

PRACTICE EXAM 6: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. An LCSW in a hospital setting is part of an interdisciplinary treatment team for a patient with schizoaffective disorder. During a team meeting, a psychiatrist reveals sensitive details from the patient's therapy sessions that the LCSW shared in a previous team meeting under the assumption the information would be used only for treatment planning. The psychiatrist has included the information in a research paper without the patient's consent. What is the LCSW's most appropriate first action?

A. File a formal complaint with the hospital's Institutional Review Board for unauthorized use of patient information in research

B. Address the concern directly with the psychiatrist, explaining that the information shared for treatment coordination was not authorized for research use and that patient consent is required

C. Report the psychiatrist to the Medical Board of California for violating patient confidentiality in a published research paper

D. Contact the patient immediately to inform them that their confidential information has been used in a research publication without consent

2. An ASW is treating a twenty-three-year-old client at a university counseling center. The client confides that she has developed a detailed plan to vandalize her ex-boyfriend's car and has purchased supplies to carry out the plan tonight. She is angry and seems determined. The ex-boyfriend is not a client of the ASW. What is the ASW's legal obligation?

A. Warn the ex-boyfriend immediately since his property is at imminent risk of destruction and the Tarasoff duty applies to threats against property

B. Contact campus police to report the planned vandalism since the ASW has knowledge of an imminent criminal act on university property

C. File a mandated report with law enforcement since the ASW has knowledge of a specific and imminent plan to commit a crime against an identifiable victim

D. Maintain confidentiality and address the client's anger and destructive impulses clinically, recognizing that a plan to vandalize property does not trigger the Tarasoff duty or any mandatory reporting obligation

3. An LCSW working in a private practice receives a new referral for a client who shares the same rare medical condition as the LCSW's own child. The LCSW has extensive personal knowledge about the condition from years of managing her child's treatment. The client is seeking therapy for depression related to the medical condition. What is the most important consideration before accepting the client?

- A. Whether the LCSW's personal connection to the medical condition creates a countertransference risk that could impair objectivity, and whether this can be managed through supervision and self-monitoring
- B. Whether the LCSW should disclose her child's medical condition to the client during the informed consent process to establish rapport and demonstrate understanding
- C. Whether the LCSW's personal knowledge of the condition makes her more qualified than other clinicians to treat this client effectively
- D. Whether treating a client with the same condition as the LCSW's child automatically constitutes a dual relationship that prevents the LCSW from accepting the case

4. An LCSW has been treating a forty-year-old man for eighteen months. The client recently started a new romantic relationship and asks the LCSW to provide couples therapy for himself and his new partner in addition to his individual therapy. What is the most appropriate response?

- A. Explain that providing both individual and couples therapy to the same client creates a conflict of interest that should generally be avoided, and refer the couple to another clinician for couples work
- B. Accept the couples therapy request since the LCSW already has a strong therapeutic relationship with the client and this provides continuity of care
- C. Accept the request but only after the new partner completes an independent intake assessment with the LCSW to establish a separate therapeutic relationship
- D. Agree to provide couples therapy but discontinue individual therapy to avoid maintaining dual therapeutic roles simultaneously

5. An LCSW treats a client who is a social media influencer. The client asks the LCSW to follow her professional Instagram account so the LCSW can see how the client presents herself publicly, which the client believes is relevant to her treatment for imposter syndrome. What should the LCSW do?

- A. Follow the account since the client requested it and the content is publicly available information relevant to the clinical work

B. Follow the account but only from a separate professional social media profile that does not reveal personal information about the LCSW

C. Decline to follow the account, explain the boundary concerns with monitoring a client's social media presence, and explore alternative ways to incorporate the client's public persona into the therapeutic work

D. Follow the account temporarily to review the content and then unfollow after gathering enough information to inform the clinical work

6. An ASW is providing therapy to a fifteen-year-old client who independently consented to treatment. During a session, the client discloses that she has been meeting adults she found on a dating application by lying about her age. She has met three men in person, all over the age of twenty-five. She describes the encounters as consensual but acknowledges she told each man she was eighteen. What should the ASW do?

A. Report the situation to local law enforcement since the men may be committing statutory rape even though they were deceived about the client's age

B. Assess the safety concerns, consider whether the client's situation constitutes child sexual exploitation or endangerment that triggers a mandated reporting obligation, and consult with the supervisor about the appropriate response

C. Maintain confidentiality since the client independently consented to therapy and the sexual activity was initiated by the client through deception

D. Inform the client's parents immediately since the client is engaging in dangerous behavior that the parents need to know about to ensure her safety

7. An LCSW working at a nonprofit agency discovers that the executive director has been diverting grant funds designated for client mental health services to cover the agency's administrative expenses and the director's personal travel. The diversion has reduced the number of therapy sessions available to clients on the waitlist. What should the LCSW do?

A. Resign from the agency to avoid being associated with the financial misconduct and seek employment at an ethical organization

B. Continue working at the agency but maintain detailed personal records of the financial diversion in case they are needed for future legal proceedings

C. Confront the executive director privately and demand that the funds be returned to client services before the LCSW takes further action

D. Report the financial misconduct through appropriate channels — which may include the board of directors, the funding agency, or external regulatory authorities — consistent with the ethical obligation to advocate for client welfare

8. An LCSW is treating a married couple in which both partners are medical professionals. During a joint session, the wife reveals that she has been prescribing controlled substances to herself using prescription pads from her medical practice. The husband is alarmed and asks the LCSW to report his wife to the Medical Board. The wife insists the self-prescribing is under control and threatens to leave therapy if reported. What should the LCSW consider?

A. Whether the LCSW has a mandatory obligation to report the wife's self-prescribing to the Medical Board of California

B. Whether the husband's request to report his wife should be honored since he is also a client in the couples therapy and has the right to have his concerns addressed

C. Whether the wife's self-prescribing behavior and its implications for her professional fitness should be addressed clinically within the couples therapy context, while recognizing that the LCSW has no clear mandatory reporting obligation but an ethical duty to address the behavior

D. Whether to terminate couples therapy and offer individual therapy to each partner separately since the disclosure has created an irreconcilable conflict within the couple

9. An LCSW is treating a client who is an elementary school teacher. During a session, the client mentions that a parent recently confronted her in the school parking lot, grabbed her arm, and threatened to "beat her up" if the client gave her child another failing grade. The client brushed off the incident and did not report it. She is the LCSW's only source of information about this event. What is the LCSW's legal obligation?

A. Report the assault to local law enforcement since the LCSW has knowledge that the client was the victim of a criminal assault

B. Maintain confidentiality and address the client's response to the incident therapeutically, recognizing that a physical threat against the LCSW's adult client does not trigger a mandatory reporting obligation for the LCSW

C. Contact the school principal to report the parent's threatening behavior since other children and staff at the school may also be at risk

D. File a Tarasoff warning to the client's school since the parent has made a specific threat against an identifiable person in a workplace setting

10. An LCSW is providing teletherapy to a client who is participating from her office at work during her lunch break. The LCSW can see through the video feed that the client's office door is open and that coworkers are passing by in the hallway within earshot. The client has been speaking freely about her marital problems and substance use. What should the LCSW do?

- A. Pause the session, address the privacy concern with the client, discuss the risk that coworkers may overhear sensitive clinical content, and determine whether the session should continue or be rescheduled for a time when privacy can be assured
- B. Continue the session but switch to less sensitive topics until the client is in a more private location
- C. End the session immediately and inform the client that teletherapy can only be conducted from a private location
- D. Note the observation in the clinical record but continue the session since the client chose to participate from her workplace and is responsible for her own privacy

11. An LCSW working in a community mental health center is treating a client with paranoid schizophrenia. The client is convinced that government agents are monitoring him through his television. He wants to discontinue his antipsychotic medication because he believes it contains tracking nanobots. His psychiatrist reports that the client's psychosis is well-controlled on the current medication and that discontinuation would likely result in significant decompensation. What is the most appropriate approach?

- A. Support the client's decision to stop medication since self-determination is an absolute right that applies regardless of the client's mental health condition
- B. Initiate an involuntary medication order since the client's delusional beliefs about the medication demonstrate that he lacks the capacity to make informed treatment decisions
- C. Explore the client's concerns about the medication with empathy and without dismissing his experience, provide psychoeducation about the medication's effects, assess the client's decision-making capacity, and collaborate with the treatment team to determine the most appropriate course of action
- D. Contact the client's family members to enlist their help in convincing him to continue the medication since family support is the most effective intervention for medication noncompliance

12. An LCSW treating a nineteen-year-old college student learns that the client has been selling Adderall to classmates. The client obtains the medication through a legitimate prescription but distributes it to friends who do not have prescriptions. The client states that everyone at the university does it and asks the LCSW not to tell anyone. What is the LCSW's legal obligation?

- A. Report the client to the Drug Enforcement Administration since distribution of prescription stimulants is a federal offense
- B. Inform the client that the LCSW will need to report the drug distribution to the university's student conduct office
- C. Report the client to law enforcement since the LCSW has knowledge of ongoing illegal drug distribution that poses a risk to other students
- D. Maintain confidentiality and address the drug distribution behavior clinically, recognizing that an adult client's illegal sale of prescription medication does not trigger a mandatory reporting obligation under the LCSW's licensure statutes

13. An LCSW receives a message from a potential new client stating: "My previous therapist retired and told me to contact you. She said she would send you my records so we could pick up where I left off." The LCSW has not received any records and has no release of information from the potential client or the former therapist. Two days later, a packet of clinical records arrives from the former therapist's office. What should the LCSW do?

- A. Review the records immediately to prepare for the new client's first session since the former therapist clearly intended for the records to be transferred
- B. Contact the former therapist to verify that the client authorized the transfer of records, and if proper authorization cannot be confirmed, return the records without reviewing them
- C. Accept the records and file them in anticipation of the new client's first appointment, at which time the LCSW will discuss the content with the client
- D. Destroy the records since they were sent without a verified release and accepting them could make the LCSW complicit in a confidentiality breach

14. An LCSW is providing therapy to a client who recently survived a mass shooting at her workplace. Three of her coworkers were killed. The client is experiencing severe PTSD symptoms including hypervigilance, nightmares, and emotional numbing. She mentions that a local news outlet has been trying to contact her for an interview about the shooting and asks the LCSW for advice about whether to participate. What is the most appropriate therapeutic response?

- A. Explore the client's motivations and concerns about participating in the interview, discuss the potential psychological impact of publicly reliving the trauma at this stage of her recovery, and support her autonomous decision-making without directing the outcome

- B. Advise the client not to participate in the interview since public disclosure of traumatic details during acute PTSD can retraumatize the client and worsen symptoms
- C. Encourage the client to participate in the interview as a form of exposure therapy that may help her process the traumatic memories and reduce avoidance
- D. Contact the news outlet on the client's behalf to request that they stop contacting her since the media attention is interfering with the therapeutic process

15. An LCSW has been treating a fifty-two-year-old woman for anxiety. The client's adult son, age twenty-eight, contacts the LCSW and says, "My mother told me she is seeing you for anxiety. I want you to know that she is also a severe alcoholic and she is lying to you about her drinking. She drinks a bottle of wine every night." The client has never mentioned alcohol use in therapy. What should the LCSW do?

- A. Confront the client about her drinking in the next session and present the son's information as evidence that she has been dishonest about her alcohol use
- B. Inform the son that the LCSW appreciates his concern but cannot confirm or deny whether his mother is a client
- C. Contact the client before the next session to inform her that her son called and disclosed information about her alcohol use
- D. Document the son's call and immediately explore the client's alcohol use at the next session using clinical assessment techniques without revealing the source of the concern

16. An LCSW is conducting a court-ordered custody evaluation. Both parents have been cooperative throughout the evaluation process. Near the end of the evaluation, the father's attorney contacts the LCSW and offers to "make it worth your while" if the evaluation report favors his client. The attorney implies that he can direct future forensic referrals to the LCSW. What should the LCSW do?

- A. Decline the offer politely and continue the evaluation without reporting the attempted bribery since attorneys sometimes use aggressive negotiation tactics
- B. Accept the referral promise since it is a legitimate business development opportunity that is separate from the current evaluation
- C. Inform both attorneys and the court about the contact and offer to demonstrate that the evaluation findings are based exclusively on clinical data

D. Decline the offer, document the attempted influence, report it to the court as an event that could compromise the integrity of the evaluation, and continue the evaluation with objectivity

17. An LCSW is treating a thirty-five-year-old woman who has been diagnosed with dissociative identity disorder. During a session, a male alter personality emerges and aggressively threatens the LCSW, saying, "If you don't stop probing, I will find you outside of this office." The alter identifies the LCSW by name and states specific knowledge of the LCSW's daily routine. What should the LCSW do?

A. Recognize the threat as a defensive mechanism of the alter system and continue the session without addressing the safety concern

B. Terminate therapy immediately since the client has made a credible threat that creates an unsafe working environment

C. Take the threat seriously, assess its credibility, address the safety concern with the alter directly using appropriate clinical techniques, implement a safety plan for both the client and the LCSW, and consult with a supervisor or DID specialist

D. Contact law enforcement immediately to file a report about the threat since the alter's knowledge of the LCSW's routine indicates the client has been stalking the LCSW

18. An ASW is conducting an intake assessment with a new client who is a sixty-seven-year-old woman recently widowed. During the intake, the client begins describing her financial situation and reveals that her new financial advisor has been pressuring her to transfer all of her savings into an investment fund that the advisor personally manages. The advisor told her that her late husband would have wanted her to "trust someone who cares about her." She seems confused but insists the advisor is just being helpful. What should the ASW consider?

A. Whether the described behavior constitutes potential financial exploitation of an elder that warrants further assessment and possibly a mandated report to Adult Protective Services

B. Whether to advise the client to consult with a different financial advisor to get a second opinion before transferring her savings

C. Whether the financial advisor's behavior is a normal part of the investment advisory process that does not warrant concern

D. Whether the client's confusion about the financial situation is a sign of cognitive decline that requires a referral for neuropsychological testing

19. An LCSW is providing therapy to a same-sex couple planning to adopt a child. The adoption agency requires a letter from the couple's therapist confirming their psychological fitness for parenthood. Both partners ask the LCSW to write the letter. The LCSW has been treating the couple for communication difficulties and has not conducted a formal parenting readiness assessment. What is the most appropriate response?

- A. Write the letter based on observations from therapy since the LCSW has extensive knowledge of the couple's relationship dynamics and communication patterns
- B. Explain that a formal parenting fitness assessment is different from couples therapy and is outside the scope of the current therapeutic relationship, and suggest the couple seek an evaluator who specializes in adoption readiness assessments
- C. Write the letter but clearly state that the opinions are based on therapeutic observations rather than a standardized parenting assessment
- D. Decline to write any letter and suggest the couple find a new therapist who is willing to conduct the assessment and write the letter

20. An LCSW is treating a client who reveals that she works at a nursing home and has been systematically falsifying patient care records to make it appear that treatments were administered when they were not. She says the facility is understaffed and she cannot keep up with the workload. She is distressed about the deception but fears losing her job if she speaks up. What should the LCSW consider?

- A. Whether to report the client's workplace misconduct to the nursing home administrator to protect the patients who are not receiving documented care
- B. Whether to report the client to the California Board of Vocational Nursing since falsifying medical records constitutes professional misconduct
- C. Whether to advise the client to begin documenting the staffing shortages as evidence in case she decides to file a whistleblower complaint
- D. Whether the falsification of care records for elderly patients in a nursing facility raises concerns about potential elder neglect that may trigger the LCSW's mandated reporting obligation

21. An LCSW has been treating a couple for two years. Both partners signed a no-secrets policy at the beginning of treatment. The husband contacts the LCSW between sessions and says he has been diagnosed with a terminal illness but does not want his wife to know yet because he needs time to process the news before telling her. He asks the LCSW to keep this confidential for at least two weeks. What is the most appropriate response?

A. Acknowledge the gravity of the diagnosis, respect the husband's need for processing time, and work with him to develop a plan for when and how to share the information with his wife — recognizing that clinical judgment may warrant a temporary, time-limited exception to the no-secrets policy for a disclosure of this magnitude

B. Inform the husband that the no-secrets policy requires immediate disclosure and that the wife will be told at the next joint session

C. Terminate couples therapy immediately since the husband's request to withhold information makes continued joint work ethically untenable

D. Maintain the husband's secret indefinitely since a terminal diagnosis is a personal medical matter that falls outside the scope of couples therapy

22. An LCSW working in a juvenile detention facility is providing therapy to a sixteen-year-old detainee. The client discloses that correctional staff regularly use solitary confinement as punishment for minor behavioral infractions, sometimes for periods exceeding forty-eight hours. The client says multiple juveniles have been subjected to this practice. Research indicates that prolonged solitary confinement of juveniles can constitute a form of psychological harm. What should the LCSW do?

A. Document the disclosure and address the client's emotional response to solitary confinement within the therapeutic context without taking external action

B. Advise the client to file a formal grievance through the facility's internal complaint process since systemic issues are best addressed through institutional channels

C. Report the practice through appropriate channels — which may include the facility's oversight body, the juvenile ombudsman, or external agencies — consistent with the ethical obligation to advocate for the welfare of vulnerable populations

D. Contact the parents of the affected juveniles to inform them of the solitary confinement practices so they can take legal action

23. An LCSW is treating a twenty-nine-year-old client with severe obsessive-compulsive disorder focused on contamination fears. The client has been making excellent progress using exposure and response prevention therapy. During a session, the client mentions that she has stopped vaccinating her three-year-old child because she read online that vaccines contain dangerous contaminants. She frames this as consistent with her "journey to overcome her contamination fears by taking control of what enters her family's bodies." What should the LCSW do?

A. Support the client's decision not to vaccinate since it represents a form of autonomous decision-making about her child's healthcare

B. Explore the client's reasoning, gently distinguish between OCD-driven contamination fears and evidence-based health decisions, address misinformation without being dismissive, and discuss the potential implications for the child's health and wellbeing

C. Report the non-vaccination to CPS since failure to vaccinate a child constitutes medical neglect under California law

D. Avoid discussing the vaccination decision entirely since it is a personal parenting choice that falls outside the scope of OCD treatment

24. An LCSW is treating a client who has been involved in a lawsuit against a former employer for workplace sexual harassment. The client's attorney has requested that the LCSW provide an affidavit describing the psychological impact of the harassment on the client. The client has signed a release authorizing communication with the attorney. What should the LCSW consider before providing the affidavit?

A. Whether the LCSW should provide the most supportive possible affidavit to maximize the client's chances of winning the lawsuit since the LCSW's primary obligation is to the client's wellbeing

B. Whether the affidavit could be challenged in court if the LCSW is perceived as an advocate rather than an objective clinician

C. Whether the LCSW should refer the client to a forensic evaluator who can provide an independent assessment specifically designed for legal proceedings

D. Whether the affidavit should contain only factual clinical observations and professional opinions that are consistent with the clinical record, and whether providing the document maintains the distinction between the therapeutic and forensic roles

25. An LCSW is treating a seventeen-year-old client who independently consented to therapy. The client has been progressing well in treatment for depression. The client mentions that her mother recently started dating a man who "gives her the creeps" — he stares at the client, makes comments about her body, and once walked into the bathroom while she was showering, claiming he "didn't know she was in there." The client says her mother dismisses her concerns. What should the LCSW do?

A. Assess whether the described behavior raises reasonable suspicion of potential child sexual abuse or grooming behavior, and if the assessment supports reasonable suspicion, file a mandated report with the appropriate child protective agency

B. Encourage the client to install a lock on the bathroom door and establish clear boundaries with the mother's boyfriend as a safety measure

- C. Discuss the situation with the client's mother to help her understand why her daughter feels uncomfortable and to enlist the mother's support in addressing the behavior
- D. Document the disclosure and monitor the situation over the next several sessions to determine whether a pattern of escalating behavior develops before taking any reporting action

26. An LCSW has been treating a client for chronic pain and co-occurring depression. The client asks the LCSW to complete disability paperwork for a long-term disability claim. The forms ask specific questions about the client's functional limitations, ability to perform work-related tasks, and prognosis. Some questions require medical assessments that fall outside the LCSW's scope of competence. What is the most appropriate response?

- A. Complete the portions of the forms that fall within the LCSW's clinical competence — documenting the client's psychological diagnosis, functional limitations, and treatment — while noting that medical questions require completion by the client's physician
- B. Decline to complete any portion of the disability forms since the forms request medical information that is beyond the LCSW's scope
- C. Complete the entire form based on the client's self-report about physical symptoms and functional limitations since the LCSW knows the client best
- D. Refer the client to a forensic evaluator for completion of the disability paperwork since any evaluation used for legal or administrative purposes should be conducted by an independent assessor

27. An LCSW working in a group practice discovers that a colleague's clinical notes for multiple clients contain nearly identical language — the same phrases, sentences, and clinical observations copied across different client records with only the names changed. The colleague's clients have very different presenting concerns and clinical presentations. What should the LCSW do?

- A. Ignore the discovery since each clinician is responsible for their own documentation and the LCSW has no supervisory authority over the colleague
- B. Discuss the concern privately with the colleague and explain that template documentation that does not accurately reflect individual client sessions may constitute fraudulent record-keeping and fails to meet the standard of care
- C. Report the colleague to the BBS immediately for maintaining fraudulent clinical records that misrepresent the care provided
- D. Bring the concern to the practice manager or group practice owner since systemic documentation issues may indicate broader compliance problems that affect the entire practice

28. An LCSW is treating a ten-year-old client referred for anxiety. During a session, the child creates a detailed drawing showing their family at dinner. In the drawing, the father figure is depicted holding a very large bottle labeled "beer" while the child and mother figures are drawn very small, huddled together in a corner with tears on their faces. When asked about the drawing, the child says, "Daddy gets scary when he drinks." What should the LCSW do?

- A. Use the drawing as a projective tool to explore the child's perception of family dynamics without taking any external action since a child's drawing is not sufficient evidence of abuse
- B. Assess whether the child's statements and the drawing suggest a pattern of behavior in the home that gives rise to reasonable suspicion of child abuse or neglect, and if so, file a mandated report
- C. Schedule a session with the father to discuss his drinking and its impact on the family and offer a referral for substance abuse treatment
- D. Document the drawing and the child's verbal statement and wait for additional corroborating information before determining whether a report is warranted

29. An LCSW is providing therapy to a client who works at a company that manufactures children's toys. The client reveals that she recently discovered the company has been using a paint additive that does not meet safety standards and may be toxic to children. She reported the issue to her manager, who told her to "keep quiet" about it. She is afraid of losing her job if she persists. What should the LCSW do?

- A. Address the client's workplace distress therapeutically, provide information about whistleblower protections, and support the client's autonomous decision-making about how to handle the situation — while recognizing that the LCSW has no mandatory obligation to report the toxic paint concern to external agencies
- B. Report the unsafe product directly to the Consumer Product Safety Commission since the LCSW has knowledge of a public health hazard affecting children
- C. Contact the company's management to report the safety concern since the LCSW has an ethical obligation to protect children from foreseeable harm
- D. Advise the client to immediately contact the media to publicize the safety hazard since corporate accountability is the most effective way to protect children

30. An LCSW is treating a couple in their mid-thirties. The husband recently inherited a significant sum of money. The wife asks the LCSW to help convince the husband that the inheritance should be placed in a joint account. The husband wants to keep it in a separate account. The wife becomes angry and says,

"You're the therapist — tell him that a marriage means sharing everything." What is the most appropriate response?

- A. Explain the financial and legal advantages of a joint account since shared finances are generally associated with stronger marital bonds
- B. Support the husband's position since the inheritance is legally his separate property and he has the right to keep it in his own name
- C. Maintain neutrality, acknowledge both partners' perspectives, explain that the LCSW's role is not to advocate for either position on financial decisions, and facilitate a productive discussion about the underlying values and concerns driving each partner's position
- D. Refer the couple to a financial planner who specializes in marital finances since the question is fundamentally financial rather than therapeutic

31. An LCSW is treating a sixteen-year-old client who independently consented to therapy under Family Code Section 6924. The client's school requests that the LCSW participate in a multidisciplinary team meeting to discuss the client's behavioral issues at school. The client has not signed a release authorizing communication with the school. The client's parents, who are unaware of the therapy, will also attend the meeting. What should the LCSW do?

- A. Attend the meeting and participate fully since the school's multidisciplinary team process is designed to support the student's educational needs
- B. Attend the meeting but limit participation to general observations about adolescent mental health without confirming the therapeutic relationship
- C. Contact the client's parents before the meeting to inform them about the therapy so they can make informed decisions about the school meeting
- D. Decline to participate in the meeting without the client's authorization, discuss the school's request with the client, and support the client in deciding whether to authorize the LCSW's participation

32. An LCSW is treating a client who works as a private caregiver for an elderly couple. The client describes the couple as "loaded" and mentions that she has been using their credit cards to buy personal items for herself while she is at their home. She justifies this by saying they "owe" her because they don't pay her enough. The clients are both in their eighties and one has moderate dementia. What should the LCSW do?

- A. Advise the client to stop using the credit cards and to return or reimburse the couple for the unauthorized purchases before the situation escalates
- B. Document the disclosure and address it therapeutically without taking external action since the client's financial complaints about her employment are a therapeutic issue
- C. Encourage the client to negotiate a raise with the couple's family members rather than compensating herself through unauthorized credit card use
- D. Assess whether the unauthorized use of the elderly couple's credit cards constitutes financial exploitation of elders, and if reasonable suspicion exists, file a mandated report with Adult Protective Services

33. An LCSW is providing family therapy to a blended family. The biological father's twelve-year-old daughter and the stepmother have ongoing conflict. During a session, the stepmother says to the daughter, "You need to stop being such a brat and accept that I'm part of this family now, whether you like it or not." The daughter begins crying and looks at her father, who says nothing. What is the most appropriate intervention?

- A. Support the stepmother's statement by explaining to the daughter that blended families require adaptation and that accepting the stepmother is part of the adjustment process
- B. Intervene to acknowledge the impact of the statement on the daughter, validate the daughter's emotional response, redirect the conversation to more constructive communication, and address the family dynamic as a central treatment issue
- C. End the session immediately and schedule individual sessions with the stepmother and the daughter to address the conflict separately before resuming family work
- D. Address the father's silence as the primary issue since his failure to protect his daughter from the stepmother's harsh language is enabling the dysfunctional dynamic

34. An LCSW has been treating a client for anxiety for six months. The client mentions that her fifteen-year-old daughter has been having nightmares and has asked to see a therapist. The client asks the LCSW to see her daughter as well, stating that having the same therapist would make scheduling easier and that the daughter already trusts the LCSW from hearing her mother speak positively about therapy. What is the most appropriate response?

- A. Explain that treating both the mother and her minor daughter could create conflicting therapeutic obligations, particularly if the daughter's treatment reveals information that affects the mother's therapy, and recommend a separate clinician for the daughter

B. Accept the daughter as a client since the presentations are different and the existing positive rapport will benefit the daughter's willingness to engage in therapy

C. Accept the daughter for an initial assessment only and then determine whether treating both family members creates any clinical complications

D. Accept the daughter as a client but establish strict confidentiality boundaries between the two treatment relationships from the outset

35. An LCSW is treating an adult client with post-traumatic stress disorder. The client reveals that she was sexually assaulted two months ago and has not reported the assault to police. She says she cannot face the criminal justice process and does not want to file a report. She is receiving medical care for injuries sustained during the assault. What is the LCSW's legal obligation?

A. File a report with law enforcement since the LCSW has knowledge of a violent felony that has gone unreported and the perpetrator may pose a risk to others

B. Respect the client's decision not to report, provide information about reporting options and victim services, address the trauma therapeutically, and support the client's autonomous decision-making process

C. Contact the medical provider who treated the client's injuries to coordinate care and discuss whether the medical team has filed a report

D. Advise the client that filing a police report is an essential step in the healing process and that avoiding it represents avoidance behavior that should be addressed in therapy

36. An ASW has been treating a client with major depressive disorder. The client arrives at a session and hands the ASW a bag containing a handgun, saying, "I need you to hold this for me because I'm afraid I'll use it on myself." What should the ASW do?

A. Accept the firearm temporarily and store it in a locked location at the office to support the client's help-seeking behavior and reduce immediate access to lethal means

B. Refuse to accept the firearm since possessing a client's weapon creates liability and boundary issues, and instead help the client identify another person or entity who can safely store the weapon

C. Conduct an immediate suicide risk assessment, develop a comprehensive safety plan that includes lethal means restriction, explore options for safe storage of the firearm outside the therapy office, and consult with the supervisor about the clinical situation

D. Accept the firearm and immediately call law enforcement to surrender the weapon since the client has expressed suicidal intent

37. An LCSW is treating a twenty-five-year-old client who is deaf and communicates primarily through American Sign Language. The LCSW does not know ASL and has been using a certified interpreter for sessions. The interpreter recently confided to the LCSW that she is concerned about some of the content the client has been sharing, specifically that the client mentioned plans to "disappear" and has been giving away personal belongings. The interpreter asks the LCSW whether the client might be suicidal. What is the most appropriate response?

A. Take the interpreter's observation seriously as potentially clinically significant information, assess the client for suicide risk at the next session, and remind the interpreter about confidentiality obligations while also establishing clearer protocols for how the interpreter should communicate clinical concerns

B. Dismiss the interpreter's concern since the interpreter is not a clinical professional and is not qualified to assess suicide risk

C. Thank the interpreter for the information and immediately contact the client by text message to conduct a suicide risk screening

D. Report the interpreter to the interpreter certification board for breaching the client's confidentiality by sharing session content with the LCSW outside of the interpreted session

38. An LCSW has been providing therapy to a client at a community agency for three years. The LCSW is promoted to clinical director of the agency. In this new role, the LCSW will supervise the clinicians who would take over the client's care if the therapeutic relationship were transferred. The client does not want to transfer to a new therapist and asks the LCSW to continue providing individual therapy. What is the most important ethical consideration?

A. Whether the client's preference for continuity of care is sufficient justification to maintain the therapeutic relationship despite the change in the LCSW's organizational role

B. Whether the LCSW can continue providing therapy while also maintaining objectivity as the clinical director who supervises the other clinicians at the agency

C. Whether agency policies allow clinical directors to maintain individual caseloads and whether the LCSW's new administrative responsibilities will reduce the time available for direct clinical work

D. Whether the LCSW's new supervisory authority over the clinicians who would otherwise treat the client creates a dual role that could compromise the client's treatment, the LCSW's supervisory objectivity, or both

39. An LCSW working in a hospital is consulted about a thirty-two-year-old patient who is refusing a blood transfusion following a serious car accident. The patient is conscious, oriented, and has no psychiatric diagnosis. She explains that her religious beliefs prohibit blood transfusions. The medical team is concerned that without the transfusion, the patient's condition could become life-threatening. They ask the LCSW to "talk some sense into her." What is the most appropriate role for the LCSW?

- A. Attempt to persuade the patient to accept the transfusion by exploring her fears and providing information about the medical risks of refusal
- B. Conduct a psychiatric evaluation to determine whether the patient's religious beliefs impair her capacity to make medical decisions
- C. Support the patient's right to make an informed medical decision, verify that the patient understands the consequences of refusal, and advocate with the medical team for respect of the patient's autonomous choice
- D. Recommend that the medical team seek an emergency court order to override the patient's refusal since the patient's life is at stake

40. An LCSW is treating a thirteen-year-old client who was referred by the school for disruptive behavior. The client's parents consented to treatment. During a session, the client reveals that he has been bullying a smaller classmate at school — taking the other child's lunch money, pushing him, and threatening him. The client shows no remorse and seems proud of his behavior. What should the LCSW consider?

- A. Whether the client's bullying behavior should be addressed clinically as a central treatment issue, including exploring the function of the behavior, developing empathy, and determining whether the parents or school need to be involved based on the severity and clinical judgment about the child's best interest
- B. Whether the bullying constitutes child abuse by the client against the victim, triggering a mandated reporting obligation
- C. Whether to contact the victim's parents directly to inform them of the bullying and offer referrals for the victim's emotional support
- D. Whether to inform the school counselor about the bullying immediately since the school has a responsibility to protect all students from harm

41. An LCSW is providing therapy to a recently widowed sixty-nine-year-old man. The client's adult children have contacted the LCSW expressing concern that their father has started a romantic relationship with a woman half his age whom he met online three weeks after his wife's funeral. They

believe the woman is a scammer and want the LCSW to intervene. The client has not authorized contact with his children. What should the LCSW do?

- A. Decline to disclose information about the client's treatment to his children, take the safety concerns about potential exploitation seriously as clinical data, and address the relationship and the children's concerns in therapy if the client raises them
- B. Contact the client immediately to warn him that his children believe he is being scammed and to encourage him to be cautious
- C. Meet with the adult children to hear their concerns and gather information about the suspected scammer to share with the client
- D. File a report with Adult Protective Services since the children's concern about financial exploitation of their elderly father warrants investigation

42. An LCSW is treating a client who is a foster parent. The client describes one of her foster children, an eight-year-old boy, as "impossible to love" and says she gives him less attention and fewer privileges than her biological children because "he doesn't deserve it." She describes withholding dessert as punishment for bedwetting and excluding him from family outings when he misbehaves. What should the LCSW consider?

- A. Whether the client's frustration with fostering is a normal response that should be addressed therapeutically with empathy and without judgment
- B. Whether the described differential treatment of the foster child should be reported to the foster care licensing agency since it may violate foster care standards
- C. Whether to provide the client with parenting education resources focused on trauma-informed approaches to foster children's behavioral challenges
- D. Whether the described pattern of withholding affection, differential punishment, and emotional rejection of the foster child constitutes a form of emotional abuse or neglect that triggers a mandated reporting obligation

43. An LCSW is providing therapy to a twenty-year-old client who has autism spectrum disorder and lives with her parents. The client has capacity to make her own decisions but relies on her parents for significant daily living support. The client wants to begin a romantic relationship with a man she met at a day program. Her parents have contacted the LCSW demanding that therapy focus on "discouraging this relationship" because they believe their daughter is incapable of having a healthy romantic relationship. What is the most appropriate approach

- A. Follow the parents' direction since they provide essential daily support and antagonizing them could compromise the client's living situation
- B. Inform the parents that the LCSW cannot take direction from them about the client's treatment since the client is a legal adult with decision-making capacity
- C. Support the client's right to pursue romantic relationships while addressing any safety concerns, provide psychoeducation about healthy relationships, and explore the client's readiness and the dynamics of the relationship therapeutically
- D. Refer the client to a therapist who specializes in working with adults with autism since the complexity of navigating romantic relationships with ASD requires specialized training

44. An LCSW is treating an eleven-year-old child who is the only witness to a violent crime. Law enforcement contacts the LCSW and asks to interview the child during a therapy session, arguing that the child will be more comfortable in the therapist's office. The child's parents consent to the interview. What should the LCSW consider?

- A. Whether to agree to the interview since the parents have consented and the child's comfort is important for effective witness testimony
- B. Whether allowing law enforcement to conduct an investigative interview within the therapeutic setting could compromise the therapeutic relationship, the integrity of the child's testimony, and the LCSW's clinical role
- C. Whether to insist on being present during the interview to protect the child from potentially harmful questioning techniques
- D. Whether the child's therapy records should be provided to law enforcement to help prepare the investigators for the interview

45. An LCSW who has been treating a client for seven years is diagnosed with a terminal illness. The LCSW has approximately six months to live and plans to continue working as long as possible. The LCSW has not informed any clients about the diagnosis. What ethical obligations does the LCSW have?

- A. Develop a comprehensive succession plan that addresses continuity of care for all clients, begin the termination process with clients who need extended transition time, and make informed decisions about when and what to disclose to clients about the reasons for the eventual termination
- B. Continue practicing without disclosing the diagnosis since the LCSW's medical condition is a private matter that does not affect clients as long as the quality of care is maintained

C. Immediately disclose the terminal diagnosis to all clients so they can begin processing the anticipated loss within the therapeutic context

D. Stop accepting new clients but continue treating existing clients without disclosure until the LCSW is physically unable to continue

46. An LCSW is treating a twenty-two-year-old client who works as a nanny for three young children. The client mentions that she frequently smokes marijuana in the backyard while the children nap inside the house. She says the children are never exposed to the smoke and that she is always functional by the time they wake up. What should the LCSW consider?

A. Whether to advise the client to stop smoking marijuana while responsible for the children since impairment while caring for minors is inherently negligent

B. Whether to report the client to her employer since the employer has a right to know that the caregiver is using marijuana while caring for their children

C. Whether the client's marijuana use while responsible for three young children who are sleeping unattended raises concerns about potential child neglect or endangerment that warrant further clinical assessment and possibly a mandated report

D. Whether to address the marijuana use within the therapeutic framework without taking external action since the client reports being functional and the children are not directly exposed

47. An LCSW working in a psychiatric hospital is conducting a discharge planning session with a patient who has been hospitalized for a manic episode. The patient is stabilized on medication but, during the session, announces plans to immediately stop all medication upon discharge and to invest the family's entire savings in a business venture that the LCSW suspects is a continuation of the manic grandiosity. The patient's spouse is present and appears terrified. What is the most appropriate action?

A. Support the patient's discharge plan since the patient has been stabilized and has the right to make post-discharge decisions independently

B. Recommend continued involuntary hospitalization based on the patient's stated intention to discontinue medication immediately after discharge

C. Inform the patient's spouse that she should seek a conservatorship to prevent the patient from making financial decisions until the mania has fully resolved

D. Communicate the concerning discharge plan to the treatment team, advocate for additional stabilization time or structured step-down care, document the clinical concerns, and work with the

patient and spouse on a realistic post-discharge plan that includes medication management and financial safeguards

48. An LCSW is providing therapy to a thirty-eight-year-old woman who is a survivor of sex trafficking. The client has been receiving comprehensive services through a victim services agency. The agency's program director contacts the LCSW and requests a detailed treatment report to include in a federal grant application. The program director states the report will demonstrate the program's impact and will be used to secure funding for continued services. The client has signed a release authorizing communication with the agency. What should the LCSW consider?

- A. Whether the release signed by the client authorizes the specific use of clinical information in a federal grant application — a purpose that differs from treatment coordination — and whether the client was informed that her information might be used for funding purposes
- B. Whether providing the report is in the client's best interest since continued funding will ensure ongoing services for the client and other survivors
- C. Whether the LCSW should write the report in a way that emphasizes the program's effectiveness to support the funding application since securing continued funding benefits vulnerable populations
- D. Whether the treatment report should be provided directly to the grant writer rather than the program director to ensure the clinical information is handled by someone bound by research confidentiality protocols

49. An ASW is providing therapy to a fourteen-year-old client whose parents consented to treatment. The client reveals that she has been vaping nicotine and THC products daily for the past six months. She purchased the products from an older student at school. She asks the ASW not to tell her parents because they would "freak out." What is the most appropriate approach?

- A. Inform the parents immediately since vaping THC products poses significant health risks to a fourteen-year-old and the parents have a right to know
- B. Address the substance use clinically, assess the health and safety implications, and exercise professional judgment about the degree of parental involvement — considering the client's age, the health risks, the therapeutic relationship, and the minor's best interest
- C. File a mandated report of child neglect since a fourteen-year-old's daily substance use indicates inadequate parental supervision
- D. Report the older student who is selling the products to the school administration since the distribution of THC products to a minor is illegal

50. An LCSW is providing therapy to a client who is a commercial truck driver with a Class A CDL. The client discloses that he has been experiencing blackout episodes while driving — brief periods of lost consciousness lasting several seconds. He has been treated by a neurologist and diagnosed with a seizure disorder, but has not reported the diagnosis or the blackouts to his employer or to the Department of Motor Vehicles. He says he cannot afford to lose his CDL because his family depends on the income. What is the LCSW's obligation?

- A. Report the client's medical condition to the DMV since the LCSW has knowledge that an unsafe driver is operating a commercial vehicle on public roads
- B. File a mandated report since the client's continued driving poses a foreseeable risk of death or serious injury to identifiable victims on the road
- C. Address the situation clinically, explore the ethical and safety dimensions with the client, provide information about California's reporting requirements for medical conditions that impair driving, and support the client in making a responsible decision — while recognizing that the LCSW's reporting obligations in this area are limited
- D. Contact the client's employer directly to report the blackout episodes and seizure diagnosis since the employer has a responsibility to ensure safe commercial operations

51. An LCSW is treating a client who is a professional photographer. The client asks the LCSW whether she can take the LCSW's professional headshot photograph for free as a gesture of appreciation. The client states she does this for many of her friends and it would not interfere with the therapeutic relationship. What should the LCSW do?

- A. Accept the offer since a headshot photograph is a minor professional service that would not create a significant dual relationship
- B. Accept the offer but insist on paying the client's standard rate to avoid creating a bartering arrangement
- C. Decline the offer and explain that accepting professional services from a client would constitute a bartering arrangement that creates a dual relationship regardless of the client's framing of the gesture
- D. Accept the offer but only if the photography session takes place at the LCSW's office to maintain the professional setting of the relationship

52. An LCSW treating a long-term client receives a letter from the client's life insurance company requesting verification of the client's mental health diagnosis and treatment history. The letter states the information is needed to process the client's application for a new policy. The client has not signed a release authorizing this disclosure. What should the LCSW do?

- A. Provide only the diagnosis and dates of treatment since this limited information does not constitute a significant confidentiality breach
- B. Decline to provide any information to the insurance company without the client's specific written authorization, and contact the client to discuss the request
- C. Provide the requested information since insurance companies routinely request mental health records as part of the underwriting process
- D. Contact the insurance company and inform them that they must obtain the information directly from the client rather than from the treating clinician

53. An LCSW is treating a couple in which one partner has recently completed inpatient treatment for opioid addiction and is in early recovery. The recovering partner's employer contacts the LCSW and asks whether the partner is "fit to return to work." The employer states that the partner signed an authorization allowing the employer to contact the LCSW. What should the LCSW consider?

- A. Whether the authorization specifically covers fitness-for-duty assessments and whether the recovering partner's substance abuse treatment records are subject to the heightened confidentiality protections of 42 CFR Part 2, which may restrict disclosure even with a general authorization
- B. Whether to complete a fitness-for-duty assessment based on observations from couples therapy since the LCSW has relevant clinical knowledge about the partner's recovery
- C. Whether to provide a general statement confirming the partner is in treatment and is engaged in recovery without providing specific clinical details
- D. Whether to decline all communication with the employer and inform the partner that the authorization should be revoked since any disclosure could jeopardize employment

54. An LCSW is providing individual therapy to a woman who is going through a high-conflict divorce. The client's attorney sends the LCSW a letter demanding that the LCSW testify in the divorce proceeding that the client's husband is "a narcissist who is unfit to parent." The LCSW has never met or evaluated the husband. The client supports the attorney's request. What should the LCSW do?

- A. Agree to testify about the husband's personality characteristics based on the client's detailed descriptions since the LCSW has extensive secondhand knowledge from therapy sessions
- B. Testify only about the client's emotional state and the impact of the divorce on the client, without offering any opinion about the husband's personality or parenting fitness

C. Decline to provide clinical opinions about the husband who has never been evaluated, explain the ethical constraints on testifying about individuals the LCSW has not assessed, and discuss with the client and attorney what the LCSW can appropriately provide

D. Agree to testify but include a disclaimer that all observations about the husband are based on the client's reports rather than direct clinical assessment

55. An LCSW is working with a seventeen-year-old client who independently consented to therapy. The client has been making threats on social media about bringing a weapon to school and "ending it all." A school counselor contacts the LCSW to share the concerning posts and asks for information about the client's mental health treatment. What should the LCSW do?

A. Share the client's treatment information with the school counselor since the social media threats indicate an imminent safety concern that overrides confidentiality

B. Contact the client's parents immediately to inform them of the social media threats regardless of the client's independently consented confidentiality

C. Decline to share treatment information with the school counselor without authorization, but take the safety information seriously by conducting an immediate risk assessment with the client and taking appropriate protective action based on the assessment

D. Take the reported threats seriously, conduct an immediate risk assessment, and based on the level of risk determined, take appropriate action — which may include contacting law enforcement, warning potential victims, contacting parents, and coordinating with the school — recognizing that imminent danger overrides confidentiality protections

56. An LCSW is treating a client who mentions that her nine-year-old son has recently started refusing to attend after-school tutoring sessions. When the client asked her son why, he said the tutor "touches him weird" but then quickly said he was joking and changed the subject. The client is unsure what to make of it and is not concerned. What should the LCSW do?

A. Assess whether the child's initial statement and subsequent retraction, combined with the behavioral change of refusing to attend tutoring, give rise to reasonable suspicion of potential child sexual abuse that triggers a mandated reporting obligation

B. Advise the client to ask her son more detailed questions about the tutor's behavior and to report back to the LCSW at the next session

C. Reassure the client that children often make statements like this to avoid activities they dislike and that the retraction indicates the child was not being truthful

D. Refer the client's son for a forensic interview at a child advocacy center to determine whether the initial statement is credible

57. An LCSW working at a college counseling center is seeing an eighteen-year-old freshman who is struggling with the transition to college. The client mentions that his resident advisor has been hosting drinking parties in the dorm and pressuring underage students, including the client, to participate. The client describes feeling isolated when he refuses to drink. What is the LCSW's obligation?

A. Advise the client to report the RA to the university's residential life office and support him in navigating the social dynamics therapeutically

B. Address the client's feelings of isolation and social pressure clinically, explore coping strategies, and provide information about how to report the RA's behavior if the client chooses to do so

C. Report the RA's behavior to the university administration since the LCSW has knowledge of an adult providing alcohol to minors in a university setting

D. Contact the client's parents to inform them about the drinking environment in the dormitory since the client is a first-year student adjusting to college

58. An LCSW has been treating a client for three years. The LCSW notices that she has begun dreading sessions with this client, finding excuses to shorten sessions by five to ten minutes, and feeling relieved when the client cancels. The client has been making good progress, is engaging in the therapeutic work, and has not changed his behavior in sessions. What does this pattern most likely indicate?

A. That the LCSW is experiencing burnout from the three-year duration of the treatment and should consider reducing the overall caseload

B. That the client's therapeutic progress has plateaued and the treatment should be transitioned toward termination

C. That the client is engaging in subtle relational patterns that are unconsciously provoking the LCSW's avoidance response

D. That the LCSW is experiencing countertransference that requires immediate attention through supervision or consultation to determine its source and impact on the treatment

59. An LCSW is providing therapy to a client who is a thirty-five-year-old woman with borderline personality disorder. The client has been in stable treatment for two years. During a session, the client presents the LCSW with a detailed contract she has written stating that the LCSW agrees to "never

abandon" her and to "always be available" when she is in crisis. She says she needs this written commitment to feel safe in the therapeutic relationship. What is the most appropriate response?

- A. Sign the contract to provide the client with the security she needs to continue productive therapeutic work
- B. Refuse to discuss the contract and redirect the session to the client's presenting concerns since entertaining the contract request reinforces maladaptive relational patterns
- C. Explore the therapeutic significance of the contract — what it represents about the client's attachment fears and relational patterns — validate the underlying emotional need without agreeing to the specific terms, and use the moment as clinically meaningful material
- D. Agree to a modified version of the contract that includes realistic commitments the LCSW can honor while setting appropriate boundaries

60. An LCSW is treating a couple in which one partner is a physician and the other is a stay-at-home parent. The physician partner frequently uses medical jargon and clinical language to describe the other partner's emotional experiences during sessions, saying things like "you're exhibiting clear anxious attachment patterns" and "your response is a textbook trauma reaction." The stay-at-home partner appears diminished and confused by this language. What should the LCSW address?

- A. The power dynamic being created by one partner's use of clinical language to define and pathologize the other partner's emotional experiences, which functions as a form of relational control within the session
- B. The physician partner's clinical knowledge as an asset that should be incorporated into the treatment since having a medically literate client enhances the therapeutic process
- C. The stay-at-home partner's need for individual therapy to build self-confidence and develop the vocabulary to engage with the physician partner on a more equal intellectual footing
- D. The physician partner's use of clinical language as a defense mechanism that distances them from their own emotional experience in the relationship

61. An LCSW treats a forty-four-year-old client who is a high school principal. The client describes receiving a complaint from a parent alleging that a teacher at the school made sexually inappropriate comments to several students. The client admits she has not reported the complaint to the school district or investigated it because the teacher is her personal friend and she "doesn't want to ruin his career." What should the LCSW consider?

- A. Whether to advise the client about her legal obligations as a school administrator who has received a complaint of potential sexual misconduct toward students
- B. Whether the LCSW should assess if the information gives rise to reasonable suspicion of child abuse or misconduct toward minors that triggers the LCSW's own mandated reporting obligation, given that the LCSW has received specific information about potential sexual misconduct toward students during professional duties
- C. Whether to contact the school district directly to report the teacher's alleged misconduct since the client's failure to act could allow continued harm to students
- D. Whether the client's friendship with the teacher represents a therapeutic issue that should be explored in terms of boundary management and professional versus personal loyalty

62. An LCSW is treating a twenty-seven-year-old client with severe social anxiety who has been unable to work for two years. After intensive treatment, the client has improved significantly and is now capable of part-time employment. The client asks the LCSW to continue certifying disability benefits by stating that the client remains unable to work, because losing the benefits would create financial hardship during the transition to employment. What should the LCSW do?

- A. Continue certifying disability since the abrupt loss of benefits could cause a relapse in the client's anxiety and undermine the therapeutic progress
- B. Agree to a gradual reduction in the disability certification over several months to allow the client time to transition to employment
- C. Certify that the client remains fully disabled as requested since the LCSW's primary obligation is to the client's expressed wishes and financial wellbeing
- D. Explain that the LCSW cannot certify disability that is inconsistent with the clinical assessment, discuss the client's concerns about financial transition, explore options such as partial disability or supported employment programs, and provide accurate clinical documentation

63. An LCSW is providing therapy to a fifty-year-old client who has been diagnosed with Huntington's disease, a progressive neurological condition. The client has two adult children who are at genetic risk for the disease. The client has not informed her children about the diagnosis and does not want them to know because she is afraid they will be devastated and will treat her differently. The children are not the LCSW's clients. What is the LCSW's obligation?

- A. Report the diagnosis to the county health department since Huntington's disease is a genetic condition that the client's children need to know about for their own health planning

B. Inform the children directly since they have a right to know about their genetic risk and the LCSW has a duty to protect them from the consequences of the client's nondisclosure

C. Maintain the client's confidentiality regarding the diagnosis while exploring the client's concerns about disclosure, discussing the potential benefits to the children of knowing their genetic risk, and supporting the client in making an informed decision about when and how to share the information

D. Require the client to inform her children as a condition of continuing therapy since withholding medical information that affects the children's health constitutes a form of harm that the LCSW cannot be complicit in

64. An LCSW is working in a refugee resettlement program and is providing therapy to a forty-five-year-old man who survived torture in his home country. The client has severe PTSD and has been making slow progress over fourteen months of treatment. The LCSW is trained in cognitive processing therapy for PTSD but has no specialized training in the treatment of torture survivors. The client has begun disclosing details of the torture that are beyond anything the LCSW has encountered clinically. What should the LCSW do?

A. Continue treatment with the current approach while seeking consultation from clinicians who specialize in torture rehabilitation, pursuing additional training in the treatment of torture survivors, and honestly assessing whether the LCSW's competence is sufficient for the complexity of the client's needs

B. Immediately refer the client to a torture rehabilitation center since the LCSW's lack of specialized training means the LCSW is practicing outside the scope of competence

C. Continue the current treatment without modification since cognitive processing therapy is an evidence-based PTSD treatment that is effective regardless of the specific type of trauma

D. Inform the client that the torture disclosures are beyond what the LCSW can address and recommend that the client limit session content to topics within the LCSW's comfort level

65. An LCSW is treating a client who is a single mother of four children. The client has been consistently cancelling afternoon appointments because she cannot find childcare. She asks whether she can bring her children to the session and have them sit in the waiting room during the fifty-minute appointment. The oldest child is ten years old. What should the LCSW consider?

A. Whether bringing the children would violate any agency policy, whether the oldest child can safely supervise the younger children for the duration of the session, and whether alternative arrangements such as telehealth or scheduling adjustments could better serve the client's needs

B. Whether leaving children in a waiting room constitutes neglect that triggers a mandated reporting obligation

C. Whether to decline the request categorically since children should never be present at a therapy office during a parent's session

D. Whether to accept the arrangement without question since accommodating the client's logistical barriers is consistent with the social work value of service to underserved populations

66. An LCSW working in a veterans' program is treating a combat veteran with severe PTSD. The client has been using medical marijuana for symptom management under California law. The client's VA psychiatrist has told him that VA policy prohibits prescribing medications in conjunction with marijuana use, and the VA may discontinue his psychiatric medications if he continues using marijuana. The client asks the LCSW for advice about what to do. What is the most appropriate response?

A. Advise the client to stop using marijuana immediately so he can maintain his VA psychiatric medications which are more essential for his stability

B. Advise the client to continue marijuana use since it is legal in California and the VA's policy is overly restrictive and harmful to veterans

C. Help the client explore the benefits and risks of each option, facilitate communication between the client and his VA prescriber, and support the client in making an informed decision that balances his symptom management needs with access to psychiatric care

D. Contact the VA psychiatrist directly to advocate for a policy exception that would allow the client to use both marijuana and VA-prescribed medications simultaneously

67. An LCSW is providing therapy to a client with severe hoarding disorder. The client's home has become so cluttered that there are only narrow pathways between rooms, stacked items reach the ceiling in several areas, and the kitchen stove is completely inaccessible. The client lives alone and is seventy-one years old. Fire department personnel recently inspected the home and deemed it a fire hazard but took no further action. What should the LCSW consider?

A. Whether to contact a professional organizing service to help the client declutter the home since the LCSW's role is limited to psychological treatment

B. Whether the hoarding conditions constitute a clinical issue that should be addressed exclusively within the therapeutic framework without external intervention

C. Whether the situation represents a safety concern that should be reported to code enforcement or the landlord since the fire department has already deemed the home a fire hazard

D. Whether the combination of the client's age, the fire department's finding that the home is a fire hazard, and the severely impaired living conditions constitutes a situation of self-neglect or potential harm that warrants further assessment and possibly a report to Adult Protective Services

68. An LCSW is treating a client who is an attorney. The client mentions that she is representing a man accused of child sexual abuse. She says the evidence against her client is overwhelming and she personally believes he is guilty, but she is bound by her professional obligation to provide the best defense possible. She is experiencing significant moral distress about defending someone she believes has harmed children. What is the most appropriate therapeutic approach?

A. Help the client explore the moral distress, examine the tension between her personal values and her professional obligations, and support her in finding a way to reconcile her ethical commitment to the legal profession with her personal moral framework

B. Validate the client's moral distress and advise her to withdraw from the case since continuing to represent someone she believes is guilty will worsen her psychological symptoms

C. Normalize the moral distress as an unavoidable aspect of criminal defense work and suggest the client develop a thicker skin to prevent similar reactions in future cases

D. Explore whether the client's difficulty defending the accused represents unresolved personal trauma related to child abuse that is being triggered by the case material

69. An ASW has been treating a client for six months. The client gives the ASW a handmade scarf she knitted, saying, "I made this for you because you've helped me so much." The scarf has minimal monetary value. The ASW's supervisor has a strict policy prohibiting the acceptance of any gifts from clients, regardless of value. What should the ASW do?

A. Accept the gift since its minimal value makes it a clinically insignificant boundary crossing that would cause more harm to refuse than to accept

B. Follow the supervisor's policy, decline the gift gently, explore the meaning behind the gesture therapeutically, and discuss the decision with the supervisor in the next supervision session

C. Accept the gift but do not tell the supervisor to avoid a conflict over a clinically insignificant item

D. Accept the gift temporarily, thank the client, and then discuss the situation with the supervisor to determine the appropriate course of action

70. An LCSW is treating a forty-year-old client who is going through a contentious custody dispute. The client tells the LCSW that her ex-husband has been interrogating their seven-year-old child after each therapy session, asking the child to repeat everything the mother said about the father during their family therapy sessions. The child is becoming anxious and has asked the mother to stop going to therapy. What should the LCSW address?

- A. Whether to contact the father directly to inform him that his interrogation of the child is harmful and must stop immediately
- B. Whether the father's behavior toward the child constitutes a form of emotional harm that should be reported to the court through the custody evaluator
- C. Whether to discontinue the child's participation in therapy until the custody dispute is resolved since the father's behavior is undermining the therapeutic process
- D. Whether the father's interrogation of the child is causing emotional distress that needs to be addressed clinically, whether the custody dynamics are impacting the child's wellbeing, and how to manage the therapeutic process within the context of the high-conflict family system

71. An LCSW is providing therapy to a twenty-four-year-old client with anorexia nervosa. The client's weight has dropped to a dangerously low level and her physician has recommended hospitalization. The client refuses, stating she is "not that thin" and does not believe she needs hospitalization. She is oriented, alert, and capable of expressing her reasoning, although the LCSW suspects the eating disorder is significantly distorting her self-perception. What is the most important ethical consideration?

- A. Whether to initiate an involuntary psychiatric hold since the client's refusal of medically necessary treatment constitutes a danger to self that meets 5150 criteria
- B. Whether to terminate therapy if the client refuses hospitalization since the LCSW cannot ethically continue treatment that enables a life-threatening condition to progress
- C. Whether the client's capacity to make an informed decision about hospitalization is genuinely intact or whether the eating disorder's distortion of self-perception is so severe that it impairs the client's ability to understand and appreciate the medical risks
- D. Whether to contact the client's family members to enlist their support in convincing the client to accept hospitalization

72. An LCSW is providing consultation to a small nonprofit organization that operates a mentoring program for at-risk youth. During the consultation, the program director mentions that background checks for volunteer mentors have lapsed for the past year due to budget constraints, and several mentors have been spending unsupervised time with minors. What should the LCSW do?

- A. Address the lapsed background checks as a serious safety concern in the consultation, recommend immediate suspension of unsupervised mentor contact with minors until background checks are completed, and assess whether the situation warrants a report to the appropriate oversight agency
- B. Note the concern in the consultation report and recommend that the organization prioritize resuming background checks in the next budget cycle
- C. Inform the parents of the youth in the program that background checks have not been conducted so they can make informed decisions about their children's participation
- D. Report the organization to law enforcement since allowing unsupervised adult contact with minors without background checks constitutes child endangerment

73. An LCSW is treating a thirteen-year-old client whose mother brings the child to therapy. Over several sessions, the LCSW notices that the mother consistently speaks for the child, contradicts the child's statements, and minimizes the child's expressed emotions. When the LCSW tries to redirect the conversation to the child, the mother becomes defensive and says, "I know my child better than anyone, and I'm telling you what the problem is." What is the most appropriate therapeutic approach?

- A. Accept the mother's behavior as culturally appropriate parenting style and work within the family's communication framework without challenging the dynamic
- B. Address the dynamic directly but therapeutically — acknowledging the mother's investment in her child's wellbeing while creating structured opportunities for the child to speak independently, establishing session boundaries that support the child's voice, and exploring whether the mother's behavior is affecting the child's ability to engage in therapy
- C. Request that the mother stop attending sessions and see the child individually since the mother's presence is interfering with effective therapy
- D. Refer the family to a family therapist since the mother-child dynamic is the primary issue and individual therapy for the child will not be effective while the dynamic persists

74. An LCSW is treating a client who works in the client's home as a seamstress. The client offers to hem the LCSW's pants at no charge, saying, "It would take me five minutes and it's the least I can do after everything you've done for me." The LCSW's pants do need hemming. What is the most appropriate response?

- A. Accept the offer since the service is minimal in scope and refusing would make the client feel rejected

- B. Decline the offer, explain that accepting professional services from a client constitutes a bartering arrangement that could complicate the therapeutic relationship, and explore the meaning of the client's desire to reciprocate
- C. Accept the offer but pay the client her standard rate for hemming to avoid creating a bartering arrangement
- D. Accept the offer but only if the hemming is done at the LCSW's office rather than the client's home to maintain the professional boundary

75. An LCSW is treating a twenty-year-old client who is a college student. The client describes a professor who has been emailing her repeatedly after class hours, asking to meet for coffee, and has commented on her physical appearance during office hours. The client is uncomfortable but depends on the professor for a recommendation letter. She is not a minor, and the professor is not her therapist. What is the LCSW's obligation?

- A. File a mandated report since the professor's behavior constitutes sexual harassment of a student by a person in a position of authority
- B. Report the professor to the university's Title IX office since the LCSW has knowledge of potential sexual harassment occurring in an educational institution
- C. Address the client's discomfort therapeutically, provide information about the university's Title IX resources and other reporting options, explore the power dynamics at play, and support the client's autonomous decision-making without mandating external action
- D. Contact the professor directly to inform them that their behavior is making a student uncomfortable and request that they stop

Practice Exam 6: Answer Key and Explanations

1. B — The LCSW's first step should be to address the concern directly with the psychiatrist. Information shared during a treatment team meeting for treatment coordination purposes was not authorized for use in a research publication. The LCSW should explain that patient consent is required for research use and advocate for corrective action before escalating to formal complaint processes or involving the patient.

2. D — The Tarasoff duty applies to serious threats of physical violence against identifiable persons — not to planned property crimes. A plan to vandalize a car does not trigger the duty to warn or any mandatory reporting obligation under the LCSW's licensure statutes. The LCSW should maintain confidentiality and address the client's anger and destructive impulses clinically within the therapeutic framework.

3. A — The LCSW's personal connection to the medical condition creates a significant countertransference risk — the potential for over-identification, projection of personal experiences, or impaired objectivity. Before accepting the client, the LCSW must honestly assess whether this risk can be managed through supervision and self-monitoring, or whether a referral to another clinician would better serve the client.

4. A — Providing both individual and couples therapy to the same client creates a conflict of interest. The LCSW would hold confidential information from individual sessions that could affect the couples work, and the therapeutic alliances would become unbalanced. The appropriate response is to maintain the individual therapy and refer the couple to another clinician for couples work.

5. C — Following a client's social media account — even a professional one — creates a monitoring relationship that blurs therapeutic boundaries. The LCSW would gain access to ongoing content about the client's life outside of sessions, altering the therapeutic dynamic. The LCSW should decline, explain the boundary concern, and collaborate with the client to find alternative ways to incorporate her public persona into the clinical work.

6. B — A fifteen-year-old meeting adult men from a dating app raises serious safety concerns about potential child sexual exploitation and endangerment. The ASW should assess the clinical and legal dimensions of the situation, consider whether a mandated reporting obligation is triggered, and consult with the supervisor about the appropriate response. The complexity of the scenario — including the client's deception about her age — requires careful analysis before determining the specific action.

7. D — The diversion of grant funds designated for client mental health services directly harms clients by reducing available treatment. The LCSW has an ethical obligation to report the financial misconduct through appropriate channels — which may include the board of directors, the funding agency, or external regulatory authorities. Client welfare and organizational integrity require action beyond private confrontation alone.

8. C — The LCSW has no clear mandatory reporting obligation to report the wife's self-prescribing to the Medical Board under the LCSW's licensure statutes. However, the self-prescribing behavior is clinically significant and should be addressed within the couples therapy context — exploring its implications for the wife's health, her professional fitness, and the couple's relationship dynamics. The ethical duty to address impairment therapeutically applies.

9. B — A physical threat against the LCSW's adult client by a parent at the client's workplace does not trigger a mandatory reporting obligation for the LCSW. The client is not a child, elder, or dependent

adult, and the LCSW's Tarasoff obligations are not triggered by threats made by non-clients against the LCSW's adult client. The appropriate response is to maintain confidentiality and address the client's response to the incident therapeutically.

10. A — The client is discussing sensitive clinical content — marital problems and substance use — in a setting where coworkers can overhear the conversation through an open door. The LCSW has an obligation to address this confidentiality risk. Pausing the session, discussing the concern, and determining whether to continue or reschedule protects the client's privacy and models appropriate boundary management.

11. C — The client's delusional beliefs about the medication do not automatically mean he lacks decision-making capacity. The LCSW should explore the client's concerns with empathy, provide psychoeducation, assess decision-making capacity formally, and collaborate with the treatment team. Neither automatically supporting the discontinuation nor immediately pursuing involuntary medication appropriately addresses the clinical complexity.

12. D — An adult client's illegal distribution of prescription stimulants does not trigger a mandatory reporting obligation under the LCSW's licensure statutes. There is no child, elder, or dependent adult abuse, and no imminent threat of physical violence against an identifiable person. The LCSW should maintain confidentiality and address the drug distribution behavior clinically within the therapeutic framework.

13. B — Records arriving without verified authorization represent a potential confidentiality breach. The LCSW should contact the former therapist to confirm that the client properly authorized the transfer before reviewing the records. Accepting and reviewing records that may have been sent without proper authorization could make the LCSW complicit in a confidentiality violation. If authorization cannot be verified, the records should be returned unreviewed.

14. A — The decision about whether to participate in a media interview about a traumatic event belongs to the client. The LCSW's role is to explore the client's motivations and concerns, provide clinical perspective on the potential psychological impact of publicly reliving trauma during acute PTSD, and support the client's autonomous decision-making. Neither directing the client toward or away from the interview is appropriate.

15. C — The LCSW cannot confirm or deny that the caller's mother is a client. However, the son's information about the client's alcohol use is clinically relevant data that the LCSW can consider when planning clinical interventions. The most appropriate option — informing the client about her son's call

before the next session — was not presented. Among the available options, exploring alcohol use clinically at the next session using assessment techniques without revealing the source preserves confidentiality while addressing a potential clinical concern. However, the best available answer is C, notifying the client of the son's contact to maintain transparency.

16. D — The attorney's offer constitutes attempted bribery and an effort to corrupt the integrity of a court-ordered forensic evaluation. The LCSW must decline the offer, document the attempted influence thoroughly, and report it to the court since the contact represents a material event that could affect the evaluation's credibility and the court's confidence in the findings.

17. C — A threat from a DID alter that includes specific knowledge of the LCSW's daily routine must be taken seriously as a potential safety concern. However, the alter's threat also represents a defensive response within the DID system that can be addressed clinically. The LCSW should assess the credibility of the threat, address it using DID-appropriate clinical techniques, implement safety planning, and consult with a specialist.

18. A — The described behavior — a financial advisor pressuring a recently widowed sixty-seven-year-old to transfer all savings into the advisor's personal investment fund while invoking the deceased husband's wishes — contains several indicators of potential financial exploitation of an elder. The ASW should assess whether the circumstances warrant a mandated report to Adult Protective Services.

19. B — A parenting fitness assessment for adoption is a specialized evaluation that differs from couples therapy. The LCSW has not conducted standardized parenting readiness assessments and cannot provide a clinical opinion about adoption fitness based solely on couples therapy observations. The appropriate response is to explain the distinction and suggest the couple seek a qualified adoption readiness evaluator.

20. D — The client is describing the systematic falsification of care records for elderly patients in a nursing facility — meaning documented treatments are not actually being administered. This raises concerns about potential elder neglect, since patients may not be receiving the care they need. The LCSW should consider whether this information triggers a mandated reporting obligation under California's elder abuse statutes.

21. A — A terminal diagnosis is an extraordinarily significant disclosure that the husband needs time to process before sharing with his wife. While the no-secrets policy applies, clinical judgment may warrant a temporary, time-limited exception for a disclosure of this magnitude. The LCSW should acknowledge

the gravity, respect the processing need, and work actively with the husband to develop a plan for when and how to share the information.

22. C — Prolonged solitary confinement of juvenile detainees for minor behavioral infractions raises serious concerns about institutional practices that may constitute psychological harm to vulnerable minors. The LCSW has an ethical obligation to report the practice through appropriate channels — facility oversight bodies, the juvenile ombudsman, or external agencies — consistent with the profession's commitment to protecting vulnerable populations.

23. B — The client's decision to stop vaccinating her child based on contamination fears may be influenced by her OCD rather than by informed medical judgment. The LCSW should explore the reasoning, help the client distinguish between OCD-driven contamination fears and evidence-based health decisions, address misinformation compassionately, and discuss the implications for the child's health — all without being dismissive of the client's experience.

24. D — Before providing an affidavit, the LCSW should ensure that its content contains only factual clinical observations and professional opinions consistent with the clinical record. The affidavit should maintain the distinction between the therapeutic and forensic roles — the LCSW is providing clinical documentation, not serving as a forensic evaluator or advocate. Accuracy and role clarity protect both the client and the LCSW's professional integrity.

25. A — The described behaviors — staring, comments about the seventeen-year-old's body, and entering the bathroom while she is showering — constitute a pattern consistent with grooming behavior that raises reasonable suspicion of potential child sexual abuse. The LCSW should assess whether this pattern triggers a mandated reporting obligation under CANRA and, if the assessment supports reasonable suspicion, file a report with the appropriate child protective agency.

26. C — The LCSW can appropriately complete the portions of the disability forms that address psychological diagnosis, functional limitations, and treatment — areas within the LCSW's clinical competence. Questions requiring medical assessment should be clearly noted as outside the LCSW's scope and referred to the client's physician. This approach serves the client's needs while maintaining professional honesty about competence boundaries.

27. D — Template documentation with identical language across clients with different presentations raises serious concerns about record accuracy, billing integrity, and standard of care. The most appropriate action is to bring the concern to the practice manager or group practice owner since the issue may indicate a systemic compliance problem that affects the entire practice, not just one clinician.

28. B — The child's drawing depicting a father figure with a large bottle of alcohol while the child and mother are huddled in a corner crying, combined with the verbal statement "Daddy gets scary when he drinks," provides both visual and verbal indicators suggesting a home environment that may involve child abuse or neglect related to parental substance use. The LCSW should assess whether this information gives rise to reasonable suspicion warranting a mandated report.

29. A — The LCSW has no mandatory obligation to report a product safety hazard to external agencies — this disclosure does not fall within any recognized exception to confidentiality. The LCSW should address the client's workplace distress therapeutically, provide information about whistleblower protections that may be available, and support the client's autonomous decision-making about how to handle the situation.

30. C — The LCSW's role in couples therapy is not to advocate for either partner's financial position or to provide financial advice. Maintaining neutrality, acknowledging both perspectives, and facilitating a productive discussion about the underlying values and concerns driving each partner's position respects both partners' autonomy and keeps the focus on the relational dynamics rather than the financial specifics.

31. D — The client independently consented to therapy, and the LCSW cannot participate in a school meeting or confirm the therapeutic relationship without the client's authorization. Additionally, the client's parents — who are unaware of the therapy — will attend the meeting, creating a confidentiality risk. The LCSW should decline to participate without authorization, discuss the school's request with the client, and support the client in deciding how to proceed.

32. D — The client is describing unauthorized use of credit cards belonging to elderly persons in their eighties, one of whom has moderate dementia. This constitutes potential financial exploitation of elders under California law. The LCSW should assess whether the information gives rise to reasonable suspicion of elder financial abuse and, if so, file a mandated report with Adult Protective Services.

33. B — The stepmother's statement caused visible distress to the twelve-year-old and represents a communication pattern that is harmful to the child within the session. The LCSW should intervene to acknowledge the impact, validate the daughter's emotional response, redirect toward constructive communication, and address the family dynamic as a central treatment issue. Allowing the statement to pass without intervention fails to protect the child.

34. A — Treating both a mother and her minor daughter creates potential conflicts — the daughter may disclose information in therapy that affects the mother's treatment, or the LCSW may develop competing

therapeutic loyalties. The LCSW should explain these concerns and recommend a separate clinician for the daughter to maintain the integrity of both therapeutic relationships.

35. B — The client is a competent adult who has the right to decide whether to report a sexual assault to law enforcement. No mandatory reporting obligation is triggered because the client is not a minor, elder, or dependent adult. The LCSW should respect the client's decision, provide information about reporting options and victim services, address the trauma therapeutically, and support the client's autonomous decision-making.

36. C — The client's request to surrender a firearm due to suicidal ideation requires an immediate, comprehensive clinical response. The ASW should conduct a suicide risk assessment, develop a safety plan that includes lethal means restriction, and explore safe storage options outside the therapy office. Accepting custody of a firearm creates significant liability and safety concerns. Consulting with the supervisor is essential given the clinical urgency.

37. A — The interpreter's observation about the client's statements regarding plans to "disappear" and giving away belongings is clinically significant information that suggests possible suicidal ideation. The LCSW should take the concern seriously, assess the client for suicide risk at the next session, and establish clearer protocols with the interpreter for communicating clinical concerns while also reminding the interpreter about confidentiality obligations.

38. D — The LCSW's promotion to clinical director creates a dual role — the LCSW would simultaneously be the client's therapist and the supervisor of the clinicians who would otherwise treat the client. This dual role could compromise the client's treatment, the LCSW's supervisory objectivity, or both. The ethical concern is whether this organizational dual role can be managed without harm.

39. C — A conscious, oriented adult without psychiatric impairment has the right to refuse medical treatment based on religious beliefs, even when refusal may be life-threatening. The LCSW's appropriate role is to support the patient's right to make an informed decision, verify that the patient fully understands the consequences, and advocate with the medical team for respect of the patient's autonomous choice.

40. A — The thirteen-year-old's bullying behavior is clinically relevant and should be addressed as a central treatment issue. The LCSW should explore the function of the behavior, develop empathy and prosocial skills, and use clinical judgment about whether parents or the school need to be involved based on the severity of the bullying and the child's best interest. The bullying itself does not trigger a mandated reporting obligation for the LCSW.

41. B — The LCSW cannot confirm or deny that the sixty-nine-year-old man is a client, nor can the LCSW share treatment information with his adult children without authorization. However, the children's concern about potential exploitation is clinically relevant information the LCSW can consider. The LCSW should decline to disclose information, take the safety concerns seriously as clinical data, and address the relationship dynamics in therapy if the client raises them.

42. D — The described pattern — withholding affection, differential punishment for a foster child including punishment for bedwetting, and emotional rejection — represents potential emotional abuse or neglect of a child in care. The LCSW should assess whether these behaviors constitute a reportable condition under CANRA. Bedwetting punishment and explicit statements about a child being unworthy of love are particularly concerning indicators.

43. C — The client is a twenty-year-old legal adult with decision-making capacity. Regardless of her autism spectrum disorder diagnosis, she has the right to pursue romantic relationships. The LCSW should support this right while addressing any safety concerns, providing psychoeducation about healthy relationships, and exploring the client's readiness — rather than following the parents' directive to discourage the relationship.

44. B — Allowing law enforcement to conduct an investigative interview within the therapeutic setting risks compromising the therapeutic relationship, the integrity of the child's testimony, and the LCSW's clinical role. The therapy room should remain a safe, confidential space. Investigative interviews should be conducted by trained forensic interviewers in appropriate settings, separate from the therapeutic context.

45. A — An LCSW with a terminal illness and approximately six months to live has ethical obligations to ensure continuity of care for all clients. This requires developing a comprehensive succession plan, beginning termination processes with clients who need extended transition time, and making thoughtful decisions about what and when to disclose. Continuing without any planning would leave clients vulnerable to an abrupt, unplanned termination.

46. C — A nanny smoking marijuana while caring for three young children who are sleeping unattended raises potential child safety concerns. Impairment from marijuana use while responsible for the care and supervision of young children could compromise the children's safety in an emergency. The LCSW should assess whether this situation raises reasonable concerns about child neglect or endangerment that warrant further clinical attention and possibly a mandated report.

47. D — The patient's stated plan to immediately discontinue medication and invest the family's savings in what appears to be a grandiose business venture suggests that the mania may not be adequately resolved for safe discharge. The LCSW should communicate these concerns to the treatment team, advocate for additional stabilization or structured step-down care, and work with the patient and spouse on a realistic post-discharge plan.

48. A — The release the client signed authorized communication with the victim services agency for treatment coordination purposes. Using clinical information in a federal grant application is a fundamentally different purpose than treatment coordination. The LCSW should evaluate whether the existing release covers this specific use and whether the client was informed that her clinical information might be used for funding purposes.

49. B — A fourteen-year-old's daily vaping of nicotine and THC products presents legitimate health and safety concerns that warrant clinical attention. The ASW should address the substance use clinically, assess the health implications, and exercise professional judgment about parental involvement — balancing the therapeutic relationship, the client's age, the health risks, and the minor's best interest. A reflexive disclosure or reflexive silence both fail to account for the clinical nuance.

50. C — The LCSW should address the situation clinically, explore the ethical and safety dimensions with the client, and support responsible decision-making. The LCSW should provide information about California's reporting requirements for medical conditions that impair driving ability. However, the LCSW's own mandatory reporting obligations regarding a client's driving fitness are limited, and the clinical approach should focus on supporting the client toward a safe resolution.

51. D — Accepting a headshot photograph from a client creates a service-for-service dynamic that constitutes a bartering arrangement, regardless of how the client frames the offer. The client would be providing the LCSW with a professional service that has monetary value, creating a dual relationship. The LCSW should decline, explain the ethical basis, and explore the client's desire to reciprocate within the therapeutic context.

52. B — The LCSW cannot release any information to the insurance company without the client's specific written authorization. An insurance company's request does not override confidentiality protections. The LCSW should decline the request, contact the client to discuss the insurance company's inquiry, and release information only if the client provides a valid, specific authorization covering the requested disclosure.

53. A — This scenario involves multiple overlapping considerations. The authorization should be examined for specificity — whether it covers fitness-for-duty assessments specifically. Additionally, if the partner received inpatient substance abuse treatment at a federally funded program, the heightened confidentiality protections of 42 CFR Part 2 apply, which may restrict disclosure even with a general authorization. The LCSW must carefully evaluate the legal framework before responding.

54. C — The LCSW has never met or evaluated the husband and therefore cannot provide clinical opinions about his personality or parenting fitness. Testifying about an individual the LCSW has not assessed violates professional standards of competence and integrity. The LCSW should decline to offer opinions about the husband, explain the ethical constraints, and discuss with the client and attorney what the LCSW can appropriately provide within the scope of the therapeutic role.

55. D — Social media threats about bringing a weapon to school and "ending it all" represent a potential safety emergency that may require immediate action beyond maintaining confidentiality. The LCSW should conduct an immediate risk assessment and, based on the level of danger determined, take appropriate protective action — which may include contacting law enforcement, warning potential victims, notifying parents, and coordinating with the school. Imminent danger overrides confidentiality.

56. A — The child's initial statement that the tutor "touches him weird," followed by a quick retraction and a behavioral change of refusing to attend tutoring, presents a pattern that may indicate potential child sexual abuse. The LCSW should assess whether this combination of verbal disclosure, retraction, and behavioral change gives rise to reasonable suspicion that triggers a mandated reporting obligation under CANRA.

57. B — The client is an eighteen-year-old adult. While an RA providing alcohol to underage students is concerning, the LCSW has no mandatory reporting obligation for this situation. The appropriate response is to address the client's feelings of isolation and social pressure clinically, explore coping strategies, and provide information about reporting options — empowering the client to make his own decisions about how to handle the situation.

58. D — The LCSW is exhibiting classic signs of countertransference — dreading sessions, shortening them, and feeling relief at cancellations — despite the client making good progress and engaging productively. Since the client's behavior has not changed, the source of the LCSW's avoidance is internal. Immediate attention through supervision or consultation is needed to identify the source and prevent it from further affecting the treatment.

59. C — The client's written contract requesting that the LCSW "never abandon" her and "always be available" represents clinically significant material — it reflects the attachment fears, relational patterns, and need for security that are characteristic of borderline personality disorder. The LCSW should explore the therapeutic meaning of the contract, validate the underlying emotional need, and use the moment as rich clinical material without agreeing to unrealistic terms.

60. A — The physician partner's use of clinical language to define and pathologize the stay-at-home partner's emotional experiences creates a power imbalance within the session that functions as a form of relational control. The LCSW should address this dynamic directly, noting how the clinical language is affecting the other partner's ability to participate equitably in the therapeutic process.

61. B — The LCSW received specific information during professional duties about allegations of sexual misconduct by a teacher toward students. The LCSW should assess whether this information gives rise to reasonable suspicion of child abuse or misconduct toward minors that triggers the LCSW's own mandated reporting obligation, separate from the client's obligations as a school administrator.

62. D — The LCSW cannot certify that a client remains fully disabled when the clinical assessment demonstrates significant functional improvement. Providing inaccurate clinical documentation constitutes fraud and violates the ethical obligation of integrity. The LCSW should explain this limitation, discuss the client's financial concerns, explore transition options, and provide accurate documentation that reflects the client's current clinical status.

63. C — The client's Huntington's disease diagnosis and the genetic implications for her children do not trigger any mandatory reporting obligation. There is no statutory exception that requires or permits the LCSW to disclose a client's medical diagnosis to family members. The LCSW should maintain confidentiality while supporting the client in making an informed decision about disclosure — exploring her fears, discussing the benefits to her children, and respecting her autonomy.

64. A — The LCSW has been providing competent PTSD treatment for fourteen months, but the disclosure of torture details represents a level of clinical complexity that may exceed the LCSW's training. The most appropriate response is to continue treatment while actively seeking consultation from torture rehabilitation specialists, pursuing additional training, and honestly assessing whether the LCSW's competence is sufficient for the evolving clinical needs.

65. B — The LCSW should evaluate the practical considerations — agency policies about children in the waiting room, the oldest child's ability to supervise younger children safely, the duration of the appointment, and whether alternative arrangements such as telehealth could better serve the client. A

thoughtful assessment of the specific circumstances, rather than a categorical acceptance or refusal, best serves the client's access to treatment.

66. C — The LCSW's role is to help the client navigate a complex decision — not to advocate for either stopping marijuana or continuing it. The LCSW should facilitate the client's exploration of the benefits and risks of each option, support communication with the VA prescriber, and help the client make an informed decision that balances symptom management needs with access to psychiatric care.

67. D — A seventy-one-year-old living alone in a home officially deemed a fire hazard by the fire department, with severely impaired living conditions including inaccessible appliances and ceiling-high clutter, may constitute a situation of self-neglect or potential harm. The LCSW should consider whether this combination of factors warrants a report to Adult Protective Services for assessment of the client's safety and wellbeing.

68. A — The client is experiencing genuine moral distress rooted in the tension between personal values and professional obligations. The LCSW should help the client explore this conflict, examine the ethical framework of criminal defense work, and support the client in finding a way to reconcile her professional duties with her personal moral compass — without directing the client to withdraw from the case or dismissing the distress.

69. B — The ASW works within a supervisory structure, and the supervisor has established a clear policy about gifts. Even though the scarf has minimal monetary value and the clinical argument for accepting it may be reasonable, the ASW should follow the supervisor's established policy, decline gently, explore the therapeutic meaning of the gesture, and discuss the decision with the supervisor. The supervisory relationship requires adherence to established policies.

70. D — The father's interrogation of the child after therapy sessions is causing the child emotional distress and is undermining the therapeutic process. The LCSW should address multiple dimensions: the child's emotional wellbeing, the impact on the therapeutic relationship, and the management of the high-conflict custody dynamics. A comprehensive clinical approach considers all of these factors rather than addressing only one element in isolation.

71. C — The central ethical question is whether the client's capacity to make an informed decision about hospitalization is genuinely intact. Anorexia nervosa can profoundly distort self-perception, body image, and the ability to appreciate medical risk — potentially impairing the very capacity needed for informed refusal. The LCSW should assess whether the eating disorder's distortions are so severe that they compromise the client's ability to understand and appreciate the life-threatening nature of her condition.

72. A — Lapsed background checks for volunteers who are spending unsupervised time with at-risk minors represents a serious safety gap that the LCSW should address directly in the consultation. The LCSW should recommend immediate suspension of unsupervised contact until background checks are completed and assess whether the situation warrants a report to the appropriate oversight agency responsible for youth program safety.

73. B — The mother's pattern of speaking for the child, contradicting the child, and minimizing the child's emotions is interfering with the child's ability to engage in therapy and may reflect a broader family dynamic contributing to the presenting concerns. The LCSW should address this directly but therapeutically — acknowledging the mother's investment while creating structured opportunities for the child to speak and establishing session boundaries that support the child's voice.

74. B — Accepting hemming services from a client constitutes a bartering arrangement that creates a dual relationship, regardless of the service's minimal scope. The exchange introduces a service-for-service dynamic that could complicate the therapeutic relationship. The LCSW should decline, explain the ethical reasoning, and explore the client's desire to reciprocate as clinically meaningful material within the therapeutic relationship.

75. C — The client is a twenty-year-old legal adult. The professor's behavior — repeated after-hours emails, requests to meet socially, and comments on physical appearance — may constitute sexual harassment, but the LCSW has no mandatory reporting obligation because the client is not a minor, elder, or dependent adult. The LCSW should address the discomfort therapeutically, provide information