

PRACTICE EXAM 3: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. An LCSW at a community mental health agency has been treating a forty-one-year-old client with major depressive disorder for eighteen months. The agency unexpectedly closes due to loss of funding, effective in fourteen days. The LCSW has accepted a position at another agency that does not serve adults. What is the LCSW's most important obligation during this transition?

- A. Complete a comprehensive discharge summary that documents the client's entire treatment history and leave it in the agency file
- B. Inform the client at the final session and provide a list of community mental health resources for future reference
- C. Request that the agency extend its closing date to allow adequate time for all clients to be properly transitioned
- D. Notify the client immediately, process the termination therapeutically, provide specific referrals, and facilitate the transfer of care to another qualified provider

2. An ASW is conducting a home visit with a twenty-eight-year-old mother who is receiving therapy for postpartum depression. During the visit, the ASW observes the mother's four-year-old child eating food from the garbage while the house is in extreme disarray with exposed wiring, rotting food on counters, and animal feces on the floor. The mother appears overwhelmed but is not actively harming the child. What should the ASW do first?

- A. Make an immediate telephone report to Child Protective Services based on the observed conditions that suggest child neglect
- B. Develop a safety plan with the mother that prioritizes improving the home conditions before the next scheduled visit
- C. Contact the mother's psychiatrist to recommend an immediate medication adjustment to address the severity of the depression
- D. Document the observations and present them to the supervisor at the next weekly supervision session for guidance

3. An LCSW is treating a couple in which the wife is from a culture where it is customary for wives to defer to their husbands on all major decisions. The husband makes all financial and social decisions for the family, and the wife states she is content with this arrangement. The LCSW personally believes this dynamic is unhealthy. What is the most appropriate therapeutic approach?

A. Educate the couple about egalitarian relationship models and encourage the wife to develop greater independence in decision-making

B. Refer the couple to a therapist who shares their cultural background since the LCSW's personal beliefs will inevitably create bias

C. Respect the couple's cultural framework, explore whether the arrangement is genuinely satisfactory to both partners within their cultural context, and avoid imposing personal values

D. Address the power imbalance directly with the husband and explain that healthy relationships require equal decision-making authority

4. An LCSW receives a written authorization from a client to release treatment records to the client's disability attorney. Upon reviewing the authorization, the LCSW notices that it does not include an expiration date. All other required elements are present. What should the LCSW do?

A. Release the records as requested since the missing expiration date is a minor technicality that does not invalidate the authorization

B. Contact the client to obtain a corrected authorization that includes an expiration date before releasing any information

C. Release only a treatment summary rather than the full records since the authorization is technically incomplete

D. Set a reasonable expiration date on the authorization unilaterally and release the records according to the specified scope

5. An LCSW is treating a fourteen-year-old boy who was brought to therapy by his mother. The boy has been increasingly withdrawn, and his grades have dropped significantly. During the third session, the boy discloses that his stepfather has been locking him in a closet for hours at a time as punishment for minor infractions. What should the LCSW do first?

A. Make an immediate telephone report to the appropriate child protective agency for suspected child abuse

B. Meet with the mother privately to discuss the stepfather's discipline methods and assess whether she is aware of the situation

C. Conduct a more thorough assessment to determine the frequency and duration of the confinement before deciding whether to report

D. Refer the family to a parenting education program that teaches appropriate discipline techniques as an alternative to confinement

6. An LCSW has maintained a professional social media account where she shares general mental health information and articles. A current client begins commenting on every post, sharing personal details about their therapy journey and tagging the LCSW. Other followers can see these comments. What is the most appropriate first step?

A. Block the client from the professional social media account to prevent further boundary violations and public disclosures

B. Ignore the comments since the client is voluntarily posting on a public platform and is responsible for their own disclosures

C. Respond to the comments publicly by thanking the client for their openness and gently redirecting the conversation

D. Address the situation directly with the client in the next therapy session, discussing the boundary and confidentiality implications of the public comments

7. An LCSW working in a hospital is providing crisis intervention to a seventeen-year-old who was brought to the emergency department after a suicide attempt by cutting. The patient's parents arrive and demand to speak with the LCSW immediately. The patient has told the LCSW that her parents' constant criticism is a primary factor in her suicidal ideation and begs the LCSW not to discuss anything with them. How should the LCSW handle the situation?

A. Honor the patient's request completely and refuse to speak with the parents to protect the therapeutic alliance

B. Balance the clinical need to involve the parents in safety planning with sensitivity to the patient's concerns, communicating with the parents while being thoughtful about what specific information is shared

C. Tell the parents everything the patient disclosed since minors do not have confidentiality rights in emergency situations

D. Refer the parents to the hospital's patient advocate office and decline to meet with them to avoid a conflict of interest

8. An ASW's supervisor asks the ASW to diagnose a new client with a more severe diagnosis than the clinical presentation warrants in order to obtain insurance authorization for a higher level of care. The supervisor argues this will benefit the client by ensuring they receive needed services. What should the ASW do?

A. Follow the supervisor's direction since the supervisor has more clinical experience and is ultimately responsible for the ASW's clinical decisions

B. Decline to assign a diagnosis that is not clinically supported, explain the ethical and legal concerns with diagnostic inflation, and document the interaction

C. Assign the inflated diagnosis but add a note in the clinical record indicating the supervisor directed the diagnostic decision

D. Assign the requested diagnosis temporarily and plan to correct it once the insurance authorization has been approved

9. An LCSW has been working with a forty-five-year-old client who has borderline personality disorder. The client recently learned that the LCSW is going on a two-week vacation. The client becomes distraught and says, "If you leave, I'll kill myself. You're the only person keeping me alive." What is the most appropriate response?

A. Cancel the vacation because the client's threat must be taken seriously and leaving could trigger a genuine suicide attempt

B. Terminate therapy with the client immediately since the manipulative threat demonstrates that treatment is not progressing appropriately

C. Take the threat seriously by conducting a suicide risk assessment, developing a detailed safety plan, arranging clinical coverage during the absence, and processing the client's feelings about the separation

D. Reassure the client that two weeks is a short time, minimize the significance of the separation, and proceed with the vacation as planned

10. An LCSW treating a client with chronic pain discovers that the client has been obtaining opioid prescriptions from three different physicians simultaneously without any of them knowing about the

others. The client is not in danger of imminent overdose but is clearly engaged in doctor shopping, which is illegal. What is the LCSW's legal obligation?

- A. Maintain confidentiality and address the behavior clinically within the therapeutic relationship since no mandatory reporting obligation is triggered
- B. Report the client to the Medical Board of California since the physicians involved are unknowingly participating in inappropriate prescribing
- C. Contact each of the three physicians to inform them that the client is obtaining prescriptions from multiple providers
- D. Report the client to the Drug Enforcement Administration since doctor shopping for controlled substances is a federal offense

11. An LCSW is providing therapy to a sixty-four-year-old woman with early-stage dementia. The client's daughter, who holds a durable power of attorney for healthcare decisions, insists that the LCSW focus therapy exclusively on accepting placement in a memory care facility. The client is currently competent enough to express her own wishes and states repeatedly that she wants to remain in her home. What should the LCSW do?

- A. Follow the daughter's direction since the durable power of attorney gives her legal authority over the client's healthcare decisions
- B. Terminate therapy since the conflicting directives from the client and the daughter make effective treatment impossible
- C. Contact an elder law attorney on the client's behalf to challenge the daughter's authority under the durable power of attorney
- D. Respect the client's expressed wishes and self-determination to the extent that she retains decision-making capacity, while involving the daughter in treatment planning collaboratively

12. An LCSW practicing in a rural community provides therapy to a rancher who discloses during session that his neighbor has been illegally dumping toxic waste on shared farmland. The contamination is affecting the local water supply used by multiple families, including families with young children. The client does not want to report the dumping because of fear of retaliation from the neighbor. What is the LCSW's obligation?

- A. Report the illegal dumping to the Environmental Protection Agency since the contamination poses a public health hazard to families in the community
- B. Encourage the client to report the dumping himself and offer to support him through the reporting process in future therapy sessions
- C. Maintain confidentiality and address the client's fears about retaliation therapeutically, recognizing that no mandatory reporting exception is triggered by this disclosure
- D. Contact local law enforcement anonymously to report the illegal dumping while protecting the client's identity as the source of information

13. An LCSW is treating a twenty-year-old client who lives at home with her parents. The client discloses that she recently discovered she is pregnant and does not want her parents to know. She is considering termination of the pregnancy. Her parents are also clients of the LCSW, seen separately for couples therapy. What is the most critical ethical issue in this situation?

- A. The conflict of interest created by treating multiple members of the same family, which now involves competing confidentiality obligations that may be irreconcilable
- B. The LCSW's personal stance on abortion and whether it will influence the therapeutic support provided to the pregnant client
- C. The parents' right to know about their daughter's pregnancy since she lives in their home and is financially dependent on them
- D. Whether the LCSW should refer the client to an abortion provider or maintain a neutral stance on the client's reproductive decision

14. An LCSW is conducting a group therapy session for combat veterans with PTSD. During a session, one veteran becomes triggered by another veteran's combat narrative and begins exhibiting signs of a flashback — vacant staring, rapid breathing, muscular rigidity, and non-responsiveness to verbal cues. What is the LCSW's most appropriate immediate action?

- A. Allow the flashback to run its course naturally since interrupting the process could intensify the traumatic response
- B. Intervene with grounding techniques directed specifically at the triggered veteran while calmly maintaining the safety and composure of the rest of the group
- C. End the group session immediately and escort all other veterans out of the room so the triggered veteran can have privacy

D. Ask another group member who served in the same unit to speak directly to the triggered veteran since peer support is more effective during flashbacks

15. An LCSW working in child welfare is assigned to conduct a home study for a prospective adoptive family. During the home visit, the LCSW notices that the couple's biological fourteen-year-old son has significant bruising on both arms. When asked about the bruises, the son says he got them playing football. The mother quickly adds, "He's very active and always getting banged up." What should the LCSW do?

A. Accept the explanation since the bruising is consistent with contact sports and there is no other evidence of abuse

B. Note the observation in the home study report and recommend that the adoption proceed with regular follow-up visits to monitor the child

C. Conduct a more detailed interview with the son privately to determine whether the bruising is consistent with the stated explanation

D. Make a mandated report to the appropriate child protective agency because the LCSW has observed injuries that raise reasonable suspicion of abuse regardless of the explanation offered

16. An LCSW is treating a client who is a practicing attorney. During a session, the client casually mentions that she recently advised a pro bono client to lie under oath during a family court hearing. The attorney client is not expressing distress about this — she views it as a strategic decision. What is the LCSW's legal obligation regarding this disclosure?

A. Report the attorney to the State Bar of California since the LCSW has knowledge of a licensed professional facilitating perjury

B. Contact the family court to inform the judge that perjured testimony was presented during a recent hearing

C. Warn the attorney's pro bono client that their attorney encouraged them to commit a crime during legal proceedings

D. Maintain confidentiality and address the ethical dimensions of the disclosure clinically within the therapeutic relationship since no mandatory reporting obligation is triggered

17. An LCSW is treating a nine-year-old child for behavioral difficulties. The child's divorced parents share joint legal custody but have conflicting views about the child's treatment. The mother supports

continuation of therapy while the father wants to terminate treatment and try a behavioral management approach at home instead. What is the most appropriate course of action?

- A. Continue therapy while making reasonable efforts to communicate with both parents and to address the father's concerns, recognizing that joint legal custody typically requires both parents to have input into treatment decisions
- B. Terminate therapy immediately at the father's request since either parent with joint legal custody has the right to unilaterally withdraw consent
- C. Defer entirely to the mother's wishes since she is the parent who initiated and supports the treatment
- D. Suspend therapy until the parents reach agreement or obtain a court order specifying which parent has decision-making authority for mental health treatment

18. An LCSW is providing therapy to a thirty-eight-year-old client who works as a paramedic. The client has been describing increasing emotional numbness, difficulty sleeping, excessive alcohol use, and a growing sense that his work "doesn't matter anymore." He dismisses these symptoms as "normal for the job" and resists the idea that he might be experiencing burnout or secondary traumatic stress. What is the most appropriate therapeutic approach?

- A. Accept the client's framing and focus therapy on the presenting concern that originally brought him to treatment
- B. Gently challenge the client's normalization of these symptoms by providing psychoeducation about burnout and secondary traumatic stress, exploring how these patterns are affecting his professional functioning and personal wellbeing
- C. Confront the client directly about his denial and insist that he acknowledge the severity of his impairment before therapy can continue
- D. Refer the client to his employer's Employee Assistance Program since workplace-related stress is more appropriately addressed through occupational health services

19. An LCSW is working at a residential treatment facility for adolescents. A fifteen-year-old resident tells the LCSW that a staff member gave her a personal cell phone number and has been sending her late-night text messages telling her she is "special" and "beautiful." The resident shows the LCSW the text messages on a phone she is not supposed to have. What should the LCSW do first?

- A. Confiscate the phone as contraband per facility policy and address the resident's rule violation in her next individual session
- B. Advise the resident to stop communicating with the staff member and to delete the text messages to protect her privacy
- C. Make an immediate telephone report to the appropriate child protective agency since the staff member's behavior may constitute grooming of a minor
- D. Report the staff member to the facility director so that an internal investigation can be conducted before involving outside agencies

20. An LCSW who specializes in cognitive behavioral therapy has been treating a client with obsessive-compulsive disorder for six months with minimal improvement. The client's condition has worsened despite consistent treatment adherence. A colleague suggests that Exposure and Response Prevention, a specialized form of CBT, would be more effective for this client, but the LCSW has no training in ERP. What is the most appropriate action?

- A. Refer the client to a clinician who specializes in Exposure and Response Prevention while offering to continue providing supportive therapy if appropriate
- B. Enroll in an ERP training program and begin implementing the technique with this client while learning the approach
- C. Continue the current CBT approach with modifications since the general principles are similar and formal ERP training is not necessary
- D. Terminate treatment and inform the client that their condition requires a level of specialization beyond what the LCSW can provide

21. An LCSW treating a client for generalized anxiety learns that the client has recently begun serving as a volunteer at the same animal shelter where the LCSW volunteers every Saturday morning. The client mentions seeing the LCSW at the shelter and says she was excited about the coincidence. What is the most appropriate response?

- A. Resign from the volunteer position to eliminate the dual relationship and maintain clear professional boundaries
- B. Inform the client that one of them must stop volunteering at the shelter to avoid creating a dual relationship

C. Discuss the situation with the client, acknowledge the overlap, collaboratively establish guidelines for managing encounters at the shelter, and document the discussion

D. Continue volunteering without discussion since the animal shelter is a public space and incidental contact does not create a therapeutic boundary issue

22. An LCSW working in a forensic setting is ordered by the court to conduct a psychological evaluation of a defendant. Before the evaluation begins, the defendant asks the LCSW whether everything disclosed during the evaluation will be kept confidential. What must the LCSW explain?

A. That everything disclosed will be confidential because the psychotherapist-patient privilege applies to all mental health interactions regardless of context

B. That confidentiality applies but can be waived by the court at any time during the legal proceedings without notice to the defendant

C. That the LCSW will keep all information confidential and share only a brief summary with the court containing diagnoses and recommendations

D. That this is a court-ordered evaluation, not therapy, and that the information disclosed may be included in a report to the court and therefore is not confidential in the same way as a therapeutic relationship

23. An LCSW is treating a married client who discloses that he is having an affair. He tells the LCSW that he has no intention of telling his wife and asks the LCSW to keep the information confidential. The wife is not a client of the LCSW. What is the most appropriate response?

A. Inform the client that the LCSW has an ethical obligation to contact the wife to prevent harm to the marital relationship

B. Maintain confidentiality regarding the affair since the wife is not a client and no mandatory exception to confidentiality is triggered, while exploring the clinical dimensions of the disclosure

C. Encourage the client to disclose the affair to his wife and inform him that if he does not, the LCSW will contact the wife directly

D. Terminate therapy with the client because continuing treatment while the client is engaged in deceptive behavior is ethically untenable

24. An LCSW is providing therapy to a client who is a single mother of three children. The client has been making steady progress in treatment for depression. She mentions that she occasionally leaves her

eleven-year-old in charge of her two younger children, ages three and five, for two to three hours while she works an evening shift. What should the LCSW do?

- A. Explore the arrangement further to assess the safety and appropriateness of the situation, including the eleven-year-old's maturity, the frequency of the arrangement, and available alternatives, before determining whether a mandated report is warranted
- B. File an immediate mandated report since leaving a three-year-old and five-year-old in the care of an eleven-year-old constitutes child neglect under California law
- C. Advise the client that the arrangement is unsafe and instruct her to find alternative childcare arrangements immediately
- D. Document the disclosure without further exploration since leaving children with an older sibling is a common and legal parenting practice

25. An LCSW receives a request from a managed care company reviewer asking for detailed psychotherapy process notes to determine whether ongoing treatment is medically necessary. The reviewer states that the notes are required for the utilization review and that failure to provide them may result in denial of continued authorization. What should the LCSW do?

- A. Provide the full process notes as requested since the managed care company has the authority to require them for utilization review
- B. Inform the managed care company that their request exceeds HIPAA requirements and refuse to provide any clinical documentation
- C. Provide the minimum information necessary to support the medical necessity determination — such as diagnosis, treatment plan, functional status, and progress — without providing the detailed psychotherapy process notes
- D. Contact the client and advise them to switch insurance plans to avoid the managed care company's intrusive documentation requirements

26. An LCSW is conducting a therapy session with a client via telehealth. Midway through the session, the LCSW hears a child screaming in the background on the client's end. The client appears flustered and mutes the audio briefly. When the client returns, she says, "Sorry, my kid is just having a tantrum." The screaming was prolonged and included what sounded like a child crying out in pain. What should the LCSW do?

- A. Accept the client's explanation and continue the session since tantrums are a normal part of childhood behavior
- B. Explore the situation further by asking about the child's distress, assessing whether the LCSW has reasonable suspicion of child abuse or neglect, and taking appropriate action based on that assessment
- C. End the session immediately and call Child Protective Services since the sounds indicated a child being physically harmed
- D. Document the observation and plan to assess the situation more thoroughly at the next in-person session before taking any reporting action

27. An LCSW is treating a nineteen-year-old client who is a college student living independently. The client's parents contact the LCSW and state that they are flying into town because they believe their son is in danger of failing out of school due to depression. They ask the LCSW to schedule a joint session so they can "get to the bottom of this." The client has not authorized any contact with his parents and has explicitly stated he does not want them involved. What should the LCSW do?

- A. Schedule the joint session since the parents' concern about their son's academic performance and mental health reflects a reasonable desire to help
- B. Provide the parents with general information about depression and academic support resources without confirming their son is a client
- C. Inform the parents that their son is indeed a client and share general progress updates to alleviate their concern and prevent them from escalating
- D. Decline to confirm or deny whether their son is a client, explain that confidentiality prevents disclosure without authorization, and suggest they speak directly with their son about their concerns

28. An LCSW is treating a client with a history of childhood sexual abuse. After eighteen months of productive trauma therapy, the client expresses a desire to confront her abuser — her uncle — in a therapeutic setting. She asks the LCSW to arrange and facilitate a joint session. What is the most appropriate response?

- A. Discuss the client's motivations and expectations for the confrontation thoroughly, assess the client's readiness, explore the potential risks and benefits, and help the client make an informed decision rather than immediately arranging or refusing the session
- B. Arrange the session as requested since supporting the client's self-determination means honoring her choices about her own healing process

C. Refuse the request categorically since bringing an abuser into a therapy session creates an unacceptable safety risk under all circumstances

D. Agree to facilitate the session but require the uncle to participate in several individual preparation sessions with the LCSW before the confrontation occurs

29. An LCSW is treating a client who works at a daycare center. The client confides that she has been experiencing intrusive violent thoughts about harming the children in her care. She is horrified by these thoughts, reports no history of violence, states she would never act on them, and recognizes them as ego-dystonic symptoms of her OCD. What is the most appropriate clinical response?

A. File a mandated report with CPS since the client's violent thoughts about children in her care constitute a foreseeable risk that requires protective intervention

B. Instruct the client to take a leave of absence from the daycare immediately until her OCD is in remission and the intrusive thoughts have resolved

C. Normalize the intrusive thoughts within the context of the client's OCD diagnosis, continue evidence-based treatment for OCD, and monitor clinically while recognizing that ego-dystonic obsessive thoughts are a hallmark symptom, not an indicator of actual danger

D. Contact the daycare center director to discuss the client's fitness for continued employment working with young children

30. An LCSW is providing couples therapy to two women who recently married. One partner wants to start a family through adoption, and the other is firmly opposed to having children. The disagreement is escalating, and both partners are becoming entrenched in their positions. The partner who wants children asks the LCSW to "take her side" because the LCSW is a parent and should understand the desire for a family. What is the most appropriate response?

A. Share the LCSW's personal experience as a parent to help the reluctant partner understand the joys of parenthood

B. Maintain neutrality, acknowledge both partners' feelings and perspectives, and facilitate communication that helps the couple explore the underlying values driving each position without taking sides

C. Advise the couple that this fundamental incompatibility may indicate the marriage is not viable and recommend they consider separation

D. Refer the couple to a therapist who does not have children to eliminate any perception of bias on this issue

31. An LCSW has been treating a client with severe agoraphobia for two years using a combination of cognitive behavioral therapy and gradual exposure. The client has made minimal progress and remains essentially homebound. The client's primary care physician contacts the LCSW and suggests that the client might benefit from a virtual reality exposure therapy program at a university clinic. The LCSW is unfamiliar with this approach. What should the LCSW do?

- A. Research the recommended approach, discuss it with the client, and if it appears clinically appropriate, facilitate a referral to the university clinic while considering how to integrate the specialized treatment with ongoing therapeutic support
- B. Decline the physician's suggestion since the LCSW's current treatment approach is evidence-based and should eventually produce results with continued application
- C. Immediately transfer the client to the university clinic and terminate the current therapeutic relationship to avoid conflicting treatment approaches
- D. Begin implementing virtual reality exposure techniques in sessions based on online resources to avoid the need for a referral

32. An LCSW is treating a sixteen-year-old client who discloses that she has been sending sexually explicit photographs of herself to her twenty-one-year-old boyfriend via text message. The boyfriend has been requesting these photos and has also sent explicit photos of himself to the client. What legal considerations are most relevant?

- A. Whether the boyfriend's solicitation of explicit images from a minor constitutes a form of child sexual exploitation that triggers a mandated reporting obligation
- B. Whether the sixteen-year-old should be reported to law enforcement for creating and distributing child pornography of herself
- C. Whether the LCSW should contact the boyfriend directly to inform him that soliciting explicit images from a minor is a criminal offense
- D. Whether the LCSW should report the situation to the client's school since the school has a responsibility to educate students about the legal consequences of sexting

33. An ASW is providing therapy to a client at a community health center. The ASW's supervisor frequently cancels supervision sessions and has not provided supervision for the past six weeks. The ASW has raised the issue with the supervisor three times without resolution. What should the ASW do?

- A. Continue providing clinical services independently since the ASW's training is sufficient to practice without regular supervision
- B. Escalate the concern to the supervisor's supervisor or agency administration and, if the supervision gap persists, contact the BBS to determine how to protect both the ASW's accrued hours and current clients
- C. Stop providing clinical services immediately until supervision resumes since practicing without supervision is a violation of the ASW registration requirements
- D. Seek informal consultation from a colleague at the agency as a substitute for the required formal supervision sessions

34. An LCSW is treating a client who discloses that her twelve-year-old daughter has been accessing online pornography regularly for the past six months. The mother is concerned but unsure whether this is normal behavior or something she should address. She asks the LCSW for guidance. What is the most appropriate response?

- A. File a mandated report with CPS since a twelve-year-old accessing pornography indicates inadequate parental supervision constituting neglect
- B. Explore the mother's concerns, provide developmentally appropriate psychoeducation about children's exposure to online content, and help the mother develop a plan for addressing the situation with her daughter
- C. Refer the twelve-year-old for individual therapy focused on the potential psychological effects of pornography exposure on a developing child
- D. Advise the mother to install internet filtering software and assure her that curiosity about sexual content is entirely normal at this developmental stage

35. An LCSW practicing in California receives an email from a former client who terminated therapy five years ago. The former client is now living in another state and requests a copy of her complete treatment file for a new therapist. What should the LCSW do?

- A. Inform the former client that records are only available for seven years after the last date of service and that five years have passed, so the records may no longer be available
- B. Request that the new therapist contact the LCSW directly since treatment records can only be released to another licensed professional

C. Verify the former client's identity, obtain a valid written authorization, and release the records in accordance with the authorization and applicable law

D. Decline to release the records since the therapeutic relationship has been terminated for more than two years and the LCSW's obligations have expired

36. An LCSW is treating a couple in which both partners have agreed to a no-secrets policy. During an individual session, the husband discloses that he was sexually abused as a child — something he has never told anyone. He becomes extremely distressed and begs the LCSW not to share this with his wife, stating he is not ready. The no-secrets policy would technically permit the LCSW to share this information in the joint session. What is the most appropriate response?

A. Exercise clinical judgment by respecting the client's deeply personal disclosure, working with him individually on processing the trauma, and collaboratively determining when and whether to share this information in the couples context

B. Inform the husband that the no-secrets policy requires disclosure and that the information will need to be shared at the next joint session

C. Immediately convene a joint session to disclose the abuse history since the no-secrets policy was established as the governing framework for the couples treatment

D. Terminate the no-secrets policy retroactively and transition to a limited confidentiality model to accommodate the husband's disclosure

37. An LCSW receives a phone call from a nurse at a local hospital who states that one of the LCSW's clients was admitted after a medication overdose. The nurse asks the LCSW for information about the client's current medications, psychiatric history, and treatment plan to assist with the hospital's emergency treatment. The client is unconscious and cannot provide consent. What should the LCSW do?

A. Decline to provide any information until the client regains consciousness and can provide written authorization

B. Provide only the client's name and date of birth so the hospital can verify the identity and access their own records

C. Request that the nurse obtain a court order before the LCSW can release any information about the client's treatment

D. Provide the clinically necessary information to assist with the emergency medical treatment, recognizing that an emergency exception to confidentiality may apply when disclosure is necessary to prevent serious harm to the patient

38. An LCSW is treating a forty-year-old client who is a devout member of a religious community. The client is experiencing severe depression following the death of her husband. She attributes her depression to a lack of faith and states that her religious leader told her that therapy is unnecessary because prayer is the only appropriate response to grief. She is ambivalent about continuing therapy. What is the most appropriate response?

A. Validate prayer as an effective coping mechanism and suggest the client discontinue therapy in favor of the approach recommended by her religious leader

B. Challenge the religious leader's advice directly and explain to the client that professional therapy is more effective than prayer for treating clinical depression

C. Respect the client's religious beliefs and the importance of her faith community, explore how therapy and spiritual practices can complement each other, and support the client's autonomous decision about continuing treatment

D. Refer the client to a therapist who shares her religious background since the current LCSW cannot adequately integrate spiritual beliefs into the treatment approach

39. An LCSW is conducting a group for parents mandated by the court to attend anger management after incidents of domestic violence. One group member repeatedly dominates discussions, interrupts other members, and makes dismissive comments about women. Other group members have become visibly uncomfortable and two have approached the LCSW privately to express concern. What is the most appropriate intervention?

A. Remove the disruptive member from the group and recommend individual therapy as an alternative since the member's behavior is counterproductive to the group process

B. Address the behavior directly in the group session, setting clear expectations for respectful communication, exploring the dismissive comments as relevant therapeutic material, and holding the member accountable

C. Speak with the disruptive member individually after the session and warn that continued disruptive behavior will result in removal from the group

D. Allow the group to address the disruption on its own since member-to-member feedback is a more powerful therapeutic tool than clinician intervention

40. An LCSW is providing individual therapy to a client who also attends Alcoholics Anonymous. The client's AA sponsor contacts the LCSW and states that the client has relapsed and is lying about it in therapy sessions. The sponsor says she is calling because she cares about the client and wants to make sure the LCSW has accurate information. What should the LCSW do?

- A. Listen to the sponsor's information without confirming or denying that the individual is a client, take the information seriously as clinical data, and address the potential relapse in the next therapy session
- B. Confirm that the individual is a client and thank the sponsor for the information since coordinating with AA sponsors is an important part of comprehensive substance abuse treatment
- C. Inform the sponsor that the LCSW cannot accept outside information about clients because it compromises the integrity of the therapeutic relationship
- D. Contact the client immediately to confront them about the reported relapse before the next scheduled therapy session

41. An LCSW has been treating a client for social anxiety for eight months. The client has consistently attended sessions and implemented therapeutic strategies, but her symptoms have not improved. The LCSW suspects the client may have an undiagnosed medical condition contributing to the anxiety symptoms. What is the most appropriate action?

- A. Diagnose the medical condition based on the LCSW's clinical assessment and refer the client directly to the appropriate medical specialist
- B. Continue the current therapeutic approach for at least another six months before considering alternative explanations since anxiety treatment often requires extended engagement
- C. Prescribe an anti-anxiety medication to determine whether the symptoms respond to pharmacological intervention before pursuing a medical evaluation
- D. Discuss the concern with the client, recommend a comprehensive medical evaluation to rule out contributing medical factors, and coordinate care with the client's physician with the client's consent

42. An LCSW is treating a twelve-year-old boy whose parents consented to treatment for behavioral issues at school. During a session, the boy mentions that his sixteen-year-old brother has been selling marijuana at their school. The twelve-year-old is not involved in the drug sales and asks the LCSW to keep this information secret. What should the LCSW do?

- A. Report the sixteen-year-old's drug sales to local law enforcement since the LCSW has knowledge of criminal activity involving a minor
- B. Inform the parents immediately since drug activity by their minor son is something they need to know about for safety reasons
- C. Maintain confidentiality regarding the disclosure and address it clinically within the therapeutic context, recognizing that no mandatory reporting obligation is triggered by a sibling's marijuana sales
- D. Report the situation to the school administration since the drug sales are occurring on school property and pose a risk to other students

43. An LCSW working at a domestic violence shelter conducts an intake with a new resident who has visible injuries and is accompanied by her three children, ages two, six, and nine. The resident discloses that her partner has been physically abusing her for years and that the children have witnessed the violence. The children do not show signs of physical abuse themselves. Does the LCSW have a mandatory reporting obligation?

- A. Yes, because children witnessing domestic violence may constitute a form of child abuse or neglect that triggers a mandated reporting obligation under California law, and the LCSW should assess whether a report is warranted
- B. No, because the children have not been physically harmed themselves and witnessing domestic violence alone does not trigger mandatory reporting
- C. Yes, but only if the LCSW determines through assessment that the children have suffered measurable psychological harm from witnessing the violence
- D. No, because the family has already sought safety at the domestic violence shelter and the immediate danger has been addressed

44. An LCSW is treating a fifty-five-year-old man who is going through a bitter divorce. The client states that he wants the LCSW to testify on his behalf at the divorce trial as a character witness, stating that the LCSW knows him better than anyone. The client also wants the LCSW to provide testimony that his wife is mentally unstable based on things the client has reported about her behavior during sessions. What should the LCSW explain?

- A. That the LCSW can serve as both a character witness and a clinical witness since the therapeutic relationship provides unique insight into the client's personality
- B. That the LCSW will testify if subpoenaed but will limit testimony to factual observations made during the course of treatment

C. That the LCSW can provide testimony about the wife's behavior based on the client's reports since this information was shared in the context of professional treatment

D. That serving as the client's therapist and also as a character witness or advocate in legal proceedings creates an inappropriate dual role, and that the LCSW cannot provide clinical opinions about the wife who has never been evaluated

45. An LCSW is providing therapy to a client who is a registered sex offender on parole. As a condition of parole, the client's parole officer has requested regular updates on the client's treatment participation and compliance. The client signed a release authorizing communication with the parole officer as a condition of his parole. During a session, the client discloses having sexual fantasies about a child in his neighborhood. What should the LCSW do?

A. Report the fantasies to the parole officer immediately since the client is a registered sex offender and any sexual ideation involving children represents a parole violation

B. Conduct a thorough risk assessment, distinguish between fantasies and intent or plan to act, address the disclosure clinically, and determine what information falls within the scope of the reporting obligations established by the release and parole conditions

C. File a mandated report with CPS since the client's sexual fantasies about a specific child constitute reasonable suspicion of potential child sexual abuse

D. Maintain complete confidentiality about the fantasies since they represent thoughts, not actions, and thoughts alone cannot be reported under any exception

46. An LCSW is working with an adolescent client in a residential treatment facility. The client's treatment team meets weekly and includes a psychiatrist, a recreational therapist, a case manager, and the LCSW. During a team meeting, the psychiatrist proposes placing the adolescent on a medication that the LCSW has researched and believes has significant contraindications for this client's specific clinical profile. What should the LCSW do?

A. Defer to the psychiatrist since prescribing decisions are exclusively within the physician's scope of practice and clinical authority

B. File a complaint with the facility's medical director about the psychiatrist's proposed medication decision

C. Share the concerns with the treatment team, present the clinical reasoning and research basis for the objection, and advocate for the client's wellbeing through appropriate interdisciplinary dialogue

D. Contact the client's parents directly to inform them of the medication concerns so they can refuse consent for the medication

47. An LCSW receives a call from a client's new employer asking the LCSW to complete a fitness-for-duty evaluation form. The client started a new job requiring a background check and a psychological clearance. The client has signed a release authorizing the LCSW to communicate with the employer. However, the fitness-for-duty evaluation form asks clinical questions that the LCSW has not assessed in therapy and that go beyond the scope of the therapeutic relationship. What should the LCSW do?

A. Explain to the employer that a fitness-for-duty evaluation requires a specialized assessment that is different from a therapeutic relationship, and that the LCSW is not the appropriate professional to complete the form

B. Complete the form based on clinical impressions from therapy since the LCSW knows the client well and can provide informed responses

C. Complete the portions of the form that relate to information obtained during therapy and leave blank the sections that require assessments not conducted

D. Decline to communicate with the employer entirely and revoke the release of information to protect the client from potential negative consequences

48. An LCSW is treating a twenty-five-year-old client who discloses that she occasionally shoplifts small items from stores when she feels overwhelmed by anxiety. She views this behavior as a "coping mechanism" and does not want to stop. What approach is most consistent with ethical clinical practice?

A. Refuse to continue therapy unless the client agrees to stop shoplifting since the LCSW cannot provide treatment that implicitly condones criminal behavior

B. Report the shoplifting to law enforcement since the LCSW has knowledge of ongoing criminal activity

C. Accept the behavior as a legitimate coping mechanism and focus therapy exclusively on the anxiety symptoms that drive the shoplifting

D. Address the shoplifting as a clinically relevant behavior within the therapeutic framework, exploring its function, its consequences, and the client's readiness for change while maintaining confidentiality

49. An LCSW has been treating a client for three years. The client gives the LCSW an expensive wristwatch worth several hundred dollars for the LCSW's birthday. The client states she purchased it

specifically because the LCSW mentioned admiring a similar watch months ago. What is the most appropriate response?

- A. Accept the gift graciously to avoid rejecting the client's gesture of appreciation and damaging the therapeutic alliance
- B. Decline the gift, explain that accepting gifts of significant value is inconsistent with maintaining appropriate professional boundaries, explore the meaning and motivation behind the gift therapeutically, and document the interaction
- C. Accept the gift but document it in the clinical record and discuss the boundary implications in the next supervision session
- D. Accept the gift and reduce the client's therapy fee by the approximate value of the watch to avoid any perception of impropriety

50. An LCSW working in a hospital is treating a patient with schizophrenia who has been involuntarily committed following a psychotic episode. The patient has been stabilized on medication and is now requesting release. The patient's family does not want the patient discharged because they fear the patient will stop taking medication and decompensate again. The treatment team believes the patient no longer meets criteria for involuntary hold. What is the most appropriate ethical position?

- A. Support the family's position and advocate for continued involuntary hospitalization to protect the patient from the anticipated medication noncompliance
- B. Inform the patient that discharge is contingent on the family's agreement since the family will be responsible for the patient's care after release
- C. Support the patient's right to be released if the patient no longer meets the criteria for involuntary commitment, while working with the patient and family to develop a comprehensive discharge plan
- D. Defer entirely to the treatment team's medical decision and take no independent position on the patient's discharge

51. An LCSW is providing therapy to a client who reveals that she has been using her position as a bank manager to embezzle funds from elderly customers' accounts. She describes targeting clients with dementia who are unlikely to notice the missing funds. What should the LCSW consider regarding mandatory reporting obligations?

- A. Whether the targeting of elderly persons with dementia constitutes financial exploitation of elders that triggers a mandatory reporting obligation under California's elder abuse statutes
- B. Whether the embezzlement should be reported to local law enforcement since the LCSW has knowledge of ongoing financial crimes
- C. Whether the LCSW should contact the bank's compliance department to report the client's criminal activity and protect the elderly victims
- D. Whether the client's disclosure should be maintained as confidential since financial crimes against banks do not fall within any category of mandatory reporting

52. An LCSW who is a recovering alcoholic with twelve years of sobriety is treating a client who is actively struggling with alcohol dependence. During a particularly difficult session, the client describes a drinking scenario that closely mirrors the LCSW's own past experience. The LCSW experiences a strong emotional reaction — craving, anxiety, and vivid memories of personal drinking episodes. What is the most appropriate first step?

- A. Immediately disclose the personal history of alcoholism to the client to model vulnerability and strengthen the therapeutic alliance
- B. Share a brief, limited disclosure about understanding the struggle with addiction without providing detailed personal information
- C. Excuse the emotional reaction as fatigue and continue the session without acknowledging the internal experience
- D. Recognize the reaction as a significant countertransference response, maintain composure through the remainder of the session, and seek supervision or consultation as soon as possible to address the impact

53. An LCSW has been treating a client with dissociative identity disorder for two years. The client's alter personalities include a child alter who frequently emerges during sessions. The child alter has disclosed sexual abuse that the host personality has no memory of. A family member contacts the LCSW and asks whether the client has reported any history of sexual abuse. What should the LCSW do?

- A. Decline to provide any information about the client's treatment content and explain that confidentiality prevents disclosure without the client's authorization
- B. Confirm that abuse was disclosed but explain that it was reported by an alter personality and the host has no memory of it

C. Refer the family member to the client to discuss any questions about the client's history and encourage direct communication

D. Provide the family member with general information about dissociative identity disorder without confirming or denying specific treatment content

54. An LCSW is treating a seventeen-year-old who independently consented to therapy under California Family Code Section 6924. The client has been discussing feelings of confusion about gender identity. The client's school counselor contacts the LCSW requesting information about the client's treatment to inform accommodations the school might provide. The client has not signed a release. What should the LCSW do?

A. Share relevant information with the school counselor since coordinating care with school personnel is in the client's best interest

B. Provide the school counselor with general recommendations for supporting gender-questioning youth without confirming the client is in treatment

C. Decline to share any information without the client's specific authorization, and discuss the school counselor's request with the client to determine whether the client wants to authorize the communication

D. Inform the school counselor that the client's parents would need to authorize any communication since minors cannot manage their own release of information

55. An LCSW conducting a home visit for a client enrolled in an intensive outpatient program arrives to find the client's domestic partner present and visibly hostile. The partner blocks the doorway, shouts profanities at the LCSW, and states, "You're not welcome here. Stop filling her head with ideas about leaving me." The client appears frightened but signals the LCSW to come in. What is the most appropriate immediate action?

A. Enter the home as the client has requested since refusing to provide the scheduled service could constitute abandonment

B. Prioritize personal safety by not entering the hostile environment, calmly disengage from the situation, contact the client by phone afterward to assess safety and reschedule, and document the incident

C. Call law enforcement to report the partner's threatening behavior and request a police escort to conduct the home visit

D. Confront the partner directly about the threatening behavior and explain the LCSW's professional role and right to visit the client

56. An LCSW is treating a client who has a history of severe self-harm. The client has been using a specific sharp instrument kept in her home for self-cutting. The LCSW wants to incorporate restriction of means as part of the safety plan. What is the most appropriate approach?

- A. Instruct the client to dispose of all sharp objects in her home immediately as a condition of continuing therapy
- B. Contact the client's family members without permission to enlist their help in removing dangerous objects from the home
- C. Report the self-harm to Adult Protective Services since the client's continued self-injury suggests she is unable to protect herself
- D. Collaboratively discuss restriction of means with the client as part of the safety plan, explore the client's willingness to remove or secure the specific instrument, and respect the client's autonomy while advocating for safety

57. An LCSW is treating a couple in which one partner has recently been diagnosed with a terminal illness. The diagnosed partner wants to discuss end-of-life planning, including the possibility of medical aid in dying under California's End of Life Option Act. The other partner is adamantly opposed and becomes angry whenever the topic is raised. What is the most appropriate therapeutic approach?

- A. Create a therapeutic space where both partners can express their feelings about end-of-life planning, facilitate dialogue about their fears and values, and provide information about available options without advocating for a particular decision
- B. Avoid the topic of medical aid in dying entirely since the couple's disagreement makes it counterproductive to discuss in the therapeutic context
- C. Refer the couple to a palliative care counselor since end-of-life decisions are outside the LCSW's clinical scope of practice
- D. Support the diagnosed partner's autonomy and right to discuss all available options including medical aid in dying, even over the objection of the other partner

58. An LCSW is treating a client who was recently arrested for driving under the influence. The client's attorney contacts the LCSW and asks the LCSW to write a letter stating that the client has a diagnosed alcohol use disorder and is actively engaged in treatment, to be used as a mitigating factor in the criminal proceeding. The client has signed a release authorizing the LCSW to communicate with the attorney. What should the LCSW consider?

- A. Whether the letter should include details about the client's personal history and trauma background to provide the court with a comprehensive psychological profile
- B. Whether writing the letter constitutes an inappropriate dual role since the LCSW would be acting as both a therapist and an advocate in a legal proceeding
- C. Whether the letter should contain only factual clinical information that is consistent with the clinical record, and whether the content is appropriate for the LCSW to provide in the therapist role without crossing into forensic evaluation
- D. Whether the LCSW should include a treatment prognosis predicting the likelihood of future DUI offenses based on the client's clinical presentation

59. An LCSW has been treating a client for two years. The LCSW discovers that the client has been secretly recording therapy sessions on a smartphone without the LCSW's knowledge or consent. When confronted, the client states, "I record them so I can listen back and remember what we talked about." What is the most appropriate response?

- A. Terminate therapy immediately since the secret recording constitutes a fundamental breach of trust that cannot be repaired
- B. Address the recording as a therapeutic issue — exploring the client's motivations, discussing the boundary implications, establishing a clear policy about recordings going forward, and documenting the discussion
- C. Confiscate the phone and delete all recordings to protect the confidentiality of the therapy sessions
- D. Report the client to law enforcement for illegal recording since California is a two-party consent state for audio recordings

60. An LCSW is treating a seventy-year-old client in a skilled nursing facility. During a visit, a certified nursing assistant confides to the LCSW that she witnessed another CNA physically restraining the client without authorization, leaving bruises on the client's wrists. The CNA is afraid to report it because the other CNA is the shift supervisor's nephew. What should the LCSW do?

- A. Advise the CNA to file her own report since she is the eyewitness and is also a mandated reporter in her professional role
- B. Maintain confidentiality about the CNA's disclosure and address the situation only if the LCSW personally observes evidence of abuse

C. Report the information to the facility administrator and allow the administration to conduct an internal investigation before involving outside agencies

D. Make an immediate report to both local law enforcement and the Long-Term Care Ombudsman program since the suspected abuse occurred in a long-term care facility, regardless of whether the LCSW directly observed the abuse

61. An LCSW is treating a client who is a social media influencer with a large following. The client mentions that she plans to livestream a portion of her next therapy session to demonstrate to her followers that therapy is "nothing to be afraid of." She asks for the LCSW's permission. What is the most appropriate response?

A. Decline the request based on personal preference but acknowledge the client's positive intention to destigmatize mental health treatment

B. Agree to the livestream since the client is a public figure who routinely shares personal information and has the right to share her own therapy experience

C. Decline the request, explaining that livestreaming a therapy session raises serious concerns about the confidentiality of future session content, the integrity of the therapeutic process, the LCSW's professional obligations, and the potential for unintended consequences

D. Agree to a pre-recorded segment rather than a livestream so the content can be reviewed and edited before publication

62. An LCSW supervising two ASWs discovers that both supervisees are treating members of the same family — one ASW treats the mother and the other treats the adolescent daughter. Neither ASW was aware of the overlap until the supervisor identified it during case review. What should the supervisor do?

A. Immediately reassign one of the clients to an ASW in a different supervision group to eliminate the overlapping treatment within the same supervisory structure

B. Assess the situation clinically, determine whether the overlapping treatment creates a conflict of interest that affects either client's care, establish appropriate information barriers between the two treatment relationships, and provide guidance to both ASWs about managing the situation

C. Inform both clients about the overlap and let them decide whether they are comfortable continuing treatment under the current arrangement

D. Continue supervision as usual since the two ASWs are providing independent treatment and the supervisor's awareness of both cases does not create an ethical problem

63. An LCSW working in a veterans' mental health program is treating a combat veteran with severe PTSD. The client describes a traumatic incident in which he killed enemy combatants and also accidentally killed a civilian child during a firefight. He expresses profound guilt and is experiencing recurrent nightmares about the child. He has never disclosed this incident to anyone before. What is the most important clinical consideration?

A. Recognizing that this disclosure involves moral injury, providing a safe therapeutic space for the client to process the guilt and trauma without judgment, and addressing the incident with clinical approaches appropriate for both PTSD and moral injury

B. Assessing whether the killing of the civilian child constitutes a war crime that the LCSW is obligated to report to military authorities

C. Encouraging the client to disclose the incident to his commanding officer to relieve the burden of the secret and promote healing

D. Referring the client to a military chaplain since the moral and spiritual dimensions of the incident are beyond the scope of clinical social work practice

64. An LCSW is treating a client who is HIV-positive. The client reports that he has been having unprotected sex with multiple partners and has not disclosed his HIV status to any of them. He names three specific sexual partners. Under California law, what is the LCSW's obligation?

A. Warn each of the named sexual partners directly since the LCSW has identified specific individuals at risk of serious harm

B. File a mandatory report with the California Department of Public Health since the client's behavior constitutes a criminal offense

C. Report the client to local law enforcement for knowingly exposing others to HIV without disclosure

D. Maintain confidentiality regarding the client's HIV status while counseling the client about disclosure obligations, providing information about partner notification programs through the local health department, and documenting the clinical intervention

65. An LCSW working in a school discovers that a colleague has been providing therapy to students using an approach the LCSW considers outdated and potentially harmful — specifically, a confrontational technique that involves breaking down the student's defenses through aggressive questioning. Students have complained to the LCSW that the sessions are upsetting. What should the LCSW do?

- A. Implement a counter-intervention with the affected students to repair the harm caused by the colleague's approach
- B. Speak with the colleague directly about the concerns, share the students' feedback, discuss the evidence base regarding confrontational techniques with adolescents, and escalate through appropriate channels if the behavior continues
- C. Report the colleague to the BBS for practicing below the standard of care and using potentially harmful therapeutic techniques
- D. Advise the affected students to refuse to participate in further sessions with the colleague and to inform their parents about the upsetting experience

66. An LCSW is providing teletherapy to a client who is a truck driver and frequently travels across state lines. During a session, the client mentions he is currently parked at a rest stop in Nevada. What is the most immediate concern?

- A. Whether the telehealth platform the LCSW is using meets Nevada's specific technology security requirements for mental health services
- B. Whether the client's insurance will cover a telehealth session conducted while the client is physically located in a different state
- C. Whether the LCSW is authorized to provide clinical services to a client who is physically located in Nevada at the time of the session, given that the LCSW holds a California license
- D. Whether the truck stop rest area provides adequate privacy for the client to participate in a confidential therapy session

67. An LCSW treating a fifteen-year-old client learns during a session that the client has been making and selling counterfeit designer goods online. The client describes this as an entrepreneurial venture and shows no distress about the activity. What is the LCSW's legal obligation?

- A. Maintain confidentiality and address the behavior within the therapeutic context if clinically relevant, recognizing that the client's illegal commercial activity does not trigger a mandatory reporting obligation
- B. Report the counterfeiting operation to local law enforcement since the LCSW has knowledge that a minor is engaged in ongoing criminal activity
- C. Inform the client's parents since the parents consented to treatment and have the right to know about their child's illegal activities

D. Contact the companies whose products are being counterfeited to inform them that their intellectual property is being violated

68. An LCSW is treating a client who reports that her primary care physician touched her inappropriately during a recent physical examination. The client is an adult and is distressed about the incident but does not want to file a complaint. She states, "I just want to talk about it here — I don't want to make a big deal out of it." What is the LCSW's obligation?

A. File a mandatory report with the Medical Board of California since the LCSW has knowledge of sexual misconduct by a licensed healthcare professional

B. Encourage the client to file a police report since the physician's conduct may constitute sexual assault, but recognize that the decision ultimately belongs to the client

C. Contact the physician's medical practice to report the allegation and request an internal investigation

D. Provide the client with information about her options for reporting — including the Medical Board, law enforcement, and civil remedies — support her decision-making process, and address the emotional impact therapeutically

69. An ASW is working with a client who has been making excellent progress in therapy. The client invites the ASW to attend her college graduation ceremony next month, explaining that the ASW's support was instrumental in her being able to complete her degree. What should the ASW consider before responding?

A. Whether attending the graduation would constitute a boundary violation that automatically requires the ASW to decline the invitation

B. Whether attending the graduation could serve a therapeutic purpose, the potential impact on the therapeutic relationship, the clinical context, and the cultural significance of the invitation, while consulting with the supervisor before making a decision

C. Whether the ASW's presence at a public event would compromise the client's confidentiality by revealing the therapeutic relationship to others

D. Whether the ASW should attend but maintain strict professional distance by not interacting with the client or her family during the ceremony

70. An LCSW is treating a client who reports that she has discovered her husband has been secretly viewing child pornography on his computer. She is horrified but does not want to report it because she

fears losing her home and financial stability if he is arrested. She has two children, ages eight and eleven, living in the home with the husband. What should the LCSW do?

- A. Encourage the client to confront her husband directly and give him the opportunity to seek treatment before involving authorities
- B. Maintain confidentiality since the client's report of her husband's pornography use does not constitute direct abuse of the children in the home
- C. Assess whether the presence of a person viewing child pornography in the home with two minor children gives rise to reasonable suspicion that the children may be at risk, and if so, file a mandated report
- D. Report the husband to local law enforcement for possession of child pornography since the LCSW has knowledge of a criminal offense

71. An LCSW who recently completed an advanced training in EMDR is eager to use the technique with appropriate clients. The LCSW's next new client presents with a history of complex trauma, dissociative symptoms, and active substance use. The client specifically requests EMDR after reading about it online. What should the LCSW consider?

- A. Whether the training alone is sufficient qualification to use EMDR or whether supervised practice with the technique is also needed before applying it independently
- B. Whether the client's enthusiasm about EMDR should be honored since client preference and treatment motivation are important factors in therapeutic outcomes
- C. Whether the client should discontinue substance use completely before beginning any trauma-focused treatment including EMDR
- D. Whether the client's clinical presentation — complex trauma with dissociation and active substance use — represents a level of complexity that may require additional stabilization before EMDR is clinically appropriate, and whether the LCSW's training is sufficient for this clinical complexity

72. An LCSW working in a pediatric hospital is treating a six-year-old child with a life-threatening illness. The parents have decided not to inform the child about the seriousness of the diagnosis, saying they want to "protect her innocence." The medical team has asked the LCSW to help the family communicate about the illness. What is the most appropriate approach?

- A. Respect the parents' wishes as the legal decision-makers for their minor child while exploring their fears about disclosure, providing developmentally appropriate guidance about how children process illness, and supporting the family in finding an approach that honors both the parents' concerns and the child's developmental needs
- B. Inform the parents that research shows children benefit from honest communication about their illness and insist they tell the child the full truth immediately
- C. Defer entirely to the medical team's preference about how and when to communicate with the child about the diagnosis
- D. Speak with the child directly about the diagnosis without parental consent since the child has a right to information about her own medical condition

73. An LCSW is providing therapy to an adult client who mentions that his wife is also in therapy with a different clinician for treatment of bulimia nervosa. The client says his wife's therapist called him recently and asked him to participate in his wife's treatment by monitoring her eating and purging behaviors at home. The client is asking the LCSW for advice about how to handle this request. What is the most appropriate response?

- A. Contact the wife's therapist to coordinate a collaborative treatment approach that involves both clinicians and both partners
- B. Explore the client's feelings about the request, discuss the potential impact on his relationship and his own therapeutic needs, and help him determine how he wants to respond, while respecting the boundaries between the two separate treatment relationships
- C. Advise the client to decline the request since monitoring his wife's eating behaviors could damage their relationship and is not an appropriate role for a spouse
- D. Recommend that the couple enter couples therapy with a third clinician who can coordinate the intersection of both partners' treatment needs

74. An LCSW providing therapy at a college counseling center is treating a student who discloses that his roommate has been stockpiling weapons and ammunition in their shared dormitory room and has made statements about "making everyone pay." The student is frightened but does not want to be identified as the person who reported the roommate. What should the LCSW do?

- A. Encourage the student to report the situation to campus security himself since he is the person with direct knowledge and can provide the most accurate account

B. Maintain confidentiality since the student is the client and the roommate has not made a direct threat to a specific identifiable individual

C. Assess the credibility and immediacy of the threat and, if a serious danger is determined to exist, take appropriate protective action including notifying campus security and law enforcement, while making reasonable efforts to protect the client's confidentiality as the reporting source

D. Contact the roommate directly to assess his mental state and determine whether the reported behavior and statements represent a genuine danger

75. An LCSW has been treating a client for three years. The client tells the LCSW that she has named the LCSW as the beneficiary of her life insurance policy, explaining that the LCSW "has done more for me than anyone in my family ever has." What is the most appropriate response?

A. Accept the designation since the client has the legal right to name anyone as a life insurance beneficiary and the LCSW cannot control the client's financial decisions

B. Thank the client for the gesture but explain that the LCSW cannot accept such a designation due to ethical guidelines about financial relationships with clients

C. Inform the client that the designation will need to be reviewed by the LCSW's professional liability insurance carrier before it can be accepted

D. Explain that accepting a life insurance beneficiary designation from a client constitutes a serious boundary violation and financial conflict of interest, explore the therapeutic meaning behind the client's decision, and decline the designation firmly

Practice Exam 3: Answer Key and Explanations

1. D — Ethical termination requires immediate notification, therapeutic processing, specific referrals, and facilitation of care transfer. With only fourteen days before closure, the LCSW must act urgently to protect the client from abandonment. Waiting until the final session or simply leaving a discharge summary in the file fails to meet the standard of care for responsible termination and continuity of care.

2. A — The ASW directly observed conditions constituting reasonable suspicion of child neglect — a four-year-old eating from garbage in a home with exposed wiring, rotting food, and animal feces. These observations trigger an immediate mandatory reporting obligation under CANRA regardless of the mother's intent. The ASW must make a telephone report to CPS first and can continue providing therapeutic support to the mother afterward.

3. C — The LCSW's personal belief that the couple's dynamic is unhealthy does not justify imposing Western relationship models on a couple whose cultural framework supports their arrangement. The ethical approach is to respect the cultural context, explore whether both partners are genuinely satisfied, and address any clinical concerns without substituting the clinician's values for the couple's own cultural framework.

4. B — A valid authorization for release of information must include all required elements, including an expiration date. An authorization missing a required element may not be legally sufficient. The LCSW should contact the client to obtain a corrected authorization before releasing any information. This protects both the client's rights and the LCSW from liability for an unauthorized disclosure.

5. A — Locking a child in a closet for hours as punishment constitutes suspected child abuse — specifically, willful cruelty or unjustifiable punishment. CANRA mandated reporting is triggered by the child's disclosure. The LCSW must make an immediate telephone report to the appropriate child protective agency. Meeting with the mother, conducting further assessment, or referring to parenting classes all delay the legally required action.

6. D — The client's public comments on the LCSW's professional social media page risk revealing the therapeutic relationship and sharing treatment details in a public forum. The most appropriate response is to address the situation directly with the client in the next therapy session, discussing the boundary and confidentiality implications. Blocking the client without discussion or responding publicly both create additional problems.

7. B — In an emergency situation involving a minor's suicide attempt, the parents' involvement in safety planning is clinically important. However, the LCSW should exercise clinical judgment about what specific information to share, balancing the need for parental involvement in safety planning with sensitivity to the patient's expressed concerns. Neither complete disclosure nor complete refusal appropriately serves the clinical situation.

8. B — Diagnostic inflation — assigning a diagnosis that is not clinically supported to obtain insurance authorization — constitutes fraud and violates the ethical obligation to maintain clinical accuracy. The ASW must decline, explain the ethical and legal concerns to the supervisor, and document the interaction. A supervisor's directive does not authorize an ASW to commit fraud.

9. C — The client's statement must be taken seriously regardless of the diagnostic context. The LCSW should conduct a thorough suicide risk assessment, develop a detailed safety plan, arrange for clinical coverage during the two-week absence, and process the client's feelings about the separation

therapeutically. Neither canceling the vacation nor dismissing the threat is the appropriate clinical response.

10. A — The client's doctor shopping, while illegal, does not trigger a mandatory reporting obligation for the LCSW. There is no child abuse, elder abuse, dependent adult abuse, or imminent threat of physical violence against an identifiable person. The appropriate response is to maintain confidentiality and address the behavior clinically — exploring the underlying pain condition, the risks of multiple prescriptions, and the legal consequences of the behavior.

11. D — A durable power of attorney for healthcare typically becomes operative when the principal lacks capacity to make decisions. While the client has early-stage dementia, she currently retains sufficient capacity to express her own wishes. The LCSW should respect the client's self-determination to the extent that she retains decision-making capacity while involving the daughter collaboratively rather than deferring entirely to the daughter's authority.

12. C — While the illegal dumping poses a public health concern, it does not trigger any of the mandatory reporting exceptions to confidentiality available to the LCSW. There is no child abuse, elder abuse, dependent adult abuse, or specific identifiable victim facing imminent physical violence. The LCSW must maintain confidentiality and address the client's concerns therapeutically while exploring the client's options for addressing the situation.

13. A — Treating a twenty-year-old client individually while simultaneously treating her parents as a couple creates a conflict of interest involving competing confidentiality obligations. The daughter's pregnancy disclosure cannot be shared with the parents, yet the LCSW now holds information that directly affects the family system being treated in couples therapy. This irreconcilable conflict is the most critical ethical issue requiring attention.

14. B — A veteran experiencing a flashback in a group setting requires immediate, direct intervention with grounding techniques to help them return to present awareness. Simultaneously, the LCSW must maintain the safety and composure of other group members. Allowing the flashback to continue without intervention risks escalation and potential harm to both the triggered individual and other group members.

15. D — The LCSW observed significant bruising on both arms of a fourteen-year-old during a professional home visit. Regardless of the explanation offered, the observation gives rise to reasonable suspicion of physical abuse that triggers a mandatory reporting obligation under CANRA. The LCSW's

role is to report, not to investigate or determine whether the explanation is credible. CPS will conduct the investigation.

16. D — The attorney's disclosure of advising a client to commit perjury does not trigger a mandatory reporting obligation for the LCSW. There is no child, elder, or dependent adult abuse, and no identifiable person faces imminent physical violence. The LCSW should maintain confidentiality and address the ethical dimensions of the disclosure clinically within the therapeutic relationship.

17. A — When parents share joint legal custody, both typically have the right to participate in decisions about the child's mental health treatment. The LCSW should continue therapy while making reasonable efforts to communicate with both parents and address the father's concerns. Unilaterally terminating at one parent's request without considering the other parent's position or the child's clinical needs is premature.

18. B — The client is displaying classic symptoms of burnout and secondary traumatic stress — emotional numbness, sleep disruption, increased alcohol use, and cynicism about work. His normalization of these symptoms as "part of the job" prevents him from recognizing the pattern. The LCSW should gently challenge this normalization through psychoeducation, helping the client see how these patterns are affecting his functioning without being confrontational.

19. C — A staff member at a residential facility sending late-night personal text messages calling a fifteen-year-old "special" and "beautiful" represents behavior consistent with grooming of a minor. This triggers a mandatory reporting obligation under CANRA. The LCSW must make an immediate telephone report to the appropriate child protective agency. Internal investigation processes should not delay or replace mandatory external reporting.

20. A — When a client's condition is not improving despite consistent treatment and the LCSW lacks training in the specialized intervention most likely to help, the ethical response is to refer to a clinician with the appropriate specialization. Continuing an ineffective approach, attempting an untrained technique, or simply terminating without a constructive plan all fail to serve the client's best interest.

21. C — An incidental overlap in volunteer activities does not automatically require either party to withdraw. The ethical approach is to discuss the situation transparently, establish guidelines for how the clinician and client will interact at the shelter, document the agreement, and monitor the arrangement for any impact on the therapeutic relationship. This reflects the standard for managing unavoidable dual relationships in community settings.

22. D — A court-ordered forensic evaluation is fundamentally different from a therapeutic relationship. The defendant must understand that information disclosed during the evaluation may be included in a report to the court and is not protected by the same confidentiality that applies to therapy. This disclosure is an essential component of informed consent for forensic evaluations and must be provided before the evaluation begins.

23. B — The wife is not the LCSW's client, and the disclosure of the affair does not trigger any mandatory exception to confidentiality. There is no child abuse, elder abuse, or imminent physical danger to an identifiable person. The LCSW must maintain confidentiality and address the affair clinically — exploring its impact on the client, the therapeutic implications, and the client's decision-making about his marriage.

24. A — California does not specify a minimum age at which a child can be left home alone, making this a fact-dependent assessment. The LCSW should explore the details — the eleven-year-old's maturity, the ages of the younger children, the duration and frequency of the arrangement, and available alternatives — to determine whether the situation constitutes potential neglect. A reflexive report without assessment or a dismissive response without exploration are both inadequate.

25. C — Psychotherapy process notes maintained separately have heightened protections under HIPAA and generally require specific patient authorization for release. A managed care utilization review can be supported with the minimum necessary information — diagnosis, treatment plan, functional status, and progress — without releasing detailed process notes. Providing the minimum necessary information protects client privacy while meeting the review requirements.

26. B — The prolonged screaming and sounds of a child in pain warrant further exploration. The LCSW should not simply accept the client's explanation without inquiry, nor should the LCSW reflexively report based on sounds alone. The appropriate response is to explore the situation — asking about the child's distress, assessing whether reasonable suspicion of abuse or neglect exists — and taking appropriate action based on that assessment.

27. D — The client is a nineteen-year-old legal adult who has not authorized contact with his parents. Confidentiality prohibits the LCSW from confirming or denying the client's status or sharing any information. The LCSW should explain the confidentiality requirements to the parents and suggest they communicate their concerns directly to their son. The parents' anxiety does not override the adult client's confidentiality rights.

28. A — A confrontation session with an abuser is a clinically complex intervention that carries significant potential risks and benefits. Before arranging or refusing the session, the LCSW should thoroughly explore the client's motivations, assess readiness, discuss potential outcomes, and help the client make a fully informed decision. Neither automatic agreement nor categorical refusal adequately serves the client's therapeutic process.

29. C — Ego-dystonic intrusive thoughts about harm are a hallmark symptom of obsessive-compulsive disorder and are fundamentally different from genuine intent to harm. The client is horrified by the thoughts, has no history of violence, and recognizes the thoughts as symptoms. The appropriate clinical response is to normalize the symptoms within the OCD framework, continue evidence-based OCD treatment, and monitor clinically. Mandated reporting is not triggered by ego-dystonic obsessive thoughts.

30. B — The LCSW must maintain neutrality in couples therapy and not take sides based on personal experience. The appropriate response is to acknowledge both partners' perspectives, facilitate meaningful exploration of the values and fears underlying each position, and support the couple in working through the disagreement. Sharing personal parenting experience or declaring the marriage nonviable both exceed the LCSW's appropriate role.

31. A — When the current treatment approach has produced minimal results over two years and a colleague suggests a potentially more effective specialized intervention, the LCSW should research the approach, discuss it with the client, and facilitate a referral if appropriate. Competence requires recognizing when a client may benefit from a specialized treatment the LCSW is not trained to provide and taking steps to connect the client with that resource.

32. D — A twenty-one-year-old soliciting sexually explicit images from a sixteen-year-old raises serious concerns about child sexual exploitation. The age difference and the adult's active solicitation of explicit material from a minor may constitute a criminal offense and a form of sexual exploitation that triggers the LCSW's mandated reporting obligation. The LCSW should assess whether a report is warranted based on the specific circumstances.

33. B — An ASW cannot practice competently or accrue valid supervised experience hours without regular supervision. After three unsuccessful attempts to resolve the issue with the supervisor, the ASW must escalate — to the supervisor's supervisor, agency administration, or the BBS — to ensure both the integrity of accrued hours and the safety of current clients. Continuing without supervision or substituting informal consultation are insufficient responses.

34. B — A twelve-year-old accessing online pornography, while concerning, does not automatically constitute child neglect or abuse triggering a mandated report. The LCSW's role in this situation is to address the mother's concerns clinically — providing psychoeducation about children's exposure to online content, helping the mother develop an age-appropriate response, and supporting the family in navigating the situation constructively.

35. C — Former clients retain the right to access their treatment records during the applicable retention period (seven years from the date of last service for adults). The LCSW should verify the former client's identity, obtain a valid written authorization that meets all legal requirements, and release the records in accordance with the authorization. The five-year gap does not extinguish the client's right to access records that are still within the retention period.

36. A — While the no-secrets policy was established at the outset of couples therapy, clinical judgment must guide its application. A disclosure of childhood sexual abuse made in acute distress represents deeply personal trauma that the client has never shared with anyone. The LCSW should exercise clinical judgment, work with the husband individually on processing the trauma, and collaboratively determine when and whether to share this information in the couples context.

37. D — The client is unconscious and unable to consent, and the hospital needs clinical information to provide emergency medical treatment. An emergency exception to confidentiality may apply when disclosure is necessary to prevent serious harm to the patient. The LCSW should provide clinically necessary information — current medications, relevant psychiatric history, and treatment plan — to assist with the emergency care while limiting disclosure to what is needed for the immediate medical situation.

38. C — The LCSW should respect the client's religious beliefs and the significance of her faith community while exploring how therapy and spiritual practices can complement each other. Neither dismissing therapy in favor of prayer nor challenging the religious leader's advice directly is appropriate. The therapeutic approach should honor the client's cultural and spiritual framework while providing clinical support for her depression.

39. B — The disruptive behavior in a court-mandated anger management group is therapeutically significant material that should be addressed directly in the group context. Setting clear expectations for respectful communication, exploring the dismissive comments as relevant to the group's purpose, and holding the member accountable provides therapeutic value for the entire group. Private conversations or group self-regulation alone are insufficient given the pattern's impact.

40. A — The LCSW cannot confirm or deny that the individual is a client, but can listen to the sponsor's information without disclosing anything. The information about a potential relapse is clinically relevant data that the LCSW can use to inform subsequent clinical decision-making, including addressing the potential relapse in the next therapy session. Refusing to listen to safety-relevant information would be clinically irresponsible.

41. D — Eight months of treatment without improvement warrants re-evaluation of the diagnostic picture. The LCSW should discuss the concern with the client, recommend a comprehensive medical evaluation to rule out conditions that can mimic or exacerbate anxiety symptoms (thyroid disorders, cardiac conditions, neurological issues), and coordinate with the client's physician. Continuing the same approach indefinitely without reconsidering the formulation does not serve the client.

42. C — A sibling's marijuana sales do not trigger a mandatory reporting obligation for the LCSW. There is no child abuse, elder abuse, or dependent adult abuse being disclosed. The twelve-year-old client is not involved in the sales. The LCSW should maintain confidentiality and address the disclosure within the therapeutic context, exploring the client's feelings about the situation and any safety concerns that may arise.

43. A — California law recognizes that children exposed to domestic violence may be at risk of harm, and such exposure may constitute a reportable condition under CANRA. The LCSW should assess whether the children's exposure to chronic domestic violence — witnessing physical abuse severe enough to cause visible injuries — constitutes a situation warranting a mandated report. The absence of direct physical abuse of the children does not automatically eliminate the reporting obligation.

44. D — The LCSW cannot serve as the client's character witness or advocate in legal proceedings because this creates an inappropriate dual role that compromises therapeutic objectivity. Additionally, the LCSW cannot provide clinical opinions about the wife because she has never been evaluated. The LCSW should explain these role limitations clearly and discuss what the LCSW can appropriately provide within the scope of the therapeutic relationship.

45. B — Sexual fantasies about a child, while clinically significant, must be distinguished from intent or plan to act. A registered sex offender's disclosure of such fantasies requires thorough risk assessment and clinical management. The LCSW must determine the level of risk, address the disclosure clinically, and assess what information falls within the scope of the parole-related release — which may require disclosure of compliance-relevant information but not necessarily every thought disclosed in therapy.

46. C — The LCSW has an ethical obligation to advocate for client welfare within the interdisciplinary team. If the LCSW has researched and identified significant contraindications for the proposed medication, sharing those concerns through appropriate team dialogue is the responsible course of action. Deferring entirely to the psychiatrist without raising valid clinical concerns fails the LCSW's advocacy obligation.

47. A — A fitness-for-duty evaluation is a specialized forensic assessment that differs fundamentally from a therapeutic relationship. The LCSW should explain that the evaluation form requires assessments not conducted in therapy and that the therapist role is incompatible with the evaluator role. The employer should be directed to engage a qualified forensic evaluator who can conduct the appropriate assessment independently.

48. D — The shoplifting behavior is clinically relevant and should be addressed within the therapeutic framework. The LCSW should explore its function as a coping mechanism, discuss its consequences, and assess the client's readiness for change — all while maintaining confidentiality. Neither condoning the behavior nor refusing to treat the client nor reporting to law enforcement is the appropriate clinical response.

49. B — An expensive gift worth several hundred dollars represents a significant departure from appropriate therapeutic boundaries. The LCSW should decline the gift, explain that accepting gifts of significant value is inconsistent with professional boundary standards, and explore the meaning behind the gesture therapeutically. Accepting the gift — with or without documentation — creates a financial dynamic that compromises the therapeutic relationship.

50. C — If the treatment team has determined that the patient no longer meets the criteria for involuntary commitment, continuing to hold the patient involuntarily would violate the patient's legal rights. The LCSW should support the patient's right to discharge while working collaboratively with the patient and family to develop a comprehensive plan that addresses the family's concerns about medication compliance and ongoing care.

51. A — The client is targeting elderly persons with dementia — individuals who qualify as elders (age sixty-five and older) or potentially as dependent adults — and is committing financial exploitation by embezzling from their accounts. Financial abuse of elders is a category of abuse that triggers mandatory reporting obligations under California's elder abuse statutes. The LCSW should assess whether a mandated report is warranted based on the specific details of the disclosure.

52. D — The LCSW's strong emotional reaction — craving, anxiety, and vivid memories of personal drinking — represents a significant countertransference response triggered by the client's narrative. The immediate priority is to recognize the reaction, maintain professional composure for the remainder of the session, and then seek supervision or consultation as soon as possible to address the impact and determine whether the LCSW can continue treating this client safely.

53. A — Confidentiality applies to all information obtained in the therapeutic relationship, including disclosures made by alter personalities. The LCSW must decline to provide any treatment content to the family member and explain that a signed authorization from the client is required. Confirming or describing what was disclosed — even with qualifications about the source of the disclosure — constitutes an unauthorized breach of confidentiality.

54. C — The client independently consented to treatment under Family Code Section 6924, which means the minor holds the confidentiality rights. The LCSW cannot share treatment information with the school counselor without the minor's specific authorization. The appropriate action is to decline the request, discuss it with the client, and let the client decide whether to authorize the communication.

55. B — The LCSW's personal safety must be prioritized when confronted with a hostile, threatening individual blocking entry to a home. Entering the hostile environment places the LCSW at physical risk and is unlikely to produce a productive therapeutic interaction. The appropriate response is to disengage safely, contact the client afterward by phone to assess safety and reschedule, and document the incident thoroughly.

56. D — Restriction of means is an evidence-based safety intervention, but it must be implemented collaboratively rather than coercively. The LCSW should discuss the rationale with the client, explore willingness to remove or secure the specific instrument, and integrate means restriction into the broader safety plan. Unilateral demands, contacting family without permission, or reporting self-harm to APS are not appropriate approaches for a competent adult client.

57. A — Both partners' perspectives deserve therapeutic space. The diagnosed partner has a right to explore all end-of-life options, and the opposing partner's fears and values are equally valid and important. The LCSW should facilitate dialogue that allows both partners to express their feelings, provide accurate information about available options, and support the couple in navigating this profound decision without advocating for a particular outcome.

58. C — The LCSW should consider whether the letter's content accurately reflects the clinical record, whether the information is appropriate for the LCSW to provide in the therapist role, and whether

writing the letter constitutes an appropriate clinical function or crosses into forensic advocacy. A factual letter confirming diagnosis and treatment participation may be appropriate; a letter that functions as legal advocacy would represent an inappropriate dual role.

59. B — Secret recording of therapy sessions is a significant boundary issue that warrants direct therapeutic attention. The LCSW should explore the client's motivations, discuss the implications for the therapeutic relationship and for confidentiality (the recordings capture the LCSW's clinical content as well), establish a clear policy going forward, and document the discussion. Immediate termination is disproportionate as a first response to a boundary crossing that may have benign motivations.

60. D — The LCSW received information during professional duties about physical abuse of an elderly client in a long-term care facility. This triggers the mandatory reporting obligation for suspected elder abuse. Because the abuse occurred in a long-term care facility, the report must be made to both local law enforcement and the Long-Term Care Ombudsman program. The LCSW need not have personally witnessed the abuse — information received from a credible source during professional duties is sufficient.

61. C — Livestreaming a therapy session raises fundamental concerns about the integrity and confidentiality of the therapeutic process — not just for the recorded session, but for all future sessions. The client may feel pressure to perform, clinical spontaneity is compromised, and the LCSW has no control over how the content is used or shared. The LCSW should decline and explain the professional and clinical reasons clearly.

62. B — The supervisor should assess the clinical implications of the overlapping treatment before taking action. The overlap does not automatically require reassignment — it requires careful evaluation of whether the situation creates a conflict of interest, establishment of appropriate information barriers between the two treatment relationships, and guidance to both ASWs about managing the boundary. Reflexive reassignment without assessment may be unnecessarily disruptive.

63. A — This disclosure involves moral injury — the psychological damage from perpetrating or witnessing acts that violate deeply held moral beliefs. The LCSW should provide a safe, non-judgmental therapeutic space for the veteran to process the guilt and trauma using clinical approaches appropriate for both PTSD and moral injury. There is no reporting obligation — actions taken during combat are governed by military law and the rules of engagement, not by the LCSW's clinical obligations.

64. D — California law imposes strict confidentiality protections on HIV status information. The LCSW cannot directly notify the client's sexual partners or report the client's HIV status to law enforcement or

health authorities. The appropriate response is to maintain confidentiality while counseling the client about disclosure obligations, providing information about confidential partner notification programs available through the local health department, and documenting the clinical intervention.

65. B — The NASW Code directs social workers to address ethical concerns with colleagues directly before escalating. The LCSW should speak with the colleague about the concerns, share the students' feedback, discuss the evidence base regarding confrontational techniques with adolescents, and pursue resolution through constructive dialogue. If the behavior continues after direct communication, escalation through appropriate institutional or regulatory channels is warranted.

66. C — The most immediate concern is jurisdictional — whether the LCSW's California license authorizes providing clinical services to a client who is physically located in Nevada at the time of the session. Many states require clinicians to hold licensure in the state where the client is located. Providing services without proper authorization could constitute unlicensed practice in that jurisdiction.

67. A — A minor client's illegal commercial activity — making and selling counterfeit goods — does not trigger any mandatory reporting obligation for the LCSW. There is no child abuse, elder abuse, dependent adult abuse, or threat of imminent physical violence against an identifiable person. The LCSW should maintain confidentiality and address the behavior clinically if it is relevant to the treatment goals.

68. D — The client's report of inappropriate touching by a physician describes potential sexual misconduct, but the LCSW does not have a mandatory reporting obligation to report a physician to the Medical Board based on a client's account. The LCSW's role is to provide the client with information about reporting options, support her decision-making process, and address the emotional impact therapeutically. The decision about whether to file a formal complaint belongs to the client.

69. B — Attending a client's graduation is a boundary crossing that requires clinical analysis before a decision is made. The ASW should consider the therapeutic purpose, the impact on the relationship, the cultural significance of the invitation, and the clinical context. Consulting with the supervisor before responding ensures that the decision is informed, documented, and clinically sound rather than reflexive in either direction.

70. C — The presence of a person who views child pornography in a home with two minor children, ages eight and eleven, raises a reasonable concern about potential risk to those children. The LCSW should assess whether this information gives rise to reasonable suspicion that the children may be at risk

of sexual abuse or exploitation and, if so, file a mandated report with the appropriate child protective agency. The assessment should consider the totality of the circumstances.

71. D — The client presents with complex trauma, active dissociation, and ongoing substance use — a clinical profile that typically requires stabilization before intensive trauma processing techniques like EMDR are safely implemented. The LCSW must evaluate whether the client's presentation is appropriate for EMDR at this stage, whether the LCSW's training is sufficient for this level of complexity, and whether additional stabilization work should precede any trauma-focused intervention.

72. A — Parents are the legal decision-makers for their minor child, and their wish to protect their daughter from distressing information deserves respect. However, the LCSW can explore the parents' fears, provide developmentally appropriate guidance about how children process illness, and support the family in finding an approach that honors both the parents' concerns and the child's needs. The goal is collaboration, not coercion.

73. B — The client's question about his wife's therapist's request is properly addressed within the client's own therapy. The LCSW should explore the client's feelings about the request, discuss its potential impact on his relationship and his own wellbeing, and support his decision-making. The LCSW's role is to serve this client's therapeutic needs — not to manage the other clinician's treatment approach or to direct the client's response.

74. C — The description of weapons stockpiling combined with threatening statements about "making everyone pay" presents a potentially serious safety threat. The LCSW must assess the credibility and immediacy of the threat and, if a genuine danger is determined, take protective action — including notifying campus security and law enforcement. The safety of potential victims takes precedence, though reasonable efforts should be made to protect the reporting client's identity.

75. D — A client naming the LCSW as a life insurance beneficiary constitutes a serious boundary violation and financial conflict of interest. It creates a situation where the LCSW has a financial interest in the client's death — a dynamic that fundamentally compromises the therapeutic relationship. The LCSW must decline firmly, explain the ethical basis for the refusal, and explore the therapeutic meaning behind the client's decision.