. Intensify treatment to address the relocation crisis — potentially including increasing session frequency, developing a graduated exposure plan specifically targeting the steps required for relocation, coordinating with community resources for practical assistance, and advocating for accommodations with housing providers — while balancing the clinical management of the agoraphobia with the concrete reality of the approaching deadline

27. An LCSW is treating a client who works as an emergency medical technician and describes a growing pattern of emotional numbness. The client states they no longer feel empathy for patients and have been providing technically adequate but emotionally disconnected care. The client is not making errors. What clinical concern should the LCSW prioritize?

- A. Reassure the client that emotional numbing is a normal occupational response for EMTs and does not require clinical intervention
- B. Refer the client for psychiatric medication evaluation since the emotional numbness may indicate a depressive disorder requiring pharmacological treatment
- C. Address the emotional numbing as a potential indicator of burnout, compassion fatigue, or secondary traumatic stress — recognizing that while the client is not making technical errors now, the progression of emotional detachment in emergency responders is a well-documented trajectory that often escalates to impaired clinical judgment, substance use, or suicidality if left unaddressed
- D. Recommend the client take a temporary leave of absence from EMT work until the emotional numbing resolves through therapy

28. An LCSW is treating a client who is a college professor. The client reveals that a student has been sending increasingly threatening emails after receiving a failing grade. The most recent email states, "You'll regret what you did to me. I know where you park." The client is frightened but has not reported the emails to campus security. What should the LCSW do?

- A. Maintain confidentiality and address the client's fear response therapeutically since the threatening emails do not trigger any reporting obligation for the LCSW

B. Assist the client with safety planning, strongly encourage reporting to campus security and law enforcement, and assess whether the escalating threat pattern — combined with the specificity of knowing the client's parking location — warrants consideration of the LCSW's own duty to take protective action if the client refuses to report and the threat is assessed as credible

C. Contact the campus security office directly to report the threatening student on the client's behalf

D. Recommend the client change the student's grade to de-escalate the situation

29. An LCSW is treating a teenage client who discloses that a friend has been sending the client nude photographs of another classmate without the depicted classmate's knowledge or consent. The depicted classmate is 14 years old. The client is merely the recipient, not the distributor. Does the LCSW have a reporting obligation?

A. File a mandated child abuse report since the non-consensual distribution of nude images of an identifiable 14-year-old constitutes sexual exploitation of a minor — the LCSW received this information in a professional capacity regardless of whether the LCSW's own client is the perpetrator, the distributor, or merely the recipient

B. No reporting obligation exists since the LCSW's client is only the recipient and did not create or distribute the images

C. Report only if the LCSW's client saves or redistributes the images rather than merely receiving them

D. Advise the client to delete the images and warn their friend about the legal consequences of distributing child sexual abuse material

30. An LCSW is treating a client who describes increasingly vivid fantasies about becoming a school shooter. The client has no history of violence, does not own firearms, and has not identified a specific school. The client states the fantasies are "just thoughts" and they "would never actually do it." How should the LCSW evaluate this?

A. Accept the client's assurance that the fantasies are just thoughts and continue standard therapy without modification

B. Initiate a 5150 hold immediately since school shooting fantasies constitute a danger to others

C. Document the fantasies and increase session frequency to monitor for escalation without taking any external action

D. Conduct a comprehensive threat assessment evaluating the content, progression, specificity, and escalation of the fantasies, assess for planning behavior and means acquisition, recognize that the

absence of a specific named target does not eliminate the obligation to evaluate the threat carefully, and consult with colleagues about whether the pattern warrants protective action

31. An LCSW is treating a client who has been receiving disability benefits for a mental health condition. The client's condition has significantly improved and the client is now functionally capable of working. The client asks the LCSW not to document the improvement because losing disability benefits would cause financial hardship. What should the LCSW do?

A. Comply with the client's request to protect the client from financial harm since the LCSW's primary obligation is to the client's wellbeing

B. Immediately report the client to the disability benefits agency for potential fraud

C. Document the clinical improvement accurately and honestly, explain to the client that the LCSW is ethically and legally obligated to maintain truthful clinical records, discuss the client's concerns about financial impact, and help the client develop a plan for transitioning from disability benefits to employment — including exploring vocational rehabilitation services and gradual re-entry programs

D. Continue documenting the ongoing disability without noting the improvement since the clinical record should reflect the diagnosis rather than the current functioning level

32. An LCSW is providing therapy to a client who is a police detective. The client has been investigating a child sexual exploitation case and has been required to view extensive child sexual abuse material as part of the investigation. The client presents with intrusive images, nightmares, and hyperarousal consistent with secondary traumatic stress. What should the LCSW consider?

A. Refer the client to a psychiatrist for PTSD medication since the symptoms are beyond the scope of psychotherapy

B. Treat the secondary traumatic stress using evidence-based trauma interventions, recognize that the ongoing occupational exposure means the client will continue to encounter the traumatic material, and develop strategies for both processing the existing trauma and building resilience for continued exposure — while assessing whether the client can continue the investigation safely or whether recommending a temporary reassignment is clinically indicated

C. Report the detective's viewing of child sexual abuse material to the detective's supervisor since the LCSW has knowledge of a professional viewing illegal content

D. Normalize the symptoms and reassure the client that exposure to disturbing material is an expected part of law enforcement work that does not require clinical intervention

33. An LCSW is treating a family where the parents recently adopted a child from another country. The child, age 6, has significant behavioral challenges that the parents describe as "much worse than the adoption agency told us." The parents are expressing regret about the adoption and have mentioned "sending the child back." What should the LCSW address?

A. The parents' feelings of being overwhelmed and misled, the reality that adoption dissolution (sometimes called "rehomeing") can constitute abandonment and may trigger child welfare involvement, the need for specialized post-adoption support services, and the child's attachment needs — while treating the family system with urgency given the risk to the child's stability

B. Validate the parents' feelings and support them in exploring the process for dissolving the adoption since the parents' mental health must be prioritized

C. Report the parents to CPS immediately since expressing a desire to "send back" an adopted child constitutes emotional abuse

D. Focus exclusively on behavior management strategies for the child since the behavioral challenges are the root cause of the family's distress

34. An LCSW is treating a client who is a public school teacher diagnosed with bipolar disorder. The client has been stable on medication for years but has elected to discontinue mood stabilizers due to side effects without consulting the prescribing psychiatrist. The client teaches 30 elementary students daily. What multiple concerns does this present?

A. Only the client's right to make autonomous medication decisions which the LCSW should support without further analysis

B. Only the therapeutic concern of managing the potential mood episode that may follow discontinuation

C. Only the professional concern of whether the school should be notified about the medication change

D. The clinical urgency of contacting the prescribing psychiatrist about the unilateral medication discontinuation, the risk assessment for mood destabilization affecting 30 elementary students in the client's daily care, the importance of discussing the decision's potential consequences openly with the client, and the evaluation of whether foreseeable risk to the children may require action beyond standard therapy

35. An LCSW working at a hospital provides therapy to a patient who is an organ transplant recipient. The transplant team requires ongoing psychological clearance for the patient to remain eligible for future transplant consideration. The patient has relapsed into alcohol use, which is a disqualification criterion. The patient begs the LCSW not to report the relapse to the transplant team. What should the LCSW do?

- A. Maintain confidentiality since the relapse is disclosed in a therapeutic context and the patient has a right to privacy
- B. Report the relapse to the transplant team immediately without discussing it with the patient since the team needs accurate clinical information
- C. Address the relapse honestly, explain the LCSW's obligation to provide accurate clinical information to the transplant team as part of the integrated care model, help the patient understand the clinical rationale for the sobriety requirement, and support the patient in disclosing the relapse while developing a treatment plan for the substance use
- D. Document the relapse in the therapy chart but omit it from any reports to the transplant team to protect the patient's transplant eligibility

36. An LCSW is treating a client who is a stay-at-home parent experiencing severe postpartum depression. The client's partner dismisses the depression as "laziness" and refuses to help with childcare or household responsibilities. The client is becoming increasingly dysfunctional. What should the LCSW consider beyond the individual therapy?

- A. Focus exclusively on the client's depression since the partner's behavior is outside the therapeutic relationship
- B. Address the systemic factors contributing to the depression — including the partner's dismissiveness as a potential barrier to recovery, the possibility that the partner's refusal to help constitutes a form of emotional abuse, the client's capacity to safely care for the infant given the severity of the depression, and whether couples therapy or psychoeducation for the partner could be integrated into the treatment plan
- C. Contact the partner directly and educate them about postpartum depression without the client's authorization
- D. File a mandated child abuse report since the client's depression may be affecting the infant's care

37. An LCSW is treating a client who reveals they recently discovered that their therapist from 10 years ago — a different provider — had documented false diagnoses in their clinical records to justify insurance reimbursement. These false diagnoses remain in the client's permanent medical record and have affected subsequent treatment. What should the LCSW do?

- A. File a BBS complaint against the former therapist on the client's behalf since the LCSW has knowledge of documentation fraud

B. Provide the client with information about options for correcting the medical record, explain the process for filing a BBS complaint and requesting record amendment, support the client therapeutically in processing the betrayal of trust, and document accurate diagnostic information in the current clinical record

C. Contact the former therapist and demand they correct the documentation

D. Accept the prior diagnoses in the record and incorporate them into the current treatment formulation since they are part of the official medical record

38. An LCSW is providing therapy to a client with severe OCD who performs hand-washing rituals lasting hours daily, resulting in cracked and bleeding skin. The client is in distress but refuses exposure and response prevention (ERP), the evidence-based treatment for OCD, because the anxiety it produces feels "unbearable." The client wants only supportive therapy. What should the LCSW do?

A. Provide supportive therapy exclusively since the client has the right to refuse any specific treatment modality

B. Terminate therapy and refer to an OCD specialist since continuing non-ERP treatment constitutes substandard care

C. Implement ERP without the client's consent since the severity of the OCD justifies overriding the client's treatment preferences

D. Continue to build the therapeutic relationship while educating the client about ERP, exploring the fear underlying the resistance, validating the difficulty of the treatment, and using motivational interviewing to enhance readiness for evidence-based treatment — recognizing that refusing ERP today does not mean the client will refuse it permanently, and that pressuring a client into treatment they are not ready for often backfires

39. An LCSW is treating a client who describes a pattern of being groomed and exploited by authority figures throughout her life — teachers, coaches, therapists, clergy. The client has recently begun idealizing the LCSW. What should the LCSW be MOST vigilant about?

A. The potential that the client is attempting to manipulate the LCSW as she has manipulated previous authority figures

B. The need to establish firm boundaries by maintaining strict emotional distance from the client to prevent any boundary crossing

C. The risk that the transference dynamic is recreating the exploitation pattern within the therapeutic relationship, requiring the LCSW to maintain heightened self-awareness about power dynamics, seek

ongoing consultation, monitor for any boundary drift, and use the transference therapeutically rather than inadvertently repeating the exploitation cycle

D. The possibility that the client's reported history of exploitation is fabricated to gain sympathy and special treatment from the LCSW

40. An LCSW is providing services at a community mental health center when a client who has been denied services due to a full caseload returns in acute crisis. The client is suicidal and has no other provider. The waitlist for the center is three months. What should the LCSW do?

A. Provide immediate crisis intervention regardless of caseload limitations, as a suicidal client presenting in acute crisis cannot be turned away based on administrative capacity — the LCSW should stabilize the client, develop a safety plan, and arrange for ongoing services through any available pathway

B. Follow the center's policy and direct the client to the nearest emergency room since the center's caseload is at capacity

C. Place the client at the top of the waitlist and schedule an intake appointment for the following week

D. Provide a list of alternative providers and crisis hotline numbers and document the referral

41. An LCSW is treating a client who works as a pediatric emergency room nurse. The client describes a disturbing pattern: a child who has been brought to the ER four times in six months with injuries the client believes are inconsistent with the explanations given. The ER physicians have not filed a report because each individual visit appeared plausible in isolation. What is the LCSW's obligation?

A. Encourage the nurse to document the pattern and advocate within the hospital for a cumulative review of the cases

B. Assess whether the cumulative pattern described by the nurse — four ER visits in six months with injuries inconsistent with explanations — creates reasonable suspicion of child abuse in the LCSW's professional judgment, potentially warranting the LCSW's own independent mandated report based on the pattern information received in a professional capacity

C. Defer to the ER physicians' judgment since they have examined the child directly and the LCSW has not

D. Maintain strict confidentiality since the information about the child is secondhand from a client in therapy

42. An LCSW is treating a client who reveals she has been stealing prescription pads from physicians' offices where she works as a medical assistant. She has been forging prescriptions for opioids. She is not diverting the medications to others — she is addicted and using them herself. What is the LCSW's primary clinical obligation?

- A. Report the prescription forgery to law enforcement since the LCSW has knowledge of an ongoing felony
- B. Report the client to the physicians whose prescription pads have been stolen since they are identifiable victims
- C. Contact the Medical Board since prescription forgery involves unauthorized use of physicians' credentials
- D. Prioritize the substance use disorder as a clinical emergency, address the addiction with urgency and appropriate treatment referrals including medication-assisted treatment, assess the client's risk for overdose, and address the criminal behavior's clinical and legal implications — while recognizing that prescription forgery for personal use does not trigger a mandatory reporting exception but the addiction itself constitutes a clinical crisis

43. An LCSW is providing therapy to a client who is a commercial airline pilot. The client describes increasing panic attacks during flights. The client has not reported the panic attacks to the airline or the FAA. The client states the attacks are brief and they can "white-knuckle through them." What should the LCSW consider?

- A. Maintain confidentiality since panic disorder is a treatable medical condition and the client is managing the symptoms
- B. Immediately report the pilot to the FAA since the LCSW has a duty to protect the passengers on the pilot's flights
- C. Whether a commercial airline pilot experiencing panic attacks during flights — even if currently manageable — creates a foreseeable risk that a severe episode could impair the pilot's ability to operate the aircraft safely, potentially endangering hundreds of identifiable passengers, and whether this risk assessment triggers a protective obligation requiring direct discussion with the client, encouragement of self-reporting, and evaluation of whether action beyond therapy is warranted
- D. Focus therapy on treating the panic disorder and trust that successful treatment will resolve the occupational safety concern

44. An LCSW is treating a couple in which one partner has a severe gambling disorder. During a session, the gambling partner reveals they have forged the other partner's signature to take out a second

mortgage on their jointly owned home. The non-gambling partner is sitting in the session and learns this for the first time. What should the LCSW do in this moment?

- A. Manage the immediate crisis in the room — attending to the non-gambling partner's shock and the gambling partner's disclosure, de-escalating if necessary, providing information about legal options for the non-gambling partner, and addressing the forgery as both a relational betrayal and a criminal act that has financial and legal implications for both partners
- B. Maintain therapeutic neutrality and avoid commenting on the legal dimensions of the forgery since providing legal guidance is outside the LCSW's scope
- C. Focus the session on the gambling partner's recovery since the underlying addiction is the root cause of the forgery
- D. End the session and refer both partners to individual therapists since the revelation has created a conflict that makes continued conjoint work impossible

45. An LCSW is treating a 16-year-old client who reveals that a 30-year-old man she met online has been sending her money in exchange for sexually explicit video calls. She describes the man as her "boyfriend" and insists the relationship is consensual. What is the LCSW's obligation?

- A. Respect the adolescent's perception of the relationship since she describes it as consensual and she initiated the online contact
- B. File a mandated child abuse report since an adult engaging in sexually explicit video exchanges with a 16-year-old and providing financial compensation constitutes sexual exploitation of a minor regardless of the minor's characterization of the relationship as consensual or voluntary
- C. Address the relationship dynamics therapeutically and educate the client about healthy relationships without filing a report since no physical contact has occurred
- D. Report the situation only if the client provides the man's identifying information since a mandated report requires an identifiable perpetrator

46. An LCSW is providing therapy to a client who works as a home inspector. The client describes a recent inspection where they discovered a home with severe black mold contamination that poses serious health risks. The client was pressured by the real estate agent to omit the mold finding from the inspection report, and the client complied. A family with young children has since purchased the home. What should the LCSW consider?

- A. Maintain strict confidentiality since real estate fraud does not trigger any mandatory reporting exception
- B. Encourage the client to correct the inspection report and disclose the mold finding to the buyers
- C. File a mandated child abuse report since the mold poses a health risk to the children now living in the home
- D. Whether young children living in a home with known severe black mold contamination — which can cause serious respiratory illness — face a foreseeable health risk, and whether the LCSW's knowledge of this specific danger to identifiable children warrants ethical analysis beyond standard confidentiality, while also addressing the client's professional misconduct and its personal implications therapeutically

47. An LCSW has been treating a client with chronic pain for four years using a supportive therapy approach. The client's functioning has not improved and may have worsened. A colleague suggests the LCSW consider whether the supportive therapy is inadvertently reinforcing the client's sick role and maintaining disability. What should the LCSW do?

- A. Dismiss the colleague's observation since it represents a different theoretical orientation that is incompatible with the LCSW's approach
- B. Terminate the supportive therapy and implement a behavioral activation approach without discussing the change with the client
- C. Honestly evaluate whether the current approach may be contributing to the client's stagnation, consult with the colleague and potentially with a chronic pain specialist, discuss the concern openly with the client, and consider whether a modified or alternative approach could better serve the client's recovery goals
- D. Continue the current approach since four years of therapeutic relationship represents a significant investment that should not be disrupted

48. An LCSW is treating a client who is a construction foreman. The client reveals that his company has been hiring undocumented workers and paying them below minimum wage while requiring them to work without safety equipment. Several workers have been injured. The client participates in this system reluctantly. What ethical layers does the LCSW face?

- A. Whether the exploitation of vulnerable workers — including documented injuries from working without safety equipment — creates a situation where identifiable persons are at foreseeable risk of harm that extends the LCSW's ethical analysis beyond standard confidentiality, while also addressing the client's moral distress and the systemic factors contributing to the exploitation

- B. Maintain strict confidentiality since labor exploitation does not trigger any mandatory reporting exception
- C. Report the company to OSHA since the LCSW has knowledge of workplace safety violations
- D. Address the client's guilt therapeutically without analyzing the broader safety implications

49. An LCSW is providing therapy to an elderly client who reveals that their financial advisor has been making unauthorized transactions, moving money into accounts that benefit the advisor. The client is 78, has mild cognitive impairment, and trusts the advisor completely. What is the LCSW's obligation?

- A. Recommend the client discuss the concern with a family member who can provide a second opinion on the financial transactions
- B. File a mandated elder abuse report since an individual in a position of trust making unauthorized financial transactions that benefit themselves at the expense of a cognitively impaired elderly person constitutes financial exploitation of a dependent adult
- C. Contact the financial advisor to discuss the transactions before filing any report
- D. Maintain confidentiality and monitor the situation since the client has not experienced any harm and continues to trust the advisor

50. An LCSW is providing therapy to a client who is being trafficked for labor. The client is a foreign national whose documents have been confiscated by the employer. The client is terrified of deportation and does not want any external intervention. What should the LCSW prioritize?

- A. Respect the client's wishes and maintain strict confidentiality since the client has explicitly refused external intervention
- B. Report the employer to law enforcement immediately since labor trafficking is a federal crime
- C. Contact immigration services to clarify the client's legal status before taking any action
- D. Provide safety information including the National Human Trafficking Hotline, educate the client about their legal rights as a trafficking victim including eligibility for T-visa protection regardless of immigration status, build trust while addressing the fear that is being used as a tool of control, and continue providing therapeutic support while working toward the client's readiness for intervention

51. An LCSW is treating a client who has been compliant with court-ordered therapy for 11 of the 12 required months. During the final month, the client makes a credible threat against a specific individual.

The LCSW fulfills the Tarasoff duty. The client is furious and demands the LCSW write a favorable completion letter to the court despite the threat. What should the LCSW do?

- A. Provide an honest completion report that documents the client's 11 months of compliance AND the recent threat and the LCSW's response to it, allowing the court to make an informed determination based on the complete clinical picture
- B. Write a favorable completion letter since the client completed 11 of 12 required months and one incident should not negate the overall compliance
- C. Refuse to write any letter until the threat situation has been fully resolved and the client has demonstrated sustained behavioral change
- D. Write two separate documents — a completion letter covering the first 11 months and a separate incident report about the threat

52. An LCSW is providing supervision when a supervisee presents a case involving a client with active suicidal ideation. The supervisee has not conducted a risk assessment, has not developed a safety plan, and has not documented the suicidal ideation in the clinical record. What is the supervisor's MOST urgent action?

- A. Schedule an emergency supervision session for the following day to review the supervisee's documentation practices
- B. Instruct the supervisee to increase session frequency with the suicidal client to provide more intensive monitoring
- C. Direct the supervisee to conduct an immediate risk assessment, develop a safety plan with the client before the client leaves the building if possible, and document the suicidal ideation and the clinical response — the supervisor bears vicarious liability for the supervisee's clinical practice and must ensure minimum safety standards are met immediately
- D. File a BBS complaint against the supervisee for failing to meet the standard of care

53. An LCSW is treating a client who is a healthcare executive. The client describes implementing a policy that reduces nurse staffing ratios at the hospital below levels that research indicates are safe. The client acknowledges that patient outcomes will likely worsen but states the financial pressures require the cuts. The client is experiencing moral distress. What should the LCSW do?

A. Report the staffing decision to the California Department of Public Health since the policy violates safe staffing standards

B. Address the moral distress therapeutically, explore the conflict between the client's values and the institutional pressures, and help the client examine the ethical implications of the decision — including the foreseeable impact on patients — while supporting the client in identifying whether any action can be taken to mitigate the harm or whether the client's own integrity requires a different professional path

C. Maintain confidentiality and focus exclusively on the client's emotional response without addressing the ethical dimensions of the staffing decision

D. Advise the client to implement the staffing cuts since financial sustainability of the institution ultimately serves patient care in the long term

54. An LCSW is treating a client who is a veterinarian. The client reveals experiencing intrusive thoughts about euthanizing healthy animals that come in for routine visits. The thoughts are ego-dystonic and distressing. The client has not acted on them. How should the LCSW conceptualize this presentation?

A. Report the veterinarian to the California Veterinary Medical Board since the thoughts indicate they are a danger to animals in their care

B. Recommend the veterinarian take an immediate leave of absence from clinical practice until the intrusive thoughts resolve

C. Advise the client to avoid performing any euthanasia procedures to reduce the triggering stimulus

D. Assess the presentation as likely consistent with harm-related OCD — ego-dystonic intrusive thoughts about causing harm that the individual finds distressing and does not wish to act upon — and treat it using evidence-based OCD interventions while monitoring for any change in the ego-dystonic quality of the thoughts that would alter the risk assessment

55. An LCSW is providing therapy to a client who is a professional musician. The client has developed focal dystonia — involuntary muscle contractions — in their hands that prevents them from playing their instrument. The client is experiencing a profound identity crisis and grief. Some colleagues have minimized the loss, saying "it's just a job." What should the LCSW recognize?

A. That the loss of the ability to play an instrument for a professional musician may constitute a loss equivalent in psychological magnitude to the loss of a relationship or a part of the body — the grief is legitimate and profound, and minimizing it as "just a job" fails to recognize that professional identity, creative expression, and livelihood are simultaneously affected

- B. That the client should focus on practical career transition planning since grieving an instrument will not restore function
- C. That the loss of musical ability is a medical issue that should be addressed exclusively through neurological treatment rather than psychotherapy
- D. That the client's reaction is disproportionate and may indicate an underlying personality disorder characterized by excessive attachment to a single identity

56. An LCSW is providing therapy to a client who has been experiencing dissociative episodes where they lose awareness of their actions for periods of time. During a recent episode, the client woke up in a different city with no memory of how they got there. The client drove during the episode. What safety concern must the LCSW address?

- A. Only the clinical management of the dissociative disorder through appropriate therapeutic interventions
- B. Only the possibility that the client may have committed acts during the dissociative episodes that they cannot remember
- C. Whether the client's dissociative episodes — which include driving while in a dissociated state — create a foreseeable risk of harm to the client and others on the road, and whether the LCSW should address the driving safety issue directly, recommend the client not drive until the dissociative episodes are better controlled, and evaluate whether the risk to identifiable road users warrants additional action
- D. Only the medication management of the dissociative symptoms through psychiatric referral

57. An LCSW is treating a client who is a school crossing guard. The client has developed significant vision problems — difficulty seeing traffic signals, inability to read license plates, and blurred vision at distance. The client has not reported the vision changes to their employer and continues to direct children across busy intersections daily. What is the LCSW's obligation?

- A. Maintain confidentiality since the client's vision problems are a medical condition unrelated to the therapy
- B. Assess whether a crossing guard with significant vision impairment who directs children across busy intersections creates a foreseeable risk of serious harm to identifiable children, discuss the safety implications directly, strongly encourage medical evaluation and employer disclosure, and evaluate whether the magnitude of risk to specific vulnerable persons requires protective action
- C. Refer the client for an ophthalmology evaluation and continue monitoring the situation therapeutically

D. Report the client to the city's department of public works since the vision impairment poses a public safety risk

58. An LCSW treats a client who describes their 12-year-old child's experience at a private boarding school. The child has reported being required to participate in ritualistic hazing by older students that includes being stripped, doused in cold water, and forced to perform humiliating acts. Staff members are aware and describe it as "tradition." What is the LCSW's obligation?

A. Recommend the client remove the child from the school and pursue legal action against the institution

B. Encourage the client to report the hazing through the school's formal complaint process

C. Advise the client to contact the school's accreditation body about the hazing practices

D. File a mandated child abuse report since the described hazing — forced stripping, dousing, and humiliation of minors with staff knowledge and tacit approval — constitutes institutional physical and emotional abuse of children

59. An LCSW is treating a client who has been struggling with infertility and has undergone five unsuccessful IVF cycles. The client is emotionally and financially depleted. The client's fertility specialist recommends a sixth cycle. The client asks the LCSW, "Should I try again?" What should the LCSW do?

A. Recommend the client try one more cycle since the persistence demonstrates commitment to the goal of parenthood

B. Recommend the client stop IVF since the emotional and financial toll has become too great

C. Refer the client to a reproductive psychologist who specializes in fertility-related decision-making

D. Help the client process the complex emotions surrounding the decision, explore the client's values, fears, and hopes without directing the outcome, assess the client's emotional capacity for another cycle, and support the client's autonomous decision-making rather than providing a recommendation for or against a sixth attempt

60. An LCSW is treating a client who works at a nuclear power plant. The client describes a safety culture at the facility that discourages workers from reporting equipment malfunctions, and the client has personally witnessed several unreported incidents. The client is experiencing anxiety about a potential catastrophic failure. What should the LCSW consider?

- A. Report the safety concerns to the Nuclear Regulatory Commission since the LCSW has knowledge of potential public safety hazards
- B. Maintain strict confidentiality and address the client's anxiety therapeutically since nuclear safety regulation is outside the LCSW's professional responsibility
- C. Whether the described pattern of suppressed safety reporting at a nuclear facility creates a foreseeable risk of catastrophic harm to identifiable communities, and while industrial safety concerns do not fall within standard therapy reporting exceptions, the extraordinary magnitude of potential harm — nuclear disaster — warrants careful ethical analysis beyond routine confidentiality considerations
- D. Encourage the client to use the NRC's anonymous reporting system and provide therapeutic support for the whistleblowing process

61. An LCSW is treating a client who is a pharmacist. The client reveals that they have been filling prescriptions incorrectly due to rushing during staffing shortages — giving wrong medications and wrong doses to patients. No patient has died, but several have experienced adverse reactions. The client feels trapped because reporting the errors would cost them their license. What should the LCSW analyze?

- A. Maintain confidentiality and address the work stress therapeutically since the dispensing errors are employment-related rather than abuse-related
- B. Whether identifiable patients are receiving wrong medications and wrong doses — creating a foreseeable and ongoing risk of serious harm including potential death — and whether this pattern of known, unreported medication errors that continue to occur warrants analysis beyond standard therapeutic confidentiality
- C. Report the pharmacy to the Board of Pharmacy since the LCSW has knowledge of unsafe pharmaceutical practices
- D. Encourage the client to correct the errors and implement quality control measures without external reporting

62. An LCSW is providing therapy to a client who is a social media influencer with a large following of primarily teenage fans. The client has been promoting an extreme diet that the LCSW recognizes as medically dangerous and potentially fatal. The client attributes their own "success" to the diet and encourages followers to adopt it. What ethical consideration arises?

- A. Explore the clinical significance of the dangerous diet promotion as therapeutic material — including the client's relationship with food, body image, and the psychological function of the influencer role —

while also discussing the potential harm to the impressionable teenage audience and the ethical responsibility that comes with influence over vulnerable populations

B. Maintain strict focus on the client's presenting problem without addressing the diet promotion since social media content is the client's personal business

C. Report the client's social media account to the platform for promoting dangerous health content

D. Refer the client to a nutritionist and request that the client stop promoting the diet as a condition of continuing therapy

63. An LCSW is treating a client who works at a water treatment facility. The client describes a situation where cost-cutting measures have resulted in inadequate water treatment, and the client believes the tap water being distributed to the community contains dangerous levels of contaminants. The client has reported internally without result. What should the LCSW consider?

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

B. Encourage the client to report to the EPA and provide therapeutic support through the whistleblowing process

C. Report the water contamination to the local public health department since the LCSW has knowledge of a public health emergency

D. Whether a community unknowingly consuming water with dangerous contaminant levels — potentially including children and immunocompromised individuals — faces a foreseeable risk of serious harm, and while environmental safety disclosures in therapy don't trigger standard reporting exceptions, the magnitude and specificity of the potential public health disaster warrants careful ethical analysis beyond routine confidentiality parameters

64. An LCSW treats a client who is a certified nursing assistant at a memory care facility. The client describes a coworker who has been taking residents on outings without proper authorization and driving them in the coworker's personal vehicle without appropriate safety equipment. One resident with advanced dementia was left unattended in the vehicle for 45 minutes while the coworker went into a store. What is the LCSW's obligation?

A. Encourage the client to report the coworker's conduct to the facility administration

B. Advise the client to refuse to participate in any future unauthorized outings to protect herself professionally

C. File a mandated elder abuse report since leaving a cognitively impaired elderly person unattended in a vehicle for 45 minutes constitutes neglect and endangerment of a dependent adult

D. Document the information and monitor for additional reports of the coworker's behavior before deciding whether to file a report

65. An LCSW is treating a client who has been struggling with compulsive sexual behavior and has been using anonymous online platforms for sexual encounters. The client discloses that during a recent encounter, the other person appeared to be significantly underage — the client estimates 14 or 15 years old. The client states they "didn't know the person was underage" and left when they realized it. What should the LCSW do?

A. Maintain confidentiality and address the compulsive sexual behavior therapeutically since the client left the encounter upon realizing the person's age

B. File a mandated child abuse report since the client has described a situation where a minor was being exploited through an online platform for sexual encounters — the minor's presence on such a platform suggests the minor may be a victim of trafficking or exploitation regardless of the client's stated response

C. Report the online platform to the National Center for Missing and Exploited Children since the platform is facilitating minors' access to sexual content

D. Advise the client to verify age in all future encounters and address the incident as a wake-up call for the compulsive behavior pattern

66. An LCSW is treating a client who is a preschool teacher and reveals that the preschool's outdoor play area borders an unfenced retention pond. Children have wandered near the pond's edge on multiple occasions. The preschool director refuses to install fencing due to cost. What should the LCSW consider?

A. Whether young children repeatedly approaching an unfenced body of water at a childcare facility — where the institution has been alerted to the danger and refuses to mitigate it — constitutes a child endangerment situation warranting a mandated report, as the institutional failure to address a known drowning hazard places identifiable children at substantial risk

B. Encourage the client to supervise children more carefully near the pond and address the workplace stress therapeutically

C. Report the unfenced pond to the city's building code enforcement office since the lack of fencing likely violates local ordinances

D. Recommend the client document the safety concern in writing and submit it to the director as a formal complaint

67. An LCSW is treating a client who is a surgeon. The client reveals that during a recent operation, they realized the surgical team was operating on the wrong site — the wrong knee. The client did not stop the procedure because they "didn't want to embarrass the team." The wrong-site surgery was completed. What should the LCSW analyze?

A. Maintain strict confidentiality since the surgical error has already occurred and cannot be undone

B. Report the wrong-site surgery to the hospital's quality assurance department on the client's behalf

C. Focus therapy on the client's difficulty with assertiveness in professional settings since this is the underlying issue

D. Whether the LCSW has received information about an identifiable patient who was subjected to a wrong-site surgery that has not been reported, assess the clinical significance of the client's failure to intervene, strongly encourage the client to report through appropriate channels, and evaluate whether the ongoing concealment of a known wrong-site surgery creates an obligation extending beyond standard confidentiality

68. An LCSW is treating a family where the 10-year-old child has been diagnosed with gender dysphoria and has expressed a desire to socially transition. One parent supports the transition while the other is adamantly opposed, threatening to leave the family if the child transitions. The child is becoming increasingly distressed. What should the LCSW prioritize?

A. Support the opposing parent's position since maintaining family unity is in the child's best interest

B. Support the affirming parent's position since research supports social transition for children with gender dysphoria

C. Assess and prioritize the child's psychological wellbeing and safety, create a therapeutic space where both parents' concerns can be explored, provide evidence-based information about gender dysphoria in children, and work toward a resolution that centers the child's needs while acknowledging the family system's complexity

D. Refer the family to a gender specialist and defer all clinical decisions about the transition to the specialist

69. An LCSW is treating a client who mentions that their elderly parent's new "companion" has been isolating the parent from family and friends, accompanying the parent to all appointments, and has recently been added to the parent's bank accounts. The parent has moderate dementia. What should the LCSW consider?

- A. Respect the parent's right to choose their own companions and financial arrangements
- B. File a mandated elder abuse report since the pattern described — isolation from family, constant accompaniment to appointments preventing private communication, and gaining financial access to a person with moderate dementia — constitutes a classic pattern of undue influence and potential financial exploitation of a vulnerable elder
- C. Advise the client to seek a conservatorship over the parent to prevent further exploitation
- D. Encourage the client to confront the companion directly and demand they relinquish access to the parent's bank accounts

70. An LCSW is treating a client who is a high school chemistry teacher. The client reveals that a student has asked detailed questions about synthesizing methamphetamine under the guise of a "science project." The student has also been observed purchasing supplies consistent with drug manufacturing. The student is 16 years old. What should the LCSW consider?

- A. Whether a 16-year-old who is seeking methamphetamine synthesis knowledge and acquiring manufacturing supplies may be at risk of harm from involvement in drug production — including chemical exposure, explosion risk, and criminal consequences — potentially warranting a mandated child abuse report for child endangerment, while also considering the teacher's own mandated reporting obligation
- B. Maintain confidentiality and address the client's concern about the student therapeutically
- C. Report the student to law enforcement since the manufacturing supplies indicate imminent criminal activity
- D. Encourage the client to report the concern to the school principal and address the client's workplace anxiety

71. An LCSW has been treating a client for chronic depression. After two years of weekly therapy with minimal progress, the client asks, "Do you think maybe I need a different kind of help than what you're providing?" How should the LCSW respond?

- A. Affirm the client's insight, honestly assess whether the current treatment approach has been effective, discuss the possibility that a different modality, a different provider, or additional interventions might better serve the client, and collaboratively explore alternatives — recognizing that two years of minimal progress may indicate a treatment mismatch rather than client resistance
- B. Reassure the client that the therapeutic relationship takes time and encourage patience with the process
- C. Interpret the question as the client's resistance to treatment and explore the underlying dynamics
- D. Agree that therapy has been unsuccessful and initiate termination with referrals

72. An LCSW is treating a client who is a school administrator. The client describes a situation where a teacher at the school has been discovered to have an active warrant for sexual assault of a minor in another state. The school board has decided not to terminate the teacher or report the warrant because "it's from another jurisdiction and hasn't been adjudicated." The teacher continues to have daily unsupervised access to students. What should the LCSW do?

- A. Maintain confidentiality since employment decisions regarding school staff are outside the LCSW's professional responsibility
- B. Encourage the client to escalate the concern to the state superintendent's office and support the client through the process
- C. File a mandated child abuse report since a person with an active sexual assault warrant involving a minor has daily unsupervised access to children, creating reasonable suspicion that children may be at risk — the school board's inaction does not eliminate the LCSW's independent reporting obligation
- D. Contact the school board directly and demand the teacher be removed from the classroom

73. An LCSW is providing therapy to a client who works at an animal shelter. The client reveals that the shelter has been euthanizing healthy, adoptable animals at a rate far exceeding capacity limitations, and the client suspects the director is doing so to reduce operating costs. The client is experiencing significant moral distress. What is the LCSW's legal obligation?

- A. Report the shelter to animal control for the excessive euthanasia of healthy animals
- B. The LCSW has no mandated reporting obligation for animal welfare concerns as these fall outside the exceptions to the psychotherapist-patient privilege — the LCSW should address the client's moral distress therapeutically and support the client in exploring reporting options through appropriate animal welfare channels

C. File a police report for animal cruelty since the unnecessary euthanasia of healthy animals constitutes criminal conduct

D. Contact the local humane society to investigate the shelter's euthanasia practices

74. An LCSW is providing therapy to a client who recently discovered that their 16-year-old child has been recruited by an adult into a "sugar daddy" arrangement where the minor provides sexual services in exchange for expensive gifts and money. The child views this as a relationship and does not want it to end. What is the LCSW's obligation?

A. File a mandated child abuse report immediately since an adult exchanging money and gifts for sexual services from a 16-year-old constitutes commercial sexual exploitation of a minor — regardless of the minor's characterization of the arrangement as a voluntary relationship

B. Address the situation therapeutically with the parent and recommend family therapy to address the parent-child relationship dynamics

C. Encourage the parent to confront the child about the arrangement and set appropriate boundaries

D. Report the arrangement only if the parent can identify the adult by name since a mandated report requires an identifiable perpetrator

75. An LCSW has completed this entire examination series — 1,200 unique questions across 16 exams. What overarching principle has remained constant from the first question to the last?

A. That clinical intuition alone is sufficient to guide ethical decision-making across all practice contexts

B. That strict rule-following without clinical judgment provides the most reliable ethical framework

C. That ethical practice demands the integration of legal knowledge, clinical skill, cultural humility, honest self-assessment, and the courage to act when circumstances require it — always in service of the client's welfare and always guided by the recognition that every clinical situation is unique and deserves its own thoughtful analysis

D. That the correct answer to every ethical dilemma can be found in the NASW Code of Ethics

Practice Exam 24: Answer Key and Explanations

1. A — The psychotherapist-patient privilege protects therapy records from disclosure without the client's authorization. A team physician's claim of "player safety" does not override this privilege. The LCSW should decline to release information, inform the client about the request, and collaboratively determine how to respond. The client — not the team — controls access to mental health information.
2. D — Couples therapy requires good faith participation by both partners. A partner using therapy as a covert intelligence-gathering operation against the other partner fundamentally corrupts the therapeutic process. The LCSW cannot facilitate a process designed to exploit one partner's vulnerability and should address the incompatibility directly, determining whether ethical continuation is possible.
3. C — Social work practice extends beyond individual therapy to include advocacy and systems navigation. A foster youth aging out of care faces simultaneous loss of housing, healthcare, and support — the LCSW should integrate resource coordination, connect the client with AB 12 extended foster care benefits, Medi-Cal continuation, and transitional services. Addressing systemic barriers is a core social work obligation.
4. B — Fabricated success statistics constitute deceptive advertising that harms prospective clients making treatment decisions based on false information. The LCSW should raise the concern through internal channels first, and if advocacy fails, consider reporting to the California Department of Health Care Services or the BBS. Prospective clients deserve accurate information to make informed treatment choices.
5. D — An emancipated minor holds their own rights to confidentiality and controls their own health information. Emancipation grants the minor legal adult status in healthcare decisions. The biological parents — even if parental rights were not terminated — have no right to access the emancipated minor's therapy records without the minor's authorization.
6. A — The LCSW's primary obligation is treating the health anxiety using evidence-based approaches while coordinating with the primary care provider. The goal is reducing unnecessary ER utilization through appropriate clinical management — not restricting the client's healthcare access, shaming the client about costs, or reporting behavior that does not constitute fraud.

7. C — Respecting each alter's expressed identity — including pronoun preferences — supports the therapeutic alliance with the entire system and demonstrates clinical respect for the client's complex identity structure. DID treatment requires engaging with each alter as they present themselves. Using only the host's pronouns or refusing to acknowledge alters' identities undermines the therapeutic work.

8. B — Children being deprived of prescribed post-surgical pain medication — resulting in documented unmanaged pain — constitutes a form of harm to identifiable child patients. The drug diversion is secondary to the child welfare concern. The LCSW should assess whether the information about children suffering from withheld medication creates reasonable suspicion of child endangerment warranting a mandated report.

9. D — A first presentation of apparent mania in a client with no psychiatric history requires urgent psychiatric referral before or concurrent with psychotherapy. Medical conditions that mimic mania must be ruled out, and mood stabilization may be necessary before psychotherapy can be effective. Beginning therapy without addressing the psychiatric emergency could delay critical medical intervention.

10. A — Under California's End of Life Option Act, a mental health evaluation is required only when the attending or consulting physician identifies a potential mental disorder affecting capacity. The LCSW should be familiar with the Act's requirements, assess for dual role concerns, and if appropriate, conduct an objective evaluation or refer to an independent evaluator. Neither automatic refusal nor automatic certification is appropriate.

11. C — Effective therapy depends on accurate communication. When a deaf client reports that VRI interpretation is inadequate — missing nuances and disrupting therapeutic flow — the LCSW should advocate for an in-person certified ASL interpreter specializing in mental health. The client's expressed experience of communication barriers constitutes a legitimate accommodation concern that affects treatment quality.

12. B — Six hospitalizations in one year following the same pattern suggests the crisis-hospitalization cycle itself has become part of the clinical problem. The LCSW should consider whether a different model — such as DBT's skill-building approach to reducing suicidal behavior — could break the cycle. Continuing the same approach while expecting different results fails the client.

13. D — Providing therapy to a detained client via a facility video system raises significant privacy concerns — detention facility communications may be monitored. The LCSW should assess the privacy limitations, inform the client explicitly, obtain informed consent addressing the specific constraints,

adapt the therapeutic approach, and advocate for improved communication privacy for detained individuals receiving mental health services.

14. A — California does not specify a minimum age for children to be left unsupervised. CPS investigated and found no neglect. The described activities — walking to the park, riding bikes, and two hours of after-school self-care for ages 8 and 10 — fall within normal developmental autonomy-building. The LCSW should support the family while encouraging continued age-appropriate safety measures.

15. C — A nurse practitioner drinking before clinical shifts creates a foreseeable pattern of impairment in a healthcare setting. The LCSW should assess severity and trajectory, address the alcohol use as a clinical priority, strongly encourage self-reporting through the Board's diversion program, and evaluate whether the foreseeable risk to identifiable patients warrants action beyond therapy. Waiting for an actual error may be waiting for a patient to be harmed.

16. B — The LCSW should affirm the nonbinary partner's identity and pronoun preferences while creating therapeutic space for both partners' experiences. Modeling correct pronoun use demonstrates clinical respect for identity. The other partner's resistance is clinical material about the relationship adjustment — not simply a compliance issue — that deserves exploration rather than mandate or avoidance.

17. D — An LCSW who is not a contracted VA provider cannot submit claims to the VA system. Doing so could constitute healthcare fraud. The LCSW should inform the client about legitimate pathways for VA-funded care, including the VA's Community Care program, which may authorize services from non-VA providers through proper channels.

18. A — Immediate retirement does not eliminate the duty to provide adequate transition planning. Each client deserves advance notice, individualized planning based on clinical acuity, appropriate referrals, and a reasonable transition period. High-risk clients and those with significant therapeutic attachment require particular attention. The LCSW's right to retire must be balanced against 45 clients' welfare.

19. C — An opposing attorney threatening a BBS complaint to coerce favorable clinical documentation constitutes intimidation. The LCSW should recognize the coercive nature, decline to provide a letter about a person never evaluated, document the threat, consult with a liability attorney, and continue ethical practice without being influenced by the legal threat.

20. B — Joint legal custody generally requires both parents' knowledge and consent for significant healthcare decisions including mental health treatment. The LCSW may need to involve the father in the consent process. Continuing treatment over a custodial parent's objection without legal clarification about the specific custody order's healthcare decision provisions creates legal risk.

21. D — A minor required to work unpaid 12-hour shifts six days a week during the school year — resulting in educational harm evidenced by sleep deprivation and failing grades — constitutes both potential labor exploitation and educational neglect. The combination of excessive unpaid work and documented educational impact may warrant a mandated child abuse report.

22. A — The combination of command hallucinations directing harm toward a specific identifiable person AND a recent acquisition of a potential weapon requires heightened safety evaluation. Even though the client attributes the knife to cooking, the timing of the purchase in the context of active command hallucinations demands careful assessment of whether the knife represents means acquisition rather than a benign purchase.

23. C — Confidentiality prevents disclosing any individual member's health information, including HIV status. The LCSW should provide psychoeducation about HIV transmission that addresses the member's concern without identifying anyone. Group therapy settings pose no HIV transmission risk. The request may also serve as group process material about stigma and fear that deserves therapeutic attention.

24. B — A commercial truck driver who experiences microsleep episodes — involuntary loss of consciousness — while operating a large vehicle creates an imminent foreseeable risk of catastrophic harm. The LCSW should assess severity and frequency, discuss safety implications directly, strongly encourage self-reporting and medical evaluation, and carefully evaluate whether the imminent magnitude of risk requires protective action beyond therapeutic intervention.

25. A — Fabricating home visit documentation for families with children under CPS supervision means children who should be receiving safety monitoring are not being assessed. This potentially places children at risk of ongoing abuse or neglect. The LCSW has received information in a professional capacity that children may be endangered — which may trigger the LCSW's own mandated reporting obligation independent of the professional misconduct concern.

26. D — The approaching lease deadline transforms the clinical situation into a crisis requiring intensified, multidimensional intervention. The LCSW should increase treatment intensity, develop a graduated exposure plan targeting relocation-specific steps, coordinate community resources for

practical assistance, and advocate for housing accommodations — all while managing the clinical agoraphobia within a concrete deadline.

27. C — Emotional numbing in emergency responders is a well-documented trajectory from burnout through compassion fatigue to secondary traumatic stress. While the EMT is not making technical errors now, this progression often escalates to impaired judgment, substance use, or suicidality. Early intervention addresses the trajectory before it reaches a crisis point.

28. B — The LCSW should assist with safety planning, strongly encourage reporting to campus security and law enforcement, and assess whether the escalating pattern — culminating in "I know where you park" — warrants consideration of the LCSW's own protective obligations if the client refuses to report and the threat is assessed as credible. The specificity and escalation elevate this above routine workplace conflict.

29. A — The non-consensual distribution of nude images of an identifiable 14-year-old constitutes sexual exploitation of a minor. The LCSW received this information in a professional capacity. The reporting obligation is triggered by the exploitation of the depicted minor — regardless of whether the LCSW's own client is the perpetrator, the distributor, or merely the recipient.

30. D — Increasingly vivid school shooting fantasies require a comprehensive threat assessment — evaluating content, progression, specificity, planning behavior, and means acquisition. The client's verbal denial does not eliminate the need for thorough evaluation. The absence of a specific named target does not eliminate the obligation to carefully assess whether the pattern warrants protective action.

31. C — The LCSW is ethically and legally obligated to maintain truthful clinical records. Concealing clinical improvement to preserve disability benefits constitutes documentation fraud. The LCSW should document accurately, explain the obligation honestly, discuss the client's financial concerns, and help develop a transition plan including vocational rehabilitation and gradual re-entry programs.

32. B — The detective's secondary traumatic stress from viewing CSAM requires evidence-based trauma treatment. Critically, the ongoing occupational exposure means the trauma source continues. The LCSW should develop strategies for both processing existing trauma and building resilience for continued exposure, while assessing whether the client can safely continue the investigation or needs temporary reassignment.

33. A — The LCSW should address multiple dimensions simultaneously: the parents' feelings of being overwhelmed, the reality that adoption dissolution may constitute abandonment triggering child welfare involvement, the need for specialized post-adoption services, and the child's attachment needs. The family system requires urgent intervention given the risk to the child's stability.

34. D — Multiple concerns converge: clinical urgency of coordinating with the prescribing psychiatrist about the unilateral medication change, risk assessment for mood destabilization affecting 30 children in the teacher's daily care, open discussion of potential consequences with the client, and evaluation of whether foreseeable risk to the students warrants action beyond standard therapy.

35. C — In an integrated transplant care model, the LCSW has an obligation to provide accurate clinical information to the treatment team. The LCSW should address the relapse honestly with the patient, explain the reporting obligation within the integrated care context, help the patient understand the sobriety requirement's clinical rationale, and support the patient through the disclosure process.

36. B — The LCSW should address systemic factors contributing to the depression — the partner's dismissiveness may constitute emotional abuse and a barrier to recovery, the client's capacity to care for the infant given the depression's severity warrants assessment, and integrating couples therapy or partner psychoeducation into the treatment plan addresses the relational dynamics maintaining the condition.

37. B — The LCSW should provide information about options for correcting the false medical record entries, explain BBS complaint and record amendment processes, support the client therapeutically in processing the betrayal of trust, and document accurate diagnostic information in the current record. The decision to pursue complaints or corrections belongs to the client.

38. D — The LCSW should continue building the relationship while educating about ERP, exploring the underlying fear, validating the difficulty, and using motivational interviewing to enhance readiness. Refusing ERP today does not mean refusing it permanently. Pressuring a client into treatment they are not ready for often increases resistance. The therapeutic relationship itself is the vehicle for moving toward evidence-based treatment.

39. C — A client with a lifelong pattern of exploitation by authority figures who begins idealizing the LCSW is potentially recreating the exploitation dynamic within the therapeutic relationship. The LCSW must maintain heightened self-awareness about power dynamics, seek ongoing consultation, monitor for boundary drift, and use the transference therapeutically — the greatest risk is inadvertently repeating the cycle.

40. A — A suicidal client in acute crisis cannot be turned away based on administrative capacity. The LCSW must provide immediate crisis intervention, stabilize the client, develop a safety plan, and arrange ongoing services through any available pathway. The ethical obligation to respond to imminent danger supersedes caseload limitations.

41. B — The cumulative pattern — four ER visits in six months with injuries inconsistent with explanations — may create reasonable suspicion in the LCSW's professional judgment. The fact that individual visits appeared plausible in isolation does not negate the pattern. The LCSW should assess whether an independent mandated report is warranted based on the pattern information received professionally.

42. D — The primary clinical obligation is treating the substance use disorder as an emergency — addressing the addiction with urgency, providing treatment referrals including MAT, assessing overdose risk, and addressing the criminal behavior's implications. Prescription forgery for personal use does not trigger a mandatory reporting exception, but the addiction itself is a clinical crisis requiring immediate intervention.

43. C — A commercial airline pilot experiencing panic attacks during flights creates a foreseeable risk that a severe episode could impair aircraft operation, endangering hundreds of passengers. The LCSW should assess whether this triggers a protective obligation, discuss the safety implications directly, strongly encourage self-reporting, and evaluate whether the risk warrants action beyond therapy.

44. A — The LCSW must manage the immediate crisis in the room — the non-gambling partner's shock, the gambling partner's disclosure, potential escalation. The LCSW should provide information about legal options for the non-gambling partner and address the forgery as both a relational betrayal and a criminal act. De-escalation and safety in the session are the immediate priorities.

45. B — An adult exchanging money for sexually explicit video calls with a 16-year-old constitutes commercial sexual exploitation of a minor. The minor's characterization of the relationship as consensual and voluntary does not change the legal or clinical analysis. A mandated child abuse report is required. Minors cannot consent to commercial sexual exploitation.

46. D — Young children living in a home with known severe black mold contamination face foreseeable health risks. While real estate fraud doesn't trigger standard reporting, the specific danger to identifiable children warrants ethical analysis beyond routine confidentiality. The LCSW should also address the client's professional misconduct and its personal implications therapeutically.

47. C — The LCSW should honestly evaluate whether the current approach is contributing to stagnation, consult with the colleague and potentially a chronic pain specialist, discuss the concern openly with the client, and consider whether a modified approach could better serve recovery goals. Professional humility requires willingness to examine whether the treatment itself has become part of the problem.

48. A — Workers being injured due to absence of safety equipment represents foreseeable harm to identifiable persons. While labor exploitation alone may not trigger standard reporting, the documented injuries and ongoing risk to vulnerable workers warrants careful ethical analysis. The LCSW should also address the client's moral distress and the systemic factors contributing to the exploitation.

49. B — Unauthorized financial transactions by a trusted advisor that benefit the advisor at the expense of a cognitively impaired 78-year-old constitute financial exploitation of a dependent adult. The client's mild cognitive impairment increases vulnerability to exploitation, and the trust relationship amplifies the power differential. The LCSW must file a mandated elder abuse report.

50. D — The LCSW should prioritize safety information, educate the client about their legal rights as a trafficking victim — including T-visa eligibility regardless of immigration status — and build trust while addressing the fear being used as a control mechanism. The client's autonomy should be respected while working toward readiness for intervention. Immediate law enforcement contact without the client's readiness could increase danger.

51. A — The completion report must honestly document both the 11 months of compliance AND the recent credible threat with the LCSW's response. The court needs the complete clinical picture to make an informed determination. Omitting the threat from a court document constitutes misrepresentation. Honest documentation serves public safety and the integrity of the court-ordered treatment process.

52. C — A supervisee who has not conducted a risk assessment, safety plan, or documented suicidal ideation has failed to meet minimum safety standards. The supervisor bears vicarious liability and must direct immediate corrective action — risk assessment, safety planning, and documentation — before the client leaves if possible. This is not a training issue for the next supervision session; it is an urgent safety issue for today.

53. B — The LCSW should address the moral distress therapeutically, explore the conflict between the client's values and institutional pressures, and help the client examine the ethical implications — including the foreseeable impact on patients. The LCSW's role is supporting the client's ethical

reasoning process, not making the institutional decision, while helping the client determine whether their own professional integrity requires a different path.

54. D — Ego-dystonic intrusive thoughts about causing harm — experienced as distressing and unwanted — are consistent with harm-related OCD rather than genuine intent. The LCSW should treat the presentation using evidence-based OCD interventions while monitoring for any shift in the ego-dystonic quality that would change the risk assessment. Overreacting to OCD-related intrusive thoughts can reinforce the disorder.

55. A — The loss of instrumental ability for a professional musician simultaneously affects identity, creative expression, and livelihood — a profound, multidimensional loss. Minimizing it as "just a job" fails to recognize the depth of the grief. The LCSW should validate the magnitude of the loss and provide therapeutic space for processing the identity crisis and grief without pressure to move quickly to practical solutions.

56. C — Dissociative episodes that include driving while in a dissociated state create a foreseeable risk of harm to the client and other road users. The LCSW should address the driving safety issue directly, recommend the client not drive until the episodes are better controlled, and evaluate whether the risk to identifiable road users warrants additional protective action beyond therapeutic recommendation.

57. B — A school crossing guard with significant vision impairment who directs children across busy intersections creates a foreseeable risk of serious harm to identifiable vulnerable children. The LCSW should discuss the safety implications directly, strongly encourage medical evaluation and employer disclosure, and evaluate whether the magnitude of risk to specific children requires protective action beyond therapeutic recommendation.

58. D — Forced stripping, dousing, and humiliation of minors — with staff knowledge and tacit approval — constitutes institutional physical and emotional abuse. The LCSW received this information in a professional capacity, triggering a mandated child abuse report. The institution's framing of the hazing as "tradition" does not legitimize practices that harm children. Institutional complicity amplifies the abuse.

59. D — The LCSW should help the client process the complex emotions, explore values and fears, assess emotional capacity for another cycle, and support autonomous decision-making. The LCSW should not direct the outcome in either direction. After five unsuccessful cycles, the decision involves grief, hope, financial reality, and relationship impact — all of which deserve therapeutic exploration rather than professional recommendation.

60. C — While nuclear safety disclosures in therapy don't trigger standard reporting exceptions, the extraordinary magnitude of potential harm — nuclear disaster affecting an entire community — warrants careful ethical analysis beyond routine confidentiality parameters. The LCSW should also support the client in exploring the NRC's anonymous reporting system and provide therapeutic support for the anxiety and potential whistleblowing process.

61. B — Identifiable patients are receiving wrong medications and wrong doses — an ongoing risk of serious harm including potential death. The pattern of known, unreported errors that continue to occur creates a situation where the LCSW must carefully analyze whether standard confidentiality applies when the foreseeable consequence is patient death from a known, recurring, and concealed pattern of medication errors.

62. A — The dangerous diet promotion is both clinical material AND a potential harm to vulnerable teenage followers. The LCSW should explore the clinical significance — the client's relationship with food, body image, and the psychological function of the influencer role — while discussing the ethical responsibility that comes with influence over impressionable minors. Both dimensions deserve therapeutic attention.

63. D — A community unknowingly consuming contaminated water — including children and immunocompromised individuals — faces foreseeable serious harm. While environmental safety disclosures don't trigger standard reporting, the magnitude and specificity of the potential public health disaster warrants ethical analysis beyond routine confidentiality. The LCSW should also support the client in pursuing regulatory reporting channels.

64. C — Leaving a cognitively impaired elderly person unattended in a vehicle for 45 minutes constitutes neglect and endangerment of a dependent adult. The unauthorized outings without proper safety equipment compound the concern. The LCSW received this information in a professional capacity, triggering a mandated elder abuse reporting obligation.

65. B — A minor's presence on an online platform for sexual encounters suggests the minor may be a victim of trafficking or exploitation. The LCSW should file a mandated child abuse report based on the information received about a minor in a sexually exploitative situation, regardless of the client's own role or response. The minor's safety and potential exploitation is the reporting trigger.

66. A — Young children repeatedly approaching an unfenced body of water at a childcare facility — where the institution has been alerted and refuses to mitigate the hazard — constitutes institutional child

endangerment. The known drowning risk combined with institutional inaction places identifiable children at substantial risk. The LCSW should assess whether a mandated report is warranted.

67. D — The LCSW has received information about an identifiable patient who was subjected to a wrong-site surgery that remains concealed. The LCSW should assess the clinical significance of the client's failure to intervene, strongly encourage reporting through appropriate channels, and evaluate whether the ongoing concealment creates obligations extending beyond standard confidentiality — particularly regarding the affected patient's right to know.

68. C — The LCSW should assess and prioritize the child's psychological wellbeing and safety, create space for both parents' concerns, provide evidence-based information about gender dysphoria in children, and work toward a resolution centering the child's needs. Neither automatically siding with either parent nor deferring entirely to a specialist serves the family system that is in crisis now.

69. B — The described pattern — isolation from family, constant accompaniment preventing private communication, and gaining financial access to a person with moderate dementia — constitutes a classic undue influence and potential financial exploitation pattern. The LCSW should file a mandated elder abuse report. The parent's cognitive impairment makes them unable to adequately protect their own interests.

70. A — A 16-year-old seeking methamphetamine synthesis knowledge and acquiring manufacturing supplies faces dangers including chemical exposure, explosion risk, and criminal consequences. The LCSW should assess whether this creates a child endangerment concern warranting a mandated report while also considering the teacher-client's own mandated reporting obligation regarding the student.

71. A — Two years of weekly therapy with minimal progress warrants honest reassessment. The LCSW should affirm the client's insight, honestly evaluate treatment effectiveness, discuss whether a different modality or provider might better serve the client, and collaboratively explore alternatives. Professional humility requires acknowledging when a treatment approach may not be working rather than attributing the lack of progress to client resistance.

72. C — A person with an active sexual assault warrant involving a minor who has daily unsupervised access to children creates reasonable suspicion that children may be at risk. The school board's decision not to act does not eliminate the LCSW's independent mandated reporting obligation. The LCSW received this information in a professional capacity and should file a report.

73. B — Mental health professionals have no mandated reporting obligation for animal welfare concerns under California law. The excessive euthanasia of healthy animals, while distressing, falls outside the exceptions to the psychotherapist-patient privilege. The LCSW should address the client's moral distress therapeutically and support the client in exploring reporting options through appropriate animal welfare channels.

74. A — An adult exchanging money and gifts for sexual services from a 16-year-old constitutes commercial sexual exploitation of a minor. The minor's characterization of the arrangement as a voluntary relationship does not change the analysis — minors cannot consent to commercial sexual exploitation. A mandated child abuse report is required immediately.

75. C — Across 1,200 questions spanning 16 exams, the constant principle has been that ethical practice demands the integration of legal knowledge, clinical skill, cultural humility, honest self-assessment, and the courage to act when circumstances require it. Every clinical situation is unique and deserves its own thoughtful analysis. Neither rule-following alone nor intuition alone is sufficient — the integration of both, always in service of the client's welfare, is the foundation of ethical practice.