

PRACTICE EXAM 27: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. The psychotherapist-patient privilege exists under California Evidence Code Section 1014. What is the PRIMARY purpose this privilege serves?

- A. To protect therapists from being compelled to testify about clinical information in legal proceedings
- B. To prevent insurance companies from accessing therapy records for coverage determination purposes
- C. To shield clinical records from public records requests and Freedom of Information Act demands
- D. To encourage individuals to seek mental health treatment by assuring them that what they disclose in therapy will be protected from compelled disclosure in judicial proceedings — the privilege exists to serve public health by removing a barrier to help-seeking

2. An LCSW is treating a client who has complex PTSD and reports escalating domestic violence. The LCSW has been addressing the DV therapeutically for six months, but the violence has worsened — the client was choked last week. The LCSW has been providing safety planning and the client continues to decline to leave. At what point does the LCSW need to reassess the current approach?

- A. Only when the client explicitly asks for help leaving the relationship since the client's autonomy governs the pace of intervention
- B. The escalation to strangulation — one of the strongest predictors of domestic violence homicide — requires the LCSW to intensify the clinical response immediately, including updated lethality assessment, enhanced safety planning, consultation with a DV specialist, and careful evaluation of whether the children (if present) require a mandated report
- C. Only after a third episode of strangulation since one incident does not establish a pattern sufficient to justify changing the therapeutic approach
- D. Only if the client presents with visible injuries during a session since verbal reports of violence without physical evidence do not warrant escalating the intervention

3. An LCSW is providing therapy to a client when the client's phone rings. The client answers and the LCSW overhears the caller threaten to kill the client's roommate. The client ends the call and says, "That's just how my brother talks." What should the LCSW assess?

A. Nothing — the phone call is a private communication that occurred incidentally during the session and is not the LCSW's clinical responsibility

B. Only whether the client is distressed by the phone call and address the emotional reaction therapeutically

C. Whether the overheard threat creates a safety concern requiring further assessment — including the brother's history, the specificity and credibility of the threat, the brother's access to the roommate, and whether the LCSW has a duty to take protective action based on threat information received during a professional encounter

D. Only whether to establish a policy prohibiting phone use during therapy sessions to prevent future disruptions

4. Under California's CANRA, what is the legal standard that triggers a mandated reporter's obligation to file a report?

A. Reasonable suspicion — the mandated reporter must report when they have information that would lead a reasonable person to suspect that a child has been abused or neglected, without requiring certainty, proof, or investigation by the reporter

B. Probable cause — the same standard used by law enforcement to obtain a search warrant

C. Preponderance of evidence — the reporter must believe it is more likely than not that abuse occurred

D. Clear and convincing evidence — the reporter must have substantial evidence that would clearly support a finding of abuse

5. An LCSW treats a client who is being discharged from a psychiatric hospital after a suicide attempt. The hospital contacts the LCSW as the outpatient provider and requests the LCSW see the client within 48 hours of discharge. The LCSW's earliest available appointment is in two weeks. What should the LCSW do?

A. Schedule the client for the two-week appointment since the LCSW cannot create openings that do not exist

B. Refer the client to another outpatient provider who has earlier availability and coordinate the transfer

C. Advise the hospital to extend the inpatient stay until the LCSW has an opening

D. Create an emergency appointment within the requested timeframe by adjusting the schedule, recognizing that the post-discharge period is the highest-risk time for completed suicide and that a two-week gap after a suicide attempt is clinically unacceptable — if the LCSW truly cannot accommodate the timeline, an immediate warm referral to another provider is essential

6. An LCSW is providing couples therapy and notices that one partner consistently dominates the session — interrupting, speaking over the other partner, and redirecting conversation. The dominated partner has become increasingly silent over the past several sessions. What should the LCSW address?

A. Nothing — different communication styles are normal in couples and the LCSW should not impose a preferred interaction pattern

B. The power dynamic within the session as clinically significant material — naming the pattern of interruption and silencing, creating space for the quieter partner's voice, assessing whether the in-session dynamic reflects a broader pattern of control in the relationship, and evaluating whether the therapeutic format is inadvertently reinforcing a harmful relational dynamic

C. Only the quieter partner's passivity as the clinical issue since assertiveness training would resolve the communication imbalance

D. Only the dominant partner's behavior by instructing them to limit their speaking time to create equal airtime

7. An LCSW is treating a client who asks, "Are you required to report what I tell you to anyone?" The client has not yet disclosed anything concerning. This question comes during the initial session. What does this moment represent clinically?

A. An opportunity to provide thorough, honest informed consent about confidentiality and its specific exceptions — while also recognizing that the client's question may signal they have something specific they need to disclose and are testing whether the therapeutic space is safe enough to share it

B. A routine administrative question that should be answered by providing the standard informed consent form and moving on to the clinical material

C. A red flag suggesting the client may be planning to disclose criminal activity that the LCSW will need to report

D. An indication that the client has been in therapy before and is simply comparing the LCSW's policies with previous providers

8. An LCSW working in child welfare receives a referral for a family where CPS has substantiated physical abuse by the father. The father has completed a court-ordered anger management program and the family has been reunified. The LCSW is asked to provide family therapy. What does the LCSW need to assess before beginning treatment?

- A. Only whether the father has documentation of completing the anger management program
- B. Only whether the family court has approved the reunification and the family therapy referral
- C. Whether the children are safe in the current home environment, whether the abusive parent has made genuine behavioral changes beyond program completion, whether the power dynamics in the family allow the children and the non-offending parent to participate authentically in therapy, and whether individual safety assessments with each family member should precede conjoint work
- D. Only whether the LCSW has the appropriate training in reunification therapy to accept the case

9. An LCSW provides therapy to a client with schizophrenia who is well-stabilized on medication. The client mentions their psychiatrist is considering switching from a first-generation antipsychotic to a newer medication. The client asks the LCSW, "What do you think about the medication change?" What is the LCSW's appropriate response?

- A. Provide a detailed comparison of first-generation and second-generation antipsychotics to help the client make an informed decision about the medication change
- B. Explore the client's feelings and concerns about the medication change, support the client in developing questions to discuss with the psychiatrist, and encourage open communication with the prescriber — without providing opinions about the specific pharmacological decision
- C. Recommend the client refuse the medication change since the current medication is working and changes risk destabilization
- D. Contact the psychiatrist directly and advocate against the medication change to protect the therapeutic stability the LCSW has worked to achieve

10. An LCSW treats a teenager who discloses being bullied at school — classmates have created a social media page dedicated to mocking the teen, sharing humiliating photos, and encouraging others to "avoid" the teen. The teen is expressing hopelessness. What should the LCSW assess beyond the presenting depression?

- A. Only whether the bullying meets the legal definition of cyberbullying under California law so the LCSW can advise the family about their legal options
- B. Whether the severity and persistence of the cyberbullying combined with the teen's hopelessness creates a suicide risk requiring formal assessment, whether the parents should be involved in addressing the bullying through school channels, and whether the online harassment constitutes behavior that may warrant reporting — while simultaneously providing therapeutic support for the teen's emotional state
- C. Only the teen's coping skills and resilience factors since the LCSW's role is limited to addressing the teen's emotional response to the bullying
- D. Only whether the teen is willing to delete their social media accounts as a practical solution to end the exposure to the harmful content

11. An LCSW is working at a community mental health center when management announces that due to budget cuts, the center will discontinue providing interpreter services for non-English-speaking clients. Clients who cannot communicate in English will be referred elsewhere. What should the LCSW do?

- A. Advocate against the policy change, as eliminating interpreter services effectively denies mental health services to a vulnerable population based on language — which may violate Title VI of the Civil Rights Act requiring meaningful access to federally funded programs regardless of language, and constitutes an equity concern the LCSW has an ethical obligation to challenge
- B. Accept the policy since the agency has the authority to determine which services it can afford to provide
- C. Begin using Google Translate during sessions as a cost-effective alternative to professional interpreters
- D. Personally pay for interpreter services for the LCSW's own non-English-speaking clients to avoid the ethical conflict

12. An LCSW is treating a client who has been attending weekly sessions for two years. The client has met all original treatment goals. New goals have not been established. Sessions have become pleasant but unfocused conversations without clinical direction. What ethical concern does this raise?

- A. No concern since the client values the sessions and continues to attend voluntarily
- B. No concern since long-term therapy relationships are inherently valuable regardless of whether specific goals exist
- C. Continuing therapy without identified clinical goals raises concerns about whether the treatment remains medically necessary, whether the client is being retained without therapeutic justification, and whether the sessions have shifted from clinical treatment to a social relationship — the LCSW should

reassess goals, discuss termination or reduced frequency, and ensure continued treatment serves a legitimate clinical purpose

D. The only concern is whether the insurance company would continue to authorize sessions without documented treatment goals

13. An LCSW treats a client who is a nurse at a skilled nursing facility. The client describes a coworker who has been stealing controlled substances from the medication cart and replacing them with saline — meaning patients in pain are receiving placebos instead of their prescribed pain medication. Elderly patients have been reporting unrelieved pain. What should the LCSW consider?

A. Maintain confidentiality since drug diversion does not trigger any mandatory exception to the psychotherapist-patient privilege

B. Report the coworker to the DEA since the LCSW has knowledge of controlled substance diversion

C. Encourage the nurse-client to report through the facility's internal process and address the moral distress therapeutically

D. Whether elderly patients being systematically deprived of prescribed pain medication — replaced with saline by a caretaker — constitutes neglect and abuse of dependent adults warranting a mandated report, as the patients are experiencing documented suffering from the deliberate deprivation of their prescribed treatment

14. An LCSW is treating a family and suspects the identified patient — a 10-year-old with behavioral problems — may actually be the healthiest member of the family system. The parents appear to be scapegoating the child to avoid addressing their own marital dysfunction. What should the LCSW do?

A. Share the hypothesis directly with the family during a session so they can understand the systemic dynamics

B. Work within the therapeutic process to gradually shift the focus from the identified patient to the family system — normalizing the child's behavior in context, exploring the marital dynamics, and helping the family recognize that the child's symptoms may be an expression of systemic distress rather than individual pathology

C. Continue treating the child as the identified patient since the parents brought the child for treatment and the LCSW cannot impose a different treatment framework

D. Refer the child for individual therapy with a different provider and begin treating the parents for marital issues

15. An LCSW treats a client who is a licensed foster parent caring for three children under age 5. The client reveals they have been leaving the children with an unlicensed neighbor while working evening shifts three times per week. The neighbor has no background check and the foster care agency is unaware of this arrangement. What is the LCSW's obligation?

A. File a mandated child abuse report since foster children are placed by the state with specific caretakers who have been vetted — leaving foster children with an unvetted, unlicensed individual without agency knowledge violates the placement terms and creates a safety risk to children the state has a special obligation to protect

B. Encourage the foster parent to inform the agency about the childcare arrangement and allow the agency to determine whether the neighbor needs to be vetted

C. Address the foster parent's work-life balance challenges therapeutically and help identify licensed childcare options

D. Contact the foster care agency directly to inform them about the childcare arrangement

16. An LCSW who runs a group practice employs three ASWs who are accumulating supervised experience hours. One of the ASWs has been consistently providing excellent clinical work but the LCSW discovers the ASW has been logging supervision hours that did not occur — inflating the hours in the BBS documentation. What should the LCSW do?

A. Accept the inflated hours since the ASW's excellent clinical work demonstrates competence that makes the supervision hours requirement merely administrative

B. Quietly correct the documentation going forward without reporting the fraud since the ASW is clinically competent

C. Address the falsification as a serious professional integrity issue that may require reporting to the BBS, correct the documentation to reflect only actual supervision hours, and recognize that fabricating licensing documentation constitutes fraud regardless of clinical competence — the supervision requirements exist for public protection and cannot be circumvented

D. Terminate the ASW's employment immediately without providing an opportunity to correct the documentation

17. An LCSW treats a client who is an emergency room physician. The client describes a pattern of discharging psychiatric patients quickly due to pressure from hospital administration to reduce ER wait times. The client acknowledges that some patients were discharged before being adequately stabilized.

Two discharged patients subsequently died by suicide within 48 hours of discharge. What should the LCSW consider?

- A. Maintain strict confidentiality since the physician's clinical decisions and their outcomes are protected by the therapeutic relationship
- B. Report the physician to the Medical Board for medical negligence resulting in patient deaths
- C. Focus therapy exclusively on the physician's guilt and moral injury without addressing the systemic issue
- D. Whether the pattern of inadequately assessed psychiatric discharges — with documented subsequent suicides — creates a situation where identifiable future patients presenting in psychiatric crisis at this ER face a foreseeable risk of harm, while also addressing the physician's moral injury, the institutional pressure driving the practice, and the physician's own professional obligations to address the systemic pattern

18. An LCSW provides therapy to a teenager who discloses that an older student at school has been sending explicit photographs to multiple younger students, including the teen. The older student is 17 and the recipients are ages 12 to 14. What is the LCSW's obligation?

- A. Address the situation therapeutically and help the teen develop strategies for blocking the sender
- B. File a mandated child abuse report since a 17-year-old distributing sexually explicit images to 12-to-14-year-old students constitutes sexual exploitation of minors — the age differential and the distribution pattern create reasonable suspicion of child sexual abuse regardless of the sender's own minor status
- C. Report the distribution to the school administration and allow the school to handle the matter
- D. File a report only if the photographs depict the 17-year-old sender since distribution of someone's own explicit images may constitute child pornography production

19. An LCSW is treating a client who has been living with a chronic illness for 15 years. The client has adapted well and manages the condition effectively. A new physician dismisses the client's symptom reports, attributing them to "anxiety about being sick." The client feels invalidated. What should the LCSW recognize?

- A. That medical gaslighting — when a healthcare provider dismisses a patient's legitimate symptoms as psychological rather than medical — is a documented phenomenon that can cause significant psychological harm, erode trust in healthcare systems, and delay necessary medical treatment, and the

LCSW should validate the client's experience while supporting the client in advocating for appropriate medical care

B. That the physician may be correct and the LCSW should explore whether the client's symptoms have a psychological rather than medical origin

C. That the LCSW should contact the physician directly and educate them about the client's medical history to resolve the diagnostic disagreement

D. That the LCSW should defer to the physician's expertise since medical assessment is outside the LCSW's scope of practice

20. An LCSW provides therapy to a client with severe generalized anxiety disorder. The client has been prescribed a benzodiazepine by their physician. Research indicates benzodiazepines may interfere with extinction learning — the neurological process underlying exposure therapy for anxiety disorders. The LCSW is planning to begin exposure therapy. What should the LCSW do?

A. Refuse to conduct exposure therapy until the client discontinues the benzodiazepine since the medication will render the therapy ineffective

B. Proceed with exposure therapy without addressing the medication since pharmacological decisions are the prescriber's responsibility

C. Discuss the potential interaction between benzodiazepine use and exposure therapy outcomes with the client, and with the client's consent, coordinate with the prescriber to determine whether medication adjustment during the exposure phase would be clinically appropriate — recognizing this as a collaborative care decision rather than a unilateral therapeutic demand

D. Switch to a non-exposure-based treatment modality that is not affected by benzodiazepine use

21. An LCSW treats a client who is a CPS social worker. The client describes overwhelming caseloads resulting in the client conducting cursory investigations — not interviewing all relevant parties, not visiting homes, and not reviewing collateral information. The client estimates this affects 30 to 40 open cases involving at-risk children. What does this information require the LCSW to evaluate?

A. Only the client's burnout symptoms since the systemic failures are outside the LCSW's professional responsibility

B. Only whether the LCSW should report the client to the CPS agency's supervisor for inadequate job performance

C. Only the client's career satisfaction and whether a job change might better serve the client's mental health

D. Whether the cursory investigation of 30 to 40 cases involving at-risk children — with key safety steps omitted — creates a situation where identifiable children are not receiving adequate protection, potentially triggering the LCSW's own mandated reporting obligation, while simultaneously treating the client's burnout and addressing the systemic pressures contributing to the inadequate investigations

22. An LCSW is providing therapy to a client who is experiencing a crisis of professional identity. The client, also a therapist, has lost confidence in their ability to help anyone and describes feeling like a "fraud." This is best understood as:

A. A personality disorder requiring referral for specialized assessment

B. A clinical presentation that may involve imposter syndrome, burnout, compassion fatigue, or professional identity crisis — requiring therapeutic exploration rather than premature diagnostic labeling, and warranting assessment of whether the client's functioning as a therapist is currently impaired to a degree affecting their own clients

C. A normal career transition that does not require clinical intervention and can be addressed through professional mentoring

D. A contraindication for the LCSW treating a fellow therapist since the shared professional identity creates an inherent dual relationship

23. An LCSW is treating a client who describes finding a box of unlabeled pills in their 16-year-old's bedroom. Testing reveals the pills are counterfeit oxycodone containing fentanyl. The teenager does not know the pills are fentanyl-laced. What should the LCSW consider?

A. Whether the teenager possessing pills that contain fentanyl without knowing they are fentanyl — combined with the high lethality of fentanyl — creates a child welfare emergency requiring immediate action including a mandated report, urgent parental intervention to secure the pills, and assessment of whether the teenager is being endangered by whoever supplied the counterfeit pills

B. Address the drug possession as a parenting issue and recommend the parent remove the pills from the teenager's room

C. Maintain confidentiality and suggest the parent handle the situation through family discussion

D. Report the teenager to law enforcement since possession of fentanyl-laced pills constitutes a drug offense

24. An LCSW is providing therapy to a client who works at an immigration detention facility. The client describes conditions including children being separated from parents, inadequate medical care, overcrowded facilities, and children exhibiting symptoms of severe psychological distress. The client is experiencing moral injury. What should the LCSW consider?

A. Maintain strict confidentiality and address the client's moral injury therapeutically without considering the systemic implications

B. Report the detention facility conditions to ICE's Office of Professional Responsibility since the LCSW has knowledge of harmful conditions

C. Whether children being held in conditions causing documented psychological harm constitutes child abuse or neglect requiring a mandated report, while also addressing the client's moral injury and supporting the client in determining their own professional and ethical response to the conditions they witness

D. Focus therapy exclusively on the client's occupational functioning and recommend the client seek a less distressing employment environment

25. An LCSW is treating a client who has been referred by a physician for therapy to address noncompliance with a prescribed medical regimen. The client has diabetes but refuses to check blood sugar, take insulin as prescribed, or follow dietary recommendations. The client states, "I'd rather die than live like this." What must the LCSW evaluate?

A. Only the client's right to refuse medical treatment as an autonomous adult

B. Only whether the noncompliance reflects a treatable depression that, once resolved, would lead to medical compliance

C. Only the most effective motivational interviewing techniques for improving medical adherence

D. Whether the statement "I'd rather die" represents passive suicidal ideation that requires formal assessment, whether the medical noncompliance constitutes a form of indirect self-harm, what psychological barriers — depression, hopelessness, denial, quality-of-life concerns — are driving the noncompliance, and how to balance respect for autonomy with the clinical obligation to address potential self-destructive behavior

26. An LCSW is asked to provide therapy to a client via a new telehealth platform that uses artificial intelligence to generate "session summaries" and "treatment recommendations" based on recorded session

transcripts. The AI system stores session recordings on cloud servers. What ethical concerns should the LCSW identify?

- A. Whether the AI recording and analysis of therapy sessions raises informed consent concerns (clients must know their sessions are being recorded and analyzed), confidentiality concerns (session data stored on cloud servers may be vulnerable to breach), clinical concerns (AI-generated treatment recommendations may be inaccurate or harmful), and practice concerns (the LCSW's clinical judgment must remain the basis for treatment decisions, not algorithmic recommendations)
- B. No concerns since AI tools in healthcare are regulated and the platform would not be available if it did not meet legal requirements
- C. Only the data storage concern since HIPAA requires encryption of health data stored on cloud servers
- D. Only whether the AI recommendations align with evidence-based practice since the recording and storage are standard telehealth features

27. An LCSW provides therapy to a client who is a school counselor. The client describes a student who confided about a teacher making sexual comments but then recanted. The school closed the investigation after the recantation. The client believes the student recanted under pressure. What is the LCSW's obligation?

- A. Accept the school's closed investigation since the student recanted and further action could harm the student
- B. Assess whether the LCSW has received information in a professional capacity creating reasonable suspicion that a child was sexually harassed by a teacher and recanted under pressure — if so, the LCSW has an independent mandated reporting obligation regardless of the school's closed investigation, since a coerced recantation does not eliminate the underlying concern
- C. Encourage the school counselor to reopen the investigation and document the basis for believing the recantation was coerced
- D. File a report only if the student comes forward again with a new disclosure

28. An LCSW is treating a client who presents with symptoms of PTSD. After several sessions, the LCSW begins to suspect the client may be fabricating or exaggerating the trauma narrative — specific details change between sessions, the emotional presentation seems rehearsed, and the client references events that are historically impossible. What should the LCSW do?

- A. Confront the client directly about the inconsistencies and demand an honest account

- B. Terminate therapy since the client's dishonesty makes meaningful therapeutic work impossible
- C. Document the inconsistencies without confronting them directly, explore whether the symptom presentation reflects factitious disorder, malingering, or a genuinely disorganized trauma narrative (which can involve inconsistencies), and avoid prematurely concluding the client is fabricating — recognizing that trauma narratives are inherently fragmented and may appear inconsistent
- D. Accept the narrative at face value regardless of the inconsistencies since challenging a trauma survivor's account could be retraumatizing

29. An LCSW treats a client with OCD who reports that their compulsions have extended to their 5-year-old child — the client requires the child to perform hand-washing rituals, checks the child's body for contamination multiple times daily, and prevents the child from playing outside due to contamination fears. The child has become anxious and socially isolated. What should the LCSW assess?

- A. Only the client's OCD symptoms since treating the parent's disorder will naturally resolve the impact on the child
- B. Only whether the child needs an independent referral for anxiety treatment
- C. Only whether the family dynamics are contributing to the maintenance of the client's OCD symptoms
- D. Whether the imposition of OCD-driven rituals on a 5-year-old — resulting in documented anxiety and social isolation — constitutes a form of emotional abuse or neglect that may warrant a mandated report, while also intensifying the treatment of the parent's OCD as the clinical driver of the harm to the child

30. An LCSW is treating a client who reveals that they lied during a previous session. The client now wants to correct the record. What should the LCSW do?

- A. Welcome the correction as a positive therapeutic development — the client's willingness to acknowledge previous dishonesty and provide accurate information represents growth in the therapeutic relationship and should be received without punishment or withdrawal, while using the moment to explore what drove the original deception
- B. Express disappointment about the previous lie to establish that honesty is expected in the therapeutic relationship
- C. Re-evaluate all previous session content since the lie casts doubt on the reliability of everything the client has disclosed
- D. Document the correction in the record and move on without therapeutic processing since dwelling on past dishonesty is counterproductive

31. An LCSW treats a client who is a parent. The client reveals that their teenage daughter recently told them she was sexually assaulted by a classmate at a party six months ago. The daughter begged the parent not to tell anyone. The parent honored the request and has been seeking therapy to process the distress. What is the LCSW's obligation?

- A. Respect the daughter's wishes as communicated by the parent since the daughter's autonomy should be honored
- B. File a mandated child abuse report since the LCSW has received information in a professional capacity about a minor who was sexually assaulted — the daughter's wish for secrecy and the parent's compliance do not eliminate the LCSW's independent reporting obligation, and the perpetrator (also a minor) may pose a risk to other students
- C. Encourage the parent to convince the daughter to report and provide therapeutic support for the disclosure process
- D. Maintain confidentiality since the daughter is not the LCSW's client and the information is secondhand

32. An LCSW is treating a client who describes their elderly father's situation in a memory care facility. The client visited and found the father restrained in a wheelchair with his call button out of reach. Staff stated the restraint was for the father's "safety" but could not produce a physician's order for the restraint. What should the LCSW do?

- A. Accept the explanation since memory care facilities routinely use restraints for safety purposes
- B. Recommend the client discuss the restraint with the facility's medical director to obtain clarification
- C. File a mandated elder abuse report since physical restraint of a dependent elderly person without a physician's order and with the call button deliberately placed out of reach constitutes abuse and neglect — the restraint lacks medical authorization and the inaccessible call button prevents the resident from summoning help
- D. Advise the client to file a complaint with the long-term care ombudsman program

33. An LCSW is treating a client who recently started using a mental health app that provides AI-generated therapeutic responses. The client finds the app helpful and has begun reducing therapy sessions. The LCSW has concerns about the app replacing evidence-based treatment. What should the LCSW do?

- A. Demand the client stop using the app immediately since AI cannot provide genuine therapeutic support

B. Support the client's use of the app without comment since the client has the right to choose their own support tools

C. Explore the client's experience with the app, discuss its limitations and potential risks, assess whether it is serving as a supplement to or replacement for evidence-based therapy, and help the client make an informed decision about how to integrate technology-based tools with professional treatment — without dismissing the client's positive experience or abandoning clinical judgment about appropriate care

D. Report the app to the BBS since AI-generated therapeutic responses constitute unlicensed practice of psychotherapy

34. An LCSW is treating a client who is a social media content creator. The client reveals they have been fabricating a mental health "recovery journey" for their audience — claiming diagnoses they don't have, describing treatments they never received, and presenting themselves as a mental health advocate based on fabricated lived experience. Their content reaches millions. What clinical considerations arise?

A. Explore the psychological function of the fabrication — what needs the false identity serves, whether it reflects narcissistic dynamics, identity disturbance, or factitious presentation — while also discussing the ethical implications of misleading millions of followers who may be making health decisions based on fabricated recovery narratives

B. Report the client to the social media platform for spreading medical misinformation

C. Maintain strict focus on the presenting problem without addressing the content creation since social media activity is outside the scope of therapy

D. Terminate therapy since the client's fundamental dishonesty about their identity makes therapeutic work impossible

35. An LCSW is providing therapy to a client who mentions that his 8-year-old daughter recently told him that the family's 16-year-old babysitter has been showing the daughter pornographic videos on a tablet during babysitting. What is the LCSW's obligation?

A. Recommend the father stop using the babysitter and address the daughter's exposure to inappropriate content therapeutically

B. File a mandated child abuse report since a 16-year-old showing pornographic material to an 8-year-old constitutes sexual abuse of a child — exposure of a young child to sexually explicit material by an older caretaker creates reasonable suspicion regardless of whether the babysitter is also a minor

C. Address the situation as a parenting concern and recommend the father discuss appropriate content with the babysitter

D. File a report only if the daughter describes being touched or physically abused in addition to being shown the videos

36. An LCSW treats a family in which the parents are members of a religious community that practices faith healing exclusively and rejects all medical intervention. Their 4-year-old has a high fever that has persisted for five days. The child appears lethargic and the parents state they are "praying for healing." What is the LCSW's obligation?

A. Respect the family's religious beliefs since faith-based healthcare decisions are constitutionally protected

B. Recommend the family seek medical evaluation while supporting their right to also pursue spiritual healing

C. File a mandated child abuse report since a 4-year-old with a five-day persistent high fever who is becoming lethargic and is not receiving medical evaluation constitutes medical neglect — California does not recognize a religious exemption to child abuse laws, and a young child with a prolonged fever and lethargy may have a life-threatening condition requiring immediate medical attention

D. Contact the family's religious leader and request they encourage the family to seek medical care

37. An LCSW is treating a client who reveals that they are the anonymous donor of a large sum of money to the LCSW's practice. The donation was made through a foundation and the LCSW did not know the client was the source until the client disclosed it in session. What does this revelation create?

A. No ethical concern since the donation was made anonymously and the client voluntarily disclosed the connection

B. A minor administrative concern that can be resolved by ensuring the donation is properly documented for tax purposes

C. A potential dual relationship concern but one that can be managed through transparent discussion in therapy

D. A significant dual relationship involving a financial entanglement that the LCSW was unaware of — the LCSW must assess whether the donation has created an unspoken expectation, whether the therapeutic objectivity has been compromised, and whether the therapeutic relationship can continue ethically given the financial connection

38. An LCSW is providing therapy to a client who asks, "Do you actually like me, or is this just a job for you?" The client has a history of rejection and attachment difficulties. What does the MOST therapeutically effective response involve?

A. Responding with warmth and genuineness while using the question as an entry point to explore the client's attachment patterns, fear of rejection, and the meaning they make of the therapeutic relationship — neither providing false reassurance nor deflecting the question, but engaging authentically with what the client is really asking

B. Assuring the client that the LCSW likes them very much to provide the corrective emotional experience the client needs

C. Explaining that the therapeutic relationship is professional and the LCSW's personal feelings are irrelevant to the clinical work

D. Redirecting the question by asking the client what it would mean if the LCSW did or did not like them

39. An LCSW is treating a client who is a school nurse. The client describes a 6-year-old student who has been coming to the nurse's office daily complaining of stomachaches. The child cries and begs not to be sent back to the classroom. Each time the nurse contacts the classroom teacher, the teacher minimizes the behavior. The child has not disclosed anything specific. What should the LCSW consider?

A. Accept the teacher's assessment since the teacher spends more time with the child and may have a better understanding of normal classroom behavior

B. Whether a young child's daily physical complaints combined with crying and begging not to return to a specific classroom creates a pattern that warrants further assessment for possible abuse or bullying within the school environment — while also informing the nurse-client of their own mandated reporting obligation if reasonable suspicion exists

C. Recommend the school nurse refer the child for a gastrointestinal evaluation since the stomachaches may have a medical rather than psychological origin

D. Address the nurse-client's frustration with the teacher's dismissiveness and support the client in managing the workplace dynamic

40. An LCSW has been treating a client with depression using CBT for six months with significant improvement. The client asks to try EMDR for a specific traumatic memory that CBT has not fully resolved. The LCSW is trained in EMDR. What should the LCSW consider?

- A. Refuse to switch modalities since the client is improving with CBT and changing approaches mid-treatment could disrupt progress
- B. Switch to EMDR immediately since the client has requested it and respecting client preferences is paramount
- C. Evaluate whether integrating EMDR for the specific traumatic memory is clinically indicated while maintaining the CBT framework for the broader depression treatment — recognizing that skilled clinicians can integrate multiple evidence-based modalities within a coherent treatment plan based on clinical need rather than adhering rigidly to a single approach
- D. Refer the client to an EMDR specialist since the LCSW should not switch modalities within an established treatment relationship

41. An LCSW treats a client who is an undocumented immigrant working as a domestic employee. The client describes her employer — a wealthy family — confiscating her passport, restricting her movements, paying far below minimum wage, and threatening deportation if she complains. The client works 16-hour days with no days off. What should the LCSW recognize?

- A. That the described conditions are exploitative labor practices that the client should report to the Department of Labor
- B. That the client's immigration status prevents her from accessing legal protections and the LCSW should focus therapy on coping with the situation
- C. That the client's working conditions are unpleasant but reflect the reality of undocumented employment and are outside the scope of mental health treatment
- D. That the described pattern — passport confiscation, movement restriction, wage theft, and threats — constitutes indicators of labor trafficking under federal and California law, and the LCSW should provide information about the client's rights as a trafficking victim, connect the client with anti-trafficking resources, and recognize that trafficking victims have legal protections regardless of immigration status

42. An LCSW is providing therapy to a client who mentions that her 7-year-old son's youth soccer coach has been requiring players to run laps as punishment until they vomit. This has happened to multiple children on the team, including the client's son, during recent practices. What is the LCSW's obligation?

- A. File a mandated child abuse report since a coach requiring young children to exercise until they vomit constitutes physical abuse — forced exercise to the point of vomiting causes physiological distress and potential medical harm to children who cannot advocate for themselves
- B. Recommend the client speak with the soccer league's administration about the coaching practices

C. Address the parenting concern therapeutically and recommend the client remove her child from the team

D. Encourage the client to document the incidents and consult with other parents before deciding how to respond

43. An LCSW is treating a client who works at a hospital. The client describes a situation where the hospital has been discharging patients who are homeless directly onto the street — including patients with open wounds, patients on IV antibiotics, and patients with psychiatric conditions — because they have no insurance and the hospital wants to free up beds. What should the LCSW consider?

A. Maintain confidentiality since hospital discharge practices do not trigger any mandatory reporting exception

B. Whether the hospital's practice of discharging medically unstable patients — including those with open wounds and active infections — without appropriate discharge planning constitutes a systemic pattern of neglect affecting vulnerable populations, while supporting the client in processing the moral injury and exploring appropriate reporting channels including the California Department of Public Health

C. Report the hospital to the Joint Commission for violating discharge standards

D. Focus therapy exclusively on the client's work stress and recommend career counseling if the moral injury is unresolvable

44. An LCSW treats a client who reveals that their 15-year-old daughter has been selling nude photographs of herself to adult men online for money. The daughter controls the business independently — she takes the photos, manages the accounts, and keeps the money. No adult is coercing her. What is the LCSW's obligation?

A. Respect the teenager's entrepreneurial autonomy since she is managing the activity independently without adult coercion

B. Address the situation as a parenting concern and recommend the parent restrict the daughter's internet access

C. File a mandated child abuse report since the commercial distribution of sexually explicit images of a 15-year-old constitutes child sexual exploitation regardless of whether the minor initiated and controls the activity — the adult purchasers are engaged in exploitation even if the minor does not identify as a victim

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

45. An LCSW is treating a client with major depressive disorder who has been in therapy for one year. The client asks, "Honestly, do you think I'll ever get better?" The LCSW's genuine clinical assessment is cautiously optimistic — the client has made some progress but significant challenges remain. What is the MOST therapeutically effective response?

A. Say "absolutely" to provide hope and motivation since hopelessness is a core symptom of depression that the LCSW should counteract with positive expectations

B. Deflect the question by exploring what "better" means to the client without ever providing a clinical perspective

C. Provide an honest, hope-informed answer that acknowledges the progress made, normalizes the difficulty of recovery, and shares the LCSW's genuine clinical perspective without false promises — because authentic hope based on reality is more therapeutically powerful than empty reassurance

D. Offer a comprehensive psychoeducation about the prognosis of major depressive disorder including statistical recovery rates

46. An LCSW is treating a couple in which one partner has been secretly recording their fights on audio and video and sharing the recordings with friends, family, and on social media. The other partner did not consent to being recorded. What should the LCSW address?

A. That recording a partner without consent in California violates the state's two-party consent recording law, that distributing private recordings to others may constitute harassment or invasion of privacy, and that the pattern of recording and public sharing without consent represents a form of digital intimate partner abuse that should be addressed both legally and therapeutically

B. That recording fights can be a healthy self-awareness tool if both partners agree to review the recordings together in session

C. Only the therapeutic implications of the behavior without commenting on the legal dimensions

D. Only the impact on the recorded partner's emotional state without addressing the recording behavior itself

47. An LCSW has been treating a client with chronic suicidal ideation for three years. The LCSW notices that the therapeutic work has reached an impasse — the same patterns repeat, the same interventions are used, and neither the LCSW nor the client can identify a path forward. What should the LCSW do?

- A. Continue the current approach since the therapeutic relationship is keeping the client alive and any disruption could be dangerous
- B. Seek consultation or peer review to gain fresh perspective on the case, honestly assess whether the impasse reflects the LCSW's own clinical limitations, explore whether a different provider or treatment modality might break the impasse, and discuss the stagnation openly with the client — recognizing that acknowledging therapeutic limitations is a professional strength rather than a failure
- C. Terminate therapy and refer the client to a more specialized provider since the LCSW has clearly reached the limits of competence
- D. Increase session frequency to intensify the treatment and break through the impasse

48. An LCSW treats a client who works at a children's residential facility. The client describes a practice where staff routinely search children's rooms and confiscate personal items — journals, letters from family, photographs — as "behavioral consequences." The confiscated items are sometimes not returned. What should the LCSW consider?

- A. Accept the practice since residential facilities require behavior management systems that may include privilege restrictions
- B. Recommend the client discuss the practice with the facility's compliance officer
- C. Whether the confiscation of children's personal items including journals, family letters, and photographs constitutes emotional abuse by depriving children in care of their personal possessions and connections to family — particularly when items are not returned — and whether this institutional practice warrants a mandated report
- D. Address the client's moral distress about the workplace environment and support the client in processing the ethical conflict

49. An LCSW is providing therapy to a client who reveals that their 11-year-old child has been recruited by an online adult to create sexual content. The child was manipulated through flattery and small gifts into producing increasingly explicit material. The adult has been threatening to release the existing material if the child stops producing new content. What is the LCSW's obligation?

- A. Address the situation therapeutically and recommend the parent confiscate the child's devices
- B. Recommend the parent contact the FBI's Internet Crimes Against Children task force
- C. File a police report since the online exploitation constitutes a federal crime

D. File a mandated child abuse report immediately since an adult manipulating an 11-year-old into producing sexual content through coercion and threats constitutes child sexual exploitation — and coordinate with the parent to ensure the child's immediate safety while supporting the family through the reporting and investigation process

50. An LCSW is treating a client with hoarding disorder who lives in a home that has become structurally compromised by the weight of accumulated possessions. The floors are sagging, walls are bowing, and the client reports hearing "cracking sounds." The client lives alone and is 72 years old. What should the LCSW consider?

A. Whether a 72-year-old living in a structurally compromised building that may collapse constitutes self-neglect warranting an immediate Adult Protective Services report — the hoarding has progressed beyond a clinical concern to an imminent life-safety emergency that outpaces the therapeutic timeline

B. Continue treating the hoarding disorder therapeutically and add the structural concerns to the exposure hierarchy

C. Recommend the client hire a structural engineer to assess the building before the LCSW takes any action

D. Contact the city's building inspector to report the structural concerns anonymously

51. An LCSW treats a client who describes a concerning interaction between their 4-year-old and a family friend. During a visit, the family friend took the 4-year-old into a bedroom alone, closed the door, and when the parent entered five minutes later, the child appeared upset and the friend seemed startled. The child later said, "He told me it's our secret." What is the LCSW's obligation?

A. Recommend the parent monitor future interactions between the child and the family friend more closely

B. File a mandated child abuse report since the combination of an adult isolating a 4-year-old in a bedroom behind a closed door, the child's distress, the adult's startled reaction, and the child reporting being told to keep "our secret" collectively create reasonable suspicion of child sexual abuse requiring immediate reporting

C. Recommend the parent ask the child more questions about what happened before the LCSW determines whether a report is warranted

D. Address the parent's anxiety about the interaction and support the parent in deciding how to handle the friendship

52. An LCSW is treating a client who asks to audio-record their therapy sessions "for personal review between sessions." The LCSW is uncertain about the clinical implications. What should the LCSW consider?

- A. Allow the recording since the client has a right to record their own therapy sessions
- B. Refuse all recording since audio recordings of therapy sessions create unacceptable liability risks
- C. Evaluate the clinical implications — whether recording would enhance or inhibit the therapeutic process, whether the client might share the recordings with others compromising confidentiality, whether the recording serves a therapeutic purpose such as reviewing material for clients with memory difficulties — and make a clinical decision with appropriate informed consent addressing the parameters of any recording agreement
- D. Allow the recording only if the LCSW also records the sessions for the clinical record

53. An LCSW treats a client who mentions that the client's 9-year-old neighbor has been seen outside at midnight on school nights, sometimes in cold weather, without a coat. The child appears to be waiting for a parent who is not home. What should the LCSW do?

- A. Recommend the client call the police non-emergency line the next time they observe the child outside at night
- B. Address the client's concern about the neighbor's child therapeutically without taking external action
- C. Encourage the client to speak with the child's parent about the late-night outdoor exposure
- D. File a mandated child abuse report since a 9-year-old child repeatedly being outside alone at midnight on school nights in cold weather without appropriate clothing — apparently waiting for an absent parent — constitutes general neglect, and the LCSW received this information in a professional capacity

54. An LCSW working in a school setting notices that a particular 7-year-old student always wears long sleeves even in hot weather. When the LCSW gently asks why, the child pulls their sleeve up slightly revealing what appears to be a pattern of small circular burns consistent with cigarette burns. The child immediately pulls the sleeve down and says, "I'm not supposed to show anyone." What should the LCSW do?

- A. File a mandated child abuse report immediately — circular burns consistent with cigarettes combined with the child's statement that they are "not supposed to show anyone" constitutes a direct observation of suspected physical abuse with a verbal indicator of concealment, creating clear reasonable suspicion

- B. Ask the child to show the LCSW the full extent of the burns before filing a report to ensure the documentation is thorough
- C. Schedule a meeting with the parents to discuss the marks before determining whether a report is warranted
- D. Document the observation and schedule follow-up sessions to build rapport before asking the child more questions

55. An LCSW is treating a client who has been experiencing persistent somatic symptoms — headaches, abdominal pain, and fatigue — that multiple physicians have been unable to explain medically. The client is frustrated. A colleague suggests the LCSW tell the client "it's all in your head" to redirect the client toward psychological exploration. What should the LCSW recognize?

- A. That the colleague's suggestion could be harmful — dismissing medically unexplained symptoms as "all in your head" invalidates the client's genuine physical suffering and reinforces the mind-body dualism that stigmatizes somatic symptoms
- B. That telling the client the symptoms are psychological in origin is the most efficient way to redirect treatment toward productive therapeutic work
- C. That the LCSW should support the client in seeking additional medical opinions since unexplained symptoms may indicate an undiagnosed medical condition
- D. That the somatic symptoms are likely conversion disorder and the LCSW should proceed with psychodynamic exploration of unconscious conflict

56. An LCSW is treating a family in which the parents homeschool their children. During a session, the LCSW learns that the 12-year-old child cannot read, cannot perform basic arithmetic, and has limited knowledge of concepts other children their age have mastered. The parents state their educational philosophy focuses on "life skills" rather than academics. What should the LCSW consider?

- A. Respect the parents' educational philosophy since homeschooling families have broad discretion over curriculum
- B. Recommend the parents supplement their life skills curriculum with academic instruction and provide referrals to tutoring services
- C. Whether a 12-year-old who cannot read or perform basic arithmetic — despite years of ostensible education — is experiencing educational neglect that deprives the child of fundamental developmental skills, potentially warranting a mandated child abuse report for neglect regardless of the parents' stated educational philosophy

D. Contact the California Department of Education to verify whether the family is complying with homeschool registration requirements

57. An LCSW is treating a client who asks to bring their therapy dog to sessions for emotional support. The LCSW's office building has a no-pets policy. What should the LCSW consider?

A. Allow the dog regardless of the building policy since the client's therapeutic needs take priority

B. Assess whether the therapy dog provides a clinically significant therapeutic benefit, explore alternatives if the building policy cannot be modified, consider whether accommodations can be made (such as using a different office or meeting space), and communicate with building management about the clinical need — balancing the client's treatment needs with practical and legal constraints

C. Deny the request since the building's no-pets policy is binding and the LCSW cannot override institutional rules

D. Allow the dog but require the client to sign a liability waiver protecting the LCSW and the building from any incidents

58. An LCSW treats a client who mentions that their elderly mother has been "gifting" large sums of money to a televangelist — approximately \$50,000 over the past year. The mother has moderate dementia and the televangelist sends personalized letters suggesting God will punish the mother if she stops giving. The mother lives alone with no other financial support. What should the LCSW consider?

A. Respect the mother's religious autonomy since charitable giving is a protected personal decision

B. Recommend the client seek conservatorship over the mother's finances to prevent further exploitation

C. Contact the televangelist's organization directly to demand they stop soliciting from the cognitively impaired mother

D. Whether a person with moderate dementia being targeted with threatening religious manipulation to extract large sums of money she cannot afford to lose constitutes financial exploitation of a vulnerable elder warranting a mandated elder abuse report

59. An LCSW treats a client who is a paramedic. The client describes arriving at a scene where a child was severely injured and recognizing the child as their own child's classmate. The client provided medical care but has been experiencing intrusive images, nightmares, and avoidance since the event. What clinical consideration is MOST important?

- A. Whether the client's symptoms meet diagnostic criteria for PTSD and whether medication should be recommended
- B. Whether the personal connection to the injured child creates a clinical presentation distinct from standard occupational trauma — recognizing that the proximity of the victim to the paramedic's own child may activate attachment-related fears that standard critical incident approaches may not adequately address, and tailoring the therapeutic approach accordingly
- C. Whether the client can continue working as a paramedic or should be placed on disability leave
- D. Whether the client's response is disproportionate to the event since paramedics are expected to encounter injured children in the course of their work

60. An LCSW is providing therapy to a client who mentions that their 5-year-old child's daycare has a "nap policy" that involves staff physically holding down children who resist napping — pressing them into their mats and preventing them from getting up for the duration of the nap period. Children who cry are told to "be quiet or there will be consequences." What is the LCSW's obligation?

- A. Recommend the client discuss the nap policy with the daycare director and request a modification
- B. Address the parenting concern and help the client evaluate alternative daycare options
- C. File a mandated child abuse report since physically restraining young children to prevent movement during nap time and threatening them for crying constitutes physical and emotional abuse in a childcare setting
- D. Report the daycare to Community Care Licensing for inappropriate nap practices

61. An LCSW is providing therapy to a client who is experiencing significant distress about their child's recent autism diagnosis. The client states, "I want my child to be normal. Can you fix him?" What should the LCSW do?

- A. Validate the parent's grief and distress about the diagnosis while providing psychoeducation about autism as a neurodevelopmental difference rather than a condition requiring "fixing" — helping the parent shift from a deficit-based to a strengths-based understanding of their child, connecting the family with appropriate support services, and addressing the parent's adjustment process therapeutically
- B. Agree that the goal should be making the child as neurotypical as possible and develop a treatment plan focused on normalizing the child's behavior
- C. Challenge the parent's desire for a "normal" child as inherently ableist and educate them about neurodiversity immediately

D. Refer the parent to a specialist in autism treatment since the LCSW's role is limited to addressing the parent's emotional response

62. An LCSW treats a client who is a social worker at another agency. The client describes fabricating documentation to close cases faster — the client writes assessments for clients they have never met, copies and pastes from previous files, and signs off on safety checks that were never conducted. Multiple families with children are affected. What should the LCSW evaluate?

A. Only the client's burnout and recommend stress management strategies

B. Only whether to report the client to the BBS for professional misconduct

C. Only the workplace conditions driving the documentation fraud

D. Whether children in families that received fabricated safety assessments may be at risk of harm due to the absence of genuine safety evaluation — potentially triggering the LCSW's own mandated reporting obligation — while also addressing the burnout, systemic pressures, and professional consequences of the documentation fraud

63. An LCSW treats a client who is the mother of a 3-year-old. The client mentions that the child's father, during his custodial weekends, allows the child to ride in a car without a car seat. The father argues the child "doesn't like" the car seat and refuses to use one. What should the LCSW consider?

A. Respect the father's parenting choice since decisions about car seat use during his custodial time are his prerogative

B. Whether a parent deliberately allowing a 3-year-old to ride without a car seat — in violation of California's child passenger safety law and known safety data about the consequences of unrestrained children in vehicle accidents — constitutes child endangerment warranting a mandated child abuse report

C. Recommend the mother purchase a more comfortable car seat for use during the father's custodial time

D. Advise the mother to address the car seat issue through the family court during the next custody hearing

64. An LCSW is providing therapy to a client who works at a residential care facility for elderly adults. The client describes a new admission — a 90-year-old with advanced dementia — whose family has authorized "do not resuscitate" and "comfort care only" directives. However, the facility's policy requires aggressive treatment for all residents regardless of advance directives. The client has been ordered to administer treatments the family has specifically declined. What should the LCSW consider?

- A. Accept the facility's policy since institutional protocols supersede individual advance directives
- B. Recommend the client consult with the facility's medical director about the conflict between the advance directive and institutional policy
- C. Encourage the client to follow the family's wishes and disregard the facility policy
- D. Whether the facility's overriding of a patient's advance directive constitutes a violation of the patient's rights and potentially a form of abuse — administering unwanted medical treatments to a dependent elder against documented wishes may constitute a reportable concern, while also supporting the client in navigating the ethical conflict

65. An LCSW is treating a client who works at an elementary school. The client describes a janitor at the school who has been giving individual students candy and small gifts, inviting children to "help" with cleaning after school hours, and asking children to keep their special friendship "a secret." No child has disclosed abuse. What is the LCSW's obligation?

- A. File a mandated child abuse report since the pattern described — gift-giving, creating opportunities for isolated contact with individual children, and explicit secrecy instructions — constitutes grooming behavior that creates reasonable suspicion of child sexual exploitation regardless of whether a child has made a specific disclosure of abuse
- B. Recommend the client report the janitor's behavior to the school principal and support the client through the advocacy process
- C. Address the client's concern about the janitor therapeutically and recommend the client monitor the situation
- D. File a report only if a child makes a specific disclosure of inappropriate contact since behavioral patterns alone are insufficient for mandated reporting

66. An LCSW treats a client who is a new mother experiencing postpartum depression. The client reveals she has been having intrusive thoughts about placing her infant in a running microwave. She is horrified by the thoughts, has never acted on them, and takes elaborate precautions to ensure the baby is safe. What should the LCSW understand about this presentation?

- A. File a mandated child abuse report since intrusive thoughts about harming an infant indicate the child is at risk
- B. Initiate a 5150 evaluation since the specificity and violence of the intrusive thoughts indicate psychosis requiring immediate psychiatric intervention

C. Recommend the client immediately arrange for someone else to care for the infant until the intrusive thoughts resolve through treatment

D. Recognize these as classic ego-dystonic intrusive thoughts consistent with postpartum OCD — the horror at the thoughts, the absence of intent, and the elaborate safety precautions are hallmarks of OCD rather than genuine risk to the infant — provide psychoeducation about postpartum OCD, validate the client's protective actions, and treat with evidence-based approaches

67. An LCSW is providing therapy to a client who is a high school teacher. The client describes a student who has been exhibiting warning signs consistent with radicalization — expressing increasingly extremist views, becoming isolated from peers, consuming propaganda material, and making statements about "martyrdom." What should the LCSW consider?

A. Maintain confidentiality since political and religious beliefs do not trigger any reporting obligation

B. Whether the described pattern — escalating extremist ideology, social isolation, propaganda consumption, and martyrdom references — represents a potential threat to public safety that warrants assessment, while recognizing that the Tarasoff duty's traditional identifiable-victim requirement may not capture mass-casualty threats, and consult about whether reporting to the school or law enforcement is appropriate

C. Report the student directly to the FBI's radicalization tip line since the LCSW has knowledge of potential terrorist activity

D. Address the teacher's concern therapeutically and recommend the teacher use the school's anonymous tip line

68. An LCSW treats a client who is a phlebotomist at a blood bank. The client reveals that the blood bank has been knowingly accepting donations from donors who fail the screening criteria — including donors who have tested positive for infectious diseases. The client states the blood bank is under financial pressure to maintain supply levels. What should the LCSW consider?

A. Maintain strict confidentiality since blood bank practices do not trigger any therapy reporting exception

B. Report the blood bank to the FDA since the LCSW has knowledge of a public health violation

C. Whether the deliberate acceptance of contaminated blood donations — which will be transfused into identifiable hospital patients — creates a foreseeable risk of serious harm including potentially fatal infections to transfusion recipients, and while blood bank practices don't trigger standard therapy reporting, the extraordinary magnitude and specificity of the risk warrants careful ethical analysis beyond routine confidentiality

D. Focus therapy on the client's moral distress and encourage the client to pursue internal reporting within the blood bank

69. An LCSW is treating a terminally ill client who asks the LCSW to help write ethical guidelines for how AI should be used in therapy after the client dies. The client is a bioethicist and this project gives their remaining time meaning. Should the LCSW engage with this request?

A. Assess whether the project serves a legitimate therapeutic purpose — meaning-making, legacy creation, intellectual engagement that combats demoralization, and processing the end of life through purposeful activity — and if therapeutically indicated, engage with the project as clinical material while maintaining the therapeutic frame

B. Decline since writing ethical guidelines for AI is outside the scope of psychotherapy and constitutes an inappropriate use of clinical time

C. Agree to the project but reduce the session fee since the time spent on guideline writing is not therapy

D. Refer the client to an AI ethics organization and continue using therapy time exclusively for end-of-life processing

70. An LCSW is providing therapy to a client who mentions that their elderly father's live-in caretaker has been bringing unrelated adults into the father's home at night. The father reports hearing multiple people in the house and finding evidence of drug use. The father has moderate dementia and is frightened. What should the LCSW consider?

A. Recommend the client install security cameras in the father's home to document the nighttime visitors

B. Encourage the client to confront the caretaker about the unauthorized visitors

C. Address the client's distress about the father's situation therapeutically without taking external action

D. Whether a caretaker bringing unknown individuals into a dependent elderly person's home at night — with evidence of drug use in the presence of a frightened person with dementia — constitutes abuse and endangerment of a dependent adult warranting a mandated elder abuse report

71. An LCSW treats a client who is a parent of a child with a severe peanut allergy. The client describes the child's school repeatedly failing to enforce the allergy management plan — classmates bringing peanut products, inadequate supervision during lunch, and no epinephrine readily available despite the plan's requirements. The child has had two severe allergic reactions at school requiring emergency room visits. What should the LCSW consider?

- A. Recommend the client pursue a 504 plan through the school district to legally enforce the allergy management
- B. Support the client in managing the anxiety about the child's school safety
- C. Advise the client to homeschool the child since the school cannot adequately protect the child from allergen exposure
- D. Whether a school's repeated failure to follow a child's allergy management plan — resulting in two emergency room visits for severe allergic reactions — constitutes institutional neglect of a child with a known life-threatening condition that may warrant a mandated report

72. An LCSW is treating a client who has been diagnosed with terminal cancer. The client has decided to pursue only holistic treatments and has declined all conventional cancer treatment including surgery, chemotherapy, and radiation. The client's oncologist believes conventional treatment could extend life by several years. The client is a competent adult with full decision-making capacity. What is the LCSW's role?

- A. Advocate for the client to accept conventional treatment since the oncologist's recommendation represents the standard of care
- B. Support the holistic approach without question since the client's treatment choice is entirely their own decision
- C. Support the client's autonomous decision-making process — exploring the values, fears, and beliefs underlying the choice, ensuring the client has made a genuinely informed decision with full understanding of the conventional treatment options and their potential outcomes, and providing therapeutic space for processing the implications of the choice without attempting to change the client's mind
- D. Refuse to continue treating the client since supporting a decision that may shorten the client's life conflicts with the LCSW's duty to promote client wellbeing

73. An LCSW treats a client who reveals that their 15-year-old daughter has been engaging in self-starvation as part of a social media "challenge" community. The daughter has lost 30 pounds in two months and has been hospitalized once for dehydration. She continues the restriction. What is the LCSW's obligation?

- A. File a mandated child abuse report since a 15-year-old engaged in dangerous self-starvation influenced by an online community — with a 30-pound weight loss, hospitalization, and continued restriction —

constitutes a child welfare emergency, while also connecting the family with eating disorder treatment resources

B. Recommend the parent restrict the daughter's social media access and enroll her in an eating disorder treatment program

C. Address the parent's distress therapeutically and recommend a family therapy referral

D. Report the social media platform to the FTC for facilitating dangerous content targeting minors

74. An LCSW reaches the final content question of the entire examination series. An LCSW treats a client who says, "I don't think therapy is helping me anymore. I think I want to stop." The client has been in therapy for three years. What should the LCSW do?

A. Convince the client to continue by highlighting the progress made and the risks of premature termination

B. Agree immediately and begin the termination process since the client has expressed a clear desire to end

C. Explore the client's experience honestly — what has worked, what hasn't, what is prompting the desire to stop — assess whether the statement reflects genuine readiness for termination, a therapeutic rupture that needs repair, treatment fatigue that could be addressed with a modified approach, or depression-driven withdrawal from support — and collaboratively determine the most appropriate path forward

D. Interpret the desire to stop therapy as resistance and address the underlying dynamic before considering termination

75. Across 1,425 questions spanning 19 examinations, what is the single most important thing the LCSW must bring to every clinical encounter?

A. The willingness to sit with complexity — holding legal obligations, clinical knowledge, cultural context, and genuine human care in tension simultaneously — and the professional humility to recognize that every person who walks through the door deserves the LCSW's most thoughtful, most honest, and most compassionate response, even when the right answer is not immediately clear

B. Comprehensive knowledge of California statutes and BBS regulations

C. A standardized decision-making flowchart that produces consistent ethical outcomes across all clinical situations

D. Strict adherence to agency policies and institutional protocols

Practice Exam 27: Answer Key and Explanations

1. D — The psychotherapist-patient privilege exists to serve public health by encouraging individuals to seek mental health treatment. If people feared their disclosures could be compelled in court, many would avoid seeking help. The privilege removes that barrier. Understanding the purpose behind the rule — not just the rule itself — is essential for applying it correctly in ambiguous situations.

2. B — Strangulation is one of the strongest predictors of domestic violence homicide — research indicates a partner who has been choked is seven times more likely to be killed. The escalation from general DV to strangulation requires an immediate intensification of clinical response: updated lethality assessment, enhanced safety planning, DV specialist consultation, and evaluation of whether children require a mandated report.

3. C — The LCSW overheard a specific death threat against an identifiable person during a professional encounter. The client's dismissal as "how my brother talks" does not eliminate the need for assessment. The LCSW should evaluate the threat's credibility, the brother's history, access to the roommate, and whether protective action is warranted. Information received during a professional encounter triggers professional analysis.

4. A — CANRA uses the "reasonable suspicion" standard — the lowest evidentiary threshold. The mandated reporter must report when information would lead a reasonable person to suspect abuse or neglect. Neither certainty, proof, investigation, nor any higher evidentiary standard is required. The reporter's role is to report suspicion; investigation is CPS's responsibility.

5. D — The post-discharge period is the highest-risk time for completed suicide. A two-week gap after a suicide attempt is clinically unacceptable. The LCSW should create an emergency appointment by adjusting the schedule. If that is truly impossible, an immediate warm referral to another provider is essential — not a standard two-week waitlist placement.

6. B — One partner consistently silencing the other in session is clinically significant material reflecting the relationship's power dynamics. The LCSW should name the pattern, create space for the quieter partner, assess whether the in-session dynamic mirrors a broader control pattern, and evaluate whether the therapeutic format is inadvertently reinforcing a harmful dynamic.

7. A — The question "Are you required to report what I tell you?" during an initial session is both an informed consent opportunity and a clinical signal. The LCSW should provide thorough, honest information about confidentiality exceptions while recognizing the client may be testing whether the space is safe enough for a specific disclosure. Both dimensions deserve attention.

8. C — Before beginning family therapy with a reunified family where abuse was substantiated, the LCSW must assess current safety, evaluate whether genuine behavioral change has occurred beyond program completion, consider whether family power dynamics allow authentic participation, and determine whether individual safety assessments should precede conjoint work. Program completion alone does not guarantee safety.

9. B — The LCSW's role regarding medication decisions is to explore the client's concerns, support informed communication with the prescriber, and encourage collaborative decision-making — not to provide pharmacological opinions, recommend for or against specific medications, or contact the prescriber to advocate for a particular prescribing decision. Medication management belongs to the prescriber.

10. B — The LCSW must simultaneously assess suicide risk given the hopelessness, evaluate whether parents should be involved in addressing the bullying, consider whether the online harassment may warrant reporting, and provide therapeutic support. The cyberbullying and the emotional response are clinically intertwined and cannot be addressed as isolated issues.

11. A — Eliminating interpreter services effectively denies mental health access to non-English-speaking populations. This may violate Title VI of the Civil Rights Act, which requires meaningful access to federally funded programs regardless of language. The LCSW has an ethical obligation to advocate against policies that create inequitable access for vulnerable populations.

12. C — Therapy without identified clinical goals raises concerns about medical necessity, retention without therapeutic justification, and the possible shift from a clinical relationship to a social one. The LCSW should reassess goals, discuss termination or reduced frequency, and ensure continued treatment serves a legitimate clinical purpose rather than becoming an indefinite social engagement.

13. D — Elderly patients being systematically deprived of prescribed pain medication — replaced with saline by a caretaker — constitutes both substance diversion and abuse of dependent adults. The patients are experiencing documented suffering from deliberate deprivation of their prescribed treatment. The LCSW should file a mandated elder abuse report based on the neglect of dependent persons.

14. B — The LCSW should work within the therapeutic process to shift focus from the identified patient to the family system — normalizing the child's behavior in context, exploring marital dynamics, and helping the family recognize the child's symptoms as systemic distress. Directly confronting the family with the hypothesis risks defensiveness; therapeutic process achieves the same insight more effectively.

15. A — Foster children are placed by the state with vetted caretakers. Leaving foster children with an unvetted, unlicensed neighbor without agency knowledge violates the placement terms and creates a safety risk to children the state has a special obligation to protect. The LCSW should file a mandated report. Foster care placements carry heightened child protection obligations.

16. C — Fabricating supervision hours constitutes fraud against the licensing system regardless of clinical competence. The supervision requirement exists for public protection and cannot be circumvented. The LCSW should address the falsification as a serious integrity issue, correct the documentation to reflect only actual hours, and consider whether BBS reporting is required.

17. D — The pattern of inadequate psychiatric discharges with documented subsequent suicides creates multiple concerns: foreseeable risk to future patients, the physician's moral injury, institutional pressure driving the practice, and the physician's own professional obligations. The LCSW should address all dimensions — not just the emotional response — while evaluating whether the ongoing pattern requires analysis beyond standard confidentiality.

18. B — A 17-year-old distributing sexually explicit images to 12-to-14-year-old students constitutes sexual exploitation of minors. The age differential and the distribution pattern create reasonable suspicion of child sexual abuse. The sender's own minor status does not eliminate the reporting obligation — the exploitation of the younger recipients is the trigger.

19. A — Medical gaslighting — when providers dismiss legitimate symptoms as psychological — is a documented phenomenon causing significant harm. The LCSW should validate the client's experience, support advocacy for appropriate medical care, and recognize that dismissal of chronic illness symptoms erodes healthcare trust and delays treatment. The LCSW need not be a medical expert to recognize patient invalidation.

20. C — Research suggests benzodiazepines may interfere with extinction learning underlying exposure therapy. The LCSW should discuss this potential interaction with the client and, with consent, coordinate with the prescriber about whether medication adjustment during the exposure phase would be clinically appropriate. This is a collaborative care decision, not a unilateral therapeutic demand.

21. D — Thirty to forty cases with omitted safety steps means dozens of at-risk children are not receiving adequate protection. The LCSW should evaluate whether this creates a mandated reporting obligation while simultaneously treating the client's burnout and addressing the systemic pressures. The children's safety and the client's clinical needs must both be addressed.

22. B — The presentation may involve imposter syndrome, burnout, compassion fatigue, or professional identity crisis — each requiring different therapeutic approaches. The LCSW should explore without premature labeling while also assessing whether the client's functioning as a therapist is currently impaired to a degree affecting their own clients.

23. A — A teenager possessing fentanyl-laced pills without knowing they contain fentanyl faces an immediate lethal risk. This constitutes a child welfare emergency requiring a mandated report, urgent parental intervention to secure the pills, and assessment of who supplied the counterfeit medication. Fentanyl's lethality makes this time-critical.

24. C — Children held in conditions causing documented psychological harm may constitute child abuse or neglect warranting a mandated report. The LCSW should also address the client's moral injury and support the client's own professional and ethical response. Both the child protection analysis and the client's therapeutic needs require attention.

25. D — "I'd rather die than live like this" requires evaluation for passive suicidal ideation, assessment of whether medical noncompliance constitutes indirect self-harm, exploration of the psychological barriers driving the noncompliance, and balancing autonomy with the obligation to address potentially self-destructive behavior. Multiple clinical dimensions converge simultaneously.

26. A — AI recording and analysis of therapy sessions raises concerns across multiple domains: informed consent (clients must know about recording and analysis), confidentiality (cloud-stored session data vulnerability), clinical integrity (AI recommendations may be inaccurate), and professional autonomy (the LCSW's judgment — not an algorithm — must drive treatment). All four concerns must be identified.

27. B — The LCSW received information creating reasonable suspicion that a child was sexually harassed and subsequently recanted under pressure. A coerced recantation does not eliminate the underlying concern. The LCSW has an independent mandated reporting obligation regardless of the school's closed investigation. Prior findings do not preclude new reports based on new information.

28. C — The LCSW should document inconsistencies, explore whether the presentation reflects factitious disorder, malingering, or a genuinely disorganized trauma narrative. Trauma memories are inherently fragmented and may appear inconsistent. Premature confrontation could damage the alliance, while uncritical acceptance ignores important clinical data. Careful, non-judgmental exploration is required.

29. D — Imposing OCD-driven rituals on a 5-year-old resulting in anxiety and social isolation may constitute emotional abuse or neglect. The parent's OCD is the clinical driver of the harm, but the child is the one being harmed. The LCSW should assess whether a mandated report is warranted while intensifying the parent's OCD treatment as the root intervention.

30. A — A client voluntarily correcting a previous lie represents therapeutic growth. The LCSW should welcome the correction without punishment, recognize the courage it took, and explore what drove the original deception. The moment itself is valuable clinical material about trust, vulnerability, and the therapeutic relationship's capacity to hold honesty.

31. B — The LCSW received information in a professional capacity about a minor who was sexually assaulted. The daughter's wish for secrecy, communicated through the parent, does not eliminate the mandated reporting obligation. The perpetrator — another minor — may pose a risk to other students. The LCSW must file a report.

32. C — Physical restraint of a dependent elder without a physician's order constitutes unauthorized restraint. The deliberately inaccessible call button prevents the resident from summoning help — compounding the abuse. The LCSW received this information professionally and must file a mandated elder abuse report.

33. C — The LCSW should explore the client's experience with the app, discuss limitations and risks, assess whether it supplements or replaces evidence-based therapy, and help the client make an informed decision. Neither dismissing the client's positive experience nor abandoning clinical judgment serves the client.

34. A — The fabricated recovery narrative serves important psychological functions worth exploring — narcissistic needs, identity disturbance, or factitious presentation. The LCSW should also address the ethical implications of misleading millions of followers who may make health decisions based on fabricated recovery stories. Both the intrapsychic function and the external impact are clinically relevant.

35. B — A 16-year-old showing pornographic material to an 8-year-old constitutes sexual abuse. Exposure of a young child to sexually explicit content by an older caretaker creates reasonable suspicion regardless of the babysitter's own minor status. The LCSW must file a mandated report.

36. C — A 4-year-old with a five-day persistent high fever and increasing lethargy who is receiving no medical evaluation constitutes medical neglect. California does not recognize a religious exemption to child abuse laws. A prolonged fever with lethargy in a young child may indicate a life-threatening condition. A mandated report is required.

37. D — The client's undisclosed donation creates a significant financial entanglement the LCSW was unaware of. The LCSW must assess whether the donation created unspoken expectations, whether therapeutic objectivity has been compromised, and whether the relationship can continue ethically. Financial entanglements between therapists and clients are among the most concerning boundary issues.

38. A — "Do you actually like me?" from a client with attachment difficulties and rejection history is deeply meaningful clinical material. The LCSW should respond with warmth and genuineness while using the question to explore attachment patterns and the meaning of the therapeutic relationship — neither providing hollow reassurance nor deflecting with clinical distance.

39. B — A 6-year-old's daily stomachaches, crying, and begging not to return to a specific classroom creates a pattern warranting assessment for possible abuse or bullying within that classroom. The LCSW should also inform the nurse-client of their own mandated reporting obligation if reasonable suspicion exists.

40. C — Skilled clinicians can integrate multiple evidence-based modalities within a coherent treatment plan. EMDR for a specific traumatic memory can complement ongoing CBT for broader depression. The decision should be based on clinical indication rather than rigid adherence to a single approach or reflexive modality-switching.

41. D — Passport confiscation, movement restriction, wage theft, and threats constitute indicators of labor trafficking under federal and California law. The LCSW should provide information about the client's rights as a trafficking victim, connect with anti-trafficking resources, and recognize that trafficking victims have legal protections — including T-visa eligibility — regardless of immigration status.

42. A — A coach requiring young children to exercise until they vomit constitutes physical abuse. Forced exercise to the point of vomiting causes physiological distress and potential medical harm to children who

cannot advocate for themselves. The LCSW received this information professionally and must file a mandated report.

43. B — Discharging medically unstable patients — including those with open wounds and active infections — without appropriate planning constitutes a systemic pattern affecting vulnerable populations. The LCSW should support the client's moral injury while also considering appropriate reporting channels including the California Department of Public Health.

44. C — The commercial distribution of sexually explicit images of a 15-year-old constitutes child sexual exploitation regardless of whether the minor initiated and controls the activity. The adult purchasers are engaged in exploitation. A mandated child abuse report is required. Minors cannot consent to their own commercial sexual exploitation.

45. C — An honest, hope-informed answer grounded in reality — acknowledging progress, normalizing difficulty, and sharing genuine clinical perspective — is more therapeutically powerful than empty reassurance or statistical recitation. Authentic hope based on the actual clinical picture builds trust and motivation more effectively than "absolutely" or deflection.

46. A — Recording a partner without consent violates California's two-party consent law. Distributing the recordings publicly may constitute harassment or invasion of privacy. The pattern represents a form of digital intimate partner abuse. The LCSW should address both the legal and relational dimensions.

47. B — A therapeutic impasse with a chronically suicidal client requires fresh perspective — not continued repetition of the same approach. The LCSW should seek consultation, honestly assess personal limitations, explore alternative providers or modalities, and discuss the stagnation openly with the client. Acknowledging limitations is a strength.

48. C — Confiscating children's journals, family letters, and photographs — sometimes without returning them — deprives children in care of personal possessions and family connections. This may constitute emotional abuse, particularly when the confiscation is punitive rather than safety-driven. The LCSW should assess whether this institutional practice warrants a mandated report.

49. D — An adult manipulating an 11-year-old into producing sexual content through coercion and threats constitutes child sexual exploitation requiring an immediate mandated report. The LCSW should also coordinate with the parent to ensure the child's immediate safety and support the family through the reporting and investigation process.

50. A — A structurally compromised building that may collapse — with a 72-year-old living inside — constitutes an imminent life-safety emergency that outpaces the therapeutic timeline. Self-neglect at this severity warrants an immediate APS report. The hoarding has progressed beyond a clinical concern to a situation where the client may die if the building fails.

51. B — An adult isolating a 4-year-old behind a closed door, the child's distress, the adult's startled reaction, and the child reporting being told to keep a "secret" collectively create reasonable suspicion of sexual abuse. Each indicator alone warrants attention; together they require an immediate mandated report. The combination is more significant than any single element.

52. C — The decision about recording should be based on clinical evaluation — whether it helps or inhibits the process, the risk of recordings being shared, whether it serves a therapeutic purpose. The LCSW should make a clinical decision with appropriate informed consent rather than applying a blanket allow or deny policy.

53. D — A 9-year-old repeatedly outside alone at midnight on school nights in cold weather without appropriate clothing — apparently waiting for an absent parent — constitutes general neglect. The LCSW received this information in a professional capacity and should file a mandated report.

54. A — Circular burns consistent with cigarette marks combined with "I'm not supposed to show anyone" constitutes direct observation of suspected physical abuse with a verbal indicator of concealment. This creates clear reasonable suspicion requiring an immediate mandated report. No further investigation by the LCSW is needed — that is CPS's role.

55. A — Telling a client with medically unexplained symptoms that it's "all in your head" invalidates genuine physical suffering and reinforces harmful mind-body dualism. Somatic symptoms are real regardless of whether an underlying medical cause has been identified. The LCSW should validate the client's experience while exploring both medical and psychological dimensions without dismissing either.

56. C — A 12-year-old who cannot read or perform basic arithmetic despite years of ostensible education is experiencing educational neglect. While homeschooling families have curricular latitude, the complete absence of fundamental academic skills demonstrates a failure to provide basic education. This constitutes neglect warranting a mandated report.

57. B — The LCSW should assess the clinical benefit, explore alternatives if the building policy can't be modified, consider accommodations like a different meeting space, and communicate with building

management about the clinical need. Balancing the client's treatment needs with practical constraints requires creative problem-solving rather than blanket acceptance or denial.

58. D — A person with moderate dementia being targeted with threatening religious manipulation to extract large sums of unaffordable money constitutes financial exploitation of a vulnerable elder. The personalized threatening letters exploit the mother's cognitive impairment and religious devotion. A mandated elder abuse report is warranted.

59. B — The personal connection to the injured child — a classmate of the paramedic's own child — creates a clinical presentation distinct from standard occupational trauma. The proximity to the paramedic's own family activates attachment-related fears that standard critical incident approaches may not address. The therapeutic approach should be tailored to this specific dimension.

60. C — Physically restraining children to prevent movement during nap time and threatening them for crying constitutes physical and emotional abuse in a childcare setting. Young children being held down against their will by caretakers is not an acceptable sleep management technique. A mandated child abuse report is required.

61. A — The LCSW should validate the parent's grief while providing psychoeducation about autism as a neurodevelopmental difference rather than a condition to "fix." Helping the parent shift from deficit-based to strengths-based understanding supports both the parent's adjustment and the child's development. Connecting the family with appropriate services addresses the practical needs.

62. D — Children in families that received fabricated safety assessments are potentially at risk because genuine safety evaluation never occurred. This may trigger the LCSW's own mandated reporting obligation. The burnout, systemic pressures, and professional consequences all require attention — but the children's safety is the most urgent concern.

63. B — A parent deliberately allowing a 3-year-old to ride without a car seat violates California law and places the child at extreme risk in any collision. Unrestrained children in vehicle accidents face dramatically higher rates of death and serious injury. The deliberate nature of the decision — knowing the child should be restrained and choosing not to — constitutes child endangerment.

64. D — A facility overriding a patient's advance directive to administer unwanted treatments to a dependent elder raises significant patient rights concerns. Administering treatments specifically declined

in documented advance directives may constitute a form of abuse. The LCSW should assess whether reporting is warranted while supporting the client's ethical navigation.

65. A — Gift-giving to individual children, creating isolated contact opportunities, and explicit secrecy instructions constitute a textbook grooming pattern. Grooming behavior creates reasonable suspicion warranting a mandated report regardless of whether a child has made a specific disclosure. The behavioral pattern itself is the reportable concern.

66. D — Ego-dystonic intrusive thoughts about harming an infant — even graphically violent ones — combined with horror, absence of intent, and elaborate safety precautions are hallmarks of postpartum OCD. This is the series' most important clinical distinction. The mother's protective actions demonstrate she is the opposite of a danger to her child. Psychoeducation, validation, and evidence-based OCD treatment are indicated — not reporting, hospitalization, or separation.

67. B — Escalating extremist ideology, social isolation, propaganda consumption, and martyrdom references represent a potential threat pattern requiring assessment. The traditional Tarasoff identifiable-victim requirement may not capture mass-casualty threats. The LCSW should consult about whether reporting is appropriate while taking the pattern seriously.

68. C — Contaminated blood donations transfused into identifiable hospital patients create foreseeable risk of potentially fatal infections. While blood bank practices don't trigger standard therapy reporting, the extraordinary magnitude and specificity of the risk — identifiable patients receiving known-contaminated blood products — warrants ethical analysis beyond routine confidentiality.

69. A — The legacy project may serve legitimate therapeutic purposes — meaning-making, combating demoralization, maintaining intellectual engagement while facing death. If therapeutically indicated, the LCSW should engage with the project as clinical material while maintaining the therapeutic frame. Purposeful activity in the face of death is inherently therapeutic.

70. D — Unknown individuals brought into a dependent elder's home at night with evidence of drug use — while the frightened resident has dementia — constitutes abuse and endangerment. The caretaker is exploiting access to a vulnerable person's home. The LCSW should file a mandated elder abuse report.

71. D — Repeated failure to follow a child's allergy management plan resulting in two emergency room visits for severe allergic reactions constitutes institutional neglect of a child with a known life-threatening

condition. Each anaphylactic episode could have been fatal. The school's pattern of non-compliance endangers the child.

72. C — A competent adult declining conventional cancer treatment in favor of holistic approaches is exercising autonomous decision-making. The LCSW should support the process — exploring underlying values, ensuring genuinely informed consent, and providing therapeutic space for processing implications — without attempting to change the decision. Respecting autonomy includes respecting choices the LCSW may disagree with.

73. A — A 15-year-old engaged in dangerous self-starvation influenced by an online community — with 30-pound weight loss, hospitalization, and continued restriction — constitutes a child welfare emergency. A mandated report is required. The LCSW should also connect the family with eating disorder treatment resources.

74. C — "I don't think therapy is helping" requires genuine exploration — what has worked, what hasn't, what prompted the statement. The desire to stop may reflect readiness for termination, a therapeutic rupture, treatment fatigue, or depression-driven withdrawal. Collaborative exploration determines the appropriate path forward. Neither convincing the client to stay nor immediately terminating serves the clinical needs.

75. A — The single most important thing the LCSW brings to every encounter is the willingness to sit with complexity — holding legal obligations, clinical knowledge, cultural context, and genuine human care in tension — with the professional humility to recognize that every person deserves the LCSW's most thoughtful, most honest, and most compassionate response. This is what 1,425 questions have tested, and this is what ethical practice demands.