

PRACTICE EXAM 4: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. An LCSW has been providing individual therapy to a thirty-year-old man for twelve months. During a session, the client mentions that his fourteen-year-old nephew recently confided in him that a youth pastor has been showing the nephew sexually explicit images on a phone after Sunday school. The client does not want to get involved and asks the LCSW to "just forget I said anything." What is the LCSW's legal obligation?

A. Respect the client's request since the information is secondhand and the LCSW has no direct contact with the child or the youth pastor

B. Make an immediate telephone report to the appropriate child protective agency because the information received in the LCSW's professional capacity gives rise to reasonable suspicion of child sexual abuse

C. Encourage the client to contact CPS himself since the client has direct knowledge and is more closely connected to the situation

D. Document the disclosure and consult with a supervisor before making a reporting decision since the information is secondhand

2. An LCSW working in a skilled nursing facility is reviewing medication records for a therapy client when she notices that the client has been prescribed a dangerously high dose of a sedative — far exceeding standard dosing guidelines. The client appears excessively drowsy during sessions. No other staff member appears to have noticed the discrepancy. What should the LCSW do?

A. Adjust the client's therapy schedule to accommodate the drowsiness and document the observation for future reference

B. Contact the prescribing physician directly to question the medication dosage and insist it be corrected immediately

C. Discontinue therapy with the client until the medication issue is resolved since meaningful therapeutic work cannot occur

D. Report the concern to the appropriate medical staff at the facility and advocate for an immediate medication review to protect the client's safety

3. An ASW is conducting an intake assessment with a new client who reveals that she is currently receiving therapy from another LCSW for the same presenting concern. The client states she wants a "second opinion" and plans to continue with both therapists simultaneously without telling the other therapist. What is the most appropriate action?

A. Discuss the implications of concurrent treatment with two therapists for the same concern, including the potential for conflicting approaches, and encourage the client to inform the other therapist or to choose one treatment relationship

B. Accept the client and begin treatment since every individual has the right to seek care from as many providers as they choose

C. Refuse to conduct the intake and refer the client back to the existing therapist since dual treatment is always clinically contraindicated

D. Accept the client but contact the other therapist directly to coordinate care and ensure the treatment approaches are compatible

4. An LCSW treating a thirty-seven-year-old client with chronic suicidal ideation has been conducting ongoing risk assessments at every session. During today's session, the client denies current suicidal ideation but the LCSW notices the client has given away valued personal items, has made recent changes to financial documents, and seems unusually calm after months of agitation. What should the LCSW do?

A. Accept the client's denial of suicidal ideation and document the behavioral observations for monitoring at the next session

B. Confront the client directly about the specific observations and demand an honest answer about suicidal intent

C. Increase the session frequency from weekly to twice weekly to provide additional support during this period

D. Conduct an enhanced risk assessment that accounts for the behavioral warning signs despite the verbal denial, recognizing that behavioral indicators may be more clinically significant than self-report in this context

5. An LCSW is providing therapy to a nineteen-year-old transgender man. The client's parents, who are paying for therapy, contact the LCSW and say, "We want you to fix our daughter. She is confused about being a boy and needs to accept who she really is." What is the most appropriate response?

- A. Arrange a family session so the parents can participate in the treatment process and share their perspective with the client present
- B. Inform the parents that their son's confusion about gender identity will be a primary focus of treatment going forward
- C. Explain that the LCSW cannot share information about an adult client's treatment without authorization, and that ethical standards prohibit the practice of conversion therapy
- D. Agree to incorporate the parents' concerns into the treatment plan since they are financing the therapy and have a legitimate interest in the outcome

6. An LCSW working at a domestic violence agency discovers that a coworker who is also an LCSW has been developing a romantic relationship with a former client who completed the agency's program three months ago. The coworker states that the former client initiated the relationship and that no clinical services are being provided. What is the most appropriate first step?

- A. Speak with the coworker directly about the ethical and legal concerns, noting that the two-year post-termination prohibition under California law applies and that the relationship must end
- B. Report the coworker to the BBS immediately since the LCSW has knowledge of a statutory violation by a licensed professional
- C. Respect the coworker's personal decision since the therapeutic relationship has ended and the former client is an adult who freely chose to pursue the relationship
- D. Inform the agency director about the situation so the agency can take appropriate administrative action

7. An LCSW receives a telephone call from a hospital social worker who states that one of the LCSW's clients has been admitted following a psychotic episode. The hospital social worker asks for the client's diagnosis, current medications, and treatment history to assist with the inpatient treatment plan. The client is currently disoriented and unable to provide consent. What should the LCSW do?

- A. Decline all disclosure until the client is oriented and can provide written authorization regardless of the clinical circumstances
- B. Provide clinically necessary information to support the client's emergency treatment, recognizing that an emergency exception may apply when the client is unable to consent and disclosure is necessary to prevent harm

C. Provide the client's diagnosis only and withhold all other treatment information until a formal release can be obtained

D. Request that the hospital obtain a court order before the LCSW will release any information from the treatment record

8. An LCSW has been treating a couple for communication difficulties for four months. During a joint session, the wife discloses for the first time that her husband has been physically assaulting her weekly for the past two years. The husband does not deny the allegation. The LCSW established a no-secrets policy at the start of treatment but did not specifically screen for domestic violence before beginning couples therapy. What is the most immediate clinical and ethical concern?

A. Whether the no-secrets policy was adequate to cover disclosures of domestic violence and whether additional informed consent is needed

B. Whether the husband should be referred for individual anger management therapy before couples therapy can resume safely

C. Whether the LCSW should have conducted a domestic violence screening before initiating couples therapy, as treating a couple with active abuse in joint sessions can increase danger to the victim

D. Whether the couples therapy should continue in its current format since the wife has demonstrated the ability to disclose the abuse in the presence of her husband

9. An LCSW treating a fifty-five-year-old woman learns that the client has been named as the sole caretaker for her eighty-two-year-old mother, who has advanced Alzheimer's disease. The client describes feeling overwhelmed, frequently losing her temper, and "roughly handling" her mother when she becomes confused and uncooperative. The client is tearful and asks for help managing her frustration. What should the LCSW do first?

A. Develop a comprehensive caregiver support plan that includes respite care resources, stress management techniques, and regular therapeutic support

B. Refer the client to a caregiver support group to normalize her experience and connect her with others facing similar challenges

C. Make an immediate telephone report to Adult Protective Services or local law enforcement because the client's description of roughly handling her elderly mother constitutes reasonable suspicion of elder abuse

D. Explore the client's description of "roughly handling" in greater detail to determine the severity and frequency before deciding whether to report

10. An LCSW provides therapy to a client who is a high school teacher. The client mentions that she recently searched a student's backpack without permission after suspecting the student of drug use. She found prescription medications that do not belong to the student and confiscated them. The client is asking for the LCSW's opinion on whether she handled the situation correctly. What is the LCSW's legal obligation regarding this disclosure?

- A. Maintain confidentiality and address the client's question within the therapeutic context, recognizing that no mandatory reporting exception is triggered by the client's description of her workplace actions
- B. Report the client to the school administration for conducting an unauthorized search and seizure of a student's belongings
- C. File a mandated report of suspected child abuse since the student was found in possession of prescription medications belonging to someone else
- D. Advise the client to contact law enforcement immediately since the student may be involved in illegal distribution of prescription drugs

11. An LCSW is treating an eleven-year-old boy whose divorced parents share joint legal custody. The father brings the child to therapy. After three sessions, the mother contacts the LCSW, furious that she was never informed that her son was in therapy. She states she does not consent to treatment and demands it stop immediately. What should the LCSW do?

- A. Suspend treatment temporarily while making reasonable efforts to communicate with both parents and resolve the disagreement about the child's treatment, recognizing that joint legal custody typically requires both parents to have input
- B. Continue treatment as directed by the father since he initiated therapy and has been bringing the child to sessions consistently
- C. Terminate treatment immediately at the mother's request since either parent with joint legal custody can unilaterally withdraw consent
- D. Continue treatment while sending the mother regular progress reports to address her concern about being excluded

12. An LCSW is treating a twenty-six-year-old client who works as a commercial airline pilot. The client discloses that he has been experiencing severe panic attacks during flights, including episodes where he has momentarily frozen at the controls. He is not currently receiving treatment from an aviation medical examiner and has not reported the panic attacks to his employer or the FAA. What is the LCSW's primary obligation?

- A. Report the client to the FAA since the panic attacks pose an imminent risk to public safety and the LCSW has a duty to protect airline passengers
- B. Address the panic attacks clinically while exploring the client's willingness to self-report to the appropriate aviation medical authorities, recognizing the clinical and ethical complexity of a situation where public safety may be at risk but no specific mandatory reporting obligation is clearly triggered
- C. Contact the airline directly to report that one of their pilots is experiencing a medical condition that compromises flight safety
- D. Terminate therapy if the client refuses to ground himself voluntarily since continuing to treat a client who is knowingly endangering the public would make the LCSW complicit

13. An LCSW who completed a doctoral dissertation on attachment theory five years ago has not practiced clinical social work since graduation, having worked exclusively in academic research. The LCSW holds a current California LCSW license and now wants to open a clinical practice. What ethical consideration is most important?

- A. Whether the LCSW's clinical license should be voluntarily surrendered since five years without clinical practice indicates a loss of clinical competence
- B. Whether the LCSW should complete a refresher training program before beginning independent practice
- C. Whether the LCSW's academic research experience is equivalent to clinical experience for the purpose of establishing competence
- D. Whether the LCSW should seek intensive supervision, additional clinical training, or a structured reentry program to reestablish clinical competence before providing independent clinical services, given the extended period without direct clinical practice

14. An LCSW working in a refugee resettlement program is providing therapy to a forty-year-old woman from a country where female genital cutting is culturally practiced. The client mentions that she is planning to have her eight-year-old daughter undergo the procedure during an upcoming trip to their home country. What is the LCSW's obligation?

- A. Assess whether the planned procedure constitutes child abuse under California law — recognizing that female genital cutting of a minor is illegal in the United States and that planning to transport a minor for this purpose may also violate federal law — and file a mandated report if warranted
- B. Respect the client's cultural practice since imposing Western values on traditional cultural practices violates the ethical obligation of cultural competence

C. Educate the client about the health risks of the procedure and document the conversation without reporting since the procedure will occur outside the United States

D. Contact the consulate of the client's home country to verify whether the procedure is legal in that jurisdiction before taking any action

15. An LCSW is treating a couple in which one partner has recently been diagnosed with a sexually transmitted infection. The diagnosed partner admits in an individual session that she contracted the STI from an extramarital affair and has not informed her husband. She has been having unprotected sex with her husband since the diagnosis. The LCSW established a limited confidentiality policy that protects individually disclosed information. What is the LCSW's most appropriate course of action?

A. Break the limited confidentiality policy and inform the husband immediately since his health is at direct risk

B. Work urgently with the diagnosed partner to develop a plan for disclosing the diagnosis and its source to the husband, emphasizing the ethical and health implications while respecting the established confidentiality framework

C. Terminate couples therapy immediately since the LCSW now holds information that creates an irreconcilable conflict of interest

D. Contact the county health department and file a mandatory report since the client is knowingly exposing her husband to a communicable disease

16. An LCSW receives a letter from a client's estate attorney informing the LCSW that the client has died and requesting a copy of the complete therapy file for probate purposes. The attorney includes a copy of the death certificate and letters testamentary appointing the executor. What should the LCSW do?

A. Release the complete file immediately since the client's death terminates all confidentiality protections and the executor has legal authority

B. Destroy the records immediately since the client's death terminates the treatment relationship and the records are no longer needed

C. Evaluate whether the request falls within a recognized exception to post-death confidentiality, consult with an attorney if needed, and release only the information that is legally appropriate given the specific circumstances and the purpose of the request

D. Decline to release any records and inform the executor that therapy records are permanently confidential and cannot be disclosed even after the client's death

17. An ASW is providing therapy at an agency that serves undocumented immigrants. Immigration and Customs Enforcement agents arrive at the agency during business hours and ask to speak with clients and review client lists. The agency director is not present. What should the ASW do?

- A. Cooperate fully with the ICE agents since federal law enforcement authority supersedes state confidentiality protections
- B. Provide the agents with a list of client names but decline to share clinical records since client lists are administrative documents
- C. Allow the agents into the clinical areas but refuse to answer questions about specific clients until the agency director returns
- D. Decline to provide any client information or access to client areas, inform the agents that client information is confidential, and request that they provide a valid warrant before any records or information can be shared

18. An LCSW is providing therapy to a client who mentions during a session that her husband, who is not a client, recently told her he has been fantasizing about a coworker and is considering having an affair. The client is distressed and asks the LCSW what she should do. What is the LCSW's therapeutic role in this situation?

- A. Help the client explore her feelings about the disclosure, consider her options, and support her decision-making process without directing the outcome or taking on a role in the couple's relationship dynamics
- B. Advise the client to confront her husband immediately about the fantasy and set a clear boundary that an affair would be unacceptable
- C. Offer to schedule a joint session with the husband to address the marital issue directly and prevent the affair from occurring
- D. Inform the client that the husband's fantasy is normal and that most marriages survive temporary attractions without lasting damage

19. An LCSW is treating a twenty-three-year-old client who discloses that she has been engaging in sex work to supplement her income. She states the work is voluntary, she takes safety precautions, and she is not in distress about it. However, she is concerned about the legal risks. What is the most appropriate therapeutic approach?

- A. Refuse to continue therapy unless the client agrees to stop engaging in sex work since the LCSW cannot treat a client who is actively involved in illegal activity
- B. Address the client's expressed concerns about legal risk while maintaining a nonjudgmental therapeutic stance, recognizing that voluntary sex work does not trigger any mandatory reporting obligation
- C. Refer the client to a social services agency that specializes in helping individuals exit sex work since this is the only ethical response to illegal activity
- D. Document the client's disclosure and report it to local law enforcement since the LCSW has knowledge of ongoing criminal activity

20. An LCSW who works at a psychiatric emergency unit is evaluating a patient brought in by police. The patient was found standing on a highway overpass, looking down. The patient states he was "just thinking" and denies suicidal ideation. He has no psychiatric history, no substance use, and presents as calm and oriented. He requests to leave. What clinical factor is most important in the LCSW's assessment?

- A. The absence of psychiatric history, which suggests the patient may not have a mental health disorder warranting involuntary hold
- B. The patient's current calm presentation and denial of suicidal ideation, which suggest the crisis has resolved
- C. The patient's right to refuse treatment and leave the facility since he is presenting as competent and oriented
- D. The high-lethality nature of the location where the patient was found, which suggests the patient may have been contemplating a highly lethal suicide method regardless of current verbal denial

21. An LCSW is treating a forty-two-year-old woman who works as a nurse at a psychiatric facility. The client discloses that she has been taking extra shifts specifically to spend time with a particular male patient she describes as "fascinating." She acknowledges having romantic feelings toward the patient and has begun bringing him personal gifts. What should the LCSW address clinically?

- A. Whether the client recognizes that bringing personal gifts to a patient constitutes a boundary violation in her professional role and that the romantic feelings represent an ethical concern
- B. How the client can manage her attraction appropriately while maintaining her professional responsibilities at the facility

C. Whether the client's romantic feelings toward a psychiatric patient could develop into a clinically significant boundary violation if not addressed through therapeutic exploration

D. Whether the LCSW should contact the psychiatric facility to alert them to the client's behavior with the patient

22. An LCSW receives a request from a documentary filmmaker to participate in a film about mental health treatment. The filmmaker asks the LCSW to describe interesting cases from practice to illustrate key therapeutic concepts. The LCSW is enthusiastic about destigmatizing mental health and wants to participate. What ethical concern is most significant?

A. Whether participation in the documentary constitutes advertising that must comply with BBS advertising regulations

B. Whether the LCSW's enthusiasm about the project might bias the clinical descriptions toward more dramatic presentations

C. Whether describing cases — even without using names — risks breaching client confidentiality if the details are sufficient to allow identification

D. Whether the LCSW should obtain permission from the BBS before participating in media appearances that involve discussing clinical practice

23. An LCSW is treating a fourteen-year-old client who has been self-harming by cutting. The parents consented to treatment. After three months of therapy, the self-harm has decreased significantly. The parents call and demand to know whether their child is "still cutting." The client has asked the LCSW not to share this specific information. What is the most appropriate response?

A. Provide the parents with a complete account of all self-harm incidents since they consented to treatment and the child's safety is a parental responsibility

B. Share general progress information — that the client is responding well to treatment and making meaningful progress — without disclosing the specific details the client has asked to keep private, while exercising clinical judgment about the minor's best interest

C. Refuse to share any information with the parents since the fourteen-year-old has a right to complete confidentiality in therapy

D. Tell the parents that their child has asked for privacy and that the LCSW cannot share any clinical details with them

24. An LCSW is treating an adult client who mentions that his nine-year-old daughter's gymnastics coach makes the girls practice in sports bras and shorts, takes photographs during practice, and does not allow parents to observe. The client is uncomfortable but says, "That's just how elite gymnastics works." What should the LCSW consider?

- A. Whether the client's discomfort is clinically relevant to the presenting concern and should be explored further in therapy sessions
- B. Whether to advise the client to remove his daughter from the gymnastics program immediately to protect her from potential harm
- C. Whether the information provided constitutes a child welfare concern but does not rise to the level of reasonable suspicion requiring a mandated report
- D. Whether the described behavior — restricted parental access, photographing minor girls in minimal clothing, and closed practices — constitutes a pattern that gives rise to reasonable suspicion of child sexual exploitation warranting a mandated report

25. An LCSW is treating a client who has a history of chronic lying. The client tells the LCSW that he fabricated a story about his brother abusing his nephew to get his brother "in trouble" during a custody dispute. The LCSW had filed a mandated report based on the client's original disclosure. Now the client says the abuse never happened. What should the LCSW do?

- A. Document the client's recantation, address it clinically, and contact the investigating agency to provide the new information so the investigation can incorporate it
- B. File a new mandated report documenting the client's recantation and allow CPS to determine the credibility of both statements
- C. Take no action since the original report was made in good faith based on the information available at the time and the LCSW has no obligation to update the report
- D. Contact the brother directly to apologize for filing the report and inform him that the allegation was fabricated

26. An LCSW is treating a client who is a devoutly religious woman. The client's presenting concern is anxiety related to her adult daughter's upcoming marriage to another woman. The client loves her daughter but believes homosexuality is sinful. She is seeking help managing the conflict between her love for her daughter and her religious beliefs. What is the most appropriate therapeutic approach?

- A. Educate the client about the scientific consensus on sexual orientation to help her understand that homosexuality is not a moral failing
- B. Validate the client's religious beliefs and suggest that maintaining distance from the daughter would be the healthiest approach for managing the conflict
- C. Help the client explore the conflict between her religious values and her love for her daughter, support her in finding a resolution that honors both dimensions of her experience, and respect her autonomy in determining how to navigate the situation
- D. Refer the client to a religiously affiliated counselor who shares the client's faith tradition since the LCSW may not be equipped to address theological concerns

27. An ASW is providing therapy to a client who was recently released from prison after serving fifteen years for a violent crime. During therapy, the client describes in detail the crime he committed, including aspects that were not part of the public record. He states that he has fully served his sentence and wants to move forward with his life. He asks whether the LCSW is required to tell anyone what he described. What is the most appropriate response?

- A. Inform the client that the LCSW must report the previously undisclosed details of the crime to law enforcement since they constitute new evidence
- B. Reassure the client that the information is confidential, as past criminal conduct for which the client has served his sentence does not trigger any mandatory reporting obligation
- C. Advise the client not to discuss the details of the crime in therapy to avoid creating a situation where the LCSW might be subpoenaed to testify
- D. Document the details and consult with an attorney to determine whether the new information creates any legal obligation to report

28. An LCSW is conducting a child custody evaluation ordered by the family court. During the evaluation, the father makes several statements that appear designed to portray the mother in an extremely negative light. Some statements are inconsistent with observations the LCSW has made during home visits. How should the LCSW handle the discrepancy?

- A. Document both the father's statements and the LCSW's independent observations, note the inconsistencies objectively, and present findings based on the totality of the evidence rather than accepting either party's narrative at face value
- B. Confront the father about the inconsistencies and warn him that making false statements during a court-ordered evaluation could have legal consequences

C. Give greater weight to the father's statements since parents are the most knowledgeable sources of information about their own families

D. Disregard the father's statements entirely since they are clearly biased and focus the evaluation exclusively on the LCSW's direct observations

29. An LCSW is treating a thirty-one-year-old client who recently learned she was adopted. The client is experiencing an identity crisis and wants to search for her biological parents. She asks the LCSW to help her access sealed adoption records through the LCSW's professional connections. What is the most appropriate response?

A. Use the LCSW's professional connections to access the sealed records since helping the client resolve the identity crisis is a legitimate therapeutic goal

B. Access the adoption records through the state's vital records office since the LCSW has professional standing to request this information on a client's behalf

C. Advise the client that searching for biological parents is often psychologically destabilizing and recommend against it until the identity crisis has resolved

D. Explain that the LCSW cannot use professional connections to access sealed legal records, provide the client with information about legitimate channels for searching for biological parents, and support the client's exploration therapeutically

30. An LCSW working at a university counseling center is treating a graduate student who is also a teaching assistant. The student discloses that a tenured professor in her department has been making sexually suggestive comments and has conditioned her assistantship renewal on spending "private time" with him. The student fears professional retaliation if she reports. She is twenty-six years old. What is the LCSW's obligation?

A. File a mandated report with CPS since the professor's behavior constitutes sexual harassment of a person in a position of vulnerability

B. Report the professor to the university's Title IX office since the LCSW has an obligation to report sexual harassment when it occurs in an educational setting

C. Address the client's distress therapeutically, provide information about reporting options including the university Title IX office and external resources, and support the client's decision-making process without mandating external action

D. Contact the department chair to report the professor's behavior since the LCSW has an ethical obligation to protect other students from similar harassment

31. An LCSW is treating a client with obsessive-compulsive disorder who is terrified of contamination. The client has developed a ritual of washing her hands until they bleed. The LCSW has been treating the client with cognitive behavioral therapy for six months with minimal improvement. The client refuses to consider medication and refuses referral for Exposure and Response Prevention therapy, stating she trusts only the LCSW. What is the most appropriate action?

- A. Continue CBT indefinitely since the client trusts the LCSW and the therapeutic alliance is more important than the specific treatment modality
- B. Have an honest discussion with the client about the limits of the current approach, provide psychoeducation about ERP as the most effective treatment for OCD, and explore the client's reluctance to consider more effective options
- C. Terminate therapy and refuse to continue treatment that is not producing results since doing so provides false hope and fails to serve the client
- D. Agree to learn ERP techniques independently and begin implementing them with this client to maintain the therapeutic relationship while improving outcomes

32. An LCSW is providing therapy to a ten-year-old child whose parents are going through a divorce. The child draws a picture during a session that depicts one parent hitting the other parent with a closed fist while the child watches from behind a couch. The child says, "This happens a lot." Neither parent has disclosed domestic violence to the LCSW. What should the LCSW consider?

- A. Whether to share the drawing with both parents in a joint session to facilitate a therapeutic conversation about the child's experience
- B. Whether the child's drawing constitutes sufficient evidence to file a domestic violence report with law enforcement against the parent depicted as the aggressor
- C. Whether to address the drawing exclusively in the child's individual therapy and avoid involving the parents to maintain the child's trust
- D. Whether the child's exposure to domestic violence constitutes a reportable condition under CANRA and whether a mandated report to child protective services is warranted

33. An LCSW is working with a client who reveals that she has been impersonating a licensed psychologist online, offering psychological testing and therapy services to clients through a website she created. She charges fees and provides diagnoses. She has no clinical license of any kind. What should the LCSW do?

- A. Address the behavior clinically, inform the client that practicing without a license is illegal and places her "clients" at risk of harm, and explore the motivations driving the behavior
- B. Report the client to law enforcement immediately since the LCSW has knowledge of an ongoing criminal enterprise that is harming vulnerable people
- C. Maintain confidentiality without addressing the behavior since the LCSW's role is to treat the client's presenting concern, not to police the client's conduct
- D. Contact the clients listed on the website to warn them that the person providing their treatment is not a licensed professional

34. An LCSW is treating a couple in which one partner has narcissistic personality disorder. During a joint session, the partner with NPD engages in a prolonged, verbally abusive monologue directed at the other partner, including personal insults, gaslighting statements, and threats to leave if the partner does not "shape up." The targeted partner appears to shrink in her chair and looks at the LCSW for help. What is the most appropriate intervention?

- A. Allow the partner with NPD to finish speaking before intervening since interrupting could escalate the abusive behavior
- B. End the session immediately and recommend that the couple separate before any further joint sessions are conducted
- C. Interrupt the abusive monologue, set a firm limit on the behavior, validate the targeted partner's experience, and address the dynamic directly as a central treatment issue
- D. Intervene by redirecting the conversation to a less charged topic and plan to address the abusive pattern in a future session when emotions have cooled

35. An LCSW is providing teletherapy to a client who has been participating from various locations. During today's session, the client states that she is currently in Mexico visiting family. What is the LCSW's most immediate concern?

- A. Whether the client's travel insurance will cover any mental health emergencies that might arise during the trip
- B. Whether providing therapy to a client physically located in another country raises jurisdictional issues that may affect the LCSW's authority to provide services during this session
- C. Whether the time zone difference between California and Mexico will create scheduling difficulties for future sessions

D. Whether the internet connection quality in the client's current location is sufficient to support a secure telehealth session

36. An LCSW is treating a sixteen-year-old client who independently consented to therapy under California Family Code Section 6924. The client discloses that she has been selling prescription stimulant medications to classmates at school. She obtained the medications from her own prescription and from friends' prescriptions. What is the LCSW's legal obligation?

A. Maintain confidentiality and address the illegal behavior clinically within the therapeutic framework, recognizing that a minor's drug distribution does not trigger a mandatory reporting obligation under CANRA

B. File a mandated report with CPS since the minor's illegal drug distribution constitutes a risk to other minors that meets the threshold for child endangerment

C. Report the drug sales to the school administration since the activity is occurring on school grounds and endangers other students

D. Contact law enforcement since the distribution of controlled prescription medications by a minor is a criminal offense that the LCSW is required to report

37. An LCSW is providing individual therapy to a woman who is also attending a dialectical behavior therapy skills group facilitated by another clinician at the same agency. The individual therapy and the DBT group address different but overlapping clinical needs. The DBT group facilitator contacts the LCSW and suggests they coordinate treatment. Both clinicians treat clients at the same agency but have different supervisors. What should the LCSW do before coordinating?

A. Proceed with coordination since both clinicians work at the same agency and internal treatment coordination is automatically permitted

B. Share only administrative information such as the client's attendance at individual therapy without disclosing clinical content

C. Decline to coordinate since the two treatment modalities should remain independent to avoid confusing the client with conflicting approaches

D. Obtain the client's informed consent for the specific coordination being proposed, including what information will be shared and how it will be used in each treatment context

38. An LCSW working in a hospital observes a physician making racially disparaging remarks about a patient to nursing staff in a hallway. The physician does not appear to be aware that the LCSW overheard the comments. The patient is not the LCSW's client. What is the most appropriate action?

A. Ignore the comment since the physician's behavior toward a non-client patient is outside the LCSW's professional responsibility

B. Confront the physician publicly in the hallway to immediately address the racist behavior and advocate for the patient

C. Report the observation through the hospital's formal complaint process or to the appropriate administrator, consistent with the social work profession's commitment to challenging discrimination

D. Discuss the incident with the nursing staff who were present and encourage them to file a complaint since they have a more direct professional relationship with the physician

39. An LCSW is treating a forty-five-year-old client who is experiencing grief after the sudden death of her adult son. The client was raised in a culture that practices elaborate mourning rituals, including animal sacrifice and all-night vigils with the deceased's body present. The client asks the LCSW whether these practices are "normal." What is the most appropriate response?

A. Explain that while the practices may be common in the client's culture, they are unusual in the United States and may be signs of complicated grief

B. Validate the client's cultural mourning practices as meaningful expressions of grief, explore their significance to the client, and support the client in honoring her cultural traditions while also addressing her emotional needs

C. Refer the client to a grief counselor who shares her cultural background since the LCSW may not be adequately trained to address culture-specific mourning rituals

D. Provide the client with information about the stages of grief and encourage her to express her emotions through more conventional therapeutic methods

40. An LCSW is conducting an initial assessment with a new client who arrives at the session with visible facial bruising. When asked about the injuries, the client states she was mugged three days ago and filed a police report. She becomes defensive when the LCSW asks follow-up questions about the incident. The client is a thirty-five-year-old woman with no history of domestic violence. What is the most appropriate approach?

- A. Accept the client's explanation, document the observation and the stated cause, and remain clinically attentive to any future indicators that might suggest a different explanation without pressing the issue at this early stage of the therapeutic relationship
- B. Challenge the client's explanation directly since defensive responses to questions about injuries are a well-known indicator of domestic violence
- C. Contact the police department to verify that the mugging report was actually filed before proceeding with the assessment
- D. Refuse to continue the session until the client provides a more detailed account of how the injuries occurred

41. An LCSW is providing therapy to a client who is a physician. The client confides that she has been practicing medicine while under the influence of alcohol on at least three occasions in the past month. She states she is "functional" and that no patients have been harmed. She asks the LCSW not to tell anyone. What should the LCSW consider?

- A. Whether to encourage the client to report her own substance use to the employer's assistance program while maintaining confidentiality
- B. Whether the LCSW has a mandatory obligation to report the impaired physician to the Medical Board of California
- C. Whether to terminate therapy since the LCSW cannot provide effective treatment to a client who is actively engaging in behavior that endangers others
- D. Whether the client's impaired practice poses a current risk to identifiable patients that may implicate the LCSW's ethical obligation to prevent harm, while recognizing that no clear mandatory reporting obligation is triggered under the LCSW's licensure statutes

42. An LCSW working in a forensic mental health setting is treating a client who is incarcerated. The client has been cooperative in treatment and is approaching a parole hearing. The client's attorney contacts the LCSW and asks for a letter describing the client's participation and progress in therapy to support the parole application. The client has signed a release authorizing the communication. What should the LCSW consider before writing the letter?

- A. Whether the letter should include a comprehensive psychological assessment predicting the client's likelihood of reoffending after release
- B. Whether writing a letter supporting parole constitutes an inappropriate dual role that compromises the therapeutic relationship

C. Whether the letter should contain only factual clinical information — participation, engagement, progress toward treatment goals — without serving as an advocacy document or making predictions about future behavior

D. Whether the LCSW should decline to write the letter entirely since forensic clients should not receive therapeutic support for legal proceedings

43. An LCSW is treating a twenty-two-year-old client who has autism spectrum disorder and lives independently. The client's parents contact the LCSW and state that they are concerned about their son's decision to move across the country for a new job. They ask the LCSW to "talk some sense into him" and convince him to stay closer to home. What is the most appropriate response?

A. Explain that the client is an adult with decision-making capacity, that confidentiality prevents the LCSW from discussing the client's treatment, and suggest the parents speak directly with their son

B. Acknowledge the parents' concerns and schedule a family session so the parents can express their worries in a therapeutic setting

C. Contact the client's employer to verify that the job opportunity is legitimate before supporting the client's decision to relocate

D. Share general information with the parents about the challenges of transitioning to independent living for adults with autism while declining to discuss specific treatment content

44. An LCSW has been treating a client for two years. The client gives the LCSW a power of attorney document and asks the LCSW to serve as the client's healthcare proxy in case the client becomes incapacitated. The client has no family and trusts the LCSW more than anyone else. What should the LCSW do?

A. Decline to serve as the client's healthcare proxy because accepting this role would create a dual relationship and a potential conflict of interest that is incompatible with the therapeutic relationship

B. Accept the responsibility since the client has no other options and refusing would leave the client without a healthcare proxy

C. Accept the role but establish clear boundaries about how the healthcare proxy responsibilities would be handled separately from therapy

D. Refer the client to an attorney who can help identify an appropriate alternative for the healthcare proxy role

45. An LCSW is treating a sixty-eight-year-old client who lives alone. During a home visit, the LCSW observes that the client's home is extremely cluttered with stacked newspapers, food containers, and other items that create narrow pathways through the rooms. The client appears well-nourished, appropriately dressed, and cognitively intact. She states she likes her home the way it is and does not want help cleaning. What is the LCSW's obligation?

- A. File a report with Adult Protective Services since the hoarding conditions constitute self-neglect that endangers the client's safety
- B. Arrange for a professional cleaning service to address the safety hazards in the home without the client's consent if necessary
- C. Respect the client's autonomy and right to live as she chooses while addressing any safety concerns clinically, documenting the home conditions, and revisiting the issue if the conditions deteriorate to a point that compromises the client's basic safety
- D. Contact the client's landlord or homeowners association to report the hoarding conditions as a fire hazard and code violation

46. An LCSW is providing therapy to a seventeen-year-old client who independently consented to therapy. The client discloses that she is being cyberbullied by classmates who are posting humiliating photographs of her on social media. She is experiencing significant distress, has withdrawn from school activities, and has started having suicidal thoughts. She does not want her parents to know. What should the LCSW prioritize?

- A. Immediately inform the parents about the suicidal thoughts regardless of the client's wishes since the safety concern overrides the minor's confidentiality
- B. Report the cyberbullying to the school administration since it constitutes harassment that the school is obligated to address
- C. Maintain the client's confidentiality completely since she independently consented to therapy and has the right to control what her parents know
- D. Conduct a thorough suicide risk assessment and, based on the level of risk determined, make clinical decisions about the degree of parental involvement necessary to ensure the client's safety

47. An LCSW has been treating a client for social anxiety disorder for one year. The client reports that she has started an online support group for people with social anxiety and has been incorporating therapeutic techniques she learned in her own therapy into her facilitation of the group. She asks the LCSW for feedback on her facilitation approach. What is the most appropriate response?

- A. Provide feedback on her facilitation approach since supporting the client's social growth is consistent with the treatment goals
- B. Explore the client's motivations for creating the group, discuss the distinction between peer support and therapy, and address any concerns about her use of clinical techniques without professional training
- C. Decline to discuss the group at all since providing feedback on the client's facilitation of others falls outside the LCSW's clinical scope with this client
- D. Report the client's group to the BBS since facilitating a support group using therapy techniques without a license may constitute unlicensed practice

48. An LCSW is treating a client who is a police officer. During a session, the client describes an incident in which he used excessive force during an arrest, striking a handcuffed suspect multiple times. The client is troubled by his behavior and wants to process the incident in therapy. No formal complaint has been filed. What is the LCSW's obligation?

- A. Maintain confidentiality and address the client's distress therapeutically, recognizing that the client's disclosure of past excessive force does not trigger a mandatory reporting obligation under the LCSW's licensure statutes
- B. Report the use of excessive force to the police department's internal affairs division since the LCSW has knowledge of police misconduct
- C. File a report with local law enforcement since the excessive force constitutes assault and the LCSW has an ethical duty to protect the public
- D. Advise the client to self-report the incident to his supervisors to mitigate potential consequences and document the therapeutic discussion

49. An LCSW is working in a community health clinic that primarily serves low-income families. The clinic administrator asks the LCSW to conduct a program evaluation of the clinic's group therapy services. The LCSW discovers that the evaluation results show the groups are significantly less effective than the clinic has been reporting to its funders. The administrator asks the LCSW to adjust the findings to align with previous reports. What should the LCSW do?

- A. Adjust the findings as requested since the administrator has authority over program operations and the evaluation was conducted under the administrator's direction
- B. Present the findings in a way that emphasizes the program's strengths while minimizing the negative results to protect the clinic's funding

C. Decline to alter the findings, present the accurate results, and explain the ethical obligation to report evaluation data honestly and accurately

D. Withdraw from the evaluation entirely and refuse to submit any report rather than submitting either the altered or the accurate findings

50. An LCSW is treating a client who is going through a contentious divorce. The client's attorney has been contacting the LCSW frequently, requesting copies of session notes, diagnostic information, and the LCSW's opinions about the client's fitness as a parent. The client signed a release authorizing communication with the attorney. The LCSW has become uncomfortable with the volume and nature of the requests. What is the most appropriate action?

A. Comply with all requests since the client signed a release and the attorney is acting on the client's behalf

B. Revoke the release unilaterally since the LCSW has determined that the ongoing disclosures are not in the client's best therapeutic interest

C. Continue complying with the requests but begin charging the attorney for the time spent responding to the requests

D. Discuss the concerns with the client, review the scope and purpose of the release, and work with the client to determine what information is appropriate to share — recognizing that the LCSW can apply the minimum necessary standard and set appropriate limits on the scope of disclosure

51. An LCSW is treating a client who is a single mother of a seven-year-old. The client discloses that she sometimes leaves her child alone for thirty minutes while she runs to the convenience store two blocks away. The child reportedly watches television during these absences. The client explains she cannot always find childcare for brief errands. What should the LCSW do?

A. Assess the specific circumstances — the child's maturity, the duration and frequency of the absences, whether the child has access to a phone, and the overall safety of the arrangement — to determine whether a mandated report of neglect is warranted before making a reporting decision

B. File an immediate mandated report since a seven-year-old should never be left home alone under any circumstances

C. Advise the client that leaving a seven-year-old alone is dangerous and instruct her to make alternative arrangements immediately

D. Document the disclosure and monitor for additional risk factors without making a report since brief absences are a common reality for single parents

52. An LCSW has been working with a client who has severe agoraphobia and has not left her apartment in three years. After intensive therapy, the client makes her first trip outside — to the LCSW's office. The client is emotional and asks to hug the LCSW. What is the most appropriate response?

- A. Decline the hug entirely since any physical contact between clinician and client constitutes a boundary violation under all circumstances
- B. Consider the clinical context and therapeutic significance of the moment, make a judgment about whether a brief, appropriate expression of physical contact serves the client's therapeutic needs, and document the interaction
- C. Accept the hug without any clinical analysis since refusing would diminish the client's accomplishment and damage the therapeutic alliance
- D. Redirect the client to express her feelings verbally rather than physically since therapeutic progress should be processed through words, not actions

53. An LCSW is treating a thirty-year-old client who discloses that she has been engaging in an affair with her married therapist at another agency. She says the therapist told her the relationship is "part of her healing process." What are the LCSW's legal obligations?

- A. File a mandatory report with the BBS since the LCSW now has knowledge that a licensed clinician is engaged in sexual misconduct with a current client
- B. Encourage the client to end the relationship immediately and warn her about the potential psychological harm of the sexual exploitation
- C. Provide the client with the Department of Consumer Affairs brochure about sexual misconduct by therapists and support the client's informed decision-making about whether to take formal action
- D. Contact the other therapist directly to confront them about the sexual relationship and demand that it end immediately

54. An LCSW is treating a client who recently immigrated from a country where mental health treatment carries extreme social stigma. The client has made progress in therapy but adamantly refuses to allow any clinical documentation of sessions, stating that any record of mental health treatment could destroy his reputation if discovered. What should the LCSW do?

- A. Agree to provide treatment without documentation to respect the client's cultural concerns and maintain the therapeutic relationship

B. Offer to use a pseudonym in the clinical records as a compromise that respects the client's concerns while maintaining some documentation

C. Terminate therapy since the LCSW cannot provide ethical clinical services without maintaining proper documentation

D. Explain that clinical documentation is a legal and ethical requirement that cannot be waived, explore the client's concerns with cultural sensitivity, discuss the confidentiality protections that safeguard the records, and work collaboratively to address the client's fears

55. An LCSW is treating a couple in which both partners are therapists. During a session, one partner criticizes the LCSW's therapeutic approach, suggesting a different intervention that the partner believes would be more effective. The other partner agrees. What is the most appropriate response?

A. Acknowledge their professional perspective, remain open to their clinical feedback while maintaining the LCSW's role as the treating clinician, and explore whether the dynamic of having therapist-clients is affecting the therapeutic process

B. Defer to the couple's clinical judgment since they have professional expertise that may exceed the LCSW's own training

C. Redirect the conversation firmly and establish that the LCSW determines the treatment approach and that the clients' professional opinions are not relevant in the therapy room

D. Refer the couple to another therapist since treating two professionals simultaneously creates an inherent power dynamic that cannot be effectively managed

56. An LCSW working in a juvenile detention facility is treating a sixteen-year-old detainee who discloses that correctional officers have been conducting strip searches of female detainees without same-gender staff present, in violation of facility policy. Multiple girls have been subjected to this practice. What should the LCSW do?

A. Document the disclosure and address it only within the therapeutic context since the LCSW's role is limited to providing mental health services

B. Report the information through appropriate channels — which may include the facility's grievance process, the juvenile ombudsman, or external oversight agencies — consistent with the obligation to protect the welfare of vulnerable populations

C. Advise the client to file a formal grievance with the facility and offer to support her through the process

D. Contact the parents of the affected detainees to inform them of the strip search practices so they can take legal action

57. An LCSW is treating a client with dissociative identity disorder. During a session, a child alter emerges and begins crying, saying, "He's hurting me right now." The host personality is a thirty-five-year-old woman, and the child alter appears to be referencing historical abuse that occurred during childhood. The host personality has already disclosed and processed this abuse in previous sessions. What is the most appropriate clinical response?

A. File a mandated report of child abuse since the child alter is reporting active abuse and must be treated as a separate individual with independent reporting obligations

B. Recognize that the child alter is experiencing a traumatic memory as present-tense, not reporting current abuse, and use appropriate therapeutic techniques to ground and stabilize the alter

C. Use grounding techniques and therapeutic containment strategies to help the child alter feel safe, recognizing that the alter's present-tense experience of historical trauma is a clinical feature of DID rather than a report of current abuse

D. Ask the child alter for identifying details about the abuser to determine whether a new mandated report is warranted

58. An LCSW provides therapy to a thirty-year-old man who has a moderate intellectual disability and lives in a supported living arrangement. His group home staff contact the LCSW and ask for detailed information about the client's therapy to help them "manage his behavior better." The client has not signed a release. What should the LCSW do?

A. Share behavioral management recommendations without disclosing clinical content since helping staff manage the client benefits the client's overall wellbeing

B. Invite the group home staff to participate in a joint session so the client can hear and consent to whatever information is shared

C. Provide the requested information since the group home staff are part of the client's care team and coordination is in the client's best interest

D. Decline to share information without the client's authorization, explain the confidentiality requirements, and discuss with the client whether and what information he would like shared with his group home staff

59. An LCSW is treating a client who is enrolled in a doctoral program in clinical psychology. The client asks the LCSW to serve as a clinical supervisor for the doctoral practicum, explaining that the LCSW's approach aligns perfectly with the client's theoretical orientation and that having a supervisor who already understands the client's clinical style would be beneficial. What should the LCSW do?

- A. Decline the request because serving simultaneously as a client's therapist and clinical supervisor creates a dual relationship involving incompatible roles that cannot be ethically managed
- B. Accept the supervision role but establish clear boundaries between the therapy and supervision functions
- C. Accept the supervision role only if the client agrees to terminate the therapeutic relationship first
- D. Refer the client to a colleague who could provide supervision while the LCSW continues as the treating therapist

60. An LCSW is working with a client who is a nurse and who discloses that she has been falsifying patient medication records at her hospital to cover up instances where she forgot to administer medications. She states no patients have been harmed. What should the LCSW consider?

- A. Whether the LCSW has a legal obligation to report the nurse's conduct to the California Board of Registered Nursing
- B. Whether the falsification of medical records — which could result in patients not receiving needed medications — creates a situation where the LCSW's ethical obligation to prevent harm to vulnerable individuals should guide the clinical response, while recognizing that no clear mandatory reporting obligation exists under the LCSW's licensure statutes
- C. Whether the LCSW should contact the hospital's risk management department to report the falsification and protect potential victims
- D. Whether the LCSW should terminate therapy since continuing to treat a client engaged in healthcare fraud makes the LCSW complicit

61. An LCSW is treating a couple in which one partner announces during a session that he has decided to file for divorce. The other partner is blindsided and becomes hysterical. Both partners look to the LCSW to "fix" the situation. What is the most appropriate immediate response?

- A. Advocate for the couple to postpone the divorce decision and commit to an additional three months of therapy before making a permanent decision

B. Schedule individual sessions with each partner to process the announcement separately since continuing joint sessions is no longer appropriate

C. Support the partner who announced the divorce in his decision since self-determination means the LCSW must validate each partner's autonomous choices

D. Provide emotional containment for both partners in the moment, validate the intensity of both responses, and help the couple determine how they want to proceed with the therapeutic process given this development

62. An LCSW is treating a twelve-year-old client whose parents are Jehovah's Witnesses. The child has been experiencing severe depression and suicidal ideation. The parents object to their child receiving therapy, stating that prayer and their faith community are the appropriate treatments for emotional difficulties. The child was referred by the school and wants to continue therapy. What is the most important consideration?

A. Whether the LCSW should defer to the parents' religious beliefs since they are the legal decision-makers for their minor child

B. Whether the school has the authority to override parental objections and mandate the child's continued participation in therapy

C. Whether the parents' refusal to allow mental health treatment for a child with severe depression and suicidal ideation constitutes a form of medical neglect that warrants further assessment and potentially a mandated report

D. Whether the LCSW should offer to incorporate prayer and faith-based practices into the therapy as a compromise that satisfies both the parents' religious concerns and the child's clinical needs

63. An LCSW treating a client at a community mental health center learns that the client was assigned to the LCSW specifically because the agency's intake coordinator believed the LCSW's personal experience as a cancer survivor made the LCSW a "good match" for the client, who has recently been diagnosed with cancer. The LCSW has not disclosed her cancer history to the client or in any professional context at the agency. What is the most appropriate concern?

A. Whether the intake coordinator's knowledge and disclosure of the LCSW's personal health information to influence client assignment constitutes a breach of the LCSW's own privacy that should be addressed with the agency

B. Whether the LCSW should disclose her cancer history to the client to validate the intake coordinator's matching decision

C. Whether the LCSW's personal cancer experience creates a countertransference risk that automatically disqualifies her from treating this client

D. Whether the agency's practice of matching clients and therapists based on personal health histories is an evidence-based approach to clinical assignment

64. An LCSW is treating a twenty-eight-year-old client with severe body dysmorphic disorder. The client has been pursuing repeated cosmetic surgeries and is now seeking a surgeon willing to perform a procedure that previous surgeons have refused, calling it medically unnecessary and potentially harmful. The client asks the LCSW to write a letter supporting the surgery. What should the LCSW do?

A. Write the letter as requested since supporting the client's autonomy in decisions about their own body is consistent with the ethical principle of self-determination

B. Decline to write a letter supporting a procedure that multiple surgeons have deemed unnecessary and potentially harmful, address the request within the context of the body dysmorphic disorder treatment, and explore how the compulsion to seek surgery relates to the client's clinical presentation

C. Write the letter but include a statement that the client has a diagnosis of body dysmorphic disorder so the surgeon has complete clinical information

D. Refer the client to a psychiatrist for a medication evaluation since body dysmorphic disorder requires pharmacological treatment before surgical decisions can be made

65. An LCSW receives a subpoena for records and testimony in a criminal trial. The client calls the LCSW and states that she wants the LCSW to testify on her behalf and is waiving the psychotherapist-patient privilege. However, the client also asks the LCSW to omit certain information from the testimony that the client finds embarrassing, even though that information is documented in the clinical record. What should the LCSW do?

A. Omit the embarrassing information from testimony as the client requests since the client holds the privilege and can dictate the scope of the waiver

B. Agree to testify as the client wishes but file a separate document with the court identifying the information that was omitted from testimony

C. Explain that once the LCSW takes the stand, the LCSW is obligated to testify truthfully and cannot selectively omit information in response to questions, and discuss the implications of waiving privilege with the client

D. Refuse to testify entirely since the client's request to omit information creates an ethical conflict between client loyalty and the obligation to testify truthfully

66. An LCSW working in a veterans' program is treating a combat veteran who describes detailed plans to bomb a government building. He identifies the specific building, describes the explosive device he is constructing, and names a date. He states this is retribution for how the government treated him after his service. What should the LCSW do?

- A. Conduct a thorough assessment of the veteran's mental status and determine whether the threat is connected to a delusional system before taking external action
- B. Document the threat and increase the frequency of therapy sessions to provide closer monitoring and crisis intervention
- C. Consult with the clinical supervisor about the appropriate course of action before contacting law enforcement or other authorities
- D. Take the threat seriously as a credible, specific threat requiring immediate action — notify law enforcement, warn identifiable potential victims if possible, and take all steps necessary to prevent the threatened violence

67. An LCSW is providing therapy to a client who reveals during a session that she has been keeping a detailed journal documenting what she perceives as ethical violations by the LCSW — including the LCSW arriving five minutes late to two sessions, the LCSW's phone vibrating during a session, and the LCSW yawning during a particularly difficult conversation. The client states she is building a case to file a complaint with the BBS. What is the most appropriate therapeutic response?

- A. Explore the client's feelings and motivations behind documenting the perceived violations, address the clinical significance of this behavior pattern within the therapeutic relationship, and respond to any legitimate concerns the client has raised
- B. Inform the client that the documented behaviors do not constitute ethical violations and that filing a frivolous complaint could have consequences
- C. Immediately consult with an attorney to prepare a defense against the anticipated BBS complaint
- D. Terminate therapy since the client's adversarial stance toward the LCSW makes continued treatment untenable

68. An LCSW working in a school setting is providing therapy to a fifteen-year-old student. The student's teacher approaches the LCSW in the hallway and says, "I know you're seeing Joey — can you tell me what's going on with him? I'm really worried." What should the LCSW do?

- A. Share relevant information with the teacher since teachers are part of the student's support system and need information to help the student
- B. Decline to confirm or deny whether the student is receiving therapy, explain that student therapy records are confidential, and suggest the teacher discuss concerns directly with the student's parents
- C. Confirm that the student is in therapy but decline to share clinical information without parental authorization
- D. Share only behavioral recommendations with the teacher without disclosing clinical content since this constitutes consultation rather than a confidentiality breach

69. An LCSW is treating a client with borderline personality disorder who has made three suicide attempts in the past year. The client's managed care company authorizes only six more sessions and refuses to approve additional sessions. The LCSW's clinical judgment is that the client requires ongoing weekly therapy for safety reasons. What is the most appropriate course of action?

- A. Accept the managed care decision and prepare the client for termination within six sessions since the LCSW cannot override insurance determinations
- B. Continue providing treatment beyond the authorized sessions at no charge indefinitely since the alternative is abandonment of a high-risk client
- C. File a detailed appeal with the managed care company documenting the clinical necessity of continued treatment, inform the client of the situation and all available options, and develop a safety-focused plan for the transition regardless of the appeal outcome
- D. Transfer the client to a community mental health center that can provide ongoing services without insurance authorization limitations

70. An LCSW is treating a client who is a high school principal. The client mentions that a parent recently threatened to kill a teacher at the school during a heated meeting about the parent's child's suspension. The client dismissed the threat as "blowing off steam" and took no action. What should the LCSW consider?

- A. Whether to advise the client that dismissing a direct death threat could have serious legal consequences for the principal if the parent acts on the threat
- B. Whether to contact the threatened teacher directly to warn them about the death threat
- C. Whether the client's disclosure creates a clinical issue to explore in therapy without triggering any external action by the LCSW

D. Whether the LCSW's Tarasoff-related obligations are triggered, considering that the LCSW received the information from a third party about a threat made by a non-client against an identifiable victim

71. An LCSW is treating a client who asks the LCSW to prescribe a specific anti-anxiety medication that the client's friend takes and finds helpful. The client states her psychiatrist refused to prescribe it and she wants the LCSW to override that decision. What should the LCSW do?

A. Explain that prescribing medication is outside the LCSW's scope of practice, explore the client's frustration with her psychiatrist, and encourage her to discuss her medication preferences directly with the prescribing professional

B. Contact the psychiatrist directly to advocate for the client's medication preference since supporting client self-determination includes medication advocacy

C. Provide the client with a written recommendation for the specific medication that the client can present to another prescriber for a second opinion

D. Explain that the psychiatrist's refusal to prescribe the medication is likely based on sound clinical judgment and that the client should trust the prescriber's expertise

72. An LCSW is treating a client who has been participating in therapy consistently for two years. The client has met all initial treatment goals. Recently, the client has been using session time primarily to discuss everyday life events — work stress, weekend plans, and relationship updates — without identifying new treatment concerns. What should the LCSW do?

A. Continue therapy as the client wishes since the client is benefiting from the ongoing supportive relationship and has the right to continue

B. Discuss the shift in session content with the client, explore whether there are unaddressed treatment needs, and collaboratively evaluate whether continued therapy is clinically indicated or whether a reduction in frequency or termination is appropriate

C. Terminate therapy unilaterally since the client no longer has a clinical need that justifies ongoing treatment

D. Increase the session frequency to provide additional time for deeper clinical exploration of the everyday topics the client is raising

73. An LCSW working at a psychiatric hospital is on the treatment team for a patient who has been involuntarily hospitalized under a 5250 fourteen-day certification. The patient requests a certification

review hearing, which is the patient's legal right. The treatment team believes the patient still meets criteria for continued involuntary treatment. What is the LCSW's role?

- A. Advocate for the treatment team's position that the patient should remain hospitalized since the team has the most comprehensive understanding of the patient's clinical needs
- B. Advocate for the patient's release since the social work profession's commitment to self-determination requires supporting the patient's expressed wishes
- C. Ensure the patient's right to the hearing is respected and facilitated, prepare clinical documentation that accurately reflects the patient's condition, and present objective findings at the hearing without advocating for a predetermined outcome
- D. Encourage the patient to withdraw the hearing request and cooperate with the treatment team to demonstrate progress toward voluntary compliance

74. An LCSW is treating a client who works at a residential facility for adults with developmental disabilities. The client discloses that a coworker regularly mocks and ridicules the residents, calls them names, and deliberately serves them cold food. The client has reported the behavior to the facility manager, who told the client to "mind your own business." What should the LCSW consider?

- A. Whether the client's account of the coworker's behavior is clinically relevant to the client's treatment and should be explored therapeutically
- B. Whether the described treatment of residents with developmental disabilities constitutes abuse of dependent adults that triggers the LCSW's mandated reporting obligation, even though the LCSW received the information secondhand from a client
- C. Whether the LCSW should contact the facility manager directly to discuss the reported mistreatment and advocate for the residents' welfare
- D. Whether the client should be encouraged to report the coworker's behavior to Adult Protective Services herself since she has direct knowledge of the situation

75. An LCSW is treating a client with anorexia nervosa who has been medically stable but whose weight has recently dropped below a clinically dangerous threshold. The client's physician has recommended immediate hospitalization, but the client is an adult with decision-making capacity and refuses. She states she will stop seeing the LCSW if she is "forced" into the hospital. What is the most appropriate approach?

- A. Support the client's refusal since self-determination requires honoring the decisions of competent adults even when those decisions carry health risks
- B. Terminate therapy if the client refuses hospitalization since the LCSW cannot be complicit in the client's self-destructive behavior
- C. Have an honest conversation with the client about the medical risks, explore her fears about hospitalization, discuss the potential consequences of continued weight loss including death, coordinate with her physician, and document the clinical reasoning — while respecting that a competent adult ultimately has the right to refuse treatment
- D. Contact the client's family members to enlist their help in convincing the client to accept hospitalization

Practice Exam 4: Answer Key and Explanations

1. B — Mandated reporting under CANRA is triggered when a mandated reporter receives information in their professional capacity that gives rise to reasonable suspicion of child abuse — including secondhand information. A youth pastor showing sexually explicit images to a fourteen-year-old constitutes suspected child sexual abuse. The LCSW must make an immediate telephone report regardless of the client's wishes or the secondhand nature of the disclosure.
2. D — The LCSW observed a client who appears excessively drowsy and has identified a potentially dangerous medication dosage discrepancy. While the LCSW cannot prescribe or adjust medication, the LCSW has an ethical obligation to advocate for the client's safety by reporting the concern to the appropriate medical staff. Remaining silent about a potentially dangerous medication error would be inconsistent with the duty to protect client welfare.
3. A — Concurrent treatment with two therapists for the same presenting concern creates clinical risks including conflicting therapeutic approaches, splitting, and fragmented care. The LCSW should discuss these implications with the client, encourage transparency with the other therapist, and support the client in making an informed decision. Accepting the client without addressing the concurrent treatment or contacting the other therapist without authorization are both inappropriate.
4. D — Behavioral warning signs — giving away possessions, changing financial documents, unusual calm after prolonged agitation — are well-established indicators of suicidal preparation that may be more clinically significant than verbal denial. The LCSW must conduct an enhanced risk assessment that integrates these behavioral observations with the verbal report rather than relying solely on the client's self-report. Clinical judgment must account for the full picture.

5. C — The client is a nineteen-year-old legal adult whose treatment information is protected by confidentiality regardless of who pays for therapy. The LCSW cannot share treatment information without the client's authorization. Additionally, ethical standards and California law prohibit conversion therapy — efforts to change a person's sexual orientation or gender identity. The LCSW must communicate both the confidentiality requirement and the prohibition on conversion therapy.

6. A — California law prohibits sexual or romantic relationships with former clients within two years of termination. Three months post-termination falls squarely within this statutory prohibition. The NASW Code's guidance on addressing ethical concerns with colleagues directs the LCSW to speak with the coworker directly first, informing them of the legal violation and the requirement to end the relationship before escalating to administrative or regulatory channels.

7. B — When a client is unconscious following a medication overdose and unable to provide consent, an emergency exception to confidentiality may apply. Providing clinically necessary information — current medications, psychiatric history, and treatment plan — to support emergency medical treatment serves the client's immediate safety needs. The disclosure should be limited to information necessary for the emergency care.

8. D — Couples therapy in the presence of active domestic violence is contraindicated by most clinical guidelines because the joint format can increase danger to the victim — the abused partner may face retaliation for disclosures made in session. The most immediate concern is whether the LCSW's failure to screen for domestic violence before initiating couples therapy placed the wife at increased risk, and whether continuing joint sessions is clinically safe.

9. C — The client's description of "roughly handling" her eighty-two-year-old mother with advanced Alzheimer's constitutes reasonable suspicion of elder abuse. The LCSW must make an immediate telephone report to Adult Protective Services or local law enforcement. The reporting obligation is triggered by the description itself — the LCSW does not need to conduct further assessment of severity before reporting. Clinical support for the caregiver can continue after the report is filed.

10. A — The client's description of searching a student's backpack and confiscating medications does not trigger any mandatory reporting exception 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 client's workplace question within the therapeutic context.

11. A — When parents share joint legal custody, both typically have the right to participate in decisions about their child's mental health treatment. The LCSW should suspend treatment temporarily while making reasonable efforts to communicate with both parents, clarify the custody arrangement, and resolve the disagreement. Continuing without the mother's knowledge or abruptly terminating both fail to respect the joint custody framework.

12. B — This scenario presents significant ethical complexity. The LCSW has no clear statutory mandatory reporting obligation for a pilot experiencing panic attacks, but the situation involves potential risk to public safety. The most appropriate approach addresses the panic attacks clinically while exploring the client's willingness to self-report to aviation medical authorities. The LCSW should also consult on the ethical dimensions of the situation.

13. D — Five years without clinical practice represents a significant gap that likely affects clinical competence, regardless of the LCSW's academic achievements. The ethical obligation to practice within competence means the LCSW should seek intensive supervision, additional clinical training, or a structured reentry program before providing independent clinical services. Holding a current license alone does not establish current clinical competence.

14. A — Female genital cutting of a minor is illegal in the United States, and federal law also prohibits transporting a minor out of the country for this purpose. The LCSW should assess whether the planned procedure constitutes child abuse under California law and, if warranted, file a mandated report. Cultural practice does not exempt conduct that constitutes child abuse from mandatory reporting obligations.

15. B — The LCSW established a limited confidentiality policy that protects individually disclosed information. While the health risk to the husband is serious, breaking the established confidentiality framework without first attempting to work within it would damage therapeutic trust. The most appropriate response is to work urgently with the diagnosed partner to develop a disclosure plan, emphasizing the ethical and health implications while respecting the established framework.

16. C — Client confidentiality does not automatically terminate upon death. Post-death disclosure is governed by specific legal provisions that vary by circumstance. The LCSW should evaluate whether the estate attorney's request falls within a recognized exception, consult with an attorney if needed, and release only information that is legally appropriate given the specific circumstances and purpose of the probate proceeding.

17. D — Federal immigration enforcement authority does not override state confidentiality protections for mental health treatment records. Without a valid warrant, the LCSW and agency have no obligation

to provide client information, client lists, or access to clinical areas. The ASW should decline to provide any information and request that the agents present a valid warrant before any records or information can be disclosed.

18. A — The LCSW's role is to support the client's emotional processing and decision-making — not to direct the client's actions within her marriage. The LCSW should help the client explore her feelings about the disclosure, consider her options, and make her own decisions. Advising specific actions, offering to mediate the marital conflict, or minimizing the client's distress all exceed or fall short of the appropriate therapeutic role.

19. B — Voluntary sex work by an adult client does not trigger any mandatory reporting obligation. The LCSW should address the client's expressed concerns about legal risk in a nonjudgmental therapeutic stance, exploring the clinical dimensions of the situation. Refusing to provide therapy, requiring behavioral change as a condition of treatment, or reporting to law enforcement are all inappropriate responses that fail to respect client autonomy.

20. D — A patient found standing on a highway overpass — a high-lethality location — represents a significant behavioral indicator of suicidal intent regardless of verbal denial. The high-lethality nature of the location where the patient was found is the most clinically important factor because it suggests the patient may have been contemplating a method with a very high probability of death, making the current denial potentially unreliable.

21. C — The client's developing romantic feelings toward a psychiatric patient, combined with the escalation to bringing personal gifts, represents an emerging boundary violation in her professional role that could lead to serious harm. The LCSW should explore the clinical dimensions of this pattern — including countertransference, boundary awareness, and the power dynamics inherent in the clinician-patient relationship — to help the client recognize the ethical risk.

22. C — Even without using names, describing cases with sufficient detail — specific diagnoses, unique circumstances, distinctive trauma histories, unusual treatment approaches — risks making clients identifiable to people who know them. The most significant ethical concern is confidentiality. Any case descriptions would require either client consent or de-identification so thorough that the clinical value of the vignette may be compromised.

23. B — The parents consented to their minor child's treatment and have a legitimate interest in their child's safety. However, the LCSW should exercise clinical judgment about what specific information to share, balancing the parents' need for information with the minor client's therapeutic relationship and

best interest. Sharing general progress information while protecting specific details the client has requested to keep private represents an appropriate clinical balance.

24. D — The described pattern — restricted parental access, photographing minor girls in minimal clothing, and closed practices — collectively raises reasonable suspicion of potential child sexual exploitation. While each element alone might have an innocent explanation, the combination of factors warrants a mandated report. The LCSW's role is to report reasonable suspicion, not to investigate or determine whether abuse has occurred.

25. A — When a mandated reporter receives new information that materially affects a previously filed report, the reporter should communicate that information to the investigating agency. The client's recantation is significant new information that CPS needs to incorporate into its investigation. The LCSW should document the recantation, inform the investigating agency, and address the client's pattern of lying within the therapeutic relationship.

26. C — The client is experiencing a genuine conflict between two deeply held values — religious faith and love for her daughter. The LCSW's role is to create a therapeutic space where the client can explore this conflict, support her in finding a resolution that honors both dimensions of her experience, and respect her autonomy in determining how to navigate the situation. Neither dismissing her religious beliefs nor validating them as the sole framework is appropriate.

27. B — Past criminal conduct for which the client has fully served his sentence does not trigger any mandatory reporting obligation. The information disclosed is protected by confidentiality. The LCSW should reassure the client that the information shared in therapy is confidential and that no reporting obligation exists based on this disclosure, allowing the client to continue processing the material therapeutically.

28. A — A forensic evaluator must maintain objectivity and base findings on the totality of the evidence — not on either party's narrative alone. When a parent's statements are inconsistent with the LCSW's own observations, the appropriate approach is to document both, note the inconsistencies objectively, and present a balanced assessment. Neither accepting nor disregarding the father's statements entirely serves the court's need for accurate information.

29. D — The LCSW cannot use professional connections to access sealed legal documents, as doing so would be an inappropriate use of professional status. The LCSW should explain this limitation, provide information about legitimate channels for searching for biological parents (such as California's adoption reunion registries and mutual consent programs), and support the client's exploration therapeutically.

30. C — The client is a twenty-six-year-old legal adult. Sexual harassment by a professor, while serious, does not trigger a mandatory reporting obligation for the LCSW because the client is not a minor, elder, or dependent adult. The LCSW should address the distress therapeutically, provide information about reporting options including the university Title IX office and external resources, and support the client's decision-making process.

31. B — When treatment has produced minimal results over an extended period, the LCSW has an ethical obligation to discuss the situation honestly with the client. Providing psychoeducation about more effective evidence-based treatments (such as ERP for OCD), exploring the client's reluctance, and supporting informed decision-making about treatment options is more ethical than continuing an ineffective approach indefinitely.

32. D — California law recognizes that children exposed to domestic violence may be at risk of emotional and psychological harm. A child's drawing depicting repeated witnessed domestic violence, accompanied by the statement "this happens a lot," gives rise to reasonable suspicion that the child may be experiencing a reportable form of harm. The LCSW should assess whether a mandated report to child protective services is warranted.

33. A — The client's impersonation of a licensed psychologist is illegal and places her "clients" at risk of harm from incompetent clinical services. While no mandatory reporting obligation is clearly triggered under the LCSW's licensure statutes, the LCSW has an ethical obligation to address the behavior directly — informing the client that practicing without a license is illegal, exploring the motivations, and discussing the potential consequences.

34. C — The partner with NPD is engaging in active verbal abuse during the session — personal insults, gaslighting, and threats. Allowing this to continue unchecked causes harm to the targeted partner in real time. The LCSW must interrupt the abusive behavior, set firm limits, validate the targeted partner's experience, and address the dynamic as a central treatment issue rather than allowing it to proceed or redirecting to a less challenging topic.

35. B — Providing therapy to a client who is physically located in another country raises jurisdictional issues. The LCSW's California license may not authorize practice across international borders, and the legal and regulatory framework governing telehealth in the client's current location may differ significantly. The LCSW must consider whether providing services during this session is legally authorized before proceeding.

36. A — A minor's illegal distribution of prescription stimulant medications, while a criminal offense, does not fall within the categories of abuse or neglect that trigger mandatory reporting under CANRA. No child, elder, or dependent adult is being abused or neglected as defined by the reporting statutes. The LCSW should maintain confidentiality and address the behavior clinically within the therapeutic framework.

37. D — Working at the same agency does not automatically authorize the sharing of client information between clinicians treating the same client. Before coordinating treatment, the LCSW must obtain the client's informed consent specifying what information will be shared, with whom, and for what purpose. Internal agency relationships do not eliminate the need for client authorization.

38. C — The NASW Code commits social workers to challenging discrimination in all its forms. Witnessing a physician make racially disparaging remarks about a patient represents discriminatory conduct that the LCSW has an ethical obligation to address. Reporting through the hospital's formal complaint process or to the appropriate administrator is the most constructive and professionally appropriate channel for addressing the behavior.

39. B — Cultural mourning practices — including animal sacrifice and all-night vigils — are meaningful expressions of grief within the client's cultural framework. The LCSW should validate these practices, explore their significance, and support the client in honoring her cultural traditions. Pathologizing culturally normative grief responses or redirecting the client toward Western therapeutic models would violate the obligation of cultural competence and respect.

40. A — At the initial intake stage, the LCSW has limited information and no therapeutic relationship to support confrontation. The client's explanation is plausible, and defensive responses to questions about injuries do not automatically indicate domestic violence. The most appropriate approach is to accept the explanation, document the observation, and remain clinically attentive to any future indicators that might suggest a different explanation.

41. D — The LCSW faces an ethical tension between maintaining confidentiality and the awareness that an impaired physician may pose a risk to patients. No clear mandatory reporting obligation exists under the LCSW's licensure statutes for reporting impaired physicians. However, the LCSW should address the impairment directly in therapy, encourage the client to seek help and self-report, and carefully consider the ethical dimensions of the situation.

42. C — The LCSW should provide a letter containing factual clinical information — participation, engagement, and progress toward treatment goals — consistent with the scope of the release. The letter

should not function as an advocacy document or include predictions about future behavior, which would cross into forensic evaluation territory. Maintaining the distinction between the therapist role and the evaluator role protects both the therapeutic relationship and professional integrity.

43. B — The client is a twenty-two-year-old adult with decision-making capacity. The autism spectrum disorder diagnosis does not diminish the client's right to self-determination. The LCSW cannot discuss treatment content with the parents without authorization, and the parents' wish for the LCSW to discourage the relocation is not a legitimate therapeutic goal. The LCSW should explain confidentiality requirements and suggest the parents communicate directly with their son.

44. A — Serving as a client's healthcare proxy creates a dual relationship involving a potential conflict of interest. The LCSW would hold decision-making authority over a client's medical care during incapacitation — a role that is fundamentally incompatible with the therapeutic relationship. The LCSW should decline and help the client identify an appropriate alternative, potentially through referral to an attorney or social services agency.

45. C — A competent, cognitively intact adult has the right to live as she chooses, even if her living conditions seem undesirable to others. The LCSW should respect the client's autonomy while addressing safety concerns clinically, documenting the home conditions, and monitoring for changes that might compromise the client's basic safety. A hoarding condition in a competent adult does not automatically warrant an APS report.

46. D — The client has suicidal ideation, which creates a safety concern that must be thoroughly assessed before decisions about confidentiality and parental involvement can be made. The LCSW should conduct a comprehensive suicide risk assessment and then make clinically informed decisions about the degree of parental involvement necessary based on the level of risk identified. The safety assessment drives the confidentiality decision, not the other way around.

47. B — The client's creation of an online support group and use of therapeutic techniques raises issues that are clinically relevant and therapeutically appropriate to explore. The LCSW should discuss the client's motivations, clarify the distinction between peer support and professional therapy, and address any concerns about the client's use of clinical techniques without professional training — all within the therapeutic framework.

48. A — The client's disclosure of past excessive force against a handcuffed suspect does not trigger a mandatory reporting obligation under the LCSW's licensure statutes. There is no child, elder, or

dependent adult abuse, and no current imminent threat against an identifiable person. The LCSW should maintain confidentiality and address the client's distress therapeutically.

49. C — The NASW Code requires social workers to report evaluation findings accurately. Altering data to align with previous reports — even to protect a clinic serving vulnerable populations — violates the ethical obligation of integrity and honest reporting. The LCSW should decline to alter the findings, present accurate results, and explain that the ethical obligation to report data honestly is non-negotiable.

50. D — While the client signed a release, the LCSW retains professional judgment about what information is appropriate to share. The minimum necessary standard applies, and the LCSW can set appropriate limits on the scope of disclosure. The LCSW should discuss concerns with the client, review the release's scope and purpose, and work collaboratively to determine what information serves the client's interests.

51. A — California does not specify a minimum age for children to be left home alone. Whether leaving a seven-year-old alone for thirty minutes constitutes neglect depends on the specific circumstances. The LCSW should assess the child's maturity, the duration and frequency, safety measures in place, and the overall arrangement before determining whether a mandated report is warranted. Reflexive reporting without assessment is as inappropriate as reflexive dismissal.

52. B — Physical contact in therapy is not categorically prohibited — it is context-dependent and requires clinical judgment. This moment represents a profound therapeutic achievement for a client with severe agoraphobia. The LCSW should consider the therapeutic significance, the client's clinical needs, and the appropriateness of a brief expression of support in this specific context. The interaction should be documented regardless of the decision.

53. C — When a client discloses a current sexual relationship with their therapist, the LCSW's legal obligation is to provide the Department of Consumer Affairs brochure about sexual misconduct by therapists. The decision about whether to file a formal complaint with the licensing board rests with the client. The LCSW should support the client's informed decision-making and address the therapeutic implications of the exploitation.

54. D — Clinical documentation is a legal and ethical requirement that cannot be waived regardless of cultural concerns. However, the LCSW should address the client's fears with genuine cultural sensitivity, explain the confidentiality protections that safeguard the records from unauthorized disclosure, and work collaboratively to alleviate the client's concerns. Simply terminating or agreeing to forgo documentation are both inappropriate responses.

55. A — Having therapist-clients creates a unique dynamic where the clients may challenge the LCSW's approach from a position of professional knowledge. The LCSW should acknowledge their perspective with openness, remain receptive to clinical feedback while maintaining the treating clinician role, and explore whether the dynamic of treating fellow therapists is itself affecting the therapeutic process.

56. B — The described strip search practices — conducted without same-gender staff present in violation of facility policy — constitute potential abuse of minors in a detention setting. The LCSW has an ethical obligation to report the information through appropriate channels to protect the welfare of vulnerable youth. Internal grievance processes alone may be insufficient given the seriousness and systemic nature of the allegation.

57. C — Child alters in dissociative identity disorder frequently experience traumatic memories as present-tense events — this is a core clinical feature of the disorder, not a report of current abuse. The LCSW should use grounding and containment techniques to help the child alter feel safe and oriented to the present. The host personality has already disclosed and processed this historical abuse, confirming that this is a traumatic re-experiencing, not a new disclosure.

58. D — The group home staff are not automatically authorized to receive clinical information simply because they provide residential support. Without the client's authorization, the LCSW cannot share treatment information. The LCSW should explain the confidentiality requirements to the staff and then discuss with the client whether and what information he would like shared, respecting his right to make that decision.

59. A — Serving simultaneously as a client's therapist and clinical supervisor creates a dual relationship involving fundamentally incompatible roles. The supervisor evaluates the supervisee's clinical competence and professional development — functions that conflict directly with the therapeutic relationship's emphasis on unconditional support and client welfare. These roles cannot be ethically combined regardless of boundary agreements.

60. B — The client's falsification of medication records creates a situation where patients may not receive needed medications — a potential harm to vulnerable individuals. While no clear mandatory reporting obligation exists under the LCSW's licensure statutes, the ethical obligation to prevent harm should guide the clinical response. The LCSW should address the behavior directly in therapy, explore its implications, and support the client in taking corrective action.

61. D — A divorce announcement during a couples therapy session creates an acute emotional crisis that requires skilled clinical management. The LCSW should provide emotional containment for both

partners, validate the intensity of their respective responses, and help the couple determine how they want to proceed. Neither advocating for or against the divorce, nor prematurely restructuring the treatment format, serves the couple's immediate needs.

62. C — When parents refuse mental health treatment for a child with severe depression and active suicidal ideation, the refusal may constitute a form of medical neglect that warrants further assessment. The child's safety is the paramount concern. The LCSW should consider whether the parents' refusal to allow treatment for a clinically urgent condition rises to the level of neglect requiring a mandated report or other protective intervention.

63. A — The intake coordinator's knowledge and use of the LCSW's personal health information to influence client assignment raises a significant privacy concern for the LCSW. The LCSW's personal medical history should not be used as a matching criterion without the LCSW's knowledge and consent. This breach of the LCSW's own privacy should be addressed with the agency administration.

64. B — Writing a letter supporting a cosmetic procedure that multiple surgeons have deemed medically unnecessary and potentially harmful would be inconsistent with the LCSW's clinical role in treating body dysmorphic disorder. The request itself is clinically significant — it reflects the compulsive surgery-seeking behavior that is a feature of the disorder. The LCSW should address the request within the treatment framework rather than facilitating it.

65. C — Once the LCSW takes the witness stand, the LCSW is obligated to testify truthfully in response to questions asked. The LCSW cannot selectively omit documented information from testimony. The client should understand this before waiving the privilege, so the LCSW must explain the implications clearly. If the client is uncomfortable with full disclosure, the alternative is to not waive the privilege.

66. D — A client describing specific plans to bomb a particular government building on a named date, including construction of an explosive device, represents a credible, specific, and imminent threat requiring immediate action. The LCSW must notify law enforcement immediately, warn identifiable potential victims if possible, and take all necessary steps to prevent the threatened violence. Further assessment or consultation should not delay the response to this level of specificity and immediacy.

67. A — The client's behavior of documenting perceived ethical violations is therapeutically significant material that should be explored rather than dismissed or reacted to defensively. The LCSW should explore the client's feelings and motivations, address the clinical significance of the behavior within the therapeutic relationship, and respond to any legitimate concerns the client has raised. This approach maintains the therapeutic frame while treating the behavior as clinically meaningful.

68. B — The LCSW cannot confirm or deny whether any student is receiving therapy. Student therapy records are confidential and cannot be disclosed to teachers without proper authorization. The LCSW should explain the confidentiality requirements and suggest the teacher discuss concerns with the student's parents or through appropriate school channels. Even confirming that the student is a client would breach confidentiality.

69. C — A client with borderline personality disorder and three recent suicide attempts represents high clinical risk. The LCSW should file a detailed appeal documenting clinical necessity, inform the client of the situation and all available options, and develop a safety-focused transition plan regardless of the appeal outcome. Simply accepting the denial or providing indefinite free services are both problematic responses to a complex situation requiring advocacy and planning.

70. D — The LCSW received information about a specific death threat against an identifiable person (the teacher). Although the threat was communicated by a third party (the client) rather than by the person who made the threat, the LCSW should consider whether the Tarasoff-related obligations are implicated. The specificity of the threat and the identifiability of the victim are the key factors, regardless of the source of the information.

71. A — Prescribing medication is outside the LCSW's scope of practice. The LCSW cannot prescribe, recommend specific medications, or override a psychiatrist's prescribing decision. The appropriate response is to explain the scope limitation, validate the client's frustration, and encourage her to communicate her medication preferences directly with her prescribing professional, who can make informed clinical decisions about the request.

72. B — When a client has met all treatment goals and session content has shifted to general life discussion without identified clinical needs, the LCSW should evaluate whether continued therapy is clinically indicated. The ethical obligation to provide services only when they serve the client's needs requires an honest conversation about whether ongoing therapy is beneficial or whether a reduction in frequency or termination is more appropriate.

73. C — The LCSW's role in a certification review hearing is to ensure the patient's legal rights are respected, prepare accurate clinical documentation, and present objective findings. The LCSW should not advocate for a predetermined outcome — whether hospitalization or release — but should provide honest, objective clinical information that supports the hearing process. The patient's right to the hearing must be facilitated regardless of the treatment team's clinical position.

74. B — The described treatment of residents with developmental disabilities — mocking, name-calling, and deliberately serving cold food — constitutes potential abuse of dependent adults. Residents of facilities for adults with developmental disabilities typically qualify as dependent adults under California law. The LCSW's mandated reporting obligation may be triggered even though the information was received secondhand, as long as it was received in the LCSW's professional capacity.

75. C — A competent adult has the right to refuse medical treatment, including hospitalization for anorexia nervosa. However, the LCSW has an ethical obligation to ensure the client's decision is fully informed. The LCSW should have an honest conversation about the medical risks, explore the client's fears, coordinate with the physician, and document the clinical reasoning — while ultimately respecting the client's autonomous decision.