

# PRACTICE EXAM 26: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

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1. An LCSW is providing therapy to a client who is a licensed clinical psychologist seeking treatment for depression. During sessions, the psychologist-client frequently challenges the LCSW's clinical approach, citing research that contradicts the LCSW's interventions. What should the LCSW recognize about the therapeutic dynamic?

A. Defer to the psychologist-client's expertise since they hold a higher-level clinical license and may have superior knowledge of the evidence base

B. Address the pattern as clinically significant — exploring whether the intellectual debate serves as a defense against vulnerability, whether the power dynamic of a psychologist being treated by an LCSW creates discomfort, and whether the challenges represent legitimate clinical feedback or resistance to the therapeutic process

C. Terminate the therapeutic relationship and refer to another psychologist since same-profession treatment creates an inherent power imbalance that cannot be resolved

D. Accept all the client's research-based challenges and modify the treatment approach accordingly since evidence-based practice requires adapting to the latest research

2. An LCSW who works in a private practice shares an office suite with a psychiatrist. The psychiatrist asks the LCSW to see a patient "just for today" because the psychiatrist is running behind schedule. The patient has never met the LCSW and is expecting to see the psychiatrist. What should the LCSW do?

A. See the patient as a professional courtesy since the shared office suite creates an implicit collaborative relationship

B. See the patient but clarify that the session is with the LCSW rather than the psychiatrist

C. See the patient only if the psychiatrist provides a verbal handoff summarizing the treatment history

D. Decline to see a patient who has no therapeutic relationship with the LCSW and has not consented to treatment with a different provider — the LCSW cannot simply substitute for another clinician without proper introduction, informed consent, and clinical justification

3. An LCSW is treating a client who asks, "Have you ever dealt with what I'm going through personally?" The client is processing grief after the death of a child. The LCSW has experienced the death of a child. What considerations govern the self-disclosure decision?

A. Evaluate whether the self-disclosure would serve the client's therapeutic needs rather than the LCSW's emotional needs, consider the timing and the client's current psychological state, assess whether disclosure could enhance the therapeutic alliance or shift the focus inappropriately to the LCSW's experience, and make a deliberate clinical decision rather than an impulsive emotional one

B. Always disclose personal grief experiences since shared experience is the foundation of effective therapy and withholding creates an inauthentic relationship

C. Never disclose since therapist self-disclosure about the death of a child would blur the boundaries between the therapeutic and personal relationship beyond repair

D. Disclose only if the client's grief diagnosis exactly matches the LCSW's experience since partial disclosure could mislead the client about the commonality of their situations

4. An LCSW has been treating a client for depression for eight months. The client asks the LCSW to complete paperwork for an emotional support animal letter for their landlord. The LCSW believes the client would benefit from an ESA. What should the LCSW consider before providing the letter?

A. Write the letter immediately since the LCSW has an eight-month treatment relationship and can document the clinical basis

B. Decline the letter since ESA letters are outside the scope of psychotherapy and constitute a forensic function

C. Whether the LCSW can honestly document a disability-related need for the ESA based on direct clinical assessment, whether providing the letter creates any dual-role concern, and whether the documentation accurately reflects the clinical situation — the treating therapist can provide an ESA letter when it is clinically supported and based on the genuine treatment relationship

D. Write the letter only if the client agrees to bring the animal to therapy sessions so the LCSW can observe the therapeutic benefit directly

5. An LCSW is treating a couple and one partner discloses during an individual check-in that they have a secret second family — a spouse and children in another state. The disclosing partner does not want this shared in the conjoint sessions. What should the LCSW do?

- A. Maintain the secret since the individual check-in created a confidential space within the couples therapy
- B. Explain to the disclosing partner that the LCSW cannot hold a secret of this magnitude while continuing to facilitate couples therapy in good faith, as the deception fundamentally undermines the basis of the therapeutic work — the partner must either disclose or the LCSW cannot continue the conjoint therapy
- C. Continue couples therapy while gradually creating opportunities for the disclosing partner to reveal the information organically through the therapeutic process
- D. Terminate the couples therapy and begin individual therapy with the disclosing partner to process the secret without breaching confidentiality

6. Under California law, how long must an LCSW retain clinical records for an adult client after the last date of service?

- A. Five years from the last date of service, consistent with the general medical records retention requirement
- B. Ten years from the last date of service, as mental health records require longer retention than general medical records
- C. Indefinitely, as there is no statute of limitations on malpractice claims involving mental health treatment
- D. Seven years from the last date of service, though best practice may suggest longer retention — and for minor clients, records must be retained until the minor reaches age 18 plus the applicable retention period

7. An LCSW is providing therapy to a client who asks, "What would you do if you were in my situation?" The client is deciding whether to place their parent in a memory care facility. All four responses below are defensible — which represents the BEST clinical approach?

- A. Share what you would personally do since the client is directly requesting the LCSW's perspective and withholding feels dishonest
- B. Deflect the question entirely by asking the client why they want to know what the LCSW would do
- C. Explore the client's values, fears, and concerns that underlie the question, provide balanced information about the considerations involved, and support the client's own decision-making process — neither answering the question directly nor deflecting it, but using it as a therapeutic entry point

D. Provide a direct recommendation based on the LCSW's professional assessment of the situation since the client is asking for guidance during a difficult decision

8. An LCSW discovers that their personal therapy records — from when the LCSW was a client receiving their own treatment — have been subpoenaed in a malpractice case against the LCSW. The opposing attorney obtained the subpoena to examine the LCSW's own mental health history. What should the LCSW understand?

A. The LCSW's own therapy records are protected by the psychotherapist-patient privilege, and the LCSW — as the client — holds the privilege and can assert it against disclosure, just as any other client would

B. The LCSW's personal therapy records become discoverable once the LCSW is sued for malpractice since the LCSW's mental health is relevant to competence

C. The subpoena automatically overrides privilege since it is issued as part of active litigation

D. The LCSW's personal therapist should release the records since the therapist has an independent obligation to cooperate with legal proceedings

9. An LCSW is providing therapy to a client who mentions that their 12-year-old child has been spending eight or more hours daily on a single online game. The child has withdrawn from all other activities, has stopped socializing with peers, refuses to attend school, and has become aggressive when the gaming device is removed. What should the LCSW consider?

A. Dismiss the concern since video game usage is a normal adolescent activity that does not warrant clinical attention

B. Whether the child's complete withdrawal from school, peers, and all activities other than gaming — combined with aggressive behavior when the device is removed — may constitute a level of functional impairment that warrants clinical assessment and referral, while also exploring whether the parents' failure to ensure school attendance constitutes educational neglect

C. Recommend the parents confiscate the gaming device immediately and enroll the child in outdoor activities

D. Address only the parent's frustration about the gaming since the child is not the LCSW's client and the LCSW cannot make clinical assessments about a person not in treatment

10. An LCSW is providing therapy to a client when the client produces a handgun during the session and places it on the table, stating, "I brought this because I don't feel safe going home after our sessions." The client is not threatening the LCSW. What should the LCSW do?

- A. Continue the session since the client is not threatening and has a legal right to carry the weapon
- B. End the session immediately and call 911 since the presence of a firearm in a therapy session constitutes an emergency
- C. Ask the client to put the gun away and continue the session while addressing the safety concerns therapeutically
- D. Calmly address the firearm, request the client secure it in their vehicle before continuing, enforce the office policy regarding weapons, and explore the underlying fear driving the need to bring a weapon to therapy — while assessing whether the client's stated fear of "going home" represents a safety concern that requires its own clinical attention

11. An LCSW is providing therapy to a client with borderline personality disorder who sends the LCSW a text message at 2:00 AM stating, "If you don't respond right now, I'll cut myself." The LCSW sees the message at 7:00 AM. What should the LCSW do FIRST?

- A. Call the client immediately to conduct a risk assessment and determine current safety status
- B. Wait until the next scheduled session to address the text since responding to between-session threats reinforces the behavior
- C. Attempt to contact the client immediately to assess current safety, and if the client cannot be reached, initiate emergency procedures — because the first priority when there has been a threat of self-harm is confirming the client is alive and safe, regardless of the clinical implications of responding to the communication pattern
- D. Text the client back with crisis hotline numbers and schedule an emergency session for later in the day

12. An LCSW is advertising their services on social media. The LCSW posts a client testimonial on their practice website with the client's written permission. What ethical concern exists?

- A. Even with written permission, publishing client testimonials raises concerns about potential exploitation of the therapeutic relationship for commercial purposes, as the power differential between

therapist and client may compromise the voluntariness of the consent, and the testimonial implicitly confirms the individual's status as a mental health client

B. No ethical concern exists since the client provided written permission and has the right to share their own positive therapy experience

C. The only concern is whether the testimonial complies with advertising regulations regarding accuracy of claims

D. The testimonial is permissible only if the client's real name is not used and identifying details are changed

13. An LCSW is treating a teenager who reveals that a teacher has been sending the teenager private messages on social media that have become increasingly personal and flirtatious — complimenting the teenager's appearance, asking about romantic interests, and suggesting they meet outside school. No physical contact has occurred. What should the LCSW do?

A. Address the situation in therapy and help the teenager develop strategies for setting boundaries with the teacher

B. File a mandated child abuse report since an adult in a position of authority sending flirtatious personal messages to a student and suggesting private meetings constitutes grooming behavior that creates reasonable suspicion of child sexual exploitation

C. Contact the school administration and inform them about the teacher's social media communications

D. Monitor the situation and file a report only if the communications become explicitly sexual or if physical contact occurs

14. An LCSW working in a prison setting treats an inmate who reveals that correctional staff have been deliberately contaminating inmates' food with cleaning products as punishment. Multiple inmates have experienced gastrointestinal symptoms. What should the LCSW consider?

A. Maintain confidentiality since the information about staff conduct is disclosed in a therapeutic context

B. Encourage the inmate to file a grievance through the prison's internal complaint system

C. Report the information to the prison warden directly since food contamination is a safety issue

D. Whether correctional staff deliberately contaminating the food of incarcerated persons — who are dependent adults in state custody — constitutes abuse and endangerment of dependent adults warranting

a mandated report, and whether the documented gastrointestinal symptoms across multiple inmates provide corroborating evidence

15. An LCSW is treating a client with severe hoarding disorder. The client has two cats and a dog. During a home visit, the LCSW observes that the animals appear malnourished, the cat litter boxes are overflowing with weeks of waste, and the dog is chained to a radiator with limited mobility. The client loves the animals but is unable to care for them adequately due to the hoarding. Does the LCSW have a reporting obligation?

- A. Yes, file a mandated child abuse report since animal neglect in a home is a predictor of child abuse
- B. Yes, file a report with animal control since the LCSW is a mandated reporter for animal cruelty
- C. The LCSW has no mandated reporting obligation for animal neglect under California law, but the observation raises clinical concerns that should be addressed therapeutically — the LCSW may choose to encourage the client to seek help for the animals or voluntarily report, while recognizing this is not a legal obligation for the LCSW
- D. No reporting obligation and no clinical concern since the client's relationship with the animals is a personal matter

16. An LCSW is treating a client who is a home health nurse. The client describes an elderly patient who has been hoarding medications — the patient fills prescriptions but does not take the medications, accumulating a large supply. The patient has stated to the nurse that the medications are "insurance" in case the patient decides to end their life. The patient is 85 and has a terminal diagnosis. What should the LCSW consider?

- A. Maintain confidentiality since the information is about the nurse's patient and not about the LCSW's direct client
- B. Encourage the nurse-client to assess the patient's suicidal ideation and manage the medication stockpile through the nursing care plan
- C. File a mandated elder abuse report for self-neglect since the medication hoarding constitutes a threat to the patient's safety
- D. Assess whether the information about an identifiable elderly person with a terminal diagnosis stockpiling medications with stated suicidal intent creates a duty to protect, while also supporting the nurse-client in fulfilling their own professional obligations to address the patient's safety

17. An LCSW is providing therapy to a client who mentions that a local childcare center has been advertising "discipline training" sessions for parents that involve techniques the client describes as physically harmful to children — including shaking, cold water immersion, and food deprivation. The center serves families with children ages 2 to 6. What should the LCSW do?

- A. Report the childcare center to Community Care Licensing for inappropriate programming
- B. Assess whether the described techniques — shaking young children, cold water immersion, and food deprivation — constitute child abuse practices being promoted to parents of very young children, potentially warranting a mandated report for the children currently receiving these interventions at the center
- C. Recommend the client avoid the center and address the client's parenting concerns through evidence-based approaches in therapy
- D. Contact the center directly to verify the accuracy of the client's description before determining whether action is warranted

18. An LCSW is treating a client with PTSD who has been avoiding a particular intersection where the client's traumatic event occurred. The LCSW determines that driving through the intersection is a clinically appropriate exposure target. During an in vivo exposure session, the client experiences a severe panic attack while driving and nearly causes an accident. What ethical and clinical issues does this raise?

- A. Continue in vivo exposure at the same intensity since avoidance will only strengthen the PTSD symptoms
- B. Terminate all exposure work and return to supportive therapy since the near-accident demonstrates the approach is too dangerous
- C. File an incident report with the LCSW's malpractice insurance carrier and cease all driving-related exposure work
- D. Reassess the exposure hierarchy and safety planning, recognize that conducting exposure exercises while a client is operating a vehicle creates foreseeable safety risks, consider whether future driving exposures should involve the client as a passenger rather than driver, and evaluate whether the LCSW's clinical protocol adequately addressed the safety dimension of in vivo exposure

19. An LCSW's client calls to cancel a session, stating they tested positive for COVID-19 but want to switch to a telehealth session instead. The LCSW does not have a telehealth-specific informed consent on file. What should the LCSW do?

- A. Provide the telehealth session while addressing the informed consent requirement — California permits telehealth and the clinical need outweighs the administrative gap, but the LCSW should complete the telehealth-specific informed consent at the earliest opportunity and document the clinical justification for proceeding before it was fully in place
- B. Cancel the session entirely since providing telehealth without a specific telehealth consent form constitutes practicing without informed consent
- C. Conduct the session as a telephone check-in rather than a telehealth therapy session to avoid the consent requirement
- D. See the client in person since the LCSW's standard informed consent covers all modalities of treatment delivery

20. An LCSW is providing therapy to a client who has fibromyalgia. The client's physician has recommended discontinuing opioid therapy. The client is terrified of the pain returning and asks the LCSW, "Don't you think I need these medications? Can you talk to my doctor?" What is the LCSW's appropriate role?

- A. Contact the physician and advocate for the client to continue the opioid therapy since the client is experiencing significant distress about the change
- B. Refuse to discuss the medication issue since pharmacological management is entirely outside the LCSW's scope
- C. Explore the client's fears about pain management, support the client in communicating their concerns to the physician directly, and with the client's consent, share clinical observations about the client's functioning and distress with the prescriber as part of coordinated care — without advocating for a specific prescribing decision
- D. Recommend the client seek a second medical opinion from a pain specialist before accepting the physician's recommendation

21. An LCSW is treating a client who reveals they have been operating a Ponzi scheme that has defrauded hundreds of investors, including many elderly retirees who lost their life savings. The client is seeking therapy for the anxiety related to the scheme potentially being discovered. What is the LCSW's obligation?

- A. Report the Ponzi scheme to the Securities and Exchange Commission since the LCSW has knowledge of ongoing financial crimes affecting vulnerable elderly victims

B. Maintain therapeutic confidentiality while addressing the client's anxiety and the ethical dimensions of the conduct clinically — financial fraud, even on a massive scale, does not trigger any mandatory exception to the psychotherapist-patient privilege, though the LCSW should explore the full implications of the behavior including its impact on victims

C. Contact the elderly victims to warn them about the fraud since they are identifiable persons being harmed

D. Refuse to provide therapy to a client who is actively defrauding others since treating the anxiety would facilitate the continuation of the criminal conduct

22. An LCSW is providing therapy to a client when a magnitude 6.0 earthquake strikes during the session. The building sustains visible damage — cracked walls and a partially collapsed ceiling tile. The client is panicked. What should the LCSW do?

A. Continue the session in the damaged office while processing the client's earthquake anxiety as therapeutic material

B. Provide grounding techniques to help the client manage the panic response before concluding the session normally

C. Call 911 to report the building damage and wait for emergency services to assess the structural safety

D. Prioritize physical safety by evacuating the building with the client, assess for injuries, ensure the client is stable enough to travel home safely, and plan for follow-up contact — recognizing that the LCSW's immediate obligation shifts from therapeutic to safety-focused in a natural disaster

23. An LCSW is treating a client who is a real estate developer. The client mentions plans to demolish a low-income housing complex to build luxury condominiums, displacing 200 families including many with children. The client asks the LCSW to help manage the stress of the "difficult decision." What should the LCSW do?

A. Provide therapy addressing the client's stress while recognizing that housing displacement, though potentially harmful to communities, is a legal business activity that does not trigger any reporting obligation or require the LCSW to refuse treatment — the LCSW may explore the ethical dimensions with the client without imposing personal values about housing justice

B. Refuse to treat the client since providing therapy that facilitates the displacement of vulnerable families conflicts with social work's commitment to social justice

C. Provide therapy but condition continued treatment on the client modifying the development plan to include affordable housing units

D. Report the planned displacement to the city's housing authority since displacing low-income families constitutes a form of community-level harm

24. An LCSW is treating a client who describes their toddler's babysitter as "overly affectionate" — the babysitter reportedly kisses the child on the lips, insists on co-sleeping during naps, and takes numerous photos of the child in the bathtub. The client is uncomfortable but unsure whether the behavior is concerning. What should the LCSW do?

A. Reassure the client that many caregivers are naturally affectionate and the behavior does not suggest abuse

B. Recommend the client have a conversation with the babysitter about appropriate boundaries

C. Assess whether the described behaviors — lip kissing, insistence on physical closeness during sleep, and photographing a nude toddler — collectively create a pattern that raises reasonable suspicion of grooming or exploitation warranting a mandated child abuse report, rather than accepting each behavior in isolation as benign

D. Advise the client to install a hidden camera to determine whether anything inappropriate is occurring before the LCSW takes any action

25. An LCSW who specializes in trauma treatment is asked to provide a clinical training workshop for other therapists. During the workshop, the LCSW uses detailed case examples from their practice. All identifying information has been changed — names, ages, genders, and circumstances are altered. What ethical concern remains?

A. No concern exists since all identifying information has been changed and no reasonable person could identify the clients

B. The clients themselves might recognize their own therapy experiences despite the disguise, and using clinical material for professional presentations without client consent raises ethical concerns about the use of therapeutic content for purposes beyond the treatment itself — the LCSW should consider obtaining consent or further disguising the material

C. The only concern is whether the workshop participants will maintain confidentiality about the case examples they hear during the training

D. The concern is limited to ensuring the case examples are clinically accurate and represent evidence-based treatment approaches

26. An LCSW has been providing therapy to a client for five years. The LCSW receives a terminal diagnosis with a prognosis of approximately six months. What does the LCSW's ethical obligation to this long-term client require?

A. Continue practicing until no longer physically able since the client's treatment continuity is the highest priority

B. Disclose the terminal diagnosis to the client immediately since the client deserves to know about a factor that will inevitably affect the therapeutic relationship

C. Retire immediately to avoid burdening clients with the LCSW's declining health

D. Plan a thoughtful, phased transition — informing the client with appropriate timing and clinical sensitivity, processing the ending within the therapeutic context, carefully selecting a referral who can continue the work, and managing the termination in a way that honors the five-year relationship while protecting the client from a traumatic sudden ending

27. An LCSW is providing therapy to a client who is an undocumented immigrant working in agriculture. The client describes working conditions that include exposure to pesticides without protective equipment, 14-hour days in extreme heat with no shade or water breaks, and wages below minimum wage. The client is afraid to complain due to immigration status. What should the LCSW recognize about the social work role?

A. That social work practice includes recognizing the intersection of the client's mental health concerns with systemic exploitation, providing information about the client's labor rights regardless of immigration status, connecting the client with worker advocacy organizations, and addressing the impact of the exploitative conditions on the client's wellbeing — while respecting the client's autonomy in deciding how to respond

B. That the working conditions, while concerning, are an employment matter outside the scope of mental health treatment

C. That the LCSW should report the employer to OSHA for workplace safety violations since the LCSW has knowledge of hazardous conditions

D. That the LCSW should contact immigration authorities to report the employer for hiring undocumented workers since the employment itself is illegal

28. An LCSW treats a client who works at an animal rescue organization. The client describes a coworker who has been adopting animals from the rescue and then selling them for profit, misrepresenting the animals' health status to buyers. Several animals sold by the coworker were seriously ill. What is the LCSW's legal obligation?

- A. File a report with animal control since the LCSW has knowledge of an animal welfare violation
- B. Report the coworker to law enforcement for fraud since misrepresenting animals' health constitutes consumer fraud
- C. The LCSW has no mandated reporting obligation for animal welfare matters or consumer fraud, as neither falls within the exceptions to the psychotherapist-patient privilege — the LCSW should address the client's moral distress therapeutically and support the client in pursuing appropriate reporting channels
- D. Contact the rescue organization's board of directors to report the coworker's conduct

29. An LCSW is providing therapy to a client who is going through IVF. The client reveals that she has been using her sister's eggs without the sister's knowledge — the sister provided eggs for a different purpose and the client diverted them. The client wants to process the guilt. What is the LCSW's obligation?

- A. Report the fertility clinic to the medical board since the unauthorized use of biological material constitutes medical fraud
- B. Maintain therapeutic confidentiality while addressing the guilt, exploring the ethical and legal implications of the unauthorized use of biological material, and encouraging the client to address the situation with the sister — recognizing that reproductive fraud, while ethically troubling and potentially illegal, does not trigger any mandatory exception to the psychotherapist-patient privilege
- C. Contact the sister directly since she is an identifiable victim whose biological material was used without consent
- D. Report the situation to law enforcement since the unauthorized use of another person's genetic material constitutes a form of assault

30. An LCSW is treating a client who works at a juvenile detention facility. The client describes a coworker who has been providing detained youth with contraband — specifically smartphones and drugs — in exchange for the youth performing sexual acts. The detained youth are between 14 and 17 years old. What is the LCSW's obligation?

- A. File a mandated child abuse report immediately since an adult in a position of authority exchanging contraband for sexual acts from detained minors constitutes sexual exploitation of children, and the detained status of the youth amplifies the power differential and the vulnerability of the victims
- B. Encourage the client to report through the facility's internal affairs process

- C. Report the coworker to law enforcement for providing contraband to detained youth
- D. Maintain confidentiality and address the client's moral distress about the workplace environment

31. An LCSW treats a client with avoidant personality disorder who has made significant therapeutic progress over three years — forming friendships, returning to work, and engaging in social activities. The client is now functioning well and asks about termination. The LCSW feels reluctant to end the relationship. What should the LCSW examine?

- A. Whether the client needs continued maintenance therapy to prevent relapse since personality disorders require lifelong treatment
- B. Whether extending therapy would serve the client's clinical needs or whether the reluctance reflects the LCSW's own attachment
- C. Whether transitioning to less frequent sessions would be more appropriate than full termination to maintain the therapeutic gains
- D. Whether the LCSW's reluctance to terminate reflects countertransference that is serving the LCSW's needs rather than the client's — and if the client has genuinely met treatment goals and is functioning well, the ethical course is to support the client's readiness for independence by proceeding with termination while leaving the door open for return

32. An LCSW is providing couples therapy when one partner discloses being intersex — having been born with ambiguous genitalia and having undergone surgical procedures in infancy without their consent. The partner has never disclosed this to anyone, including the other partner. The intersex partner becomes distressed during the disclosure. What should the LCSW prioritize?

- A. Explore the other partner's reaction to the disclosure since their response will determine the future of the relationship
- B. Redirect the session to the presenting problem since the intersex status was not part of the treatment goals
- C. Attend to the disclosing partner's emotional safety, provide affirmative support, create space for both partners to process the disclosure at their own pace, and recognize the courage and vulnerability of the moment — while being knowledgeable about intersex experiences and avoiding pathologizing the disclosure
- D. Recommend the intersex partner seek individual therapy with a specialist in intersex issues before continuing couples work

33. An LCSW treats a client who mentions that the client's 11-year-old daughter recently told a school counselor that "Daddy touches me at night." The school counselor filed a CPS report, but the investigation was closed as "unfounded" after the father denied the allegation and the daughter recanted. The client (the mother) believes the daughter was telling the truth but is afraid to contradict the CPS finding. What should the LCSW consider?

- A. Accept the CPS finding since the investigation was conducted by trained investigators who determined the allegation was unfounded
- B. File a new mandated report with the school counselor to present a unified professional front
- C. Encourage the mother to monitor the daughter for additional signs of abuse and address the mother's distress therapeutically without taking external action
- D. Assess whether the LCSW has received additional information in a professional capacity — such as the mother's belief and any supporting observations — that creates independent reasonable suspicion warranting a new mandated report, recognizing that a prior unfounded finding does not preclude a new report when new information is available

34. An LCSW is providing therapy to a client whose presenting concern is relationship difficulties. During session 15, the client casually mentions, "By the way, I'm a registered sex offender — I was convicted 12 years ago for an offense involving a minor." The client has not mentioned this before. The client now works at a community center that serves families with children. What must the LCSW evaluate?

- A. Whether the sex offender's current employment at a community center serving families with children creates a situation where minors may be at risk — the LCSW should assess the client's registration terms for potential contact restrictions, evaluate current risk factors, and determine whether the employment situation creates a reasonable suspicion of child endangerment warranting further action
- B. Nothing additional since the conviction was 12 years ago and the client has presumably completed all court-ordered requirements
- C. Only whether the client's criminal history should be integrated into the treatment formulation for the relationship difficulties
- D. Only whether the community center conducted a background check before hiring the client

35. An LCSW is providing therapy to a client who is experiencing an acute psychotic episode during the session — disorganized speech, responding to hallucinations, and expressing paranoid delusions about being followed. The client arrived by public transit and lives alone. What must the LCSW assess simultaneously?

- A. Only whether the content of the delusions contains a specific threat to an identifiable person triggering the Tarasoff duty
- B. Only whether the psychotic symptoms meet criteria for a 5150 hold based on danger to self or others or grave disability
- C. Only the appropriate pharmacological intervention by referring the client to a psychiatrist for medication evaluation
- D. Multiple concerns simultaneously: whether the psychotic state meets 5150 criteria, whether the client can safely navigate public transit home in a disorganized state, whether the client living alone without support creates a grave disability concern, and whether emergency psychiatric services should be contacted — all while maintaining a calm and therapeutic presence with the acutely psychotic client

36. An LCSW working at a school is told by a 10-year-old student, "My mom's boyfriend has a special room in the basement that I'm not allowed to go into. But I heard noises coming from there and it smelled funny." The child provides no additional details. Is this sufficient to trigger a mandated report?

- A. No, the child's description is too vague to create reasonable suspicion of any specific form of abuse or neglect
- B. No, but the LCSW should explore the statement further through play therapy to gather more specific information
- C. The LCSW should assess whether the totality of the child's statement — a restricted room, unusual noises, and unusual smells in a home with a boyfriend who is not the child's parent — creates reasonable suspicion that may warrant a mandated report, particularly if the "funny smell" could indicate drug manufacturing which would endanger the child
- D. Yes, any restricted room in a home where children are present automatically constitutes a reportable safety hazard

37. An LCSW is providing therapy to a client who has been diagnosed with a personality disorder. The client states, "I've read that personality disorders are untreatable. Why should I even bother with therapy?" What is the MOST clinically accurate and therapeutically effective response?

- A. Validate the client's frustration with the diagnosis while avoiding directly contradicting the client's belief since challenging their research could damage the alliance
- B. Provide accurate information that personality disorders — while historically considered difficult to treat — have evidence-based treatments showing significant improvement, and that the therapeutic

relationship itself is a primary vehicle for change, while exploring what the diagnosis means to the client emotionally

C. Agree that personality disorders are chronic conditions but reframe the goal of therapy as management rather than cure

D. Suggest the client seek a second opinion on the diagnosis since a misdiagnosis may be causing unnecessary hopelessness about treatment prospects

38. An LCSW receives a request from an insurance company for "all clinical records" related to a client's treatment. The client signed an authorization at the insurance company's office. The LCSW's records include detailed psychotherapy notes containing sensitive trauma narratives. What should the LCSW do?

A. Contact the client to discuss the request, explain the scope of what would be disclosed including sensitive clinical content, ensure the client understands and genuinely consents to the full disclosure, apply the minimum necessary standard, and consider whether psychotherapy notes — which receive heightened protection under HIPAA — should be separated from the general clinical record

B. Release all records since the client signed an authorization and the LCSW has no basis for withholding records from a valid request

C. Release only billing records and a treatment summary while withholding all clinical content to protect the client from potential insurance discrimination

D. Refuse to release any records and instruct the client to revoke the authorization since insurance companies should not have access to mental health records

39. An LCSW is treating a client who is a single mother of four. The client has been struggling financially and reveals she has been diluting her baby's formula with extra water to make it last longer. The baby is 3 months old. What should the LCSW consider?

A. Provide the client with information about WIC and other formula assistance programs and address the financial stress therapeutically

B. Recommend the client switch to a less expensive formula brand to reduce the financial burden

C. Whether diluting infant formula — which reduces caloric and nutritional content to levels that can cause malnutrition, water intoxication, and potentially fatal hyponatremia in a 3-month-old — constitutes child endangerment warranting a mandated report, while simultaneously connecting the client with emergency formula assistance

D. Document the concern and monitor the baby's weight at future sessions before determining whether action is needed

40. An LCSW who has practiced for 20 years runs into a former client at a social event. The former client greets the LCSW warmly and introduces the LCSW to friends as "my old therapist." The friends begin asking the LCSW questions about the former client's mental health. What should the LCSW do?

A. Answer the friends' questions in general terms since the former client has already disclosed the therapeutic relationship

B. Excuse themselves from the conversation to avoid any appearance of confirming clinical information

C. Engage in friendly conversation but redirect any clinical questions by saying the LCSW cannot discuss professional matters socially

D. Acknowledge the warm greeting without confirming or elaborating on the professional relationship, decline to answer any questions about the former client's mental health even though the former client disclosed the relationship, and redirect the conversation to social topics — recognizing that the former client's disclosure does not waive the LCSW's duty of confidentiality

41. An LCSW treats a client who mentions that his 16-year-old stepson has been recruited by an adult neighbor to work as a drug courier, transporting methamphetamine between locations. The stepson carries large quantities of drugs multiple times per week. What is the LCSW's obligation?

A. Maintain confidentiality since the LCSW's client is the stepfather and not the minor

B. File a mandated child abuse report since an adult recruiting a 16-year-old into drug trafficking constitutes child exploitation and endangerment — the minor faces risks including criminal prosecution, violence associated with the drug trade, and exposure to dangerous substances

C. Advise the stepfather to contact law enforcement about the neighbor's drug operation

D. Address the stepfather's parenting concerns therapeutically and encourage him to restrict the stepson's contact with the neighbor

42. An LCSW is treating a couple in which one partner has been diagnosed with a personality disorder. The other partner frequently searches the internet for information about the diagnosis and brings printed articles to sessions, stating, "According to this article, you should be treating my partner's manipulation differently." What should the LCSW address?

- A. Explore the dynamics of one partner using diagnostic information as a weapon in the relationship — assessing whether the research represents genuine concern or a power move, setting boundaries about the use of diagnostic labels within the session, and educating both partners about the distinction between clinical knowledge and relational weaponization of a diagnosis
- B. Accept the articles gratefully and modify the treatment approach based on the partner's research since clients should be active participants in treatment planning
- C. Prohibit the partner from bringing outside research to sessions since it undermines the LCSW's therapeutic authority
- D. Validate the partner's research and acknowledge that the articles may contain useful information the LCSW should integrate into treatment

43. An LCSW discovers that a prominent therapist in the community has been providing "certification" in a therapeutic modality that does not exist — charging thousands of dollars for training in a made-up technique and issuing fraudulent certificates. Several of the LCSW's colleagues have paid for the training. What should the LCSW do?

- A. Warn colleagues privately about the fraudulent certification without taking formal action
- B. Confront the prominent therapist directly and demand they cease the fraudulent training program
- C. Report the fraudulent certification program to the BBS since a licensed professional providing fraudulent professional training constitutes a consumer protection and professional conduct issue that the Board should investigate
- D. Post a warning on professional social media platforms to alert other therapists about the fraudulent program

44. An LCSW treats a client who works at a daycare and describes a coworker who has been leaving infants in soiled diapers for the entire day — 8 to 10 hours — because "they'll just dirty a clean one." Multiple infants have developed severe diaper rash and at least one has developed a skin infection requiring medical treatment. What is the LCSW's obligation?

- A. Encourage the client to report the coworker to the daycare director and address the workplace frustration therapeutically
- B. Report the daycare to Community Care Licensing for failure to meet basic care standards
- C. Address the concern therapeutically and recommend the client document the incidents for future reference

D. File a mandated child abuse report since deliberately leaving infants in soiled diapers for entire days — resulting in severe diaper rash and skin infections requiring medical treatment — constitutes neglect of children in professional care

45. An LCSW is providing therapy to a client who is the mother of a 6-year-old with autism spectrum disorder. The client describes being approached by an organization offering "miracle cure" treatments for autism that involve intravenous infusions of unspecified substances. The organization operates out of a private home and charges \$5,000 per session. The client is considering enrolling her child. What should the LCSW do?

A. Support the client's exploration of all available treatment options since parents of children with disabilities often pursue complementary approaches

B. Provide the client with information about the lack of evidence supporting "miracle cures" for autism, discuss the potential dangers of unspecified intravenous substances administered outside a medical setting, assess whether the organization's practices constitute a risk to the child's safety, and consider whether a mandated report is warranted if the child is enrolled and subjected to unregulated intravenous infusions

C. Report the organization to the state attorney general's office for operating a fraudulent medical practice

D. Recommend the client research the organization's reputation online before making a decision

46. An LCSW is treating a client who reveals that their 14-year-old child has been selling prescription Adderall to classmates at school. The child obtains the medication from their own prescription. No classmate has experienced adverse effects. What should the LCSW consider?

A. Whether a 14-year-old distributing prescription stimulant medication to peers constitutes a child welfare concern — the minor is engaging in felony drug distribution that creates legal jeopardy, the classmates are consuming medication not prescribed for them which creates health risks, and the LCSW should assess whether the situation warrants a mandated report based on endangerment of the child and potentially the recipients

B. Maintain confidentiality and address the behavior as a parenting issue within the therapy

C. Report the situation to the school administration since the drug distribution is occurring on school grounds

D. Focus therapy on the parent's supervision practices and recommend the parent secure the medication supply

47. An LCSW is treating a client who is a hospice nurse. The client describes a hospice patient who has been begging for pain medication relief, but the patient's family has been refusing to allow the administration of prescribed pain medication because they believe "suffering brings you closer to God." The patient is in severe, documented pain. What should the LCSW consider?

- A. Respect the family's religious beliefs since they have the authority to make healthcare decisions for a patient who is unable to advocate for themselves
- B. Encourage the hospice nurse to discuss the pain management issue with the hospice medical director and address the nurse's distress therapeutically
- C. Whether the deliberate withholding of prescribed pain medication from an elder in severe pain — by family members who are functioning as the patient's decision-makers — constitutes a form of elder abuse, particularly if the patient has expressed a desire for pain relief that the family is overriding based on their own religious beliefs rather than the patient's wishes
- D. File a complaint with the hospice organization's ethics committee since the family is interfering with prescribed medical care

48. An LCSW is treating a client who works as a school bus aide for children with severe disabilities. The client describes the bus driver routinely speeding, running red lights, and making sharp turns that have caused wheelchair-bound children to be thrown from their secured positions. Two children have sustained injuries. The school district has been notified but has not taken action. What is the LCSW's obligation?

- A. Encourage the client to document the incidents and escalate through the school district's chain of command
- B. Report the bus driver to the DMV for traffic violations
- C. Address the client's moral distress about the workplace situation and support the client in managing anxiety
- D. File a mandated child abuse report since children with disabilities being repeatedly endangered by a reckless bus driver — with documented injuries and institutional failure to intervene — constitutes child endangerment, and the LCSW received this information in a professional capacity

49. An LCSW is providing therapy to a client who mentions that her husband, a retired police officer, has been stockpiling firearms and making statements about "taking justice into his own hands" regarding a neighbor he believes is a sex offender. The husband is not the LCSW's client. What should the LCSW evaluate?

- A. Whether the information about an individual with access to firearms making specific statements about "taking justice into his own hands" against an identifiable neighbor constitutes a credible threat to an identifiable person that may trigger a Tarasoff analysis — recognizing that under *Ewing v. Goldstein*, threat information communicated through a family member can trigger the duty to protect
- B. Nothing, since the husband is not the LCSW's client and the Tarasoff duty applies only to the therapist's own clients
- C. Only whether to recommend couples therapy so the LCSW can assess the husband directly
- D. Only whether to advise the client to remove the firearms from the home for safety

50. An LCSW is providing group therapy for adolescents. During a session, a 15-year-old group member shows the LCSW a series of text messages from an adult man the teen met online. The messages contain explicit sexual solicitation and requests for the teen to meet in person. The teen thinks the attention is "flattering" and plans to meet the man. What is the LCSW's obligation?

- A. Address the online safety issue therapeutically within the group and help the teen develop critical thinking about online relationships
- B. File a mandated child abuse report immediately since an adult sexually soliciting a 15-year-old and arranging to meet constitutes child sexual exploitation — and take immediate steps to prevent the meeting, including contacting the teen's parents
- C. Advise the teen not to meet the man and recommend the teen block the phone number
- D. Report the messages to the online platform where the man contacted the teen

51. An LCSW treats a client who is experiencing significant distress about climate change — eco-anxiety that is affecting the client's daily functioning, sleep, and relationships. Some colleagues dismiss this as "not a real clinical issue." What should the LCSW recognize?

- A. Agree with colleagues that climate anxiety is not a diagnosable condition and redirect the client to more traditional presenting problems
- B. Diagnose the client with generalized anxiety disorder since eco-anxiety is simply a manifestation of general anxiety applied to environmental concerns
- C. Recognize eco-anxiety as a legitimate clinical presentation reflecting a rational emotional response to a genuine existential threat, validate the client's distress without pathologizing it, and apply evidence-based therapeutic approaches to address the functional impairment while honoring the reality basis of the fear

D. Refer the client to an environmental advocacy organization since the anxiety will resolve through taking action on climate change

52. An LCSW is treating a client with chronic pain who asks the LCSW to write a letter supporting the client's application for a medical marijuana card. The LCSW practices at a federally funded agency. What specific concern does this raise?

A. No concern since medical marijuana is legal in California and the LCSW should support the client's treatment choices

B. The LCSW should write the letter since chronic pain is a qualifying condition for medical marijuana in California

C. The LCSW cannot write medical marijuana recommendations since only physicians can certify patients for medical marijuana under California law

D. The federal funding creates a specific complication — marijuana remains a Schedule I substance under federal law, and federally funded agencies may face restrictions on staff recommending or supporting marijuana use, requiring consultation with agency legal counsel before providing any documentation

53. An LCSW treats a client who is pregnant and planning a home birth with an unlicensed midwife. The pregnancy has been medically classified as high-risk due to gestational diabetes and preeclampsia. The client has not informed the midwife about these complications. What should the LCSW prioritize?

A. Express serious concern about the safety risks of a high-risk delivery attended by an unlicensed provider who is unaware of the medical complications, strongly encourage the client to disclose the complications to the midwife and to consult with an obstetrician about the delivery plan, and assess whether the potential danger to the client and the unborn child warrants further clinical action

B. Support the client's autonomous choice regarding their birth plan since the decision about where and how to give birth is a personal healthcare decision

C. Contact the unlicensed midwife directly and disclose the medical complications since the midwife needs this information for safety

D. File a mandated child abuse report since the plan for an unlicensed high-risk home birth constitutes prenatal neglect

54. An LCSW has been treating a client who announces they are moving to another state in two weeks. The client has complex PTSD, active suicidal ideation, and no supports in the new state. What is the LCSW's termination obligation?

- A. Conduct a standard termination over the remaining two weeks since the client initiated the move and the timeline cannot be extended
- B. Develop an intensive safety-focused transition plan that includes identifying emergency resources in the new state, arranging for a warm handoff to a new provider, creating a bridge plan for the gap in treatment, increasing session frequency during the remaining two weeks if clinically indicated, and ensuring the client has a comprehensive safety plan that accounts for the transition period
- C. Continue providing teletherapy after the move regardless of the new state's licensing requirements since the clinical need outweighs jurisdictional concerns
- D. Refer the client to an emergency room in the new state's city and terminate the therapeutic relationship at the last session

55. An LCSW is treating a client who is a teacher. The client describes a student who has been coming to school with a persistent cough, fever, and significant weight loss over several months. The parents have not sought medical treatment despite the school nurse's repeated recommendations. The child appears increasingly ill. What should the LCSW consider?

- A. Encourage the teacher-client to continue advocating through the school nurse and address the teacher's frustration therapeutically
- B. Recommend the school initiate a Student Study Team meeting to address the health concerns through the educational system
- C. Whether parents' sustained failure to obtain medical treatment for a child who is visibly ill with progressive symptoms — despite repeated professional recommendations — constitutes medical neglect warranting a mandated child abuse report, and inform the teacher-client of their own independent reporting obligation
- D. Advise the teacher to provide the parents with a list of low-cost medical clinics in the community

56. An LCSW working in geriatric care is treating an 80-year-old client who recently began a romantic relationship with a 45-year-old personal trainer. The client's adult children contact the LCSW, convinced their parent is being financially exploited and demand the LCSW intervene. The client has full cognitive capacity and states the relationship is genuine. What should the LCSW do?

- A. Meet with the adult children to discuss their concerns and develop an intervention plan
- B. Arrange for a cognitive capacity evaluation to determine whether the client can make informed decisions about the relationship
- C. Contact the personal trainer and assess their intentions before determining whether exploitation is occurring
- D. Support the client's autonomous right to engage in a romantic relationship while remaining vigilant for signs of exploitation, decline to discuss the client's treatment with the adult children absent authorization, and assess whether any indicators of undue influence or financial manipulation exist beyond the age difference — recognizing that an age-discrepant relationship is not inherently exploitative when the older adult has full capacity

57. An LCSW is providing therapy to a client who recently discovered their spouse has been conducting an emotional affair — intimate, non-sexual communications with a coworker that the spouse kept secret. The client asks, "Is an emotional affair as bad as a physical one?" What is the MOST therapeutically appropriate response?

- A. Provide a definitive answer that emotional affairs are equally harmful to relationships to validate the client's pain
- B. Explain that research shows emotional affairs are less damaging than physical affairs to help the client gain perspective
- C. Explore what the question means to the client, validate the pain of the betrayal without ranking types of infidelity, and help the client understand their own values and emotional response rather than providing an objective hierarchy of relationship violations
- D. Redirect the question to the spouse's behavior and avoid commenting on the relative severity of different types of infidelity

58. An LCSW treats a client who is caring for a spouse with advanced Parkinson's disease. The client describes feeling trapped, resentful, and has begun fantasizing about the spouse dying. The client immediately expresses shame about these thoughts. What should the LCSW understand?

- A. That the client's fantasies may indicate burnout requiring immediate respite care intervention
- B. That caregiver fantasies about a care recipient's death are well-documented in the caregiver literature, represent a normal response to the enormous burden of caregiving, and should be met with normalization and compassion — the shame itself becomes the therapeutic focus, as pathologizing these thoughts drives them underground rather than allowing them to be processed

C. That the fantasies represent a pre-contemplation stage of spouse abandonment that the LCSW should address preventively

D. That the LCSW should assess for passive suicidal ideation in the client since caregiver death wishes sometimes reflect the caregiver's own desire to escape through death

59. An LCSW is treating a family in which the parents use a discipline approach they learned from a parenting class that involves completely ignoring a child during a tantrum — including during tantrums that last over an hour, involve the child hitting their own head against walls, and occur in public settings where the child could wander into danger. The child is 3 years old. What should the LCSW evaluate?

A. Support the ignoring approach since it is based on behavioral principles that discourage attention-seeking tantrum behavior

B. Recommend the parents switch to a time-out approach instead of planned ignoring

C. Whether the application of a planned ignoring technique to a 3-year-old who engages in self-injurious behavior (head-banging against walls) and who may wander into danger during public tantrums exceeds the safe parameters of the technique and may constitute neglect — planned ignoring has appropriate applications but requires modification when a child is at risk of self-injury or environmental danger

D. Confront the parents about using an outdated behavioral technique that has been replaced by more modern positive parenting approaches

60. An LCSW working in a community mental health center notices that clients from certain neighborhoods consistently receive fewer sessions, shorter appointments, and less intensive treatment than clients from wealthier neighborhoods — despite similar clinical acuity. The LCSW suspects systemic bias in the agency's resource allocation. What does social work ethics require?

A. Raise the concern with agency leadership, present data supporting the disparity, advocate for equitable resource allocation across all communities served, and if internal advocacy is unsuccessful, consider escalating through appropriate external channels — recognizing that the social work profession has an obligation to challenge institutional practices that create inequitable access to care

B. Focus on providing the best possible care to the LCSW's own clients without addressing the systemic issue since resource allocation decisions are made by administration

C. File a formal complaint with the California Department of Health Care Services alleging discriminatory practices

D. Transfer to a different agency rather than attempting to change an institutional culture that permits inequitable care

61. An LCSW treats a client who works at a children's group home. The client describes a supervisor who has been requiring staff to administer unprescribed melatonin to all residents at bedtime "to keep things calm." The residents are children ages 8 to 14 and no physician has authorized the melatonin. What should the LCSW consider?

- A. Accept the melatonin use since it is a natural supplement available over the counter and poses minimal risk
- B. Recommend the client discuss the practice with the facility's medical director before the LCSW takes any action
- C. Encourage the client to document the practice and report through the facility's compliance system
- D. Whether systematically administering unprescribed medication to children in residential care without medical authorization constitutes a form of chemical restraint and institutional abuse warranting a mandated child abuse report

62. An LCSW is treating a teenager who discloses that they have been creating a detailed manifesto about their grievances against specific students and teachers at school. The manifesto describes violent fantasies in graphic detail. The teen states they are "just writing to process feelings" and have no intention of acting. What should the LCSW do?

- A. Accept the teen's explanation since journaling violent fantasies is a recognized therapeutic technique for processing anger
- B. Conduct a comprehensive threat assessment evaluating the content, specificity, escalation, planning behavior, and means access, notify the parents, and assess whether the school should be notified — recognizing that a detailed manifesto naming specific targets, even when framed as emotional processing, requires thorough safety evaluation and cannot be dismissed based on the teen's verbal reassurance alone
- C. Confiscate the manifesto and share it with law enforcement immediately since a manifesto about violence constitutes a terroristic threat
- D. Address the writing therapeutically as a healthy outlet for anger and encourage the teen to continue the process

63. An LCSW is treating a client who is experiencing moral distress about their work at a pharmaceutical company that has been marketing a medication for off-label pediatric use. The client has internal evidence that the medication causes cardiac side effects in children that the company has suppressed. What should the LCSW consider?

- A. Report the pharmaceutical company to the FDA since the LCSW has knowledge of a public health threat affecting children
- B. Maintain strict confidentiality since pharmaceutical industry practices do not trigger any therapy reporting exception
- C. Support the client in processing the moral distress, explore reporting options including the FDA's MedWatch system and whistleblower protections, and recognize that while pharmaceutical fraud does not trigger a standard therapy reporting exception, the potential for cardiac harm to identifiable children taking a medication with suppressed safety data warrants serious ethical consideration beyond routine confidentiality analysis
- D. Advise the client to resign from the company to resolve the moral distress

64. An LCSW is treating a couple where one partner has recently been diagnosed with a neurodegenerative disease. The diagnosed partner wants to discuss end-of-life planning in couples therapy. The other partner refuses, saying, "I can't talk about you dying — it's too painful." How should the LCSW manage this conflict?

- A. Validate both partners' needs — the diagnosed partner's need to plan and the other partner's grief-driven avoidance — create a therapeutic framework that allows gradual approach to end-of-life topics at a pace both partners can tolerate, and help the avoidant partner understand that planning is an expression of love and agency rather than surrender
- B. Side with the diagnosed partner since their need for end-of-life planning is time-sensitive and takes priority
- C. Refer the diagnosed partner for individual therapy for end-of-life planning while keeping couples therapy focused on the present relationship
- D. Honor the avoidant partner's boundary and exclude end-of-life topics from the couples therapy until the avoidant partner feels ready

65. An LCSW is treating a client who has been diagnosed with autism spectrum disorder as an adult after decades of misdiagnosis and mistreatment by previous providers. The client is processing anger about the years of inappropriate treatment — including being pathologized for autistic traits and being subjected to social skills training that felt coercive. What should the LCSW understand?

- A. Validate the client's anger as a legitimate response to systemic diagnostic failure, recognize that late-diagnosed autistic adults often experience grief and rage about lost years of appropriate support, and ensure the current therapeutic approach is genuinely neurodiversity-affirming rather than inadvertently replicating the normalization pressures that harmed the client previously

- B. Help the client move past the anger since dwelling on previous providers' mistakes is therapeutically unproductive
- C. Encourage the client to file complaints against all previous providers who misdiagnosed them since the misdiagnoses constituted malpractice
- D. Focus therapy on teaching the client social skills that were missed during the years of misdiagnosis since the current priority is functional improvement

66. An LCSW is working with a client experiencing homelessness who has been banned from the only local shelter for behavioral reasons. The client has untreated schizophrenia, is living on the street, and winter weather is approaching. What does social work ethics require beyond individual therapy?

- A. Focus therapy exclusively on managing the schizophrenia symptoms since resolving the psychiatric condition will enable the client to access shelter services
- B. Integrate advocacy and systems navigation into the clinical work — contacting the shelter to advocate for readmission with a behavioral plan, connecting the client with alternative emergency housing, exploring options for psychiatric treatment including ACT teams or outreach programs, and addressing the immediate survival needs while treating the underlying condition
- C. Refer the client to a homeless outreach program and focus the LCSW's clinical work on the psychiatric symptoms
- D. Terminate therapy since the client's immediate needs are survival-level and psychotherapy is not the appropriate service at this time

67. An LCSW discovers that they have been inadvertently billing a client's insurance for sessions that were actually provided to the client's spouse under the client's account — a billing error that has persisted for three months. What should the LCSW do?

- A. Correct the billing going forward without reporting the past error since it was inadvertent and the total amount is relatively small
- B. Continue the current billing arrangement since the services were provided and the insurance company received fair value regardless of which family member was named
- C. Report the billing error to the insurance company, correct all affected claims, refund or adjust any overpayments, document the error and corrective actions, and implement safeguards to prevent recurrence — regardless of the error's inadvertent nature, inaccurate billing constitutes a compliance issue that must be corrected transparently

D. Ask the client's spouse to retroactively sign consent forms for the sessions billed under the client's account to validate the existing billing

68. An LCSW treats a client who is the parent of a child with life-threatening food allergies. The client describes the child's school repeatedly failing to follow the allergy management plan — serving the child foods containing allergens, not keeping epinephrine available, and dismissing the severity of the allergies. The child has had two anaphylactic reactions at school requiring emergency medical treatment. What should the LCSW consider?

A. Whether a school's repeated failure to follow a child's allergy management plan — resulting in two anaphylactic reactions requiring emergency treatment — constitutes institutional neglect of a child with a known life-threatening medical condition, potentially warranting a mandated child abuse report

B. Recommend the client pursue a 504 plan or IEP to legally require the school to follow the allergy management plan

C. Encourage the client to remove the child from the school and find a school that takes food allergies seriously

D. Advise the client to send the child to school with their own food to eliminate the risk of allergen exposure

69. An LCSW is treating a client who works at a nursing home. The client describes an agency policy that requires staff to chart vital signs as having been taken even when staffing shortages prevent the actual assessments from being completed. Elderly residents with unstable medical conditions are being documented as stable without actual evaluation. What should the LCSW consider?

A. Maintain confidentiality since documentation practices are an institutional matter outside the LCSW's clinical responsibility

B. Encourage the client to refuse to chart falsely and support the client in managing workplace retaliation concerns

C. Report the nursing home to the California Department of Public Health for fraudulent documentation practices

D. Whether elderly residents with unstable medical conditions who are not receiving vital sign monitoring — despite documentation suggesting they are — face a risk of undetected medical deterioration that constitutes institutional neglect of dependent adults warranting a mandated elder abuse report

70. An LCSW is providing therapy to a client who has been struggling with compulsive gambling. The client reveals they have been using their elderly parent's credit cards without permission to fund the gambling. The parent has dementia and is unaware of the charges. What is the LCSW's obligation?

- A. Address the gambling disorder as the clinical priority and explore the financial exploitation therapeutically without external reporting
- B. File a mandated elder abuse report since the unauthorized use of a dependent elderly person's credit cards by a family member constitutes financial exploitation — regardless of the client's gambling disorder, the parent with dementia is being exploited and cannot protect their own financial interests
- C. Contact the credit card companies to freeze the parent's accounts to prevent further unauthorized charges
- D. Recommend the client voluntarily surrender the parent's credit cards as a condition of continuing therapy

71. An LCSW is treating a client who has been diagnosed with dissociative identity disorder. The client arrives at session and an alter presents who states they are 5 years old. The alter begins behaving in a childlike manner and asks the LCSW to "play dolls." What should the LCSW do?

- A. Engage with the child alter using age-appropriate therapeutic techniques — such as play therapy approaches — that match the alter's developmental presentation, recognizing that meeting the alter where they are developmentally supports the therapeutic alliance with the system while maintaining the therapeutic frame
- B. Refuse to engage with the child alter and insist on speaking with the adult host personality since therapy requires adult engagement
- C. Play dolls as requested without any therapeutic framing since building rapport with child alters requires abandoning the traditional therapy structure
- D. Inform the child alter that they are actually an adult and redirect to adult-oriented therapeutic activities

72. An LCSW is providing therapy to a client who mentions that their 10-year-old child has been recruited by an adult to participate in underground fighting matches against other children. The fights involve punching and kicking without protective equipment and are organized by adults for entertainment. What is the LCSW's obligation?

- A. File a mandated child abuse report immediately since adults organizing fighting matches between children without protective equipment — for adult entertainment — constitutes child physical abuse and exploitation
- B. Encourage the client to remove the child from the fighting and report the organizer to law enforcement
- C. Address the parenting concern therapeutically and recommend the client enroll the child in a regulated martial arts program instead
- D. Assess whether the fighting matches constitute child abuse before filing a report since some children voluntarily participate in competitive fighting sports

73. An LCSW is treating a couple where one partner has severe social anxiety and the other partner has been systematically isolating the anxious partner from friends and family — canceling plans, discouraging phone calls, and telling the anxious partner that "people don't really like you anyway." The anxious partner does not recognize this as controlling behavior. What should the LCSW recognize?

- A. That the non-anxious partner is providing protective support by reducing the anxious partner's social demands
- B. That the non-anxious partner's behavior constitutes coercive control disguised as accommodation of the anxiety — systematically isolating a partner and reinforcing the belief that others don't like them are hallmarks of emotional abuse, regardless of whether the anxious partner identifies the behavior as such
- C. That couples therapy should focus on helping the anxious partner expand their social network with the non-anxious partner's support
- D. That the isolation is a natural consequence of the anxiety and will resolve when the anxiety is treated

74. An LCSW is working with a client who has been participating in an online support group for survivors of childhood sexual abuse. The client reports that the group moderator — who presents as a mental health professional — has been conducting what appear to be therapy sessions within the group, including trauma processing exercises that have caused several participants to decompensate. The moderator is not actually licensed. What should the LCSW do?

- A. Maintain strict confidentiality and address the client's own reaction to the group experience therapeutically
- B. Alert the client to the dangers of participating in unlicensed trauma processing groups, support the client in making an informed decision about continued participation, and consider whether reporting the unlicensed practice to the BBS or law enforcement is appropriate since a person falsely presenting as a

licensed professional and conducting therapy without a license is engaging in unlicensed practice that is harming identifiable individuals

- C. Contact the group moderator directly and demand they stop conducting unlicensed therapy
- D. File a police report since practicing therapy without a license is a criminal offense in California

75. An LCSW reaches the end of this examination series — 1,350 questions spanning 18 exams. What foundational truth has every single question ultimately tested?

- A. That California law provides clear answers to every ethical dilemma a clinician will face
- B. That strict confidentiality is always the highest priority in every clinical situation
- C. That competent ethical practice requires holding multiple obligations in tension simultaneously — client welfare, legal requirements, professional standards, cultural context, and honest self-assessment — and that the clinician who can integrate all of these dimensions while maintaining genuine care for the humans involved will make the right decision in almost every situation they encounter
- D. That mandated reporting obligations override all other clinical considerations in every scenario involving potential harm

## Practice Exam 26: Answer Key and Explanations

1. B — A psychologist-client who constantly challenges the LCSW's clinical approach presents therapeutically significant material. The LCSW should explore whether the intellectual debate serves as a defense against vulnerability, whether the power dynamic creates discomfort, and whether the challenges represent legitimate feedback or resistance. Deferring to the client's higher-level license abdicates the therapeutic role.

2. D — The LCSW cannot substitute for another clinician without introduction, informed consent, and clinical justification. A patient expecting to see a psychiatrist has not consented to treatment with a different provider. Even a shared office suite does not create a collaborative relationship that would authorize one provider to see another's patients without proper process.

3. A — Self-disclosure decisions should be governed by clinical assessment, not impulse. The LCSW should evaluate whether disclosure serves the client's needs versus the LCSW's emotional needs, consider timing and the client's psychological state, and assess whether disclosure could enhance the alliance or inappropriately shift focus. The decision must be deliberate rather than reactive.

4. C — A treating therapist can provide an ESA letter when it is clinically supported and based on a genuine treatment relationship. The LCSW should assess whether a disability-related need can be honestly documented, whether any dual-role concern exists, and whether the documentation accurately reflects the clinical situation. Eight months of treatment provides adequate clinical basis for an informed determination.

5. B — A secret second family fundamentally undermines the basis of couples therapy. The LCSW cannot facilitate conjoint work in good faith while holding a secret of this magnitude. The disclosing partner must either share the information or the LCSW must withdraw from the couples therapy. Holding secrets that corrupt the therapeutic process is ethically untenable.

6. D — California generally requires retention of adult clinical records for seven years from the last date of service. For minor clients, records must be retained until the minor reaches age 18 plus the applicable retention period. Best practice may suggest longer retention. The LCSW should verify current BBS guidance as requirements may be updated.

7. C — When a client asks "what would you do?" the most clinically effective response is neither answering directly nor deflecting. The LCSW should explore the values, fears, and concerns underlying the question, provide balanced information, and support the client's own decision-making process. The question itself is a therapeutic entry point rather than a request for personal advice.

8. A — The LCSW's own therapy records are protected by the psychotherapist-patient privilege, and the LCSW — as the client in that therapeutic relationship — holds the privilege and can assert it against disclosure. Being sued for malpractice does not automatically waive privilege over one's own personal therapy records. The LCSW retains the same rights as any other therapy client.

9. B — Complete withdrawal from school, peers, and all activities combined with aggressive behavior when the device is removed suggests functional impairment warranting clinical assessment. The LCSW should also explore whether the parents' failure to ensure school attendance constitutes educational neglect. Gaming addiction in adolescents is a legitimate clinical concern when it produces this level of impairment.

10. D — The LCSW should calmly address the firearm, request the client secure it in their vehicle, enforce the office weapons policy, and explore the fear driving the behavior. The client's statement about not feeling safe "going home" also requires its own clinical attention — it may represent a domestic violence or threat concern separate from the weapon in session.

11. C — When a client has threatened self-harm and five hours have passed, the first priority is confirming the client is alive and safe. The LCSW should attempt immediate contact and, if the client cannot be reached, initiate emergency procedures. The clinical implications of responding to the communication pattern are important but secondary to the immediate safety verification.

12. A — Even with written permission, client testimonials raise concerns about exploitation of the therapeutic relationship's power differential, which may compromise the voluntariness of consent. The testimonial also implicitly confirms the individual's status as a mental health client. These concerns exist regardless of whether the client enthusiastically agreed to the testimonial.

13. B — An adult in a position of authority sending increasingly personal, flirtatious messages to a student — complimenting appearance, asking about romantic interests, and suggesting private meetings — constitutes textbook grooming. A mandated report is warranted based on the grooming pattern. Physical contact is not required for the behavior to constitute sexual exploitation.

14. D — Correctional staff deliberately contaminating inmates' food constitutes abuse of dependent persons in state custody. Inmates are dependent adults who rely on the institution for all food. The documented gastrointestinal symptoms across multiple inmates corroborate the report. The LCSW should assess whether a mandated dependent adult abuse report is warranted.

15. C — Mental health professionals are not mandated reporters for animal neglect under California law. However, the observable animal suffering raises clinical concerns that should be addressed therapeutically. The LCSW may encourage the client to seek help for the animals or voluntarily report, but this is not a legal obligation for the LCSW.

16. D — An identifiable elderly person with a terminal diagnosis who is stockpiling medications with explicitly stated suicidal intent presents a duty-to-protect concern. The LCSW should assess whether protective action is warranted while also supporting the nurse-client in fulfilling their own professional obligations to address the patient's safety within the nursing care framework.

17. B — Techniques including shaking young children, cold water immersion, and food deprivation are recognized forms of child abuse. A center promoting these practices to parents of children ages 2-6 — and presumably implementing them with enrolled children — creates reasonable suspicion of child abuse warranting a mandated report for the children currently receiving these interventions.

18. D — Conducting exposure therapy while a client operates a vehicle creates foreseeable safety risks to the client and others. The near-accident demonstrates that the safety protocol was inadequate. The LCSW should reassess the exposure hierarchy, consider having the client serve as passenger rather than driver for future driving exposures, and evaluate whether the clinical protocol adequately addresses the safety dimension.

19. A — California permits telehealth and the clinical need for a session with a COVID-positive client justifies proceeding. The administrative gap of a missing telehealth-specific consent should be addressed at the earliest opportunity. The LCSW should document the clinical justification for proceeding and complete the formal telehealth consent promptly.

20. C — The LCSW's role is exploring the client's fears about pain management and supporting direct communication with the physician — not advocating for specific prescribing decisions. With consent, the LCSW can share clinical observations about the client's functioning with the prescriber as part of coordinated care. The LCSW bridges the client and the medical team without substituting for either.

21. B — Financial fraud, even a Ponzi scheme defrauding hundreds of elderly retirees, does not trigger any mandatory exception to the psychotherapist-patient privilege. The LCSW should maintain confidentiality while addressing the anxiety and the ethical dimensions clinically. Exploring the full implications — including the impact on victims — is appropriate therapeutic work. The reporting pathway for financial crimes runs through law enforcement, not therapists.

22. D — An earthquake causing visible building damage creates an immediate physical safety emergency. The LCSW's obligation shifts from therapeutic to safety-focused — evacuate the building, assess for injuries, ensure the client can travel home safely, and plan follow-up contact. Processing the earthquake experience therapeutically comes after physical safety is established.

23. A — Housing displacement, though potentially harmful to communities, is a legal business activity. The LCSW should provide therapy addressing the client's stress while recognizing no reporting obligation exists. The LCSW may explore the ethical dimensions with the client without imposing personal values about housing justice. Refusing to treat based on the client's legal business decisions exceeds the therapeutic role.

24. C — The described behaviors — lip kissing, insisting on co-sleeping during naps, and photographing a nude toddler — should be assessed collectively rather than in isolation. Each behavior alone might be explained benignly, but the pattern collectively raises reasonable suspicion of grooming

or exploitation warranting a mandated report. Pattern recognition is essential in child protection assessment.

25. B — Even with all identifying details changed, clients may recognize their own therapy experiences. Using clinical material for professional presentations without consent raises ethical concerns about the use of therapeutic content for purposes beyond treatment. The LCSW should consider obtaining consent or further disguising material so that even the clients themselves would not recognize their stories.

26. D — A terminal diagnosis with a six-month prognosis requires a thoughtful, phased transition for a five-year client. This includes informing the client with clinical sensitivity, processing the ending within the therapeutic context, carefully selecting a referral, and managing the termination to honor the relationship while preventing a traumatic sudden ending. Neither immediate retirement nor practicing until collapse serves the client.

27. A — Social work practice includes recognizing the intersection of mental health with systemic exploitation. The LCSW should provide information about labor rights regardless of immigration status, connect the client with advocacy organizations, and address the impact of exploitative conditions on wellbeing — while respecting the client's autonomy in deciding how to respond to the dangerous situation.

28. C — Mental health professionals have no mandated reporting obligation for animal welfare matters or consumer fraud under California law. The LCSW should address the client's moral distress therapeutically and support the client in pursuing appropriate reporting channels. The coworker's conduct is concerning but falls outside the psychotherapist-patient privilege exceptions.

29. B — Unauthorized use of a sister's eggs is ethically troubling and potentially illegal, but reproductive fraud does not trigger any mandatory exception to the psychotherapist-patient privilege. The LCSW should maintain confidentiality while addressing the guilt, exploring the ethical and legal implications, and encouraging the client to address the situation with the sister directly.

30. A — An adult exchanging contraband for sexual acts from detained minors constitutes sexual exploitation of children by a person in a position of authority over dependent youth. The detained status amplifies the power differential and vulnerability. A mandated child abuse report is required immediately. The institutional setting makes the exploitation especially egregious.

31. D — The LCSW's reluctance to terminate a well-functioning client may reflect countertransference serving the LCSW's needs rather than the client's. When treatment goals are met and the client is functioning well, the ethical course is supporting independence through termination while leaving the door open for return. The LCSW should seek consultation to examine the reluctance honestly.

32. C — An intersex disclosure in couples therapy is a moment of extraordinary vulnerability requiring immediate attention to the disclosing partner's emotional safety. The LCSW should provide affirmative support, create space for both partners to process at their own pace, and demonstrate knowledge about intersex experiences without pathologizing. The courage of the disclosure should be honored.

33. D — A prior unfounded CPS finding does not preclude a new report when new information is available. The LCSW should assess whether the mother's belief and any supporting observations create independent reasonable suspicion. Recantation by child abuse victims is well-documented and does not necessarily mean the original disclosure was false.

34. A — A registered sex offender working at a community center serving families with children requires careful evaluation. The LCSW should assess registration terms for contact restrictions, evaluate current risk factors, and determine whether the employment creates reasonable suspicion of endangerment. A 12-year-old conviction does not eliminate current risk, particularly when the client has access to children.

35. D — An acutely psychotic client presents multiple simultaneous concerns: 5150 criteria assessment, safe transportation (can the client navigate public transit while disorganized?), grave disability (living alone without support during psychosis), and the need for emergency psychiatric services. All must be assessed concurrently while maintaining a calm therapeutic presence.

36. C — A restricted basement room with unusual noises and "funny smells" in a home with a mother's boyfriend warrants assessment. The "funny smell" could indicate drug manufacturing, which would endanger the child. The LCSW should evaluate the totality of the child's statement rather than dismissing it as too vague or automatically reporting without assessment.

37. B — Personality disorders have evidence-based treatments — including DBT, schema therapy, and mentalization-based treatment — showing significant improvement. The LCSW should provide accurate information countering the myth of untreatability while exploring the emotional impact of the diagnosis. The therapeutic relationship itself is a primary vehicle for change in personality disorder treatment.

38. A — Before releasing sensitive records including trauma narratives, the LCSW should contact the client to discuss the scope, ensure genuine understanding and consent, apply the minimum necessary standard, and consider whether psychotherapy notes — which receive heightened HIPAA protection — should be separated from the general clinical record. A signature at an insurance office may not constitute truly informed consent for sensitive material.

39. C — Diluting infant formula reduces caloric and nutritional content to levels that can cause malnutrition, water intoxication, and potentially fatal hyponatremia in a 3-month-old. This constitutes child endangerment warranting a mandated report. Simultaneously, the LCSW should connect the client with emergency formula assistance through WIC and other programs. Both tracks — reporting and resource provision — must proceed together.

40. D — The former client's public disclosure does not waive the LCSW's duty of confidentiality. The LCSW should acknowledge the greeting warmly without confirming or elaborating on the professional relationship, decline all clinical questions from the friends, and redirect to social topics. The LCSW's confidentiality obligation persists regardless of what the former client chooses to share.

41. B — An adult recruiting a 16-year-old into drug trafficking constitutes child exploitation and endangerment. The minor faces criminal prosecution risk, violence associated with the drug trade, and dangerous substance exposure. The LCSW received this information professionally and must file a mandated report. The client's relationship to the minor (stepparent) does not alter the reporting obligation.

42. A — One partner using diagnostic information as a weapon represents a power dynamic that should be addressed directly. The LCSW should assess whether the research represents concern or control, set boundaries about diagnostic labeling in session, and educate both partners about the distinction between clinical knowledge and relational weaponization of a diagnosis.

43. C — A licensed professional providing fraudulent certification in a nonexistent therapeutic modality and charging thousands of dollars constitutes consumer fraud and professional misconduct. Reporting to the BBS is appropriate since the Board investigates conduct by licensed professionals that harms the public, including fraudulent training programs that mislead other practitioners.

44. D — Deliberately leaving infants in soiled diapers for 8-10 hours — resulting in severe diaper rash and skin infections — constitutes neglect of children in professional care. The injuries demonstrate actual harm from the deliberate failure to provide basic hygiene. The LCSW received this information professionally and must file a mandated report.

45. B — Unspecified intravenous infusions administered outside a medical setting by an unlicensed organization charging \$5,000 per session constitutes a dangerous practice targeting vulnerable families. If the child is enrolled and subjected to unregulated IV infusions, a mandated report would be warranted. The LCSW should also provide psychoeducation about the dangers and the lack of evidence for "miracle cures."

46. A — A 14-year-old distributing prescription stimulant medication to peers creates multiple concerns: felony drug distribution exposing the minor to criminal jeopardy, health risks to classmates consuming unmonitored stimulants, and the need to assess whether the situation warrants a mandated report based on the minor's own endangerment and the recipients' risk.

47. C — Deliberately withholding prescribed pain medication from an elder in severe documented pain — overriding the patient's own expressed desire for relief based on the family's religious beliefs rather than the patient's wishes — may constitute elder abuse. The patient's autonomy and comfort are being subordinated to the family's theology. The LCSW should assess whether reporting is warranted.

48. D — Children with disabilities being repeatedly endangered by reckless driving — with documented injuries and institutional failure to intervene — constitutes child endangerment. The vulnerability of wheelchair-bound children who cannot protect themselves from being thrown amplifies the danger. The LCSW received this information professionally and must file a mandated report.

49. A — Under *Ewing v. Goldstein*, threat information communicated through a family member can trigger the Tarasoff analysis. An individual with firearms making specific statements about "taking justice into his own hands" against an identifiable neighbor constitutes a credible threat to an identifiable person. The LCSW should evaluate whether protective action is warranted.

50. B — An adult sexually soliciting a 15-year-old and arranging an in-person meeting constitutes child sexual exploitation requiring an immediate mandated report. The LCSW should also take steps to prevent the meeting — including contacting the teen's parents — and address the teen's vulnerability to online exploitation. The teen's perception that the attention is "flattering" is itself a concerning indicator.

51. C — Eco-anxiety is a legitimate clinical presentation reflecting a rational emotional response to a genuine existential threat. The LCSW should validate the distress without pathologizing it, apply evidence-based approaches to address the functional impairment, and honor the reality basis of the fear. Dismissing climate anxiety as "not a real issue" fails the client.

52. D — Federal funding creates a specific complication since marijuana remains Schedule I under federal law. Federally funded agencies may face restrictions on staff recommending or supporting marijuana use. The LCSW should consult agency legal counsel before providing any documentation. Additionally, under California law, only physicians can issue formal medical marijuana recommendations.

53. A — A high-risk pregnancy (gestational diabetes, preeclampsia) with a planned home birth attended by an unlicensed midwife unaware of the complications creates serious safety concerns. The LCSW should express concern directly, strongly encourage disclosure to the midwife and consultation with an obstetrician, and assess whether the danger warrants further clinical action.

54. B — A client with complex PTSD, active suicidal ideation, and no supports moving to a new state in two weeks requires an intensive safety-focused transition plan. This includes identifying emergency resources, arranging a warm handoff, creating a bridge plan, potentially increasing session frequency, and ensuring a comprehensive safety plan covering the vulnerable transition period.

55. C — Sustained parental failure to obtain medical treatment for a visibly ill child with progressive symptoms — despite repeated professional recommendations — constitutes medical neglect. The LCSW should assess whether a mandated report is warranted and inform the teacher-client of their own independent reporting obligation as a mandated reporter.

56. D — An age-discrepant romantic relationship is not inherently exploitative when the older adult has full cognitive capacity. The LCSW should support the client's autonomy while remaining vigilant for exploitation indicators, decline to discuss treatment with the children absent authorization, and assess for undue influence beyond the age difference. Capacity is the determinative factor.

57. C — The LCSW should explore what the question means to the client, validate the betrayal pain without ranking types of infidelity, and help the client understand their own values and emotional response. Providing a definitive answer about the relative severity of emotional versus physical affairs imposes the LCSW's framework rather than supporting the client's own processing.

58. B — Caregiver fantasies about a care recipient's death are well-documented, represent a normal response to caregiving burden, and should be met with normalization and compassion. The shame becomes the therapeutic focus — pathologizing these thoughts drives them underground. The LCSW should create space for the client to process without fear of judgment.

59. C — Planned ignoring has appropriate applications but requires modification when a child is at risk of self-injury (head-banging against walls) or environmental danger (wandering in public). A 3-year-old engaging in self-injurious behavior during tantrums exceeds the safe parameters of the technique. The LCSW should help the parents adapt the approach to ensure child safety.

60. A — Social work ethics require advocacy against institutional practices creating inequitable care. The LCSW should raise the concern with leadership, present data supporting the disparity, and advocate for equitable resource allocation. If internal advocacy fails, external escalation may be warranted. The profession's commitment to social justice extends to the LCSW's own institution.

61. D — Systematically administering unprescribed medication to children in residential care without medical authorization constitutes chemical restraint and institutional abuse. Even over-the-counter melatonin becomes a chemical restraint when administered to manage behavior rather than treat a diagnosed condition. A mandated child abuse report is warranted.

62. B — A detailed manifesto naming specific targets requires comprehensive threat assessment regardless of the teen's verbal reassurance. The LCSW should evaluate content, specificity, escalation, planning behavior, and means access, notify parents, and assess whether school notification is warranted. A manifesto cannot be dismissed as therapeutic journaling without thorough evaluation.

63. C — The LCSW should support the client's ethical processing, explore reporting channels including FDA MedWatch and whistleblower protections, and recognize that while pharmaceutical fraud doesn't trigger a standard reporting exception, the potential for cardiac harm to children taking a medication with suppressed safety data warrants serious ethical analysis beyond routine confidentiality.

64. A — Both partners' needs are valid — one needs to plan, the other is overwhelmed by grief. The LCSW should validate both, create a framework for gradual approach to end-of-life topics at a tolerable pace, and help the avoidant partner understand that planning is an expression of love and agency. Neither forcing the topic nor excluding it entirely serves the couple.

65. A — Late-diagnosed autistic adults often experience legitimate grief and rage about years of misdiagnosis and inappropriate treatment. The LCSW should validate this anger, recognize it as a response to systemic failure, and ensure current therapy is genuinely neurodiversity-affirming rather than inadvertently replicating the normalization pressures that caused harm.

66. B — Social work practice for a homeless client with untreated schizophrenia facing winter requires integrating advocacy and systems navigation — shelter readmission advocacy, alternative housing, psychiatric outreach, and survival needs. Focusing exclusively on symptoms while the client faces exposure is clinically and ethically insufficient. Addressing both the psychiatric condition and the survival emergency is the social work obligation.

67. C — Billing errors — even inadvertent ones — must be corrected transparently. The LCSW should report the error to the insurance company, correct all affected claims, adjust payments, document the error and corrective actions, and implement safeguards. Inaccurate billing constitutes a compliance issue regardless of intent. Transparency protects both the LCSW's integrity and the client.

68. A — A school's repeated failure to follow a life-threatening allergy management plan — resulting in two anaphylactic reactions requiring emergency treatment — constitutes institutional neglect of a child with a known medical condition. The pattern demonstrates the failure is systemic rather than isolated. The LCSW should assess whether a mandated report is warranted.

69. D — Elderly residents with unstable medical conditions documented as stable without actual vital sign monitoring face risk of undetected deterioration. The false documentation masks the neglect. The LCSW should assess whether the systematic failure to provide actual monitoring constitutes institutional neglect warranting a mandated elder abuse report.

70. B — Unauthorized use of a dependent elderly person's credit cards by a family member constitutes financial exploitation. The parent's dementia prevents detection or self-protection. The LCSW received this information professionally. The client's gambling disorder explains the behavior but does not excuse the exploitation — a mandated elder abuse report is required.

71. A — Meeting a child alter at their developmental level — using age-appropriate therapeutic techniques — supports the alliance with the entire system. Play therapy approaches are clinically indicated when engaging with child alters. The LCSW should maintain the therapeutic frame while adapting the technique to match the alter's presentation.

72. A — Adults organizing fighting matches between children without protective equipment for adult entertainment constitutes child physical abuse and exploitation. The LCSW must file an immediate mandated report. The organized nature, the absence of safety equipment, and the adult entertainment purpose make this unambiguously abusive regardless of whether any child "volunteered."

73. B — Systematically isolating a partner and reinforcing beliefs that "people don't really like you" are hallmarks of coercive control, not anxiety accommodation. The non-anxious partner's behavior constitutes emotional abuse disguised as support for the anxious partner's condition. The LCSW should recognize and address this pattern even when the anxious partner does not identify it as controlling.

74. B — The LCSW should alert the client to the dangers of unlicensed trauma processing, support informed decision-making about continued participation, and consider reporting the unlicensed practice. A person falsely presenting as licensed and conducting therapy that causes participants to decompensate constitutes unlicensed practice harming identifiable individuals — a legitimate basis for regulatory or criminal reporting.

75. C — Across 1,350 questions, every question has ultimately tested the ability to hold multiple obligations in tension simultaneously — client welfare, legal requirements, professional standards, cultural context, and honest self-assessment. The clinician who integrates all of these dimensions while maintaining genuine care for the humans involved will make the right decision in almost every situation. That integration — not any single rule — is the foundation of ethical practice.