

PRACTICE EXAM 8: CALIFORNIA LCSW LAW AND ETHICS SIMULATION (75 QUESTIONS)

1. An LCSW working at a community agency has been treating a twenty-nine-year-old woman for generalized anxiety disorder for ten months. The client calls between sessions and reports that she just discovered her husband has been secretly video-recording her therapy sessions through a hidden device in her purse. The husband is not a client. The client is distraught and wants the LCSW's advice on what to do. What is the LCSW's most important consideration?

- A. Whether the LCSW should report the husband to law enforcement for violating California's two-party consent recording law
- B. Whether the LCSW should contact the husband directly to demand he surrender all recordings and destroy them
- C. Whether the recordings could be subpoenaed in any future legal proceedings involving the client's mental health treatment
- D. Whether the secret recording has compromised the confidentiality of the therapeutic process and how to address this breach with the client clinically while informing the client of her legal options

2. An ASW is providing therapy to a seventeen-year-old client who independently consented to treatment. The client tells the ASW she has been selling marijuana edibles she makes at home to classmates at her school. She uses proceeds to buy art supplies. She does not use marijuana herself. What is the ASW's legal obligation?

- A. Maintain confidentiality and address the behavior clinically, recognizing that a minor's sale of marijuana does not trigger a mandated reporting obligation under CANRA
- B. File a mandated report with CPS since the minor is engaged in criminal activity that indicates a lack of parental supervision constituting neglect
- C. Report the drug sales to the school administration since the distribution of marijuana on campus creates a safety risk for other students
- D. Contact local law enforcement since the ASW has knowledge that a minor is manufacturing and distributing controlled substances

3. An LCSW is treating a forty-two-year-old man with major depressive disorder who works as a long-haul truck driver. The client describes falling asleep at the wheel twice in the past month, once drifting into the oncoming lane before waking. He attributes the episodes to medication side effects and says he plans to keep driving because he cannot afford to lose his income. What is the LCSW's most important clinical and ethical consideration?

A. Whether the LCSW should contact the client's prescribing physician to recommend a medication change that would eliminate the drowsiness

B. Whether the client's depression medication should be documented as a contributing factor to a work-related safety hazard

C. Whether the client's continued driving while experiencing sleep episodes creates an ethical obligation for the LCSW to address the public safety risk — exploring the situation clinically, encouraging the client to report to the DMV or his employer, and carefully considering the limits of confidentiality when serious risk to public safety exists

D. Whether to file a mandatory report with the Department of Motor Vehicles since the LCSW has direct knowledge that a commercial driver is experiencing loss of consciousness while operating a vehicle

4. An LCSW receives a voicemail from a former client who terminated therapy fourteen months ago. The former client sounds intoxicated and says, "I just want you to know that tonight is the night. I've made my peace with everything. Thank you for trying to help me." The LCSW interprets the message as potentially indicating suicidal intent. What should the LCSW do?

A. Wait until morning to return the call since the former client terminated the therapeutic relationship and the LCSW has no current duty of care

B. Respond immediately to the safety concern by attempting to contact the former client and, if unable to reach the former client, contacting emergency services to conduct a welfare check

C. Call the former client's emergency contact listed in the closed clinical file and ask them to check on the former client

D. Document the voicemail and consult with a colleague in the morning about whether any response is warranted

5. An LCSW is treating a couple in which one partner has recently been promoted to a senior position at a company where the LCSW's spouse also works. The newly promoted partner is now the LCSW's spouse's direct supervisor. The LCSW learns this during a session when the client mentions the company name and describes managing "the new team." What should the LCSW do?

- A. Continue treatment without disclosing the connection since the dual relationship is indirect and unlikely to affect clinical objectivity
- B. Terminate therapy immediately and refer the couple to another clinician without explaining the reason to protect the LCSW's spouse's privacy
- C. Inform only the partner who is the supervisor about the connection and let that partner decide whether to continue therapy
- D. Disclose the newly discovered connection to both partners, assess together whether the dual relationship creates a conflict that affects the therapeutic work, and determine whether continuation or referral is most appropriate

6. An LCSW working in a school-based program is providing therapy to a thirteen-year-old student. The student's teacher pulls the LCSW aside in the hallway and says, "I need to know what's going on with Marcus. He's been acting out in my class and I can't help him if I don't know what you two talk about." What should the LCSW do?

- A. Decline to share therapy content, explain that the student's therapy is confidential, and suggest the teacher discuss behavioral concerns with the student's parents or through the school's student support team
- B. Provide general behavioral recommendations to the teacher without confirming the therapeutic relationship or sharing specific session content
- C. Share relevant information about the student's therapy since teachers are part of the educational team and need clinical information to support students effectively
- D. Ask the student for permission to share information with the teacher at the next therapy session before responding to the teacher's request

7. An LCSW is providing therapy to a thirty-eight-year-old client who has been diagnosed with borderline personality disorder. The client calls the LCSW's office after hours on a Friday evening, leaving a message stating she took an overdose of sleeping pills twenty minutes ago. The message ends abruptly. The LCSW discovers the message ninety minutes later. What should the LCSW do first?

- A. Call the client back to assess the severity of the overdose and determine whether emergency intervention is needed
- B. Document the voicemail and contact the client's psychiatrist to coordinate an emergency medication review

- C. Call 911 immediately and provide the client's home address for emergency dispatch since ninety minutes have elapsed since a reported overdose and the client may be unconscious or in medical danger
- D. Contact the client's designated emergency contact to have them check on the client at her residence

8. An LCSW has been treating a forty-five-year-old woman for chronic depression. During a session, the client reveals that her twenty-year-old son — who is not the LCSW's client — confided in her that he committed a sexual assault against a classmate at his college three months ago. The victim has not reported the assault. The client's son has not been charged. The client is distraught and asks the LCSW what she should do. What is the LCSW's legal obligation?

- A. Report the sexual assault to local law enforcement since the LCSW has received information about a violent crime during professional duties
- B. Maintain confidentiality and address the client's distress therapeutically, recognizing that secondhand information about a sexual assault of an adult by an adult does not trigger a mandatory reporting obligation for the LCSW
- C. Contact the college to report the alleged assault so the institution can investigate under its Title IX obligations
- D. Advise the client to report her son to law enforcement and document that the LCSW recommended the client take this action

9. An LCSW is treating a married couple. The wife has been diagnosed with cancer and is undergoing chemotherapy. During a joint session, the husband says, "I've been looking into alternative healers who use spiritual energy to cure cancer. I want you to stop the chemo and try this instead." The wife looks uncertain. The LCSW knows the alternative treatment has no scientific evidence supporting its effectiveness. What is the most appropriate response?

- A. Facilitate a balanced discussion between both partners, ensure the wife understands the medical implications of stopping chemotherapy, encourage both partners to discuss any treatment changes with the oncologist, and support the wife's autonomous medical decision-making without directing the outcome
- B. Support the husband's suggestion since respecting client self-determination means honoring both partners' treatment preferences equally in couples therapy
- C. Advise the wife to continue chemotherapy and tell the husband that recommending unproven alternative treatments is irresponsible and potentially dangerous

D. Refuse to discuss medical treatment decisions since they fall outside the scope of couples therapy and redirect the session to the couple's relational dynamics

10. An LCSW is conducting a home visit for a client enrolled in an intensive outpatient program. Upon arriving at the client's apartment, the LCSW notices a strong chemical odor and sees equipment consistent with methamphetamine manufacturing. The client's three-year-old daughter is playing on the floor near the equipment. What should the LCSW do first?

A. Confront the client about the suspected drug manufacturing and demand that the child be removed from the environment immediately

B. Complete the scheduled therapy session and then report the observations to the authorities after leaving the residence

C. Document the observations in the clinical record and discuss the situation with the supervisor before taking any further action

D. Prioritize the child's immediate safety by leaving the hazardous environment, making an immediate mandated report to CPS for child endangerment, and contacting law enforcement about the suspected drug manufacturing

11. An LCSW is treating a twenty-five-year-old client who works as a daycare teacher. The client confides that she has been experiencing intrusive sexual thoughts about the toddlers in her care. She is horrified by the thoughts, has no history of sexual offending, and emphasizes that she would never act on them. She identifies the thoughts as ego-dystonic and connected to her OCD diagnosis. What is the most appropriate clinical response?

A. File a mandated report with CPS since the client has described sexual ideation involving children in her professional care

B. Instruct the client to take a leave of absence from the daycare until the intrusive thoughts have been fully resolved through treatment

C. Normalize the intrusive thoughts within the context of the OCD diagnosis, continue evidence-based treatment for OCD, assess risk clinically, and monitor — recognizing that ego-dystonic obsessive thoughts are symptoms, not indicators of predatory intent

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

12. An LCSW receives a phone call from a client's primary care physician. The physician states that the client missed a critical follow-up appointment for a serious medical condition and asks the LCSW to encourage the client to reschedule. The client has signed a release authorizing communication between the LCSW and the physician for treatment coordination purposes. What should the LCSW do?

- A. Decline to discuss the client's medical care with the physician since the LCSW's role is limited to mental health treatment and medical coordination falls outside the therapeutic scope
- B. Acknowledge the physician's concern, accept the information as clinically relevant, and address the missed medical appointment with the client in the next therapy session within the context of the client's overall health and wellbeing
- C. Contact the client immediately between sessions to relay the physician's message and urge the client to reschedule the medical appointment
- D. Inform the physician that while the LCSW appreciates the concern, the LCSW cannot intervene in the client's medical decisions because doing so would violate the client's self-determination

13. An LCSW treating a fifteen-year-old client learns that the client has been involved in an online relationship with a thirty-two-year-old man for six months. The client describes exchanging romantic messages and making plans to meet in person. No sexually explicit images have been exchanged, and the client says the relationship is "just emotional." What should the LCSW consider?

- A. Whether to advise the client to end the online relationship immediately since the age difference makes the relationship inherently exploitative
- B. Whether the emotional nature of the relationship without sexual content means it does not rise to the level of a reportable concern
- C. Whether to address the online relationship within the therapy as a clinical issue without taking external action since no sexual exploitation has occurred
- D. Whether an adult cultivating a romantic relationship with a fifteen-year-old — including planning an in-person meeting — constitutes potential grooming behavior that gives rise to reasonable suspicion of child exploitation warranting a mandated report

14. An LCSW is treating a sixty-year-old client who recently retired from a demanding career. The client expresses feeling purposeless and states, "I don't know who I am without my job." She reports spending most days in bed, has stopped socializing, and has lost interest in activities she previously enjoyed. Her physician has ruled out medical causes. She denies suicidal ideation. What is the most appropriate therapeutic approach?

- A. Address the retirement as a significant life transition involving identity loss, explore the client's sense of self beyond her professional role, and help her develop new sources of meaning and connection while treating the depressive symptoms
- B. Recommend the client return to work in some capacity since the depression appears directly linked to the absence of professional activity
- C. Focus treatment exclusively on the depressive symptoms using cognitive behavioral techniques without specifically addressing the retirement transition
- D. Refer the client to a career counselor who can help her find a new professional direction since the depression will resolve once she has a renewed sense of purpose

15. An LCSW is treating a couple in which the husband was recently arrested for domestic violence against the wife. He is court-ordered to attend a batterer intervention program separately. The wife wants to continue couples therapy with the LCSW. The husband's BIP facilitator contacts the LCSW and asks for information about the couples therapy to "make sure our approaches are aligned." Neither partner has signed a release authorizing this communication. What should the LCSW do?

- A. Share general treatment goals with the BIP facilitator since coordination between treatment providers benefits the client
- B. Provide only the wife's treatment information since she is the LCSW's primary client and the husband's information belongs to the BIP
- C. Decline to share any information without signed releases from both partners, explain the confidentiality requirements, and discuss the possibility of obtaining appropriate authorizations with the clients
- D. Refer the BIP facilitator to the court for treatment coordination since the court order establishes the framework for communication between providers

16. An LCSW is conducting a group therapy session for adolescents at a residential treatment facility. During the session, a sixteen-year-old group member stands up and threatens to punch another group member, making a fist and stepping toward the other teen. The threatened group member cowers in fear. What should the LCSW do first?

- A. Allow the teens to work through the conflict since peer confrontation is a therapeutic tool in group therapy with adolescents

B. Intervene immediately to de-escalate the situation by calmly but firmly setting a physical safety limit, separating the teens if necessary, and ensuring all group members are safe before processing the incident therapeutically

C. End the group session immediately and escort the threatening member to their room for a mandatory cooling-off period

D. Call facility security to handle the physical threat since maintaining physical safety in a residential facility is a security function rather than a clinical one

17. An LCSW is treating a thirty-two-year-old client who works as a flight attendant. The client reports that she has been drinking heavily before and during flights, consuming alcohol from the beverage cart when passengers are not looking. She describes being intoxicated during emergency procedure demonstrations and safety briefings. She says nobody has noticed. What is the LCSW's obligation?

A. Report the client to the Federal Aviation Administration since the LCSW has knowledge of a safety-sensitive employee who is impaired on the job

B. Report the client to her airline employer since passengers' lives are directly at risk from a flight attendant who is intoxicated during safety-critical duties

C. Contact the client's physician to recommend an assessment for alcohol use disorder and a fitness-for-duty evaluation

D. Address the alcohol use and its implications clinically, explore the client's willingness to self-report or seek accommodation through appropriate channels, and carefully consider the ethical dimensions of a situation where a client's behavior creates risk to public safety

18. An LCSW has been treating a client with social anxiety for fourteen months. The client recently started attending the same yoga class that the LCSW attends every Saturday morning. The client recognized the LCSW and was visibly excited, approaching the LCSW after class and saying, "Now we can practice together!" What is the most appropriate response?

A. Discuss the situation with the client at the next therapy session — acknowledging the encounter, establishing boundaries for public interactions, and determining whether the LCSW or the client should find an alternative class to maintain appropriate professional distance

B. Switch to a different yoga class without telling the client to avoid the awkwardness of establishing boundaries about a shared activity

C. Continue attending the same class and interact normally with the client since yoga class is a public setting where incidental contact is unavoidable

D. Tell the client at the yoga studio that they cannot interact outside of therapy and that one of them must leave the class immediately

19. An LCSW is providing family therapy to parents and their twelve-year-old son who has ADHD. During a session, the father says, "I think ADHD is just an excuse for laziness. When I was a kid, we didn't have diagnoses — we just got disciplined harder." He then describes increasing the severity of physical punishments when the child does not complete homework, including spanking with a wooden spoon that sometimes leaves marks. What should the LCSW do?

A. Explore the father's beliefs about discipline and ADHD while monitoring for any additional disclosures that might indicate abuse

B. Provide the father with psychoeducation about ADHD as a neurodevelopmental disorder and recommend evidence-based parenting strategies

C. Assess whether the described physical discipline — spanking with a wooden spoon that leaves marks — constitutes reasonable suspicion of physical child abuse that triggers a mandated reporting obligation, while also addressing the father's beliefs about ADHD

D. Respect the father's parenting philosophy as a cultural value and focus the therapeutic work on helping the child develop better coping strategies for managing ADHD symptoms

20. An ASW is providing therapy to a twenty-year-old client at a college counseling center. The client discloses that her roommate has been stealing her prescription medication — an ADHD stimulant — and selling it to other students. The client has confronted the roommate, who denied it. The client does not want to report it because she fears social retaliation. What is the ASW's legal obligation?

A. Report the roommate to campus police since the ASW has knowledge of ongoing theft and drug distribution in a university setting

B. Maintain confidentiality and address the situation therapeutically, helping the client explore her options and supporting her decision-making, recognizing that a roommate's theft and drug sales do not trigger a mandatory reporting obligation for the ASW

C. Contact the college's residential life office to report the theft since the ASW has an obligation to protect the client from ongoing victimization

D. Encourage the client to change her medication storage practices and document the disclosure in case the information becomes relevant to future legal proceedings

21. An LCSW is treating a forty-eight-year-old client who is the CEO of a technology company. The client reveals that his company is about to lay off two thousand employees and that he has insider knowledge that the company's stock will drop dramatically. He casually mentions that he has been advising close friends and family to sell their stock before the announcement. What is the LCSW's legal obligation?

- A. Report the insider trading to the Securities and Exchange Commission since the LCSW has knowledge of an ongoing federal securities violation
- B. Advise the client that insider trading is a federal offense and encourage him to consult with a securities attorney immediately
- C. Contact the client's close friends and family members to warn them that they may be participating in illegal insider trading
- D. Maintain confidentiality and address the disclosure clinically, recognizing that a client's description of financial misconduct does not trigger a mandatory reporting obligation under the LCSW's licensure statutes

22. An LCSW is treating a couple in therapy. After a particularly difficult session, the wife sends the LCSW an email containing screenshots of private text messages between her husband and another woman, proving the husband is having an affair. She writes, "Show him these at the next session so he can't deny it anymore." What should the LCSW do?

- A. Decline to introduce evidence provided by one partner to confront the other partner, address the wife's email at the next session within the therapeutic framework, and discuss how the couple wants to handle the affair disclosure in therapy
- B. Present the screenshots at the next session as the wife requested since the affair is directly relevant to the couples therapy and the wife has the right to have her concerns addressed
- C. Forward the screenshots to the husband before the next session so he can prepare his response and both partners enter the session on equal footing
- D. Delete the screenshots immediately and inform the wife that the LCSW cannot accept evidence from one partner to use against the other

23. An LCSW treats a sixteen-year-old client who tells the LCSW she has been sending nude photographs of herself to multiple boys at her school. The boys are all between fifteen and seventeen years old. No adults are involved. The client does not view this as problematic and says "everyone does it." What is the most appropriate response?

- A. File a mandated report with CPS since the creation and distribution of nude images by a minor constitutes production of child pornography
- B. Report the behavior to the school administration since the distribution of explicit images among students is a school safety and conduct issue
- C. Address the behavior clinically — exploring the risks including legal consequences, digital permanence, exploitation potential, and the impact on the client's wellbeing — while maintaining confidentiality and using clinical judgment about parental involvement
- D. Inform the client's parents immediately since the behavior places the client at significant legal and personal risk that parents need to know about

24. An LCSW is providing therapy to a client who recently learned she is a carrier for Huntington's disease. She has two adult children who could also be carriers. She has decided not to tell her children because she does not want them to worry. She says, "What they don't know can't hurt them." What should the LCSW do?

- A. Inform the children directly since they have a right to genetic information that could affect their health planning and reproductive decisions
- B. Explore the client's decision within the therapeutic framework — examining her fears about disclosure, discussing the potential benefits of her children knowing their genetic risk, and supporting her in making an informed decision while respecting her autonomy and maintaining confidentiality
- C. Require the client to disclose the information to her children as a condition of continuing therapy since withholding genetic risk information constitutes potential harm
- D. Contact a genetic counselor on the client's behalf to arrange for the children to be informed of their potential genetic risk without the mother's involvement

25. An LCSW working in a veterans' treatment program is treating a combat veteran with severe PTSD. During a session, the veteran discloses that he has been stockpiling weapons and has drawn up tactical plans for "defending his neighborhood" from what he perceives as an imminent foreign invasion. He describes his plans in military-operational detail, including defensive positions, fields of fire, and contingency plans. His wife has expressed fear for their family's safety. He has no identified specific human target. What should the LCSW do?

- A. Accept the behavior as a PTSD-driven hypervigilance response and address it within the trauma treatment framework without taking external action

B. Contact the veteran's wife to discuss her safety concerns and develop a family safety plan that accounts for the weapons and the veteran's mental state

C. File an immediate Tarasoff warning since the stockpiling of weapons combined with tactical planning indicates the veteran poses a danger to others in his neighborhood

D. Conduct a thorough risk assessment evaluating the veteran's reality testing, the nature and specificity of the perceived threat, the presence of delusional thinking, access to weapons, and the safety concerns expressed by the wife — and take appropriate clinical action based on the assessment, which may include crisis intervention, family safety planning, and coordination with the treatment team

26. An LCSW is treating a nineteen-year-old client who has aged out of foster care and is living independently for the first time. The client discloses that her former foster father — who cared for her from ages eight to eighteen — has recently been contacting her and expressing romantic interest. He has sent gifts, made declarations of love, and asked her to move back in with him as his "partner." The client seems confused and is considering the offer because she is lonely and struggling financially. What should the LCSW consider?

A. Whether the former foster father's behavior constitutes grooming or exploitation of a vulnerable young adult who was in his care as a child, and whether any reporting obligations exist regarding an adult exploiting a person they formerly had custodial authority over

B. Whether to support the client's decision since she is a legal adult who has the right to choose her own romantic partners

C. Whether to contact the former foster father directly to inform him that his behavior is inappropriate and to demand he stop contacting the client

D. Whether to report the former foster father to the foster care licensing agency since his behavior may indicate a pattern that could affect other children in his care

27. An LCSW has been providing therapy to a client for two years. The LCSW is diagnosed with a medical condition that requires surgery and a six-week recovery period during which the LCSW will be unable to see clients. The LCSW has not yet informed any clients about the upcoming absence. What is the most appropriate approach?

A. Wait until the week before surgery to inform clients so they do not worry unnecessarily about the LCSW's health for an extended period

B. Cancel all appointments for the six-week period without explanation and resume therapy when medically cleared

C. Notify clients as early as possible, process the therapeutic implications of the absence, arrange for clinical coverage during the recovery period, and provide clients with emergency resources and referrals for the duration of the absence

D. Transfer all clients to other clinicians permanently since a six-week absence constitutes an interruption of care that most therapeutic relationships cannot withstand

28. An LCSW is treating a seventy-five-year-old client with moderate dementia in a skilled nursing facility. The client's son visits weekly. During a session, the client tearfully says, "My son took my jewelry box last visit. He said he was keeping it safe, but I know he's selling my things." The son has durable power of attorney for finances. What should the LCSW do?

A. Dismiss the allegation as a product of the client's dementia since confusion about personal belongings is a common symptom

B. Take the allegation seriously, assess the situation in the context of the client's cognitive status, and consider whether the described behavior constitutes potential financial exploitation of an elder that warrants a mandated report — recognizing that power of attorney does not authorize self-dealing or personal benefit from the elder's assets

C. Contact the son directly to return the jewelry and explain that removing personal items from the client's room could be perceived as exploitation

D. Inform the facility's social services department and allow them to handle the concern through the facility's internal protocols

29. An LCSW is providing therapy to a twenty-eight-year-old client with a history of self-harm who has been stable for over a year. During a telehealth session, the client rolls up her sleeve to reach for something and the LCSW notices fresh cuts on the client's forearm. The client quickly pulls her sleeve down and says, "It's nothing — I scratched myself on a branch while gardening." What should the LCSW do?

A. Accept the client's explanation since she has been stable for a year and the LCSW should not assume the worst based on visual observations during a telehealth session

B. End the telehealth session immediately and require the client to come to the office for an in-person safety assessment before any further sessions occur

C. Inform the client's emergency contact about the observed marks since the LCSW has reason to believe the client may have relapsed into self-harm

D. Address the observation directly with compassion, note the discrepancy between the appearance of the marks and the stated explanation, revisit the safety plan, and conduct a clinical assessment of the client's current self-harm risk and emotional state

30. An LCSW is providing group therapy for adults with chronic pain. During a session, one member reveals that he has been purchasing opioids illegally from a group member who is seated across the circle. The selling group member becomes angry and says, "You weren't supposed to say anything." The LCSW was previously unaware of this arrangement. What is the most appropriate response?

A. Remove both members from the group immediately and report the drug transaction to law enforcement since it occurred between clients at the LCSW's agency

B. Ignore the disclosure and redirect the group to the session's planned topic since addressing illegal activity in a group setting creates complications for all members

C. Address the disclosure within the group process — setting appropriate limits, discussing the impact on group trust and safety, assessing each member individually, and determining appropriate next steps including whether either member's continued participation is clinically appropriate

D. End the group session immediately, meet with each member individually, and then decide how to reconstitute the group without the members involved in the drug transaction

31. An LCSW is treating a thirty-five-year-old client with bipolar disorder who is in a manic episode. The client has not slept in four days, has maxed out three credit cards on impulsive purchases, and is making grandiose plans to start a business. He is oriented, verbal, and does not meet criteria for a 5150 hold. His wife is frightened and has called the LCSW asking for help. What is the most appropriate action?

A. Increase the clinical support, coordinate with the client's psychiatrist about medication adjustment, address the manic symptoms therapeutically, involve the wife in safety planning with the client's consent, and monitor the situation closely for any deterioration that might warrant more intensive intervention

B. Initiate a 5150 hold based on the severity of the manic symptoms and the financial recklessness even though the client does not technically meet the criteria

C. Advise the wife to petition the court for a temporary conservatorship to prevent further financial damage during the manic episode

D. Reduce the session frequency to allow the manic episode to run its natural course since therapeutic intervention during active mania is generally ineffective

32. An LCSW is treating a fourteen-year-old client whose divorced parents share joint legal custody. The mother brings the child to therapy. The father contacts the LCSW and requests copies of all therapy notes. He states that as a parent with joint legal custody, he has an absolute right to his child's complete therapy records. What should the LCSW do?

A. Provide the father with complete copies of all therapy notes since joint legal custody grants both parents equal access to the child's medical and mental health records

B. Acknowledge the father's interest in his child's treatment while exercising clinical judgment about what information to share, recognizing that even parents with legal custody rights may receive information in a manner that considers the child's therapeutic best interest

C. Refuse to provide any records to the father and inform him that therapy notes for minors are permanently confidential and cannot be released to parents

D. Provide the records only if the mother also consents to the release since both parents with joint legal custody must agree before records can be shared

33. An LCSW is treating a client who works as a home health aide for a disabled veteran through a VA-contracted agency. The client describes cutting corners on the veteran's care — skipping scheduled visits, falsifying time sheets, and leaving the veteran without assistance for extended periods. The veteran is a sixty-eight-year-old man who uses a wheelchair and requires help with daily activities. What should the LCSW consider?

A. Whether to report the client to the VA-contracted agency for employment fraud and neglect of duty

B. Whether to contact the veteran directly to verify the client's account and assess the veteran's current condition and needs

C. Whether to advise the client to quit the position voluntarily before the fraud is discovered to minimize legal consequences

D. Whether the described pattern of skipping visits, falsifying records, and leaving a disabled veteran without necessary assistance constitutes potential abuse or neglect of a dependent adult that triggers a mandated reporting obligation

34. An LCSW is providing therapy to a married couple. The wife has a gambling addiction that has severely impacted the family's finances. During a session, the wife reveals that she stole money from her elderly mother's bank account to fund her gambling. Her mother has early-stage dementia and has not noticed the missing funds. What should the LCSW consider?

- A. Whether the wife's gambling addiction mitigates the seriousness of the financial exploitation since the theft was driven by a compulsive behavior rather than deliberate intent
- B. Whether to advise the wife to repay her mother immediately and address the gambling addiction as the primary treatment focus
- C. Whether the theft of money from an elderly person with dementia constitutes potential financial exploitation of an elder that triggers the LCSW's mandated reporting obligation, regardless of the wife's gambling addiction diagnosis
- D. Whether to inform the husband about the theft since he is also a client in the couples therapy and has a right to know about financial matters affecting the family

35. An LCSW is treating a twenty-three-year-old client who is a recent immigrant from a country where arranged marriages are culturally normative. The client's family has arranged a marriage for her with a man she has never met. She tells the LCSW she does not want to marry this person but feels she has no choice because refusing would bring shame to her family and could result in her being disowned. She asks the LCSW what she should do. What is the most appropriate therapeutic response?

- A. Explore the client's feelings about the arranged marriage within her cultural context, validate the complexity of her situation, help her examine her values and options, support her autonomous decision-making, and provide information about resources available if she decides to decline the arrangement
- B. Advise the client to refuse the arranged marriage since forced marriage is incompatible with Western values of individual autonomy and self-determination
- C. Respect the cultural practice of arranged marriage and help the client adjust to the situation since challenging the family's cultural traditions could cause more harm than the marriage itself
- D. Contact the client's family to advocate on her behalf and explain that arranged marriages without the individual's genuine consent are ethically problematic

36. An LCSW is treating a client who is a registered nurse at a pediatric hospital. The client discloses that she has developed a pattern of administering slightly higher doses of sedative medication to pediatric patients before painful procedures than what is prescribed because she "can't stand to see kids in pain." She says the higher doses have not caused any adverse effects and that the children are more comfortable. What should the LCSW consider?

- A. Whether the client's unauthorized alteration of prescribed medication doses for pediatric patients constitutes a practice that could harm vulnerable children, and whether this disclosure triggers any reporting obligation or clinical duty beyond addressing the behavior therapeutically

- B. Whether the client's intentions are clinically justified since reducing children's pain during medical procedures reflects compassionate care
- C. Whether to report the client to the California Board of Registered Nursing for administering medication doses that differ from what was prescribed
- D. Whether to contact the pediatric hospital's pharmacy department to verify the dosing protocols and determine whether the client's doses are within an acceptable range

37. An LCSW is treating a twenty-six-year-old client who describes her relationship with her therapist at another agency. She says her other therapist frequently hugs her at the beginning and end of each session, has disclosed extensive personal information about his own divorce, texts her late at night to "check in," and recently suggested they "continue their work over dinner." The client thinks this is normal because it is her first experience with therapy. What should the LCSW do?

- A. Contact the other therapist directly to confront him about the boundary violations and demand that he modify his behavior
- B. Report the other therapist to the BBS immediately since the described behavior constitutes professional misconduct
- C. Advise the client to terminate therapy with the other therapist immediately since the boundary violations indicate an unsafe therapeutic relationship
- D. Provide the client with the DCA brochure about sexual misconduct by therapists, educate her about appropriate therapeutic boundaries, help her understand the concerning nature of the described behavior, and support her informed decision-making about how to proceed

38. An LCSW is providing therapy to a sixteen-year-old client who has been in treatment for depression. During a session, the client says, "I need to tell you something, but you have to promise you won't tell anyone." The LCSW explains the limits of confidentiality. The client then discloses that her mother's boyfriend has been coming into her room at night and touching her sexually for the past two months. What should the LCSW do first?

- A. Make an immediate telephone report to the appropriate child protective agency for suspected child sexual abuse
- B. Ask the client detailed questions about the sexual contact to determine the severity and frequency before deciding whether to report
- C. Schedule an emergency family session to address the disclosure with the mother present so the mother can take protective action

D. Consult with the supervisor about whether the disclosure meets the threshold for a mandated report before filing

39. An LCSW is treating a couple in which one partner has a severe anxiety disorder and the other has narcissistic personality disorder. The partner with NPD regularly interrupts the anxious partner during sessions, rolls his eyes when she speaks, and dismisses her anxiety as "drama." The anxious partner has become increasingly withdrawn in sessions. What is the most appropriate intervention?

A. Focus treatment exclusively on the anxious partner's symptoms since reducing her anxiety will naturally improve the couple's dynamic

B. Refer the NPD partner for individual therapy and continue seeing the anxious partner individually since couples therapy is not productive in this configuration

C. Address the dismissive pattern directly in the session — naming the behavior, exploring its impact on the anxious partner, setting expectations for respectful communication, and assessing whether the couples therapy format is therapeutic or harmful for the anxious partner

D. Allow the dynamic to continue without intervention since addressing one partner's behavior in front of the other could damage the therapeutic alliance with the NPD partner

40. An LCSW is treating a thirty-year-old single mother who has been making steady progress in therapy. She mentions that she recently started dating a man who has been convicted of a sex offense involving a minor. He is a registered sex offender. She says he has "changed" and that he is wonderful with her eight-year-old daughter. She does not see any reason for concern. What should the LCSW consider?

A. Whether the presence of a registered sex offender who was convicted of an offense against a minor in the home of an eight-year-old creates a safety concern that warrants further assessment and potentially a mandated report

B. Whether to assess the situation clinically by exploring the new relationship, discussing child safety, and evaluating whether the client has taken appropriate precautions to protect her daughter

C. Whether to inform the client that dating a registered sex offender while raising a young daughter demonstrates poor judgment that the LCSW cannot support within the therapeutic relationship

D. Whether to contact the sex offender's parole or probation officer to verify the conditions of his registration and whether contact with minors is restricted

41. An LCSW is treating a fifty-two-year-old male client who discloses that he has been having a sexual affair with his twenty-two-year-old stepdaughter. He states the relationship began after the stepdaughter turned eighteen and moved out of the family home. He describes it as consensual. His wife — the stepdaughter's mother — is unaware. What should the LCSW do?

- A. Report the situation to law enforcement since a sexual relationship between a stepparent and stepdaughter is illegal regardless of the stepdaughter's age
- B. Maintain confidentiality since both parties are adults and the relationship, while ethically problematic, does not trigger a mandatory reporting obligation
- C. Contact the wife to inform her of the affair since she has a right to know about a relationship that fundamentally affects her family
- D. Address the situation clinically by exploring the power dynamics, the exploitation potential of the stepparent-stepchild relationship, the impact on the family system, and the ethical dimensions — while recognizing that no mandatory reporting obligation is triggered when both parties are adults, even given the concerning relational dynamic

42. An LCSW is providing therapy to a twelve-year-old client whose parents consented to treatment. The child's grandmother, who provides after-school care, calls the LCSW and says, "I'm worried about this child. Something is going on at home but the child won't tell me what it is. Can you tell me what the child has said in therapy?" No release has been signed authorizing communication with the grandmother. What should the LCSW do?

- A. Decline to share therapy content or confirm the therapeutic relationship, explain that a release from the parents would be needed for the LCSW to communicate with the grandmother, and suggest the grandmother discuss her concerns directly with the child's parents
- B. Share general information about the child's emotional presentation since the grandmother is a primary caregiver and the information could help her support the child
- C. Inform the grandmother that the child has disclosed concerning information and that the grandmother should contact CPS immediately
- D. Thank the grandmother for her concern and schedule a joint session with the child and grandmother to address the grandmother's worries in a therapeutic context

43. An LCSW is treating a twenty-seven-year-old client who is a medical resident. The client confides that she has been making minor but repeated errors in patient care — incorrect medication calculations, missed lab follow-ups, and delayed responses to patient calls — because she is severely sleep-deprived

and working ninety-hour weeks. She says all residents are similarly impaired but that the culture of medicine prohibits acknowledging it. What should the LCSW do?

- A. Report the medical resident's impairment to the hospital's graduate medical education department since the LCSW has knowledge of a healthcare professional whose performance is compromised
- B. Advise the client to reduce her work hours to a safe level regardless of the residency program's expectations since patient safety takes priority over professional advancement
- C. Address the situation clinically — exploring the impact of sleep deprivation on the client's functioning, helping her assess the risks to patients, discussing her options for addressing the workload through institutional channels, and supporting her decision-making about self-reporting or seeking accommodation
- D. Maintain confidentiality without addressing the patient safety implications since the client's workplace performance is outside the scope of the therapeutic relationship

44. An LCSW working at a mental health clinic discovers that the clinic's receptionist has been accessing client records out of curiosity — reading clinical notes about clients she recognizes from the community. The receptionist does not have clinical authorization to access the notes and is not part of any client's treatment team. What should the LCSW do?

- A. Confront the receptionist privately and warn her to stop accessing records before the LCSW takes formal action
- B. Report the unauthorized access to the clinic administrator or compliance officer since the receptionist's behavior constitutes a breach of client confidentiality that must be addressed through the organization's privacy policies
- C. Report the receptionist to the BBS since unauthorized access to clinical records by non-clinical staff is a violation of HIPAA that the licensing board should investigate
- D. Document the observation and wait to see whether the behavior continues before escalating the concern to administration

45. An LCSW is treating a client who reveals that she is part of an online group that shares detailed instructions for how to circumvent child safety locks on household chemicals. The group's stated purpose is "parental empowerment," but the client mentions that some members discuss using the information to poison spouses or partners. The client has not expressed any intent to poison anyone and participates in the group primarily for the parenting content. What should the LCSW do?

- A. Address the disclosure clinically by exploring the client's involvement with the group, assessing whether the client or anyone in the client's household is at risk, and documenting the discussion — while recognizing that the client's participation in an online group does not trigger a mandatory reporting obligation absent a specific, identifiable threat
- B. Report the online group to law enforcement since the LCSW has knowledge of a forum that facilitates potential criminal activity including poisoning
- C. Advise the client to leave the group immediately since continued participation could make the client an accessory to criminal acts committed by other group members
- D. Contact the administrators of the online platform hosting the group and report the group's content as facilitating illegal activity

46. An LCSW is providing family therapy to parents and their ten-year-old daughter. The daughter has been diagnosed with ADHD and is struggling academically. During a session, the mother says she has been giving the daughter double doses of her prescribed ADHD medication on school testing days "to help her focus better" without consulting the prescribing physician. The father is unaware of this practice. What should the LCSW consider?

- A. Whether to provide the mother with psychoeducation about the risks of altering prescribed medication doses without medical supervision as a clinical intervention within the family therapy
- B. Whether the unauthorized administration of double medication doses constitutes adequate parenting since the mother's intent is to help the child succeed academically
- C. Whether to refer the mother to the prescribing physician to discuss adjusting the child's medication through proper medical channels
- D. Whether a parent's unauthorized doubling of a ten-year-old's prescribed stimulant medication on specific days — without medical supervision and without the knowledge of the co-parent — constitutes potential child endangerment that may trigger a mandated reporting obligation

47. An LCSW is treating a twenty-four-year-old client who discloses that she works as an exotic dancer. She describes her work as empowering and says it allows her to pay for graduate school. She is not experiencing distress related to the work and did not raise it as a clinical issue. The LCSW has personal moral objections to the sex industry. What is the most appropriate approach?

- A. Address the exotic dancing as a clinical issue that requires therapeutic exploration regardless of the client's feelings about it since the LCSW has a responsibility to identify potential psychological harm

B. Disclose the moral objection to the client so the client can make an informed decision about whether to continue therapy with the LCSW

C. Set aside personal moral objections, treat the client's disclosure with the same neutrality applied to any other employment, and address the topic only if the client raises it as clinically relevant or if it connects to the presenting concerns

D. Refer the client to another therapist whose personal values are more compatible with the client's employment since the LCSW's moral objections could unconsciously influence the treatment

48. An LCSW is treating a client who works as a juvenile probation officer. The client describes a situation at work where she suspected a detained youth was being sexually abused by a correctional officer but did not report it because the officer is her friend and she "didn't want to ruin his life." The detained youth is a fifteen-year-old male. What should the LCSW do?

A. Explore the client's feelings about the situation and address the ethical conflict she is experiencing as a therapeutic issue

B. Assess whether the information the LCSW received during professional duties about suspected sexual abuse of a fifteen-year-old in custody gives rise to the LCSW's own mandated reporting obligation, recognizing that information about child abuse received from any source during professional practice can trigger reporting duties

C. Advise the client of her own mandated reporting obligations as a probation officer and document that the LCSW provided this guidance

D. Contact the juvenile detention facility directly to report the suspected sexual abuse and identify the correctional officer by the information the client provided

49. An LCSW is treating a thirty-nine-year-old client who has recently joined a multi-level marketing company. The client is enthusiastically investing her entire savings, has taken out personal loans, and is pressuring family members to join. She describes the company's leadership in cult-like terms — the founders are "visionaries" who "can't be questioned," and members who leave are "enemies." The client's husband has asked the LCSW to help his wife see reality. What is the most appropriate approach?

A. Explore the client's involvement with the MLM organization using open-ended, non-directive questioning, assess the degree of autonomous decision-making versus possible undue influence, address the financial risks clinically, and support the client's capacity for independent evaluation of the situation without prematurely imposing the LCSW's or the husband's conclusions

- B. Educate the client about the characteristics of multi-level marketing scams and high-pressure organizations and encourage her to withdraw her investments before she loses everything
- C. Decline to address the MLM involvement since the client's financial decisions are outside the scope of clinical social work practice
- D. Invite the husband to a joint session and facilitate an intervention-style conversation designed to help the client recognize the exploitative nature of the organization

50. An LCSW is treating a couple in which one partner recently disclosed that she is intersex — a fact she had concealed since before the relationship began. The other partner is struggling with feelings of betrayal about the concealment, confusion about what the intersex condition means, and uncertainty about the future of the relationship. Both partners want to continue therapy. What is the most appropriate therapeutic approach?

- A. Focus exclusively on the betrayal dynamic since the concealment of a significant identity characteristic is the core issue that must be resolved before other topics can be addressed
- B. Refer the couple to a therapist who specializes in intersex issues since the LCSW may not have sufficient knowledge to address the clinical complexities of an intersex disclosure in couples therapy
- C. Educate both partners about intersex conditions and normalize the intersex partner's experience while minimizing the other partner's feelings of betrayal to protect the intersex partner from discrimination
- D. Create a therapeutic space where both partners can process their emotional responses — the intersex partner's vulnerability in disclosing and the other partner's feelings of betrayal and confusion — provide accurate information about intersex conditions, and support the couple in navigating the disclosure's impact on their relationship

51. An LCSW is treating a forty-year-old client who has been diagnosed with obsessive-compulsive disorder. The client has a contamination obsession focused specifically on her six-year-old daughter. She has been washing the daughter's hands with scalding water multiple times daily, causing visible burns on the child's hands. The client believes this is necessary to prevent the child from contracting a fatal disease. What should the LCSW do?

- A. Treat the contamination obsession as the primary OCD symptom and implement exposure and response prevention to reduce the compulsive handwashing behavior before taking any external action
- B. Provide the client with psychoeducation about the actual transmission risks of common diseases to help her understand that scalding handwashing is unnecessary and harmful

C. Make an immediate mandated report to the appropriate child protective agency since the client is causing physical injury to a six-year-old child through the compulsive scalding handwashing, regardless of the psychiatric diagnosis driving the behavior

D. Refer the client to a psychiatrist for medication management of the OCD and defer the mandated reporting decision until the medication has had time to reduce the compulsive behavior

52. An LCSW is treating a twenty-one-year-old client who has recently been released from juvenile detention where he served time for a violent offense committed at age sixteen. The client is making a genuine effort to rebuild his life — attending community college, working part-time, and participating actively in therapy. He tells the LCSW that a local journalist has been contacting him for an interview about "juvenile offenders who turned their lives around." He asks the LCSW for advice about whether to participate. What is the most appropriate response?

A. Advise the client against participating in the interview since public disclosure of his criminal history could have unintended negative consequences for his education and employment

B. Explore the client's motivations, discuss the potential benefits and risks of public disclosure, help him consider how the interview could affect his life in both positive and negative ways, and support his autonomous decision-making

C. Encourage the client to participate in the interview since sharing his story could inspire other juvenile offenders and contribute to criminal justice reform

D. Offer to participate in the interview alongside the client to provide professional commentary about the rehabilitation process

53. An LCSW is treating a client who is a fifty-five-year-old woman with a ten-year history of hoarding disorder. The client lives alone in a house that is filled floor to ceiling with possessions. She has one narrow pathway through each room. She recently fell and was unable to get up for several hours because she was pinned between stacked boxes. She sustained bruises but no fractures. She dismisses the fall as "no big deal" and refuses to consider decluttering. What should the LCSW consider?

A. Whether the client's right to self-determination means the LCSW must respect the hoarding behavior without taking any external action

B. Whether to contact a professional organizer to assist the client with decluttering since the LCSW's clinical work alone is insufficient to address the physical danger

C. Whether to refer the client to a hoarding-specific treatment program since the LCSW's general therapy approach has not been effective in addressing the hoarding behavior

D. Whether the severity of the hoarding — combined with the client's age, the recent fall with injury, and the physical danger of the living conditions — constitutes a self-neglect situation that warrants consideration of a report to Adult Protective Services

54. An LCSW is providing individual therapy to a woman who is also attending a support group for survivors of domestic violence at another agency. The client tells the LCSW that the support group facilitator has been sharing detailed personal information about group members with her own friends outside of the group. The group facilitator is not a licensed mental health professional. What should the LCSW do?

A. Address the disclosure clinically by exploring its impact on the client, inform the client about her options for reporting the facilitator's behavior to the agency that sponsors the support group, and support the client's decision-making without taking direct action against the facilitator

B. Report the group facilitator to the BBS for violating client confidentiality in a mental health support group setting

C. Contact the agency sponsoring the support group to report the facilitator's breach of group members' confidentiality

D. Advise the client to stop attending the support group immediately since the facilitator's behavior has compromised the safety of the group

55. An LCSW is treating a couple in which one partner recently discovered that the other partner has been secretly video-recording their sexual activity without consent. The recording partner says, "I only did it because I wanted to remember our good times." The other partner is traumatized and feels violated. California law requires all-party consent for recording intimate activity. What is the most appropriate therapeutic response?

A. Validate the recording partner's stated intention while helping them understand why the behavior is harmful and potentially criminal

B. Advise the violated partner to contact law enforcement since non-consensual recording of sexual activity is a criminal offense in California

C. Address the violation within the therapeutic framework — validating the traumatized partner's experience, exploring the impact on trust and safety in the relationship, providing information about the legal implications, and facilitating a discussion about how the couple wants to proceed

D. Terminate couples therapy and refer both partners for individual treatment since the trust violation is too severe for productive joint therapy to continue

56. An LCSW is treating a thirteen-year-old client who was referred for behavioral issues. During a session, the client reveals that his parents regularly lock the refrigerator and pantry and only allow him to eat at designated mealtimes — breakfast and dinner — as punishment for poor grades. He says he is frequently hungry at school and has been stealing food from classmates' lunches. The client appears thin and tired. What should the LCSW do?

- A. Provide the parents with information about adolescent nutritional needs and recommend they adjust the food restriction policy
- B. File an immediate mandated report with the appropriate child protective agency since parents restricting a child's access to food as punishment — causing the child to be frequently hungry, steal food, and appear malnourished — constitutes suspected child neglect or abuse
- C. Explore the family's financial situation to determine whether the food restriction is related to food insecurity rather than punishment before deciding whether to report
- D. Address the parents' discipline approach in a family session and develop alternative consequences for poor grades that do not involve restricting the child's access to food

57. An LCSW is providing therapy to a forty-year-old client who is going through a bitter divorce. The client has been served with a restraining order prohibiting contact with his wife. During a session, the client shows the LCSW text messages he sent to his wife that morning in violation of the restraining order. He says, "The texts were just about the kids — nothing threatening." What is the LCSW's legal obligation?

- A. Report the restraining order violation to law enforcement since the LCSW has knowledge that the client is violating a court order
- B. Advise the client to consult with his attorney about the legal implications of the violation and to communicate through proper legal channels going forward
- C. Document the disclosure and report it to the court since the LCSW has an obligation to inform the court of violations of its orders
- D. Maintain confidentiality and address the restraining order violation clinically — exploring the client's motivations, discussing the legal consequences, and helping him develop strategies for communicating about the children through appropriate legal channels

58. An LCSW is treating a twenty-nine-year-old client who has been diagnosed with body dysmorphic disorder. The client has undergone seven cosmetic procedures in the past three years and is now seeking an eighth — a rhinoplasty that two surgeons have refused to perform, saying her nose is normal. She

asks the LCSW to write a letter to a new surgeon stating that the rhinoplasty would benefit her mental health. What should the LCSW do?

- A. Decline to write a letter supporting a procedure that multiple surgeons have deemed medically unnecessary, address the request within the context of the BDD treatment, and explore how the compulsion to seek surgery relates to the client's clinical presentation
- B. Write the letter since supporting the client's desires regarding her own body is consistent with the principle of self-determination
- C. Write the letter but include the BDD diagnosis so the surgeon has complete information to make an informed decision
- D. Refer the client to a psychiatrist who can provide a more authoritative assessment of whether the rhinoplasty would benefit the client's mental health

59. An LCSW is treating a couple in which the husband has recently been diagnosed with early-onset Alzheimer's disease at age fifty-two. The wife is devastated and overwhelmed. The husband is still in the early stages and retains decision-making capacity. He expresses a clear wish to "have a say in how things go" and asks to participate in creating an advance directive for his future care while he still can. The wife becomes angry and says, "I don't want to talk about this. You're still fine." What is the most appropriate therapeutic approach?

- A. Support the wife's position and defer the advance directive discussion until the husband's condition has progressed further and the need for planning is more apparent
- B. Insist that the couple discuss the advance directive immediately since the husband's cognitive decline could accelerate at any time and delay could compromise his ability to participate
- C. Create a therapeutic space where both partners can express their feelings about the diagnosis and its implications, validate the wife's grief and the husband's desire for autonomy, and support the couple in finding a pace for future planning that respects both partners' emotional needs while honoring the time-sensitive nature of the husband's capacity
- D. Refer the couple to an elder law attorney for advance directive creation and focus the therapy exclusively on the emotional adjustment to the diagnosis

60. An LCSW is treating a seventeen-year-old client who independently consented to therapy under Family Code Section 6924. During a session, the client reveals that she has been recruited by older students to participate in a shoplifting ring that targets luxury retail stores. She describes elaborate plans, assigned roles, and the sale of stolen merchandise through online platforms. She has not been caught. She thinks it is exciting and does not want to stop. What should the LCSW do?

- A. Report the shoplifting ring to law enforcement since the LCSW has detailed knowledge of an organized criminal operation involving minors
- B. Inform the client's parents about the criminal activity since the danger of arrest and prosecution requires parental awareness
- C. File a mandated report with CPS since the older students' recruitment of a minor into criminal activity constitutes child exploitation
- D. Maintain confidentiality and address the behavior clinically — exploring the client's motivations, assessing peer pressure and exploitation dynamics, discussing the legal consequences, and evaluating whether the older students' recruitment of a minor raises any safety or exploitation concerns that warrant further action

61. An LCSW is treating a twenty-five-year-old client with severe social anxiety who has been unable to maintain employment. The client has been receiving Social Security Disability benefits for three years. After eighteen months of intensive therapy, the client has improved significantly and has been offered a part-time job. The client asks the LCSW to write a letter to Social Security stating that the client remains fully disabled because she is afraid of losing benefits during the transition to employment. What should the LCSW do?

- A. Write the letter as requested since the client's fear of losing benefits during a vulnerable transition period is a legitimate clinical concern that justifies continued disability certification
- B. Explain that the LCSW cannot certify disability that is inconsistent with the clinical assessment, discuss the client's fears about the transition, provide information about programs that allow gradual return to work while maintaining partial benefits, and provide accurate clinical documentation
- C. Write the letter but include a qualifying statement noting that the client has made significant improvement and may be ready for supported employment in the near future
- D. Refuse to write any letter and advise the client that continued acceptance of disability benefits while able to work constitutes fraud

62. An LCSW working in a hospital is providing psychosocial support to the family of a ten-year-old patient who has been in a medically-induced coma following a car accident. The patient's condition is critical. The parents are divorced and have joint legal custody. The father arrives at the hospital and demands that the LCSW prevent the mother from making any medical decisions, stating that the mother is "unstable" and "can't be trusted." The mother has been at the bedside since admission and has been cooperating with the medical team. What should the LCSW do?

- A. Defer to the father's request since his concern about the mother's stability suggests she may not be in a position to make sound medical decisions
- B. Side with the mother since she has been present and cooperative while the father has just arrived and appears agitated
- C. Arrange for a psychiatric evaluation of the mother to determine whether the father's concerns about her stability are clinically warranted
- D. Remain neutral and facilitate communication between both parents, clarify their legal rights as joint custodians, advocate for the child's medical needs as the primary concern, and involve the hospital's patient advocate or legal counsel if the conflict escalates

63. An LCSW is treating a thirty-seven-year-old woman who recently separated from her husband. The client describes feeling overwhelmed by her new role as a single parent to three children under age ten. She has been drinking wine every evening "to take the edge off" and admits that on two recent occasions she passed out on the couch while her children were still awake and unsupervised. The youngest child is three years old. What should the LCSW consider?

- A. Whether the client's pattern of drinking to the point of losing consciousness while her young children — including a three-year-old — are unsupervised constitutes a situation of potential child neglect that triggers a mandated reporting obligation
- B. Whether the alcohol use should be addressed as a primary treatment focus with a referral to substance abuse services before other clinical concerns are addressed
- C. Whether the client's behavior is a temporary response to the separation that will resolve as she adjusts to single parenthood without requiring external intervention
- D. Whether to develop a safety plan with the client that addresses the children's supervision needs on evenings when the client is drinking

64. An LCSW is treating a client who is a thirty-three-year-old woman with a history of childhood sexual abuse. After two years of trauma therapy, the client announces that she wants to write a memoir about her abuse experience and publish it. She asks the LCSW for clinical input on whether this is a healthy decision. What is the most appropriate response?

- A. Advise the client against publishing a memoir since public disclosure of sexual abuse history could retraumatize her and expose her to public scrutiny she may not be prepared for
- B. Encourage the memoir as a form of narrative therapy that can facilitate further healing and empower the client to reclaim her story

C. Explore the client's motivations, readiness, and expectations, discuss the potential benefits and risks of public disclosure, help her assess her emotional preparedness for the public response, and support her autonomous decision-making without directing the outcome

D. Decline to provide clinical input on the memoir decision since whether to publish a book is a personal and professional decision outside the scope of therapy

65. An LCSW treats a sixteen-year-old client who independently consented to therapy. The client mentions that a new student at her school has been following her, waiting outside her classes, and leaving notes on her car. The notes have escalated from "I think you're beautiful" to "If I can't have you, no one will." The client is frightened but has not told her parents or school officials. What should the LCSW do?

A. Encourage the client to report the behavior to the school and to tell her parents, and support her in doing so

B. Take the escalating threatening notes seriously, assess the immediacy and credibility of the threat to the client's safety, and take appropriate protective action — which may include notifying the school, contacting the client's parents despite her objection, or involving law enforcement — recognizing that the client's safety overrides confidentiality when a genuine threat exists

C. Maintain confidentiality and address the client's fear within the therapeutic context while developing a safety plan that the client can implement independently

D. File a Tarasoff warning to the stalker informing him that his behavior has been reported since he is making identifiable threats against the LCSW's client

66. An LCSW is treating a client with dissociative identity disorder. During a session, a previously unknown alter emerges who identifies as a nine-year-old child and discloses that "the bad man" hurt her "down there" when she was little. The host personality is a forty-year-old woman who has been processing childhood trauma but has not previously disclosed sexual abuse. What is the most appropriate clinical response?

A. Recognize that the child alter is disclosing historical trauma experienced by the host personality during childhood, respond with appropriate clinical care and compassion, document the disclosure, and integrate this new information into the trauma treatment plan — recognizing that a DID alter's disclosure of historical abuse does not constitute a report of current abuse requiring a mandated report when no current child is at risk

B. File an immediate mandated report since the child alter's disclosure constitutes a report of child sexual abuse that must be reported regardless of the host personality's age

C. Dismiss the child alter's disclosure as a potential confabulation and refocus the session on the host personality's established treatment goals

D. Attempt to return the host personality to the foreground immediately and address the disclosure only with the host since clinical decisions should be made with the primary personality

67. An LCSW is treating a couple in which one partner has been diagnosed with terminal cancer and is expected to live approximately three months. The healthy partner confides in the LCSW privately that he has been secretly meeting with a divorce attorney because he "can't handle watching her die slowly." He intends to file for divorce. The dying partner is unaware. The LCSW has a no-secrets policy. What is the most appropriate response?

A. Honor the no-secrets policy strictly and inform the dying partner at the next joint session that her husband has been consulting a divorce attorney

B. Advise the husband that filing for divorce from a terminally ill spouse would be widely perceived as morally reprehensible and encourage him to reconsider

C. Support the husband's right to make his own decisions about the marriage since self-determination applies even in morally complex situations

D. Acknowledge the husband's distress, explore the complex emotions driving the divorce consideration, discuss the implications of the no-secrets policy for this disclosure, and work with him to determine how to address the situation within the couples therapy framework

68. An LCSW is treating a nine-year-old client who has been referred for behavioral problems at school. During a play therapy session, the child uses dolls to repeatedly act out a scene in which an adult male doll removes the clothing of a child doll and lies on top of the child doll. When the LCSW asks about the scene, the child says, "That's what happens at Daddy's house." The child's parents are divorced and the father has unsupervised weekend visitation. What should the LCSW do?

A. Conduct additional assessment sessions to gather more information before making any reporting decision since a single play therapy scene may not constitute sufficient evidence

B. Ask the child detailed investigative questions about what happens at Daddy's house to determine the nature and extent of the potential abuse

C. Make an immediate mandated report to the appropriate child protective agency since the child's play behavior combined with the verbal statement constitutes reasonable suspicion of child sexual abuse

D. Schedule an emergency session with both parents to discuss the child's play behavior and assess the father's response before deciding whether to report

69. An LCSW has been treating a client with generalized anxiety disorder for two years. The client's symptoms have been well-managed for the past six months. The client mentions that she recently started consulting a naturopathic practitioner who has recommended she stop taking her prescribed anti-anxiety medication and replace it with herbal supplements. The client has already reduced her medication dose by half without telling her psychiatrist. What should the LCSW do?

- A. Support the client's exploration of alternative treatments since respecting self-determination includes honoring the client's healthcare choices
- B. Express clinical concern about reducing prescribed medication without medical supervision, encourage the client to discuss the dosage change with her psychiatrist immediately, and explore the implications of the unsupervised medication reduction within the therapeutic context
- C. Contact the psychiatrist directly to report that the client has been reducing her medication without authorization
- D. Advise the client that naturopathic treatments are not evidence-based and that she should return to her full prescribed dose immediately

70. An LCSW is treating a married couple in which the wife has just revealed that she has been having an emotional affair with a coworker. The husband is devastated. The wife says she wants to work on the marriage but is reluctant to end the relationship with the coworker. She says, "I need time to figure out what I want." The husband looks at the LCSW and says, "Tell her she has to choose. Tell her she can't have it both ways." What is the most appropriate response?

- A. Maintain neutrality, validate both partners' emotional experiences, acknowledge the husband's pain and the wife's ambivalence, and facilitate a discussion about what both partners need for the couples therapy to be productive — including whether the ongoing outside relationship is compatible with genuine engagement in the therapeutic process
- B. Support the husband's position and require the wife to end the affair as a condition of continuing couples therapy since productive couples work cannot occur while one partner is maintaining an outside romantic relationship
- C. Support the wife's request for time and discourage the husband from issuing ultimatums that could damage the therapeutic process
- D. Refer the couple to a different therapist since the LCSW cannot remain neutral when one partner is actively engaged in an affair

71. An LCSW is providing therapy to a fourteen-year-old client who has been diagnosed with gender dysphoria. The client identifies as male (assigned female at birth) and wants to begin testosterone

therapy. The client's parents are supportive. The client asks the LCSW to write a letter supporting the hormone therapy request. The LCSW has no specialized training in transgender healthcare or the established clinical guidelines for gender-affirming medical interventions in adolescents. What should the LCSW do?

- A. Write the letter based on the client's strong and consistent gender identity expression observed during therapy sessions
- B. Decline the letter and explain that it falls outside the LCSW's scope since LCSWs are not authorized to make medical recommendations
- C. Write the letter but note that the opinion is based on general clinical observations rather than specialized gender assessment
- D. Refer the client to a clinician with specific training and expertise in transgender healthcare and the relevant clinical guidelines for evaluating adolescents for gender-affirming medical interventions

72. An LCSW working at a psychiatric hospital is treating a patient who has been involuntarily hospitalized under a 5150 hold. The patient is a fifty-year-old man who was brought in after threatening to kill his neighbor during a psychotic episode. The patient has been stabilized on medication, the psychosis has resolved, and he is requesting discharge. He expresses genuine remorse about the threats and states he no longer hears voices telling him to harm the neighbor. The treatment team is considering discharge. What should the LCSW assess?

- A. Whether the patient's remorse is genuine or whether he is feigning improvement to secure an early release
- B. Whether the neighbor has been informed of the patient's upcoming discharge so the neighbor can take protective measures
- C. Whether the patient's current stability on medication is sustainable in an outpatient setting, whether he has a discharge plan that includes medication management, whether he has insight into the connection between the psychosis and the threats, and whether any residual risk to the identified neighbor exists
- D. Whether to recommend extending the hold to a 5250 fourteen-day certification regardless of the patient's current stability to provide additional observation time

73. An LCSW is treating a twenty-two-year-old client who mentions that she has been using a fake ID to enter bars and purchase alcohol since she was eighteen. She recently turned twenty-one and no longer needs the fake ID but mentions she still has it. She asks the LCSW whether she should destroy it. What is the LCSW's legal obligation regarding this disclosure?

- A. Advise the client to destroy the fake ID to eliminate any future legal risk
- B. Maintain confidentiality and address the question within the therapeutic context if clinically relevant, recognizing that a client's past use of a fake ID does not trigger any mandatory reporting obligation
- C. Report the possession of a fake ID to law enforcement since the LCSW has knowledge that the client possesses a fraudulent government document
- D. Document the disclosure in the clinical record as evidence of a pattern of deceptive behavior that is clinically significant

74. An LCSW is treating a seventy-year-old client with moderate dementia who lives with her adult daughter. The daughter manages all of the client's finances. During a home visit, the LCSW notices that the client is wearing threadbare clothing despite the daughter driving a new luxury vehicle and recently renovating the kitchen. The client's bedroom contains a bare mattress with stained sheets while the rest of the house is well-furnished. The client says, "My daughter takes good care of me," but appears thin and unkempt. What should the LCSW do?

- A. Make an immediate report to Adult Protective Services since the contrast between the daughter's lifestyle and the client's living conditions — combined with the client's thin, unkempt appearance — constitutes reasonable suspicion of elder neglect and possible financial exploitation
- B. Discuss the observations with the daughter and provide an opportunity for her to explain the discrepancies before making any reporting decision
- C. Document the observations and monitor the situation over subsequent home visits to determine whether a pattern of neglect is developing
- D. Accept the client's statement that her daughter takes good care of her and focus the therapeutic work on the dementia-related clinical concerns

75. An LCSW has been treating a long-term client for five years. The client has made transformative progress — overcoming severe PTSD, building healthy relationships, and establishing a successful career. At the final termination session, the client presents the LCSW with a heartfelt letter of gratitude and asks whether they can become friends after therapy ends, saying, "You know me better than anyone in my life." What is the most appropriate response?

- A. Agree to a friendship since the therapeutic relationship has ended and the client has demonstrated the emotional health and stability needed for a peer relationship

B. Accept the letter graciously but explain that the power dynamics and intimate knowledge from the therapeutic relationship persist after termination, making a genuine friendship ethically complex and potentially harmful

C. Decline the friendship request without explanation to avoid an uncomfortable discussion that could diminish the positive termination experience

D. Acknowledge the depth of the therapeutic relationship, explain that the professional boundaries that protected the work continue to be important after termination, accept the gratitude letter, and explore the client's feelings about the ending while gently declining the friendship request

Practice Exam 8: Answer Key and Explanations

1. D — The secret recording of therapy sessions by a third party compromises the confidentiality of the entire therapeutic process. The LCSW's most important consideration is how this breach has affected the therapeutic work and how to address it clinically with the client. The LCSW should also inform the client of her legal options regarding the unauthorized recording under California's two-party consent law.

2. A — A minor's sale of marijuana edibles to classmates, while illegal, does not constitute child abuse or neglect under CANRA. No child, elder, or dependent adult is being abused or neglected as defined by the mandatory reporting statutes. The ASW should maintain confidentiality and address the behavior clinically within the therapeutic framework, including exploring risks and consequences.

3. C — A commercial truck driver falling asleep at the wheel and drifting into oncoming traffic creates a serious public safety risk. The LCSW should address the situation clinically, explore the client's willingness to self-report to the DMV or employer, and carefully consider the ethical dimensions when a client's behavior poses serious risk to public safety. The LCSW's mandatory reporting obligations in this specific area are limited but the ethical tension is significant.

4. B — A voicemail from a former client that suggests imminent suicidal intent constitutes a safety emergency requiring immediate response regardless of the terminated therapeutic relationship. The LCSW should attempt to contact the former client and, if unable to reach them, contact emergency services for a welfare check. Waiting until morning when a life may be at immediate risk is clinically and ethically indefensible.

5. D — The newly discovered connection between the LCSW's spouse and one partner's supervisory role creates a dual relationship that could affect clinical objectivity and complicate the therapeutic work.

The LCSW should disclose the connection to both partners transparently and collaboratively assess whether the relationship can continue without harm or whether referral is more appropriate.

6. A — Student therapy records are confidential and cannot be shared with teachers without proper authorization. The LCSW should decline to share therapy content, explain the confidentiality requirements, and direct the teacher to appropriate channels for addressing behavioral concerns — such as speaking with the student's parents or utilizing the school's student support team process.

7. C — The client reported taking an overdose of sleeping pills ninety minutes ago. Given the elapsed time, the client may already be unconscious or in medical danger. The LCSW should call 911 immediately and provide the client's address for emergency dispatch. Calling the client first risks further delay when the client may be unable to answer the phone due to the effects of the overdose.

8. B — Secondhand information about a sexual assault committed by one adult against another adult does not trigger a mandatory reporting obligation for the LCSW. There is no child, elder, or dependent adult abuse involved. The LCSW should maintain confidentiality and address the client's distress therapeutically, which may include helping the client think through her own response to her son's disclosure.

9. A — The wife is the person with cancer and the medical decision-maker regarding her own treatment. The LCSW should facilitate a balanced discussion, ensure the wife understands the medical implications of stopping chemotherapy, encourage both partners to discuss treatment changes with the oncologist, and support the wife's autonomous medical decision-making without directing the outcome or dismissing the husband's concerns.

10. D — A three-year-old child playing on the floor near methamphetamine manufacturing equipment represents an immediate, life-threatening child safety emergency. The LCSW should prioritize the child's safety by leaving the hazardous environment, making an immediate mandated report to CPS for child endangerment, and contacting law enforcement about the suspected drug manufacturing. Remaining in the environment or delaying the report is inappropriate.

11. C — Ego-dystonic intrusive sexual thoughts are a hallmark symptom of obsessive-compulsive disorder — they represent the content of obsessions, not indicators of predatory intent. The client is horrified by the thoughts and has no history of sexual offending. The appropriate clinical response is to normalize the thoughts within the OCD framework, continue evidence-based OCD treatment, and monitor risk clinically without filing a mandated report based on symptoms.

12. B — The client has signed a release authorizing communication between the LCSW and the physician for treatment coordination. The physician's information about a missed critical medical appointment is clinically relevant to the client's overall health and wellbeing. The LCSW should accept the information and address the missed appointment with the client in the next therapy session as part of holistic treatment.

13. D — An adult cultivating a romantic relationship with a fifteen-year-old — including exchanging romantic messages and planning to meet in person — constitutes potential grooming behavior regardless of whether sexually explicit images have been exchanged. The emotional nature of the relationship does not diminish the concern. The LCSW should consider whether this pattern gives rise to reasonable suspicion of child exploitation warranting a mandated report.

14. A — The client's symptoms — loss of identity, spending days in bed, social withdrawal, and loss of interest in activities — in the context of recent retirement represent a significant life transition involving identity loss and depression. The most appropriate approach addresses both the depressive symptoms and the retirement transition, helping the client explore her sense of self beyond her professional role.

15. C — Neither partner has signed a release authorizing communication between the LCSW and the BIP facilitator. The LCSW cannot share any treatment information without proper authorization from both partners. The appropriate response is to decline, explain the confidentiality requirements, and discuss the possibility of obtaining appropriate authorizations with the clients if coordination would benefit their treatment.

16. B — A group member making a physical threat and advancing toward another member with a raised fist represents an immediate safety situation requiring direct clinical intervention. The LCSW should intervene immediately to de-escalate by setting a firm safety limit, separating the teens if necessary, and ensuring all group members are safe before processing the incident therapeutically.

17. D — The client's description of consuming alcohol from the beverage cart during flights and being intoxicated during emergency procedure demonstrations raises significant public safety concerns. The LCSW should address the alcohol use clinically, explore the client's willingness to self-report or seek accommodation, and carefully consider the ethical dimensions of a situation where impaired functioning directly threatens passenger safety.

18. A — A client discovering that the LCSW attends the same yoga class creates an unavoidable community overlap that requires transparent clinical management. The LCSW should address the situation at the next therapy session, acknowledge the encounter, establish clear boundaries for public

interactions, and collaboratively determine whether one party should find an alternative class to maintain appropriate professional distance.

19. C — Spanking a child with a wooden spoon that leaves marks constitutes physical discipline that goes beyond what California law considers reasonable — corporal punishment that results in injury beyond temporary redness may constitute child abuse. The LCSW should assess whether the described discipline triggers a mandated reporting obligation under CANRA while also addressing the father's beliefs about ADHD through psychoeducation.

20. B — A roommate's theft of prescription medication and sale of controlled substances does not trigger a mandatory reporting obligation for the ASW. There is no child, elder, or dependent adult abuse, and no imminent threat of physical violence against an identifiable person. The ASW should maintain confidentiality and address the situation therapeutically, supporting the client in exploring her options.

21. D — A client's description of insider trading does not trigger a mandatory reporting obligation under the LCSW's licensure statutes. There is no child, elder, or dependent adult abuse, and no threat of physical violence. Financial crimes fall outside the categories of mandatory reporting for mental health professionals. The LCSW should maintain confidentiality and address the disclosure clinically.

22. A — Introducing evidence provided by one partner to ambush the other partner in a couples session undermines the therapeutic process and positions the LCSW as an agent of one partner against the other. The LCSW should decline to use the screenshots as a confrontational tool, address the wife's email within the therapeutic framework, and facilitate a process where the couple can address the affair in a clinically productive manner.

23. C — A sixteen-year-old exchanging nude images with peers of similar age (fifteen to seventeen) without adult involvement presents a complex clinical situation rather than a clear-cut mandated reporting scenario. The LCSW should address the behavior clinically — exploring the legal risks, digital permanence, exploitation potential, and impact on wellbeing — while using clinical judgment about the degree of parental involvement needed.

24. B — The client's decision not to disclose her Huntington's carrier status to her children does not trigger any mandatory reporting obligation. Genetic information belongs to the client, and the LCSW must respect her confidentiality while exploring her fears about disclosure, discussing the potential benefits to her children, and supporting her in making an informed autonomous decision.

25. D — The veteran's weapons stockpiling and tactical planning could represent either PTSD-driven hypervigilance or a genuine safety concern. The LCSW must conduct a thorough risk assessment that evaluates reality testing, delusional thinking, the nature of the perceived threat, and the wife's safety concerns before determining the appropriate clinical response. The assessment, not assumptions, should drive the intervention.

26. A — A former foster parent expressing romantic interest in a young adult who was in his care from age eight to eighteen raises serious concerns about grooming and exploitation of a power dynamic that originated during childhood. The LCSW should assess whether this constitutes exploitation of a vulnerable young adult and whether any reporting obligations exist regarding an individual who formerly held custodial authority.

27. C — A planned six-week absence requires proactive management to protect clients. The LCSW should notify clients as early as possible, process the therapeutic implications of the absence, arrange for clinical coverage during the recovery period, and provide emergency resources. Early notification allows adequate time for clients to prepare emotionally and practically for the interruption in care.

28. B — The client's allegation of financial exploitation by her son should be taken seriously despite her moderate dementia. Cognitive impairment does not automatically invalidate reports of exploitation, and power of attorney does not authorize self-dealing or personal benefit from the elder's assets. The LCSW should assess the situation and consider whether it warrants a mandated report of suspected elder financial abuse.

29. D — The LCSW observed fresh cuts on a client with a significant self-harm history who provided an explanation inconsistent with the appearance of the marks. The LCSW should address the observation directly with compassion, note the discrepancy, revisit the safety plan, and conduct a clinical assessment of the client's current self-harm risk. Neither accepting the explanation uncritically nor overreacting with emergency measures serves the client.

30. C — The disclosure of a drug transaction between two group members is clinically significant material that should be addressed within the group process. The LCSW should set appropriate limits, discuss the impact on group trust and safety, assess each member individually, and determine appropriate next steps — which may include whether either member's continued participation is clinically appropriate.

31. A — The client is in a manic episode but does not meet 5150 criteria. The LCSW should increase clinical support, coordinate with the psychiatrist about medication adjustment, address the manic

symptoms therapeutically, involve the wife in safety planning with the client's consent, and monitor closely for deterioration. Involuntary intervention is not warranted when the legal criteria are not met.

32. B — Parents with joint legal custody generally have a right to information about their child's treatment. However, the LCSW should exercise clinical judgment about what information to share and in what manner, recognizing that even parents with legal rights may receive information in a way that considers the child's therapeutic best interest rather than providing unrestricted access to all clinical notes.

33. D — The client is describing a pattern of skipping visits to a disabled veteran who requires daily assistance, falsifying documentation to conceal the missed visits, and leaving the veteran without needed care for extended periods. This pattern raises serious concerns about potential neglect of a dependent adult that may trigger the LCSW's mandated reporting obligation.

34. C — The wife stole money from her elderly mother's bank account, and the mother has early-stage dementia that prevents her from noticing the missing funds. Financial exploitation of an elder with cognitive impairment triggers the LCSW's mandated reporting obligation regardless of the motivation behind the theft. The gambling addiction explains the behavior but does not eliminate the reporting obligation.

35. A — The client is facing a culturally complex situation that involves genuine tension between individual autonomy and family/cultural expectations. The LCSW should explore the client's feelings within her cultural context, validate the complexity, help her examine her values and options, and support autonomous decision-making while providing information about available resources — all without imposing Western cultural frameworks or dismissing the client's cultural context.

36. B — A nurse independently increasing sedative doses for pediatric patients without physician authorization — even with compassionate intent — constitutes unauthorized medication alteration for vulnerable children that could result in harm. The LCSW should consider whether this practice raises concerns about potential risk to children that create clinical and potentially reporting obligations beyond therapeutic intervention alone.

37. D — The described behavior — frequent physical contact, extensive personal disclosure, late-night texting, and suggesting dinner meetings — represents a pattern of escalating boundary violations consistent with grooming by a therapist. The LCSW's legal obligation is to provide the DCA brochure about sexual misconduct, educate the client about appropriate therapeutic boundaries, and support her informed decision-making about how to proceed.

38. A — The client has disclosed that her mother's boyfriend has been sexually touching her for two months. This constitutes a clear disclosure of child sexual abuse that triggers an immediate mandated reporting obligation under CANRA. The LCSW must make an immediate telephone report to the appropriate child protective agency. Investigation, detailed questioning, and family sessions should not precede or replace the mandated report.

39. C — The NPD partner's dismissive pattern — interrupting, eye-rolling, and labeling the anxious partner's experience as "drama" — is causing the anxious partner to withdraw. The LCSW should address the pattern directly, name the behavior and its impact, set expectations for respectful communication, and assess whether the couples therapy format is therapeutic or harmful for the anxious partner.

40. A — A registered sex offender convicted of an offense against a minor who is now spending time with a client's eight-year-old daughter creates a safety concern that the LCSW must take seriously. The combination of the specific offense history and current access to a minor gives rise to reasonable concern about the child's safety that warrants further assessment and potentially a mandated report.

41. D — The sexual relationship between a stepfather and his adult stepdaughter, while ethically concerning given the power dynamics and family structure, does not trigger a mandatory reporting obligation when both parties are adults. The LCSW should address the situation clinically — exploring the exploitation potential, power dynamics, and family impact — while recognizing the limits of mandatory reporting.

42. A — The grandmother has not been authorized to receive therapy information and is not the consenting parent. The LCSW cannot share therapy content or confirm the therapeutic relationship without a release from the parents. The LCSW should explain the authorization requirement, decline to disclose, and suggest the grandmother discuss her concerns directly with the child's parents.

43. C — The medical resident's sleep deprivation and repeated clinical errors represent a clinically significant situation with patient safety implications. The LCSW should address the situation therapeutically — exploring the impact of sleep deprivation, helping the client assess risks to patients, discussing options for addressing the workload through institutional channels, and supporting responsible decision-making about self-reporting or seeking accommodation.

44. B — A receptionist without clinical authorization accessing client records out of curiosity constitutes an unauthorized breach of client confidentiality. The LCSW should report this to the clinic administrator

or compliance officer since the behavior violates privacy policies, potentially violates HIPAA, and compromises the confidentiality of every client whose records were accessed without authorization.

45. A — The client's participation in an online group that discusses circumventing child safety locks, while concerning, does not trigger a mandatory reporting obligation absent a specific, identifiable threat. The LCSW should explore the client's involvement, assess whether the client or anyone in the household is at risk, and address the disclosure clinically while documenting the discussion.

46. D — A parent administering double doses of a prescribed stimulant medication to a ten-year-old without medical supervision and without the knowledge of the co-parent raises serious concerns about potential child endangerment. Unauthorized medication manipulation for a child — even with the intent to help — could cause harm. The LCSW should consider whether this triggers a mandated reporting obligation.

47. C — The client describes her work as empowering, is not experiencing distress related to the employment, and did not raise it as a clinical issue. The LCSW's personal moral objections to exotic dancing should not drive the therapeutic agenda. The LCSW should set aside personal values, treat the disclosure with professional neutrality, and address the topic only if it becomes clinically relevant to the presenting concerns.

48. B — The LCSW received information during professional duties about suspected sexual abuse of a fifteen-year-old detained youth by a correctional officer. Information about child sexual abuse received from any source during professional practice can trigger the LCSW's own mandated reporting obligation. The LCSW should assess whether the information gives rise to reasonable suspicion and, if so, file a mandated report.

49. A — The client's involvement with the MLM organization shows signs of high-pressure influence — unquestionable leadership, hostility toward dissent, and rapid financial investment. The LCSW should explore the involvement using open-ended questioning, assess the client's autonomous decision-making capacity, address the financial risks, and support the client's ability to evaluate the situation independently without imposing conclusions.

50. D — Both partners' emotional responses deserve therapeutic attention — the intersex partner's vulnerability in disclosing a concealed aspect of identity and the other partner's feelings of betrayal and confusion about the concealment. The LCSW should create a therapeutic space for both responses, provide accurate information about intersex conditions, and support the couple in navigating the disclosure's impact.

51. C — A parent causing visible burns on a six-year-old's hands through compulsive scalding handwashing constitutes physical injury to a child regardless of the psychiatric diagnosis driving the behavior. The OCD explains the compulsion but does not excuse the resulting harm. The LCSW must make an immediate mandated report to the appropriate child protective agency while also addressing the OCD clinically.

52. B — The decision about whether to participate in a media interview belongs to the client. The LCSW should explore the client's motivations, discuss potential benefits and risks of public disclosure of his criminal history, help him consider how the interview could affect his education, employment, and personal life, and support his autonomous decision-making without directing the outcome.

53. D — A fifty-five-year-old living alone in severely hoarded conditions who recently fell, was trapped for hours, and sustained injuries presents a potential self-neglect situation. The combination of the client's age, the documented physical danger, the recent injurious fall, and the refusal to address the conditions warrants consideration of whether a report to Adult Protective Services is appropriate.

54. A — The group facilitator is not a licensed mental health professional and therefore is not regulated by the BBS. The LCSW should address the disclosure's impact on the client clinically, inform the client about her options for reporting the facilitator's behavior to the agency that sponsors the support group, and support the client's decision-making without taking direct action against the facilitator.

55. C — Non-consensual recording of sexual activity involves both criminal and relational dimensions. The LCSW should address the violation within the therapeutic framework — validating the traumatized partner's experience, exploring the impact on trust and safety, providing information about legal implications, and facilitating a discussion about how the couple wants to proceed. The therapeutic response should address both the relational and legal dimensions.

56. B — Parents restricting a thirteen-year-old's access to food to only two meals per day as punishment — causing the child to be frequently hungry, steal food, and appear thin and tired — constitutes suspected child neglect or abuse. Withholding food from a child as a disciplinary measure when it results in hunger and apparent malnourishment triggers an immediate mandated reporting obligation under CANRA.

57. D — A client's violation of a restraining order does not trigger a mandatory reporting obligation for the LCSW. The LCSW should maintain confidentiality and address the violation clinically — exploring the client's motivations, discussing the serious legal consequences, and helping him develop strategies for communicating about the children through proper legal channels rather than direct contact.

58. A — Writing a letter supporting a cosmetic procedure that multiple surgeons have refused constitutes facilitating a compulsive symptom of body dysmorphic disorder rather than serving the client's therapeutic interests. The LCSW should decline, address the request within the BDD treatment framework, and explore how the surgery-seeking compulsion relates to the client's clinical presentation.

59. C — The husband's desire to participate in advance directive planning while he retains capacity and the wife's anger about discussing it both deserve therapeutic attention. The LCSW should create space for both partners' emotional responses, validate the wife's grief and the husband's need for autonomy, and support the couple in finding a pace for planning that respects both emotional needs while honoring the time-sensitive nature of the husband's capacity.

60. D — A seventeen-year-old recruited by older students into an organized shoplifting ring presents a complex clinical situation. The LCSW should maintain confidentiality while addressing the behavior clinically — exploring motivations, assessing exploitation dynamics, discussing legal consequences, and evaluating whether the older students' recruitment of a minor raises exploitation or safety concerns warranting further action.

61. B — The LCSW cannot certify disability that is inconsistent with the clinical assessment showing significant functional improvement. The LCSW should explain this ethical limitation, address the client's legitimate fears about the financial transition, provide information about programs allowing gradual return to work with partial benefits, and create accurate clinical documentation reflecting the client's current functional status.

62. D — Both parents have joint legal custody and both have legitimate interests in their critically ill child's medical care. The LCSW should remain neutral, facilitate communication between both parents, clarify their legal rights, advocate for the child's medical needs as the primary concern, and involve the hospital's patient advocate or legal counsel if the parental conflict escalates beyond what can be managed therapeutically.

63. A — A parent drinking to the point of unconsciousness while her young children — including a three-year-old — are awake and unsupervised constitutes a pattern that raises serious concerns about potential child neglect. The LCSW should consider whether this situation triggers a mandated reporting obligation, recognizing that repeated loss of consciousness while responsible for very young children creates foreseeable risk of harm.

64. C — The decision to publish a memoir about sexual abuse history is significant and deeply personal. The LCSW should explore the client's motivations and readiness, discuss potential benefits and risks of

public disclosure, help her assess her emotional preparedness for public response, and support her autonomous decision-making. Neither discouraging nor encouraging the memoir serves the client as well as thorough therapeutic exploration.

65. B — Notes escalating from romantic to threatening — "If I can't have you, no one will" — represent a credible safety threat that may require protective action beyond what the client can implement independently. The LCSW should assess the immediacy and credibility of the threat and take appropriate action, which may include notifying the school, parents, or law enforcement, recognizing that the client's safety overrides confidentiality when a genuine threat exists.

66. A — The child alter is disclosing historical trauma experienced by the host personality during childhood. This is a clinical feature of DID — alters experience traumatic memories as present-tense events. The host personality is a forty-year-old woman, and no current child is at risk from the disclosed historical abuse. The disclosure should be treated clinically and integrated into the trauma treatment plan rather than triggering a mandated report.

67. D — The husband's consideration of divorce from a terminally ill spouse is driven by complex emotions — grief, anticipated loss, inability to cope with watching his wife die. The LCSW should acknowledge the husband's distress, explore the emotions driving the divorce consideration, discuss the implications of the no-secrets policy, and work collaboratively to determine how to address the situation within the therapeutic framework.

68. C — A nine-year-old's repeated play therapy enactment of an adult doll removing a child doll's clothing and lying on top of the child, combined with the verbal statement "That's what happens at Daddy's house," constitutes reasonable suspicion of child sexual abuse. The LCSW must make an immediate mandated report. The combination of behavioral and verbal indicators provides sufficient basis for reporting without additional investigation.

69. B — The client has reduced her prescribed anti-anxiety medication by half without medical supervision based on a naturopathic practitioner's recommendation. Unsupervised medication reduction can cause withdrawal symptoms, rebound anxiety, and clinical destabilization. The LCSW should express clinical concern, encourage the client to discuss the dosage change with her psychiatrist immediately, and explore the implications within the therapeutic context.

70. A — The LCSW should maintain neutrality while addressing the clinical reality that productive couples therapy typically requires both partners to be genuinely engaged. The LCSW should validate both partners' experiences, acknowledge the husband's pain and the wife's ambivalence, and facilitate a

discussion about what both partners need for therapy to be productive — including whether the ongoing affair is compatible with genuine therapeutic engagement.

71. D — Writing a letter supporting gender-affirming hormone therapy requires specialized training in transgender healthcare and the relevant clinical guidelines for adolescent gender-affirming medical interventions. The LCSW lacks this specialized training and should refer the client to a clinician with specific expertise who can conduct an appropriate evaluation and provide the letter based on established clinical standards.

72. C — Discharge planning for a patient who made homicidal threats during a psychotic episode requires comprehensive assessment of sustainability. The LCSW should evaluate whether the patient's stability on medication is sustainable outpatient, whether a realistic discharge plan exists, whether the patient has insight into the connection between psychosis and threats, and whether any residual risk to the identified neighbor remains.

73. B — A client's past use of a fake ID — which she no longer needs since turning twenty-one — does not trigger any mandatory reporting obligation for the LCSW. The disclosure of past minor criminal behavior does not fall within any recognized exception to confidentiality. The LCSW should maintain confidentiality and address the question within the therapeutic context if clinically relevant.

74. A — The contrast between the daughter's lifestyle and the client's deteriorated living conditions — threadbare clothing, bare stained mattress, thin and unkempt appearance — combined with the daughter's control of finances through power of attorney constitutes reasonable suspicion of elder neglect and possible financial exploitation. The LCSW should make an immediate report to Adult Protective Services.

75. D — The power dynamics, intimate knowledge, and emotional significance of a five-year therapeutic relationship do not disappear at termination. The LCSW should acknowledge the depth of the relationship, accept the gratitude letter, explain that professional boundaries continue to be important after termination, explore the client's feelings about ending, and gently decline the friendship request while honoring the therapeutic bond.