

# PRACTICE EXAM 25: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

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1. Under California law, within what timeframe must a mandated reporter file a written follow-up report after making an initial telephone report of suspected child abuse?

- A. Within 24 hours of the initial telephone report using the standard DOJ reporting form
- B. Within 72 hours of the initial telephone report using the agency's internal documentation format
- C. Within 36 hours of the initial telephone report using the Suspected Child Abuse Report form SS 8572
- D. Within 48 hours of the initial telephone report using either the DOJ form or the agency's incident report

2. An LCSW reviews a chart from two years ago and discovers a significant oversight — the client disclosed access to firearms during active suicidal ideation and the LCSW never conducted a means restriction conversation. The client is no longer in treatment. What should the LCSW do?

- A. Document the discovery in an addendum to the original record, consult with a risk management specialist about whether further action is needed, and integrate the lesson into current practice — honest identification and transparent documentation of past errors is preferable to concealment
- B. Retroactively alter the original record to include a means restriction conversation to protect against potential liability
- C. Destroy the relevant records since the documentation could be used as evidence in a malpractice case
- D. Contact the former client to conduct a retrospective means restriction conversation even though the client is no longer in treatment

3. Which of the following statements about the NASW Code of Ethics is TRUE regarding its legal authority in California?

- A. The Code has the same legal authority as California statute and violations can result in criminal prosecution
- B. The Code is incorporated by reference into licensing laws and its provisions are directly enforceable by the BBS
- C. The Code supersedes state law when it provides stronger client protections than existing statutes
- D. The Code provides professional guidance and may be referenced in licensing investigations and malpractice cases, but California statute and BBS regulations are the governing legal framework — the Code does not have independent legal authority

4. An LCSW is conducting a therapy group for survivors of domestic violence. A new member mentions her abuser's name during introductions. Another group member gasps — the abuser is her current partner. What should the LCSW do?

- A. Remove the new member from the group since her disclosure compromised the other member's safety
- B. Address the moment therapeutically, assess both members' immediate safety, determine whether continuing in the same group creates a safety risk, and manage the situation with attention to both members' confidentiality and wellbeing — individual sessions may be needed before proceeding
- C. Instruct both members to never discuss what was disclosed outside the group and continue the session
- D. End the session immediately and contact law enforcement since identification of an abuser creates a mandatory notification

5. An LCSW at a hospital is asked for a "curbside consultation" — an informal opinion about a patient the LCSW has not evaluated. The physician asks, "Is this person depressed or suicidal?" What should the LCSW understand?

- A. Curbside consultations are prohibited since any clinical opinion requires formal evaluation and documented consent
- B. Curbside consultations carry no liability since they are informal and undocumented
- C. Curbside consultations carry potential liability even without formal evaluation — the LCSW should clarify the limitations of any opinion offered without direct assessment, recommend formal evaluation if concern exists, and consider documenting the exchange if any recommendation is provided
- D. Curbside consultations are required in hospitals as part of the multidisciplinary team obligation

6. An LCSW is treating a client diagnosed with a rare medical condition the LCSW has never encountered. The client brings research articles and asks the LCSW to help process the emotional impact of the diagnosis. What does competent practice require?

A. The LCSW can competently provide therapy addressing the emotional dimensions of a medical diagnosis without being a medical expert — the LCSW's role is psychological support and processing, and acknowledging limits of medical knowledge while focusing on the emotional experience is appropriate practice

B. The LCSW must decline and refer to a therapist specializing in the specific condition since treating a client with an unfamiliar condition constitutes practicing outside competence

C. The LCSW should research the condition extensively before providing any therapy to ensure complete medical understanding

D. The LCSW should accept only if the client signs a waiver acknowledging the LCSW's lack of medical expertise

7. An LCSW develops a serious medical condition requiring immediate hospitalization and cannot contact clients beforehand. What professional preparation should have been in place?

A. A list of emergency contacts for high-risk clients posted in the office for a colleague to access

B. An automated email response informing clients of the absence and providing crisis hotline numbers

C. A detailed treatment summary for each client to be transferred to a covering clinician

D. A professional will or practice coverage agreement designating a specific colleague authorized to access the schedule, contact clients, provide emergency coverage, and manage the practice during incapacity — this document should exist before any emergency occurs

8. An LCSW is conducting research on a new group therapy protocol for PTSD. A participant becomes acutely suicidal after an exposure exercise. What does research ethics require?

A. Continue the protocol since deviating would compromise the study's validity

B. Prioritize the participant's immediate clinical safety over the research protocol, provide emergency intervention, assess whether the participant should be withdrawn, report the adverse event to the IRB, and document per research ethics requirements

C. Withdraw the participant without documenting the adverse event to protect the study from regulatory scrutiny

D. Contact the principal investigator for guidance before providing any clinical intervention since research protocols require investigator approval for deviations

9. An LCSW is asked to testify as a fact witness about a former client. The client has waived privilege. What should the LCSW understand about the fact witness role?

A. Even as a fact witness, the LCSW should testify only about matters directly observed during treatment, avoid offering clinical opinions unless qualified as an expert, adhere to the scope of the privilege waiver, and consult with an attorney about the boundaries of fact witness testimony before court

B. As a fact witness the LCSW may provide any clinical opinions since the distinction between fact and expert testimony is irrelevant for mental health professionals

C. The LCSW should decline since any testimony by a treating therapist inherently constitutes expert opinion

D. The privilege waiver authorizes testimony about anything discussed including information about third parties mentioned in sessions

10. An LCSW working in an employee assistance program is asked to conduct a "fitness for duty" evaluation. What must the LCSW clarify before proceeding?

A. Whether the employer will provide additional compensation beyond the standard EAP rate

B. Whether results will be shared with the direct supervisor or only the HR department

C. Who the client is — the employee or the employer — since the requesting entity may have different interests than the person being evaluated, and the LCSW must clarify the purpose, scope, and confidentiality limits before conducting the evaluation

D. Whether the employer has consulted legal counsel about the appropriateness of requesting the evaluation

11. Which of the following statements about California's continuing education requirements for LCSW license renewal is MOST accurate?

- A. California requires CE hours but has no specific mandate for any particular topic area
- B. California requires CE hours only for the first renewal cycle after which continuing education becomes voluntary
- C. The total CE requirement is set by the BBS and does not change between renewal cycles
- D. The BBS establishes specific CE requirements that include mandated content areas such as law and ethics, and requirements may be updated — the LCSW is responsible for verifying current requirements at each renewal since they may change

12. An LCSW is providing therapy to a client who has been court-ordered to treatment. The client asks whether everything discussed is confidential from the court. What should the LCSW explain?

- A. Everything is confidential since psychotherapist-patient privilege applies even in court-ordered treatment
- B. Court-ordered therapy typically involves modified confidentiality — while specific session content generally remains privileged, the LCSW may be required to report compliance, attendance, progress toward court-ordered goals, and certain safety concerns, and these specific limits should be defined in the informed consent
- C. Nothing is confidential since the court ordered the treatment and has access to all clinical content
- D. Confidentiality is determined entirely by the specific terms of the court order

13. An LCSW treats a client who reveals falsely accusing a coworker of sexual harassment, resulting in the coworker's termination. The client feels guilty. The accusation was entirely fabricated. What is the LCSW's obligation?

- A. Maintain therapeutic confidentiality while addressing the guilt clinically, exploring the motivations, and strongly encouraging the client to rectify the situation — filing a false harassment complaint does not trigger any mandatory exception to the psychotherapist-patient privilege
- B. Report the false accusation to the client's employer since the coworker is an identifiable victim
- C. Contact the terminated coworker to inform them the accusation was false
- D. File a police report since filing a false harassment complaint constitutes a criminal offense the LCSW must report

14. An LCSW treats a client whose 15-year-old daughter has been recruited by an adult man into a multi-level marketing scheme requiring her to recruit other teenagers. The daughter spends all after-school time and savings on the scheme. Is this reportable?

A. Yes, any adult recruiting minors into financial schemes constitutes child exploitation requiring a mandated report

B. No, MLM participation is legal business activity regardless of participant age

C. The LCSW should assess whether the adult's systematic recruitment of a 15-year-old into a scheme consuming all the minor's time and money constitutes exploitation — particularly if the dynamics include grooming, undue influence, or financial manipulation

D. File a report with the FTC since MLM schemes targeting minors constitute consumer fraud

15. An LCSW treats a client with antisocial personality disorder who consistently lies in session. The LCSW suspects most content is fabricated. What should the LCSW consider about continuing treatment?

A. Terminate immediately since therapy with a consistently lying client cannot be therapeutic

B. Continue without modification since confronting the lying would damage the alliance

C. Require a polygraph test to verify truthfulness as a condition of continuing therapy

D. Consider whether the lying itself is clinically significant material to address therapeutically, assess whether any progress is possible within the pattern of deception, and evaluate whether continuing serves a legitimate clinical purpose or whether referral to a different modality would better serve the client

16. An LCSW treats a client who works at a preschool. The client mentions playground equipment has been broken for months — a protruding nail on a climbing structure and a cracked slide section. Multiple children have sustained minor injuries. The director has not repaired the equipment. What should the LCSW consider?

A. Encourage the client to report the hazards to the licensing agency and address frustration therapeutically

B. Whether children repeatedly being injured on broken equipment the institution knows about and has failed to repair constitutes child endangerment that may warrant a mandated report — particularly since hazards are known and injuries are ongoing

- C. Report the broken equipment to the city's parks department for a safety inspection
- D. Document the concern and monitor for more serious injuries before taking action

17. An LCSW provides therapy to a minor whose divorcing parents each ask the LCSW to testify on their behalf in the custody case. What should the LCSW do?

- A. Decline both requests, explain that the therapist role is incompatible with serving as a custody witness for either parent, and recommend the court appoint an independent custody evaluator if professional testimony about parenting is needed
- B. Testify for whichever parent the LCSW believes is better since the child's welfare is the highest priority
- C. Testify only about the child's therapeutic progress without commenting on either parent's fitness
- D. Testify for both parents by presenting a balanced account of each parent's strengths and weaknesses

18. An LCSW learns that a former colleague who is also an LCSW has been convicted of a felony involving moral turpitude. The colleague's license has not been suspended and they continue to practice. What is the LCSW's obligation?

- A. No obligation exists since the criminal justice system and BBS operate independently
- B. Contact the colleague's clients to warn them about the conviction
- C. Confront the colleague and demand they self-report before the LCSW takes action
- D. Report the conviction to the BBS if the LCSW has reason to believe the Board may not be aware, since a felony involving moral turpitude may affect fitness to practice and the BBS has authority to investigate

19. An LCSW provides group therapy for adolescents with eating disorders. One member has been dramatically losing weight and now appears medically compromised — visible emaciation, fatigue, and dizziness. The client's individual therapist and physician are managing the case. What should the LCSW do?

- A. Continue group without intervention since the individual treatment team is managing the medical aspects

- B. Remove the client since visible emaciation could trigger other group members
- C. Communicate observations about deteriorating condition to the individual treatment team, assess whether the client's medical status is safe for group participation, and consider whether the group needs to address the impact of witnessing a member's visible decline on the other eating disorder clients
- D. Conduct an independent medical evaluation of the client's nutritional status before allowing continued participation

20. An LCSW treats a client with a history of violence toward women who describes a new dating relationship and states his partner "doesn't know about my past." The client completed a domestic violence program. What should the LCSW consider?

- A. Maintain strict confidentiality since the client completed treatment and the new relationship creates no reportable situation
- B. Whether the documented violence history combined with deliberate concealment from a new intimate partner creates a clinical concern requiring thorough risk assessment — evaluating current risk factors, quality of treatment gains, insight and accountability, and whether any duty to protect may be triggered if the assessment reveals ongoing danger
- C. Contact the new partner and disclose the client's violent history since the partner has a right to know
- D. Report the dating activity to the probation officer since concealment of past violence may constitute a parole violation

21. An LCSW provides teletherapy to a client who relocated to a state without a telehealth reciprocity agreement with California. The client cannot find a local therapist and risks decompensation. What should the LCSW do?

- A. Research the other state's requirements for out-of-state telehealth providers, explore temporary practice provisions or interstate compacts, and if legal practice is not possible, develop a transition plan prioritizing client safety while complying with licensing laws — potentially including a warm handoff to a local provider or temporary increase in crisis resources
- B. Continue providing teletherapy since clinical need overrides jurisdictional licensing requirements
- C. Terminate immediately since any contact with a client in an unlicensed jurisdiction constitutes unlicensed practice
- D. Continue treating but document sessions as "consultation" rather than "therapy" to avoid the licensing requirement

22. An LCSW treats a client victimized by a deepfake pornographic video that has gone viral. The client mentions suicide. What should the LCSW address simultaneously?

- A. Only suicidal ideation since this is the most acute safety concern and the deepfake issue is secondary
- B. Only the deepfake victimization since resolving it will address the suicidal ideation
- C. Only the baseline mental health condition since the deepfake is a situational stressor
- D. Multiple simultaneous concerns: thorough suicide risk assessment, therapeutic support for image-based sexual abuse, connection to legal resources regarding California's nonconsensual pornography laws, and treatment of both the crisis and the underlying victimization as clinically intertwined

23. An LCSW at a children's hospital notices a family bringing their 4-year-old to the ER monthly with varied injuries and illnesses. Each visit was evaluated by a different physician. No single physician has seen the cumulative pattern. What should the LCSW do?

- A. Accept each visit as a separate encounter since different physicians evaluated each presentation
- B. Contact the family's pediatrician to discuss the frequency and determine if there is a medical explanation
- C. Recognize that monthly ER visits with varied injuries visible only cumulatively may represent a red flag for abuse or factitious disorder imposed on another, and file a mandated report based on the pattern individual providers missed
- D. Flag the chart in the electronic system for future providers without filing an external report

24. An LCSW treats a substitute teacher client who describes leaving a classroom of 6-year-olds unattended for 10 minutes while making a personal call in the hallway. This happened three times this week. What is the LCSW's obligation?

- A. Address the behavior therapeutically and recommend better strategies for managing personal needs at work
- B. Assess whether repeatedly leaving young children unsupervised constitutes a pattern of negligent supervision placing identifiable children at risk, potentially warranting a mandated report — particularly given the recurring nature and the children's very young age
- C. Report the client to the school district's human resources department for misconduct

D. Maintain confidentiality since classroom supervision is an employment matter not a child protection concern

25. An LCSW conducts an intake with a client who discloses being a registered sex offender. The LCSW experiences strong personal aversion. What does professional ethics require?

A. Conduct an honest self-assessment about whether the aversion would compromise competent treatment — and if objectivity cannot be maintained, decline the case and provide an appropriate referral rather than accepting a client the LCSW cannot treat effectively

B. Accept the client since refusing treatment based on criminal history constitutes prohibited discrimination

C. Accept but inform the client that additional safety precautions will be maintained due to the offense history

D. Decline automatically since treating sex offenders requires specialized certification

26. An LCSW treats a client whose 8-year-old is enrolled in an online "academy" requiring 14-hour daily video sessions six days a week. The child is isolated from peers, exhausted, and losing weight. The parents describe it as "intensive gifted education." What should the LCSW consider?

A. Support the parents' educational choice since parents have the right to select programs for their children

B. Recommend the parents reduce screen time and provide nutritional support

C. Report the online academy to the California Department of Education for violating education standards

D. Whether requiring an 8-year-old to participate in 14-hour daily sessions resulting in isolation, exhaustion, and weight loss constitutes exploitation or neglect regardless of educational framing, and assess whether a mandated report is warranted based on the documented effects

27. An LCSW treats a recently released client who mentions his parole officer makes derogatory comments about therapy, calling it "for weaklings," and threatens parole violations if the client continues "wasting time with a therapist." What should the LCSW do?

A. Contact the parole officer directly and educate them about mental health treatment importance

- B. Address the client's experience of intimidation, support the client in understanding their right to mental health services while on parole, document the reported obstruction, and if appropriate escalate through the parole system's supervisory structure
- C. Advise the client to comply with the parole officer's preferences to avoid reincarceration
- D. File a formal complaint against the parole officer with the California Department of Corrections

28. An LCSW provides therapy at a residential facility for adults with developmental disabilities. A new policy requires residents to earn "points" for basic privileges including phone calls to family, access to personal belongings, and clothing choice. What should the LCSW do?

- A. Accept the policy since behavioral point systems are evidence-based for managing behavior in residential settings
- B. Implement the policy while documenting disagreement in supervision notes
- C. Challenge the policy, recognizing that restricting family contact, personal belongings, and clothing choice for dependent adults may violate fundamental rights and constitute institutional control exceeding appropriate behavioral programming — particularly for persons who may lack the cognitive capacity to understand the system
- D. Modify the system for the LCSW's own clients to make it less restrictive while allowing the facility to maintain the policy

29. An LCSW treats a client presenting with memory gaps, identity confusion, and losing time. The client is concerned about possible DID. The LCSW has limited training in dissociative disorders. What is the MOST appropriate approach?

- A. Conduct an initial assessment to determine whether formal evaluation for dissociative disorders is warranted, refer to a specialist for comprehensive diagnostic evaluation if indicated, and determine whether the LCSW can provide supportive therapy while the specialist conducts the assessment — rather than diagnosing beyond competence or refusing all clinical support
- B. Diagnose the client with DID based on the presenting symptoms since they are clearly consistent with the diagnosis
- C. Refuse to treat the client since dissociative disorders require specialized training
- D. Suggest the symptoms are more likely anxiety or depression and treat accordingly

30. An LCSW treats a client who mentions their 11-year-old nephew has been receiving "vitamin injections" from the child's parent — a naturopathic practitioner — containing unregulated substances purchased overseas. The child has been experiencing nausea and liver pain since the injections began. What should the LCSW do?

- A. Recommend the client encourage the parent to take the child to a physician for liver testing
- B. Encourage the client to discuss the concern with the parent and monitor the child's health
- C. Address the client's anxiety therapeutically without taking external action
- D. File a mandated child abuse report since injecting unregulated substances into a child resulting in nausea and liver pain constitutes child endangerment regardless of the naturopathic framing, and the symptoms suggest the child is being physically harmed

31. An LCSW treats a home daycare provider caring for six children under age 3. The client reveals drinking alcohol during childcare hours "to cope with stress." She states she only has "one or two drinks" and is "still functional." What is the LCSW's obligation?

- A. Address the drinking therapeutically and recommend stress management without reporting since the client reports being functional
- B. File a mandated child abuse report since a daycare provider consuming alcohol while caring for six children under age 3 constitutes child endangerment — very young children require alert unimpaired supervision and alcohol during caregiving creates substantial risk regardless of reported quantity
- C. Report to Community Care Licensing for a licensing violation but not CPS since this is a regulatory issue
- D. Conduct a substance use assessment to determine whether criteria for alcohol use disorder are met before deciding

32. An LCSW provides school-based therapy to a student. The principal demands the LCSW reveal what the student discusses in therapy, stating, "I'm the principal — I have a right to know what's going on." What should the LCSW do?

- A. Comply since the LCSW is a school district employee and the principal is the LCSW's supervisor
- B. Provide a general summary of progress without specific session content as a compromise

C. Explain that therapy sessions are confidential and the student's disclosures are protected by psychotherapist-patient privilege regardless of the school employment context — the principal's administrative authority does not include access to confidential therapy communications

D. Share therapy content only if the principal agrees to keep the information confidential

33. An LCSW treats a teacher client who mentions that a student disclosed sexual abuse two weeks ago. The teacher has not reported because she "didn't want to make things worse for the kid." The teacher is a mandated reporter. What is the LCSW's obligation?

A. The LCSW has received information in a professional capacity about a sexually abused child, creating the LCSW's own independent mandated reporting obligation — file a report AND inform the teacher about the legal consequences of failure to report as a mandated reporter including criminal penalties under Penal Code Section 11166

B. Encourage the teacher to file a late report and support her through the process without filing the LCSW's own report

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

D. Maintain confidentiality and address the teacher's ambivalence therapeutically without external action

34. An LCSW treats a licensed vocational nurse who describes being directed by a physician to administer a medication dosage the nurse believed was dangerously high. The nurse followed the order and the patient experienced an adverse reaction. What should the LCSW consider?

A. Maintain confidentiality since the error involved a physician's order and the nurse was following instructions

B. Report the physician to the Medical Board since the LCSW has knowledge of dangerous prescribing

C. Advise the client to document through the hospital's event reporting system and consult a nursing attorney

D. Whether information about a physician directing dangerously high doses with documented adverse reactions creates a concern about ongoing patient safety warranting careful analysis, while addressing the client's moral distress and professional obligations therapeutically

35. An LCSW treats a client with body dysmorphic disorder seeking cosmetic surgery for a perceived defect not objectively observable. The surgeon requests a letter supporting or opposing the surgery. What should the LCSW do?

- A. Write a letter supporting the surgery since the client has an autonomous right to any elective procedure
- B. Provide an honest clinical assessment including the BDD diagnosis, observations about perceived versus actual defect, the potential for surgery to fail to resolve the body image disturbance, and a recommendation for continued BDD treatment — allowing the surgeon to make an informed decision
- C. Write a letter opposing the surgery since BDD patients should never undergo cosmetic procedures
- D. Decline any letter since providing information to a surgeon about a client's diagnosis constitutes a dual relationship

36. An LCSW provides family therapy and suspects the 9-year-old child may have an undiagnosed learning disability — difficulty following instructions, poor reading comprehension, and frustration with tasks peers handle easily. The parents have not raised educational concerns. What should the LCSW do?

- A. Diagnose the learning disability based on clinical observations since there is sufficient evidence from therapy sessions
- B. Avoid mentioning the observation since educational assessment falls outside the LCSW's scope
- C. Share clinical observations with the parents, recommend a psychoeducational evaluation, and facilitate a referral to the school's student study team or a private educational psychologist — the LCSW's role is to identify the concern and refer, not to diagnose the learning disability
- D. Contact the child's school directly and request testing without discussing the concern with parents first

37. An LCSW treats a hospital chaplain client who describes praying over unconscious ICU patients without consent from patients or families. Families have complained that the uninvited religious interventions are distressing. What should the LCSW consider?

- A. Accept the practices as protected religious expression in the hospital setting
- B. Recommend the client discuss the complaints with hospital administration
- C. File a complaint with the hospital's ethics committee on behalf of affected families
- D. Whether performing religious rituals on unconscious patients without consent — when families have expressed distress — raises questions about patient autonomy, institutional boundaries, and the clinical implications of the chaplain's approach to boundaries, and address these dynamics therapeutically

38. An LCSW treats a dentist who describes performing unnecessary procedures on pediatric patients for insurance reimbursement — drilling on healthy teeth. Children are experiencing pain from the unnecessary procedures. What should the LCSW consider?

- A. Maintain strict confidentiality since dental treatment decisions are between the dentist and parents
- B. Report the dentist to the Dental Board for professional misconduct
- C. Encourage the client to stop the procedures and address the financial pressures therapeutically
- D. Whether a dentist performing unnecessary painful procedures on children — drilling healthy teeth for financial gain — constitutes child abuse by a professional in a position of trust, potentially warranting a mandated report, while also addressing the clinical and ethical dimensions therapeutically

39. An LCSW treats a client whose 7-year-old attends a private school using corporal punishment — paddling for behavioral infractions — with parental consent. Under California law, what should the LCSW know?

- A. Corporal punishment with parental consent is legal in private schools in California
- B. California Education Code Section 49001 prohibits corporal punishment in all schools — public and private — and the LCSW should assess whether the paddling constitutes child abuse warranting a mandated report, as this violates California law regardless of parental consent
- C. Corporal punishment is prohibited only in public schools and private schools may implement physical discipline with written consent
- D. Corporal punishment is permitted only when administered by a licensed administrator using approved methods

40. An LCSW treats a long-haul trucker who reveals using methamphetamine to stay awake during mandatory rest periods so he can drive beyond federal hours-of-service regulations. What should the LCSW consider?

- A. Maintain strict confidentiality since drug use does not trigger any mandatory reporting exception
- B. Report the client to the Federal Motor Carrier Safety Administration for hours-of-service violations
- C. Whether a commercial truck driver operating while impaired by methamphetamine and deliberately violating federally mandated rest requirements creates an extreme ongoing risk of catastrophic harm to

identifiable motorists — requiring thorough assessment of protective obligations while prioritizing substance use treatment

D. Focus exclusively on the methamphetamine dependence and trust that sobriety will resolve the driving concern

41. An LCSW treats a client whose elderly mother relies on a neighbor for groceries, medication pickup, and transportation. The neighbor has been charging exorbitant fees — \$200 per grocery trip, \$100 per medication pickup. The mother has mild cognitive impairment and does not realize the charges are unreasonable. What should the LCSW consider?

A. Whether a neighbor charging exorbitant fees to a cognitively impaired elderly person who depends on them for essential services constitutes financial exploitation of a vulnerable elder, potentially warranting a mandated elder abuse report

B. Recommend the client find alternative services for the mother and address family dynamics therapeutically

C. Contact the neighbor directly and inform them that the fees are unreasonable

D. Accept the arrangement since the neighbor is providing needed services and the fees represent fair compensation

42. An LCSW treats a client whose 14-year-old sibling has been sleeping in a car in the family's driveway because the parents locked the sibling out overnight as punishment for breaking curfew. This has occurred three times this month including during cold weather. What is the LCSW's obligation?

A. Address family dynamics therapeutically and suggest the client speak with parents about alternative discipline

B. File a mandated child abuse report since parents locking a 14-year-old out of the house overnight — forcing the child to sleep in a car during cold weather — constitutes child neglect and endangerment

C. Recommend the client offer to let the sibling stay at the client's home during lockout periods

D. Document the disclosure and monitor for additional information before determining whether a report is warranted

43. An LCSW treats a client whose elderly mother's caretaker has been forging the mother's signature on checks and making unauthorized withdrawals. The mother has dementia and is unaware. What should the LCSW do?

- A. Recommend the client contact the bank's fraud department and consult an elder law attorney
- B. Encourage the client to confront the caretaker directly and demand restitution
- C. Advise the client to file a police report for forgery and theft
- D. File a mandated elder abuse report since a caretaker forging a dependent elderly person's signature and making unauthorized transactions constitutes financial exploitation, and the LCSW received this information in a professional capacity

44. An LCSW treats a high school athletics director client who describes a football coach requiring practice in extreme heat without adequate water breaks. Two players have been hospitalized for heat-related illness this season. The athletics director has not addressed the coaching practice. What is the LCSW's obligation?

- A. Encourage the director to implement proper heat safety protocols and address the leadership failure therapeutically
- B. Report the coach to the school superintendent for violating student safety standards
- C. File a mandated child abuse report since requiring minors to practice in extreme heat without water — resulting in hospitalizations — constitutes child endangerment, and the LCSW received this information in a professional capacity
- D. Recommend the director consult with the school's athletic trainer about evidence-based heat protocols

45. An LCSW treats a client with severe contamination OCD who has developed a secondary skin infection from excessive hand-washing — cracked, bleeding, infected skin. The client refuses to see a physician because the medical setting triggers contamination fear. What should the LCSW prioritize?

- A. Address the medical emergency by helping the client overcome the barrier to care — through gradual exposure to the medical setting, potentially accompanying the client, or arranging a home visit — since an untreated infection can become life-threatening and the OCD is preventing necessary medical access
- B. Focus on treating the OCD since resolving the compulsions will allow the skin to heal naturally
- C. Recommend over-the-counter antibiotic ointment to avoid the medical setting trigger
- D. Refer to a dermatologist and pause OCD treatment until the skin condition resolves

46. An LCSW provides couples therapy to a same-sex couple planning to adopt. The agency requires a letter certifying "relational stability." The LCSW's honest assessment is that significant unresolved conflicts exist. What should the LCSW do?

- A. Write a favorable letter since the couple's orientation may already create adoption barriers
- B. Provide an honest assessment accurately reflecting current relational functioning — including strengths and concerns — and recommend continued couples work before proceeding, as the LCSW's obligation is honest documentation serving all parties including the prospective child
- C. Decline any letter since the therapist role is incompatible with evaluative letters about relational fitness
- D. Write a favorable letter but add a verbal recommendation to the agency that the couple should continue therapy

47. An LCSW treats a school principal client who describes a teacher holding "private tutoring sessions" with individual students behind a locked door during lunch, with instructions to students not to tell other staff. No student has disclosed anything inappropriate. What should the LCSW do?

- A. Accept the principal's characterization of the tutoring without further analysis
- B. Advise the principal to investigate through the school's internal processes
- C. Recommend the principal install a window in the door to increase transparency
- D. Assess whether locked-door sessions with individual students combined with secrecy instructions constitutes grooming behavior creating reasonable suspicion warranting a mandated report — grooming itself may be reportable without a specific child disclosure

48. An LCSW treats a medical researcher pressured by their institution to fabricate data in a cardiac medication clinical trial. The client has not fabricated data yet but fears job loss. Patients are being enrolled based on the expectation of accurate data. What should the LCSW do?

- A. Report the institution to the FDA since data fabrication in a clinical trial is a federal crime
- B. Advise the client to comply and address the moral distress therapeutically
- C. Maintain confidentiality while supporting the client in processing the ethical conflict, exploring options for reporting through the institution's research integrity office or OHRP, and understanding

whistleblower protections — recognizing that while research fraud does not trigger a standard therapy exception, potential harm to cardiac patients deserves serious ethical consideration

D. File a mandated report since cardiac patients may be harmed by decisions based on fabricated data

49. An LCSW provides group therapy for veterans with PTSD. A member begins experiencing a flashback — becoming non-responsive, shaking, reliving a combat experience. Other members watch with concern. What should the LCSW do?

A. Use grounding techniques to orient the veteran to the present, ensure safety for the member and group, communicate calmly about what is occurring, and use the experience as potential group process material about shared trauma once the immediate crisis stabilizes

B. Call 911 since the flashback may indicate a psychotic break requiring emergency psychiatric evaluation

C. Ask other members to leave so the LCSW can work privately with the veteran experiencing the flashback

D. Allow the flashback to complete without intervention since interrupting could be more harmful

50. An LCSW treats a client whose 3-year-old has been eating paint chips from the walls of an older apartment. The client mentioned this to the landlord who has not responded. The child has been irritable, complaining of stomach aches, and showing developmental regression. What should the LCSW consider?

A. Recommend the client contact the county health department for lead testing

B. Whether a young child eating paint chips in an older building — with symptoms consistent with lead poisoning including irritability, stomach complaints, and developmental regression — constitutes a child welfare emergency warranting both a mandated report and an urgent medical referral for blood lead testing

C. Address the client's frustration with the landlord and recommend pursuing repair through legal channels

D. Advise the client to cover the walls with contact paper to prevent access to paint chips

51. An LCSW treats a client who works at an assisted living facility and describes a resident wandering out at night through a broken exit alarm. The resident has dementia and has been found on a busy road twice. The facility has not repaired the alarm. What is the LCSW's obligation?

- A. Encourage the client to report the broken alarm to facility maintenance
- B. Recommend the client file a complaint with the California Department of Social Services
- C. Address the client's anxiety about workplace hazards and support the client in managing moral distress
- D. File a mandated elder abuse report since a dependent elderly person with dementia repeatedly accessing a busy road due to the facility's failure to maintain safety equipment constitutes institutional neglect and endangerment

52. An LCSW treats a client who describes feeling "burned out" and having fantasies about abandoning their family — spouse and three young children — and starting a new life. The client has no history of impulsive behavior and acknowledges the fantasies are an escape mechanism. What should the LCSW do?

- A. Explore the fantasy as a warning sign of imminent abandonment and develop a safety plan
- B. Dismiss the fantasy as clinically insignificant since the client recognizes it as an escape mechanism
- C. Explore the fantasy as therapeutically meaningful — examining unmet needs, experienced burden, marital dynamics, and specific stressors — without pathologizing or dismissing it, while monitoring for any shift from fantasy to planning
- D. Recommend the client inform their spouse about the fantasies since the spouse has a right to know

53. An LCSW treats a stay-at-home parent whose partner controls all finances, monitors phone and email, tracks location via GPS, and requires accounting for every minute outside the home. The client does not identify this as abuse. What should the LCSW recognize?

- A. That the described pattern — financial control, surveillance, and minute-by-minute accountability — constitutes coercive control, a recognized form of intimate partner violence, and the LCSW should address this clinically even though the client does not yet identify it as abusive
- B. That the partner's behavior reflects normal protective concern and the LCSW should not impose the label of abuse
- C. That the behavior should be addressed only if the client raises it as a concern
- D. That the LCSW should immediately help the client develop a safety plan to leave

54. An LCSW treats a client who works at a residential facility for elderly dementia patients. A new policy requires GPS tracking on all residents, including those with capacity to consent who have not been consulted. What should the LCSW consider?

- A. Support the policy since GPS tracking enhances safety for dementia patients
- B. Accept the policy since facilities have authority to implement safety measures
- C. Whether blanket GPS tracking of all residents — including those retaining decisional capacity who have not consented — raises concerns about autonomy and dignity that the LCSW should address through institutional advocacy
- D. File a complaint with the state ombudsman since unauthorized tracking violates patient rights

55. An LCSW treats a couple where one partner has early-onset dementia with declining capacity. The non-diagnosed partner wants to continue couples therapy. What ethical issue must the LCSW address?

- A. Whether the non-diagnosed partner's grief is being appropriately addressed in the couples format
- B. Whether the LCSW should transition to individual therapy with the non-diagnosed partner only
- C. Whether the diagnosed partner should be referred for neuropsychological testing
- D. Whether the diagnosed partner retains capacity to provide ongoing informed consent to therapy, recognizing that as dementia progresses the ability to meaningfully engage may diminish — the LCSW must monitor capacity continuously and determine at what point continued conjoint therapy becomes ethically untenable

56. An LCSW provides group therapy for adults with social anxiety. A member announces they have been secretly recording all sessions on their phone "for personal review." Other members are upset. What should the LCSW do?

- A. Allow recording to continue since the member has a right to record their own therapy experience
- B. Require the member to delete recordings but allow continued group participation
- C. Address the secret recording as a serious violation of the group's confidentiality agreement and California's two-party consent law, require immediate cessation, assess impact on other members' sense of safety, determine whether continued participation is appropriate, and process the breach within the group

D. Remove the member immediately without discussion since the recording constitutes a criminal offense

57. An LCSW treats a client whose 10-year-old plays competitive travel baseball year-round with no off-season — practices or games six days weekly. The child has chronic shoulder and elbow pain. The pediatrician recommended rest but the parent ignores medical advice, and the coach says "pain is part of being elite." What should the LCSW consider?

A. Whether requiring a child to continue intensive year-round athletics despite chronic pain and against medical advice constitutes physical abuse or medical neglect — particularly when the child's medical needs are subordinated to competitive athletic goals

B. Support the parent's dedication since competitive sports build character and discipline

C. Recommend a second medical opinion to determine whether pain requires rest or can be managed while playing

D. Address the parent's relationship with the child's athletic success and explore vicarious identification

58. An LCSW treats an ER nurse client who describes a pattern where psychiatric crisis patients are routinely placed in hallway beds, left unevaluated for 12-24 hours, and discharged without mental health assessment. Several patients returned after suicide attempts following discharge. What should the LCSW consider?

A. Maintain confidentiality and address the client's moral distress therapeutically

B. Whether psychiatric patients routinely discharged without mental health assessment — with documented subsequent suicide attempts — constitutes institutional neglect warranting reporting through appropriate channels including the California Department of Public Health, while supporting the client's moral injury

C. Encourage the client to raise the concern through the hospital's patient safety committee

D. Report the hospital to the Joint Commission for violating emergency psychiatric care standards

59. An LCSW treats a client who works at a children's after-school program. A coworker has been showing violent horror movies during program time. Several children have nightmares and behavioral problems. The director is aware and has not intervened. What is the LCSW's obligation?

- A. Encourage the client to report to the parent advisory board
- B. Address the client's frustration and recommend documenting incidents
- C. Report the director to Community Care Licensing for failure to maintain appropriate standards
- D. File a mandated child abuse report since showing violent horror movies to young children resulting in documented psychological harm — nightmares and behavioral problems — constitutes emotional abuse or neglect, particularly when the institution was alerted and failed to intervene

60. An LCSW treats a caregiver for an aging parent with Alzheimer's. The client describes fantasies about "wishing it would just be over" — clarifying they wish the parent's suffering would end, not their own life. What should the LCSW do?

- A. File an elder abuse report since the wish for the parent's death indicates potential danger
- B. Initiate Tarasoff action and notify protective services
- C. Normalize the experience, recognizing that wishing for a suffering loved one's death is common in caregiver burnout — provide therapeutic space for processing guilt, grief, and exhaustion without pathologizing or overreacting to a natural human response to dementia caregiving
- D. Recommend the client arrange alternative caregiving immediately since ambivalent feelings make continued care unsafe

61. An LCSW treats a foster parent caring for a 5-year-old with severe behavioral challenges. The child has been injuring the family's biological children — biting, hitting, pushing a sibling down stairs. The foster parent feels unable to keep all children safe. What should the LCSW do?

- A. Assess immediate safety of all children, coordinate with the foster care agency about placement appropriateness, support the foster parent, and consider whether continuing a placement where children are regularly injured may itself constitute a child welfare concern warranting a CPS report
- B. Recommend a behavioral management system to control the foster child's aggression
- C. Advise the foster parent to request respite care for temporary relief
- D. Suggest returning the foster child since the placement is clearly not working

62. An LCSW treats a physician assistant at an urgent care clinic who describes being directed by the clinic owner to prescribe opioids to patients the PA has never examined. The PA signs prescriptions for patients identified by the owner. What should the LCSW consider?

- A. Maintain confidentiality and address workplace anxiety therapeutically
- B. Whether identifiable patients receiving opioid prescriptions without examination creates risks of inappropriate prescribing and overdose, and whether this pattern warrants analysis beyond standard confidentiality — while addressing the PA's professional obligations and consequences of continued participation
- C. Report the clinic to the DEA for illegal prescribing practices
- D. Advise the PA to consult a healthcare attorney about whistleblower protections

63. An LCSW treats a client who works at a children's residential treatment center. A coworker uses prone restraint (face-down) — associated with positional asphyxia deaths — despite facility policy prohibiting it. What should the LCSW do?

- A. Encourage the client to report the practice to facility administration
- B. Recommend the client refuse to work shifts with the coworker
- C. Address the client's moral distress therapeutically
- D. File a mandated child abuse report since prone restraint — associated with positional asphyxia deaths and prohibited by policy — constitutes a dangerous practice placing children at risk of death, and the LCSW received this information in a professional capacity

64. An LCSW treats a client whose 12-year-old daughter's dance instructor — a male — requires girls to practice in sports bras and underwear while making detailed comments about their bodies including breasts, hips, and weight. Parents fear their daughters will lose roles if they complain. What is the LCSW's obligation?

- A. Recommend the client remove her daughter from the studio
- B. Encourage the client to organize with other parents for a collective complaint
- C. Report the studio to local consumer protection for inappropriate business practices
- D. File a mandated child abuse report since requiring minor girls to undress to underwear while an adult makes sexualized comments about their bodies constitutes sexual exploitation and emotional abuse

65. An LCSW treats a parent of a 16-year-old with severe depression. The psychiatrist prescribed a medication requiring blood monitoring for potentially fatal side effects two months ago. The parent has

not taken the adolescent for any blood draws because "she hates needles." What should the LCSW consider?

- A. Recommend the client discuss needle phobia accommodations with the psychiatrist's office
- B. Whether failure to obtain required blood monitoring for a medication with potentially fatal side effects constitutes medical neglect — the medication requires monitoring precisely because it can cause life-threatening complications, and failure to complete this monitoring places the adolescent at risk
- C. Contact the psychiatrist's office to alert them about the incomplete monitoring
- D. Address the avoidance therapeutically and recommend gradual exposure for the needle phobia

66. An LCSW has practiced for 15 years and realizes a technique used extensively throughout their career has been found by recent research to be ineffective and potentially harmful for certain populations. Several current clients fall within the affected population. What does ethics require?

- A. Immediately discontinue the harmful technique, review whether clients may have been harmed, transition to evidence-based alternatives, and engage in continuing education — the obligation to provide competent care includes responsibility to remain current with evolving research
- B. Continue since it was taught in an accredited program and was best practice when the LCSW learned it
- C. Discontinue only with new clients while continuing with existing clients to avoid disrupting treatment
- D. Wait for the BBS to issue formal guidance before changing practice

67. An LCSW treats a client whose 6-year-old is in a youth karate program. The instructor requires sparring without headgear and pairs the 6-year-old with larger, older children. The child has sustained two concussions in three months. The instructor says "real martial artists don't need protection." What should the LCSW consider?

- A. Accept the instructor's philosophy since martial arts inherently involve risk
- B. Recommend the client find a program with age-appropriate sparring
- C. Advise the client to consult the pediatrician about the concussions
- D. Whether requiring a 6-year-old to spar without protection against larger opponents resulting in repeated concussions constitutes child physical abuse, as repeated concussions in young children can cause permanent brain damage, and file a mandated report

68. An LCSW treats a client whose 13-year-old participates in a social media challenge involving consuming large quantities of a spice known to cause respiratory distress. The child was hospitalized once already and continues participating. What should the LCSW consider?

- A. Address the parent's concern and recommend restricting social media access
- B. Report the social media platform to the FTC
- C. Whether a child hospitalized for respiratory distress from a dangerous activity who continues engaging — with parental knowledge — faces ongoing risk warranting a mandated report for the child's endangerment or the parents' failure to prevent continued dangerous behavior
- D. Recommend the parent consult the pediatrician about respiratory risks

69. An LCSW treats a client who mentions their elderly neighbor has not been seen for over a month. Mail is piling up, the lawn is overgrown, and a foul odor comes from the home. What should the LCSW do?

- A. Recommend the client contact police for a welfare check since circumstances suggest a potential emergency
- B. Recognize the circumstances suggest a potential elder welfare emergency, encourage the client to contact law enforcement for an immediate welfare check, and consider whether the LCSW should take action if the client does not
- C. Address the client's anxiety about the neighbor's wellbeing therapeutically
- D. File a mandated elder abuse report for self-neglect based on apparent failure to maintain basic standards

70. An LCSW treats a licensed foster care social worker who reveals the agency has been placing children in homes without completed background checks due to extreme caseloads. Eight children were placed in incompletely screened homes this month. What should the LCSW consider?

- A. Whether children placed in homes with incomplete screenings — bypassing safety checks designed to protect them — creates a situation where identifiable children may be at risk, potentially triggering the LCSW's mandated reporting obligation, while addressing systemic pressures contributing to the unsafe practice
- B. Maintain confidentiality and address workplace burnout therapeutically

- C. Report the agency to California Department of Social Services for licensing violations
- D. Encourage the client to raise the concern with agency leadership

71. An LCSW has been treating a 15-year-old for six months. The teen self-referred under California's minor consent provisions. The mother calls demanding to know whether the teen is sexually active. What should the LCSW do?

- A. Decline to disclose any therapy content to the mother, explaining that the adolescent self-referred under minor consent provisions and confidentiality is protected — while offering to facilitate a family conversation if the adolescent is willing
- B. Confirm or deny sexual activity since the mother's question relates to health and safety that overrides minor consent protections
- C. Provide a general response without confirming or denying specific content
- D. Discuss the question with the adolescent and let the teen decide what to share

72. An LCSW treats a commercial daycare worker client who describes the facility routinely exceeding licensed capacity — licensed for 20 but accepting 30-35. Staff ratios are dangerously inadequate. What should the LCSW consider?

- A. Encourage the client to report capacity violations to Community Care Licensing
- B. Report to the fire marshal since exceeding capacity creates fire safety hazards
- C. Whether a daycare systematically exceeding capacity by 50-75% — resulting in dangerously inadequate supervision — constitutes child endangerment warranting a mandated report, as deliberate overcrowding creates substantial risk to every child in the facility
- D. Document and monitor for actual injuries before determining whether a report is necessary

73. An LCSW treats a veterinary technician who describes the clinic owner illegally practicing veterinary medicine without a license — performing surgeries, prescribing medications, and misdiagnosing conditions. Animals have died. What is the LCSW's legal obligation?

- A. Report the unlicensed practice to the California Veterinary Medical Board

B. The LCSW has no mandated reporting obligation for unauthorized veterinary practice or animal harm — these fall outside the exceptions to the psychotherapist-patient privilege, and the LCSW should address moral distress therapeutically while supporting the client in exploring appropriate regulatory reporting channels

C. File a police report since unlicensed veterinary practice is criminal

D. Contact the ASPCA to investigate the clinic

74. An LCSW treats a first responder experiencing critical incident stress after a mass casualty event involving children. The client exhibits PTSD symptoms but refuses additional treatment beyond the LCSW because "I can't let work find out." What should the LCSW understand?

A. Respect the treatment scope limitation while providing the most comprehensive care possible within individual therapy — including evidence-based PTSD interventions, monitoring for escalation, ensuring the client knows about confidential peer support programs, and maintaining ongoing assessment of whether functioning poses a professional safety risk

B. Insist on group therapy with other first responders since shared experience is essential for trauma recovery

C. Report the PTSD to the employer since impairment may affect public safety

D. Accept the client's limitations without exploring alternatives since the client has the right to determine treatment scope

75. Across this entire 1,275-question examination series, what single habit distinguishes the test-taker who consistently selects the correct answer?

A. Memorizing California statutes verbatim to recall exact legal language during the examination

B. Reading each scenario completely, identifying the specific facts that determine which principle applies, resisting the impulse to select the most reactive or passive option, and choosing the answer that integrates clinical judgment with legal knowledge — the ability to think rather than react

C. Selecting the longest answer since the most comprehensive response is statistically most likely correct

D. Defaulting to "maintain confidentiality" for any question where the correct response is uncertain

## Practice Exam 25: Answer Key and Explanations

1. C — California Penal Code Section 11166 requires mandated reporters to file a written follow-up report within 36 hours of the initial telephone report, using the Suspected Child Abuse Report form (SS 8572). The telephone report is made immediately or as soon as practically possible. The 36-hour written follow-up is a specific statutory timeline frequently tested on licensing examinations.
2. A — When an LCSW discovers a past clinical oversight, the ethical response is transparent documentation through an addendum to the original record — never retroactive alteration or destruction. The addendum should note the discovery, the nature of the oversight, and the date identified. Consulting risk management and integrating the lesson into current practice demonstrates professional accountability.
3. D — The NASW Code of Ethics provides professional guidance and is frequently referenced in licensing investigations and malpractice cases as evidence of professional standards. However, it does not have independent legal authority in California — the governing framework consists of California statutes, BBS regulations, and case law. Violations may inform proceedings but are not independently prosecutable.
4. B — The revelation that one member's abuser is another member's current partner creates an immediate safety and clinical crisis. The LCSW should assess both members' safety, determine whether the same group is viable, and manage the situation with attention to both members' confidentiality and wellbeing. Individual sessions may be necessary before determining whether and how the group can continue.
5. C — Curbside consultations carry potential professional liability because a clinical opinion — even casual — may influence patient care decisions. The LCSW should clarify limitations of any opinion given without direct assessment, recommend formal evaluation when concern exists, and consider documenting the exchange. The informal nature does not eliminate professional responsibility.
6. A — An LCSW can competently provide therapy addressing emotional dimensions of a medical diagnosis without being a medical expert in the condition. The LCSW's role is psychological processing and support, not medical management. Acknowledging limits of medical knowledge while focusing on the client's emotional experience is appropriate and within competent practice.

7. D — A professional will or practice coverage agreement should exist before any emergency. This document designates a colleague authorized to access the schedule, contact clients, provide coverage, and manage the practice during incapacity. Without this preparation, clients — particularly high-risk clients — may be left without support during unexpected absences.

8. B — Research ethics requires participant safety to take priority over protocol integrity. When a participant experiences a severe adverse event, the LCSW must provide immediate clinical intervention, assess for study withdrawal, report to the IRB, and document per ethics requirements. Study validity never justifies compromising participant safety.

9. A — A fact witness testifies about directly observed events — not clinical opinions. Even with a privilege waiver, the LCSW should testify only about matters directly observed, avoid opinions unless qualified as an expert, and adhere to the waiver's scope. Consulting an attorney before appearing clarifies the boundaries between fact and expert testimony.

10. C — In a fitness-for-duty evaluation, the LCSW must clarify who the client is. The requesting employer may have interests conflicting with the person being evaluated. The evaluation's purpose, scope, reporting structure, and confidentiality limits must be defined before proceeding so all parties have clear expectations.

11. D — The BBS establishes CE requirements including mandated content areas such as law and ethics, and requirements may be updated between renewal cycles. The LCSW is personally responsible for verifying current requirements at each renewal. Assuming requirements are unchanged risks noncompliance.

12. B — Court-ordered therapy operates under modified confidentiality. Specific session content generally retains privilege protection, but the LCSW typically must report compliance, attendance, progress toward goals, and safety concerns. These limits must be clearly defined in informed consent before therapy begins.

13. A — Filing a false harassment complaint does not trigger any mandatory exception to the psychotherapist-patient privilege. The LCSW should maintain confidentiality while addressing guilt clinically, exploring motivations, and strongly encouraging the client to rectify the situation. The terminated coworker's interests are real, but the resolution pathway runs through the client's own action.

14. C — The LCSW should assess whether the adult's systematic recruitment constitutes exploitation — examining whether dynamics include grooming, undue influence, or financial manipulation. The totality of circumstances — adult targeting a minor, consuming all the minor's resources — requires careful evaluation rather than automatic reporting or automatic dismissal.

15. D — Consistent lying by a client with ASPD is clinically significant material. The LCSW should evaluate whether the pattern can be addressed therapeutically, whether progress is possible within the deception, and whether a different modality might be more appropriate. Thoughtful clinical evaluation of the treatment's purpose is required rather than reflexive termination or passive acceptance.

16. B — Children repeatedly injured on broken equipment the institution knows about and has failed to repair constitutes institutional negligence creating ongoing risk. Known hazards combined with documented injuries and institutional inaction elevate this above routine maintenance. The LCSW should assess whether a mandated report is warranted.

17. A — The therapist role is incompatible with custody witness testimony for either parent. The LCSW has a therapeutic relationship with the child, not an evaluative relationship with parental fitness. Testifying for either parent compromises neutrality. An independent custody evaluator is the appropriate professional for court testimony.

18. D — A felony involving moral turpitude may affect fitness to practice. If the LCSW has reason to believe the BBS may not be aware of the conviction, reporting serves the public protection function. The BBS has authority to investigate and determine appropriate action — the LCSW's role is ensuring the Board has the information.

19. C — The LCSW has independent clinical obligations beyond the individual treatment team. Communicating observations about deterioration, assessing safety for group participation, and addressing the impact on other eating disorder clients who witness a member's visible decline are all appropriate clinical actions that complement rather than duplicate the individual team's role.

20. B — Documented violence history combined with deliberate concealment from a new partner warrants thorough risk assessment. The LCSW should evaluate current risk factors, treatment gains, insight, and whether any duty to protect may be triggered. The concealment pattern itself is clinically significant material requiring therapeutic attention.

21. A — Cross-state telehealth requires verification of the other state's specific requirements. The LCSW should research temporary provisions, interstate compacts, or emergency authorizations. If legal practice is not possible, the priority is safe clinical transition. Clinical need does not override licensing law, but creative solutions may exist.

22. D — Suicidal ideation and deepfake victimization are clinically intertwined. The LCSW must conduct a suicide risk assessment while simultaneously providing support for the image-based abuse and connecting the client with legal resources. Treating one dimension while deferring the other fails to address the clinical reality that the victimization drives the suicidality.

23. C — Monthly ER visits with varied injuries in a 4-year-old — visible only cumulatively — constitute a red flag for possible abuse or factitious disorder imposed on another. Individual physicians seeing isolated visits may miss the pattern. The LCSW's cumulative recognition triggers a mandated report that individual providers were unable to make.

24. B — Repeatedly leaving 6-year-olds unsupervised — three times in one week — constitutes a recurring pattern of negligent supervision. Very young children face immediate safety risks without adult oversight. The LCSW should assess whether the pattern warrants a mandated report.

25. A — Professional ethics requires honest self-assessment. If personal aversion would compromise competent treatment, the LCSW should decline and provide an appropriate referral. Accepting a client the LCSW cannot treat effectively causes more harm than an honest referral. Self-awareness about limitations is a professional strength, not a weakness.

26. D — Requiring an 8-year-old to participate in 14-hour daily sessions resulting in isolation, exhaustion, and weight loss may constitute exploitation or neglect regardless of educational framing. The documented physical and social effects on the child are the relevant assessment factors — educational intent does not immunize practices causing demonstrable harm.

27. B — A parole officer threatening violations for attending therapy constitutes obstruction of the client's right to mental health services. The LCSW should support the client's understanding of their rights, document the intimidation, and escalate through supervisory structure. Advising compliance with intimidation perpetuates the obstruction.

28. C — Restricting family contact, personal belongings, and clothing choice through a point system for dependent adults with developmental disabilities raises fundamental rights concerns. For persons lacking

cognitive capacity to understand the system, such restrictions may constitute institutional control exceeding appropriate programming. The LCSW should challenge the policy through advocacy.

29. A — The balanced approach: conduct initial assessment, refer to a specialist for comprehensive evaluation, and determine whether supportive therapy can continue during the assessment. This avoids both diagnosing beyond competence and refusing all clinical support. The client needs specialist evaluation AND ongoing therapeutic support simultaneously.

30. D — Injecting unregulated substances into a child resulting in nausea and liver pain constitutes child endangerment regardless of naturopathic framing. The documented symptoms indicate physical harm. A mandated report is required. Alternative medicine beliefs do not exempt practices causing documented organ damage in children.

31. B — A daycare provider consuming alcohol while caring for six children under age 3 constitutes child endangerment. Very young children require alert, unimpaired supervision. Alcohol during caregiving creates substantial risk regardless of reported quantity. The provider's self-assessment of functionality is unreliable when toddlers' safety is at stake.

32. C — The psychotherapist-patient privilege protects student therapy communications regardless of school employment context. A principal's administrative authority does not include access to confidential therapy content. The student's right to confidential therapy is not subordinate to institutional hierarchy.

33. A — The LCSW has independently received information about a sexually abused child, creating the LCSW's own mandated reporting obligation separate from the teacher's. The LCSW should file a report AND inform the teacher about criminal penalties for failure to report under Penal Code Section 11166. Both professionals have independent obligations.

34. D — Information about dangerous medication dosages with documented adverse reactions raises patient safety concerns warranting careful analysis. The LCSW should address the client's moral distress and professional obligations while evaluating whether ongoing patient risk extends the ethical analysis beyond standard confidentiality.

35. B — An honest clinical assessment including the BDD diagnosis, perceived-versus-actual observations, and the potential for surgery to fail to resolve the body image disturbance allows the

surgeon to make an informed decision. Neither blanket support nor opposition serves the client — accurate clinical information does.

36. C — The LCSW's role is identifying the concern and referring for appropriate assessment — not diagnosing learning disabilities. Sharing observations with parents, recommending psychoeducational evaluation, and facilitating referral to the school's student study team represents appropriate practice within scope.

37. D — Performing religious rituals on unconscious patients without consent raises questions about autonomy and boundaries. The LCSW should address these dynamics therapeutically — exploring the chaplain's approach to boundaries, the meaning of complaints, and the intersection of religious mission with patient rights.

38. D — A dentist drilling healthy teeth of children for financial gain constitutes a professional inflicting unnecessary physical harm on minors for personal benefit. The LCSW should assess whether this constitutes child abuse warranting a mandated report while also addressing the behavior's clinical and ethical dimensions therapeutically.

39. B — California Education Code Section 49001 prohibits corporal punishment in ALL schools — public and private. This is a commonly tested California-specific rule. Parental consent does not make an illegal practice legal. The LCSW should assess whether the paddling constitutes reportable child abuse.

40. C — A truck driver operating while methamphetamine-impaired AND deliberately violating federal rest requirements creates extreme, ongoing risk of catastrophic harm. The LCSW should thoroughly assess protective obligations while prioritizing substance use treatment. The combination of impairment and deliberate safety violations elevates this well beyond standard confidentiality analysis.

41. A — Charging exorbitant fees to a cognitively impaired elderly person who depends on the provider for basic necessities constitutes financial exploitation. The dependency relationship creates a power differential that the neighbor is exploiting. The LCSW should assess whether a mandated elder abuse report is warranted.

42. B — Locking a 14-year-old out overnight during cold weather — forcing the child to sleep in a car — constitutes child neglect and endangerment. Three occurrences in one month demonstrates a pattern, not an isolated incident. A mandated report is required.

43. D — Forging a dependent elderly person's signature and making unauthorized transactions constitutes financial exploitation. The mother's dementia prevents detection or self-protection. The LCSW received this information professionally, triggering a mandated elder abuse reporting obligation.

44. C — Requiring minors to practice in extreme heat without water — resulting in hospitalizations — constitutes child endangerment. Multiple hospitalizations demonstrate serious harm has already occurred. The LCSW received this information professionally and must file a mandated report.

45. A — An untreated skin infection can become life-threatening through sepsis. The LCSW should prioritize helping the client access medical care — through exposure, accompaniment, or home visits. The medical emergency must be addressed concurrently with OCD treatment. A client cannot benefit from therapy if they die from an untreated infection.

46. B — Honest documentation serving all parties — including the prospective child — is the LCSW's obligation. An assessment accurately reflecting both strengths and unresolved conflicts allows the agency to make an informed decision. The couple's orientation does not alter the documentation obligation.

47. D — Locked-door sessions combined with secrecy instructions constitute a textbook grooming pattern. Grooming behavior itself may create reasonable suspicion warranting a mandated report without a child's specific disclosure. The pattern of behavior — not the presence of a verbal disclosure — is the reporting trigger.

48. C — The LCSW should maintain confidentiality while supporting the client through the ethical conflict, exploring reporting channels, and explaining whistleblower protections. While research fraud doesn't trigger a standard reporting exception, potential harm to cardiac patients enrolled in a compromised trial warrants serious ethical analysis beyond routine confidentiality.

49. A — Grounding techniques orient the veteran to the present during a flashback. The LCSW should ensure safety, communicate calmly to the group, and once stabilized, use the experience as potential group process material. The group witnessing a flashback can be therapeutically meaningful if processed well.

50. B — A child eating paint chips with symptoms consistent with lead poisoning — irritability, stomach pain, developmental regression — constitutes a welfare emergency. Lead poisoning causes irreversible brain damage. Both a mandated report and urgent blood lead testing are required.

51. D — A dementia patient repeatedly accessing a busy road through a broken exit alarm constitutes institutional neglect. The known deficiency with repeated dangerous incidents requires a mandated elder abuse report.

52. C — Abandonment fantasies in a burned-out parent are meaningful therapeutic content — not a crisis or a triviality. Exploring underlying unmet needs, burden, and dynamics without pathologizing or dismissing, while monitoring for any shift from fantasy to planning, is the appropriate clinical approach.

53. A — Financial control, communication surveillance, location tracking, and minute-by-minute accountability constitute coercive control — a recognized form of intimate partner violence. The LCSW should address this pattern clinically even when the client does not yet identify it as abusive.

54. C — Blanket GPS tracking including residents retaining decisional capacity who have not consented raises autonomy and dignity concerns the LCSW should address through institutional advocacy. Safety measures must be balanced with individual rights.

55. D — The LCSW must monitor the diagnosed partner's capacity continuously — not just at intake. As dementia progresses, the ability to consent to and meaningfully participate in therapy diminishes. The LCSW must determine when continued conjoint therapy becomes ethically untenable.

56. C — Secret recording violates both the group agreement and California's two-party consent law. The LCSW should require immediate cessation, assess impact on other members' safety, determine whether continued participation is appropriate, and process the breach within the group.

57. A — Requiring a child to continue intensive athletics despite chronic pain and against medical advice may constitute physical abuse or medical neglect. When a child's medical needs are subordinated to competitive goals, the LCSW should assess whether the practice warrants a mandated report.

58. B — Psychiatric patients routinely discharged without assessment — with documented subsequent suicide attempts — constitutes institutional neglect warranting reporting through appropriate channels. The LCSW should also support the client's moral injury from witnessing the pattern.

59. D — Showing violent horror movies to young children resulting in documented nightmares and behavioral problems constitutes emotional abuse, particularly when the institution was alerted and failed to intervene. The LCSW should file a mandated report.

60. C — Wishing for a suffering loved one's death is common in caregiver burnout — not evidence of intent to harm. The LCSW should normalize this, provide space for processing guilt and exhaustion, and avoid pathologizing a natural human response to dementia caregiving. Neither elder abuse reports nor Tarasoff notifications are warranted.

61. A — The LCSW should assess safety for all children, coordinate with the agency about placement appropriateness, and consider whether a placement where children are regularly injured constitutes a welfare concern. The foster parent's inability to maintain safety for all children may indicate the placement is not viable.

62. B — Patients receiving opioid prescriptions without examination face risks of harm including overdose. The ongoing pattern warrants analysis beyond standard confidentiality. The LCSW should address the PA's professional obligations and consequences of continued participation.

63. D — Prone restraint — associated with positional asphyxia deaths and prohibited by facility policy — places children at risk of death. The LCSW received this information professionally and must file a mandated child abuse report.

64. D — An adult requiring minors to undress to underwear while making sexualized body comments constitutes sexual exploitation and emotional abuse. The coercive environment where parents fear retaliation amplifies the concern. A mandated report is required.

65. B — Failure to obtain required blood monitoring for a medication with potentially fatal side effects constitutes medical neglect. The monitoring exists to detect life-threatening complications. A parent's failure to complete it places the adolescent at genuine risk of death.

66. A — The obligation to provide competent care includes remaining current with research. When a technique is found harmful, the LCSW must immediately discontinue it, review for past harm, and transition to evidence-based alternatives. Past acceptance does not excuse continued use after evidence of harm emerges.

67. D — Requiring a 6-year-old to spar without protection against larger opponents — resulting in repeated concussions — constitutes physical abuse. Repeated concussions in young children cause permanent brain damage. A mandated report is required.

68. C — A child hospitalized for respiratory distress who continues the dangerous activity faces ongoing risk. The LCSW should assess whether a mandated report is warranted for the child's endangerment or the parents' failure to prevent continued dangerous behavior.

69. B — A month without being seen, accumulated mail, overgrown lawn, and foul odor suggest a potential elder welfare emergency. The LCSW should encourage immediate law enforcement welfare check and consider taking independent action if the client does not.

70. A — Children placed in homes with incomplete background screenings are denied safety checks designed to protect them. This creates risk that identifiable children may be placed with individuals who would have been disqualified. The LCSW should assess whether a mandated reporting obligation is triggered.

71. A — The adolescent self-referred under minor consent provisions, which protect confidentiality. The LCSW should decline to disclose therapy content to the mother while explaining the legal basis. Offering to facilitate a family conversation if the adolescent is willing provides a constructive alternative.

72. C — A daycare exceeding capacity by 50-75% with dangerously inadequate supervision constitutes child endangerment affecting every child in the facility. The deliberate overcrowding creates ongoing substantial risk. The LCSW should assess whether a mandated report is warranted.

73. B — Mental health professionals have no mandated reporting obligation for unauthorized veterinary practice or animal harm. These fall outside exceptions to the psychotherapist-patient privilege. The LCSW should address moral distress therapeutically while supporting the client in exploring appropriate regulatory channels.

74. A — The LCSW should respect the treatment scope limitation while maximizing care within individual therapy — evidence-based PTSD interventions, escalation monitoring, confidential peer support information, and ongoing professional functioning assessment. If functioning deteriorates to the point of public safety risk, the analysis expands.

75. B — The distinguishing habit across 1,275 questions: read completely, identify determinative facts, resist reactive impulses, and choose the answer integrating clinical judgment with legal knowledge. Every correct answer has been the most thoughtfully reasoned — never the most reactive, the most passive, or the most rigid. The exam tests thinking, not memorization.