

PRACTICE EXAM 11: LCSW ASWB CLINICAL SIMULATION (122 QUESTIONS)

This standalone practice exam contains 122 four-option questions and is designed for a four-hour session. Select the single best answer for every question. The 2026 ASWB Clinical examination contains 110 scored questions and 12 unscored pretest questions and follows three content areas: Values and Ethics (36%), Assessment and Planning (32%), and Intervention and Practice (32%).

1. A social worker providing services to Ravi Irwin, age 76, discovers that the social worker notices strong irritation toward a client who resembles a difficult relative. Which response BEST reflects clinical social work practice?

- A. Tell the client about the relative to explain the irritation
- B. Suppress the reaction and continue without consultation
- C. Seek supervision and monitor countertransference before it affects care
- D. Transfer the client immediately without examining the reaction

2. During treatment planning with Willow Ross, age 83, it becomes clear that a trauma survivor becomes visibly overwhelmed during a session. What should the social worker prioritize?

- A. Press for more trauma details before the memory fades
- B. Pause, orient to the present, and use grounding with the client's permission
- C. End treatment because activation indicates unreadiness
- D. Tell the client to suppress all physical sensations

3. A clinical social worker meets with Bailey Hayes, age 27, at an integrated care clinic. The social worker learns that an interpreter is needed for a sensitive assessment. What is the BEST response?

- A. Ask the client's young child to translate the discussion
- B. Postpone all services until the client learns more English

- C. Use a qualified interpreter and speak directly to the client
- D. Use a bilingual staff member without checking competence or role

4. While reviewing the case of Gray Owens, age 34, the social worker notes that an involuntary client says treatment is pointless. What should the social worker do NEXT?

- A. Threaten additional consequences for resistance
- B. Acknowledge the lack of choice and identify goals the client is willing to pursue
- C. Pretend the service is entirely voluntary
- D. End the meeting until the client becomes cooperative

5. While reviewing the case of Kai Turner, age 36, the social worker notes that a parent describes a child's recurrent stomachaches before school. What should the social worker do NEXT?

- A. Explore medical evaluation, school context, anxiety, family patterns, and functional impact
- B. Conclude that the child is fabricating symptoms
- C. Recommend school withdrawal before assessment
- D. Diagnose separation anxiety from the single symptom

6. During treatment planning with Ravi James, age 53, it becomes clear that a subpoena requests a client's entire record. What should the social worker prioritize?

- A. Destroy psychotherapy notes so they cannot be disclosed
- B. Ask the client to contact the attorney without taking any action
- C. Send the full record immediately because every subpoena is a court order
- D. Consult applicable law, agency counsel, and supervisory guidance before releasing information

7. A clinical social worker meets with Xavier Bennett, age 65, at a family service agency. The social worker learns that a client makes a vague statement about making a coworker pay. What is the BEST response?

- A. Assure the client the statement will remain confidential
- B. Warn the coworker immediately without further assessment
- C. Clarify intent, target, plan, means, timing, and protective factors
- D. Terminate the session because threatening language is prohibited

8. A clinical social worker meets with Amara Foster, age 67, at a family service agency. The social worker learns that a family repeatedly speaks for an adult client during sessions. What is the BEST response?

- A. Redirect questions to the client and discuss how participation should be shared
- B. Exclude the family without consulting the client
- C. Confront the family as intentionally controlling
- D. Allow relatives to make every treatment decision

9. A social worker providing services to Harper Turner, age 84, discovers that a colleague appears impaired while preparing to meet clients. Which response BEST reflects clinical social work practice?

- A. Wait until a client complains about the colleague
- B. Post a warning to coworkers on a personal messaging group
- C. Privately cover the colleague's cases and keep the matter confidential
- D. Protect clients by addressing the immediate risk and following supervisory and reporting procedures

10. During a session at a hospital social work service, Noel Grant, age 28, reports that a client asks to see the clinical record. What should the social worker do FIRST?

- A. Delete subjective material before acknowledging the request
- B. Explain the access process and review whether any lawful, narrowly defined limitation applies
- C. Refuse because clinical records always belong exclusively to the agency
- D. Provide another client's collateral information contained in the file

11. At an integrated care clinic, Omar Brooks, age 83, tells the social worker that a client drinks heavily and minimizes consequences. Which action is MOST appropriate?

- A. Ask family members to impose abstinence before assessment
- B. Use nonjudgmental questions to assess quantity, pattern, withdrawal, consequences, and readiness
- C. Confront the client with an alcoholism label
- D. Accept the minimization and omit substance questions

12. During treatment planning with Uma Long, age 27, it becomes clear that a recently bereaved client reports sadness, yearning, and intermittent relief when with family. What should the social worker prioritize?

- A. Diagnose major depression solely because the client cries
- B. Require immediate exposure to avoided reminders
- C. Assess time course, culture, functioning, supports, and risk without pathologizing grief
- D. Discourage discussion of the deceased

13. A social worker providing services to Cameron Martin, age 54, discovers that the agency asks clinicians to bill for sessions that clients missed. Which response BEST reflects clinical social work practice?

- A. Change the service code to make the claims payable
- B. Bill the sessions if the agency needs the revenue
- C. Ask clients to approve the false entries after the fact
- D. Refuse the inaccurate billing practice and report the concern through appropriate channels

14. During a session at an outpatient clinic, Imani Young, age 66, reports that a client wants telehealth while temporarily located in another jurisdiction. What should the social worker do FIRST?

- A. Verify authorization to practice where the client is located before providing the session
- B. Ask the client to report the home address instead of the current location
- C. Convert the session to unpaid contact so licensure rules no longer matter
- D. Proceed because the social worker is licensed in the home jurisdiction

15. While reviewing the case of Omar Khan, age 78, the social worker notes that a social worker realizes that a treatment technique is outside current competence. What should the social worker do NEXT?

- A. Avoid documenting uncertainty about the technique
- B. Obtain training, supervision, or consultation and arrange competent care
- C. Use the technique after reading a brief online summary
- D. Continue because informed consent transfers the risk to the client

16. A social worker providing services to Omar Cole, age 60, discovers that a client presents with panic-like episodes for the first time. Which response BEST reflects clinical social work practice?

- A. Teach relaxation and omit medical screening
- B. Assume the episodes are attention seeking
- C. Confirm panic disorder immediately
- D. Assess symptoms, triggers, substances, medical conditions, and emergency warning signs

17. During treatment planning with Zane Jones, age 29, it becomes clear that a client discloses a culturally meaningful healing practice unfamiliar to the social worker. What should the social worker prioritize?

- A. Adopt the practice personally before continuing treatment
- B. End discussion to avoid appearing culturally insensitive
- C. Ask respectful questions about its meaning, benefits, and possible risks
- D. Label the practice irrational because it is not part of Western treatment

18. A clinical social worker meets with Emery Usman, age 41, at an integrated care clinic. The social worker learns that a supervisor asks a supervisee to alter a note to conceal a service error. What is the BEST response?

- A. Keep an accurate record and use the agency's ethical escalation process
- B. Discuss the client and supervisor publicly to obtain support
- C. Make the change because supervisors control documentation

D. Delete the entire note and reconstruct it later

19. At a community mental health center, Kai Hill, age 53, tells the social worker that a client unexpectedly arrives at a community event attended by the social worker. Which action is MOST appropriate?

- A. Introduce the client as someone receiving therapy
- B. Avoid the client dramatically and leave the event
- C. Privately instruct the client not to attend similar events
- D. Let the client decide whether to acknowledge the relationship

20. At a school-based program, Imani Patel, age 25, tells the social worker that a couple reports escalating arguments and one partner appears fearful. Which action is MOST appropriate?

- A. Assume equal responsibility for the conflict
- B. Interview for coercion and violence privately before beginning conjoint work
- C. Begin communication exercises immediately
- D. Ask both partners together whether abuse occurs

21. During a session at a private practice, Val Garcia, age 72, reports that a client asks the social worker to keep all suicidal thoughts secret under every circumstance. What should the social worker do FIRST?

- A. Explain confidentiality limits before inviting further disclosure
- B. Refuse to discuss suicide unless a crisis occurs
- C. Promise secrecy to preserve rapport
- D. Contact emergency services solely because the client asked the question

22. A social worker providing services to Ravi Evans, age 34, discovers that two group members dominate while quieter members withdraw. Which response BEST reflects clinical social work practice?

- A. Ignore the pattern so the group can resolve it alone

- B. Direct every question only to the quietest member
- C. Name the process and invite broader participation using structured turn-taking
- D. Remove the dominant members immediately

23. At an integrated care clinic, Fatima Brooks, age 23, tells the social worker that a client with limited literacy is given a complex consent form. Which action is MOST appropriate?

- A. Have another client summarize the form
- B. Omit discussion of risks to reduce confusion
- C. Ask the client to sign because the form is legally sufficient
- D. Explain the information verbally, use plain language, and check understanding

24. During treatment planning with Leah Long, age 35, it becomes clear that a clinician wants to use a detailed client story in a training presentation. What should the social worker prioritize?

- A. Use the story because educational settings are automatically exempt
- B. Obtain valid authorization or fully de-identify the material and minimize details
- C. Change only the client's first name
- D. Present it if audience members promise not to repeat it

25. At a community mental health center, Harper Nolan, age 65, tells the social worker that a child has declining grades after moving between foster homes. Which action is MOST appropriate?

- A. Recommend discipline before gathering collateral information
- B. Attribute the decline to low motivation
- C. Assess trauma, attachment disruptions, learning needs, placement stability, and strengths
- D. Assume a learning disorder explains all difficulties

26. During treatment planning with Noel Brooks, age 77, it becomes clear that a client reports restrictive eating, dizziness, and intense fear of weight gain. What should the social worker prioritize?

- A. Assess medical stability and arrange timely medical and eating-disorder evaluation
- B. Begin insight-oriented therapy before checking physical risk
- C. Praise the client's self-discipline
- D. Delay action until weight falls below a fixed threshold

27. At a family service agency, Amara Singh, age 61, tells the social worker that a rural practitioner discovers a client's parent is the only available mechanic in town. Which action is MOST appropriate?

- A. Assess risks, document the unavoidable overlap, and establish clear boundaries
- B. Ask the client to keep the connection secret
- C. Use the mechanic without discussing the possible overlap
- D. End treatment automatically because any dual relationship is forbidden

28. During treatment planning with Gray Flores, age 73, it becomes clear that an adolescent requests private counseling and asks what parents can learn. What should the social worker prioritize?

- A. Promise the parents will receive no information
- B. Explain confidentiality and its legal limits in developmentally appropriate language
- C. Give parents full session notes after every visit
- D. Avoid the topic until a disclosure creates conflict

29. At an integrated care clinic, Cameron Hayes, age 35, tells the social worker that a client stopped a medication and now reports agitation and insomnia. Which action is MOST appropriate?

- A. Assume a new psychiatric disorder has developed
- B. Tell the client to restart the old dose independently
- C. Clarify the medication, timing, dose changes, symptoms, substances, and prescriber involvement
- D. Advise stopping every other medication as well

30. During treatment planning with Imani Singh, age 47, it becomes clear that a survivor of trafficking is reluctant to answer questions. What should the social worker prioritize?

- A. Interpret hesitation as lack of credibility
- B. Contact suspected traffickers for collateral information
- C. Demand a complete chronology to verify eligibility
- D. Prioritize immediate safety, choice, privacy, and a paced trauma-informed assessment

31. While reviewing the case of Jordan Martin, age 34, the social worker notes that a client has a specific phobia and wants evidence-based treatment. What should the social worker do NEXT?

- A. Use only insight about childhood origins
- B. Develop a gradual exposure hierarchy with consent and coping preparation
- C. Recommend permanent avoidance of the trigger
- D. Begin with the most feared situation without preparation

32. A social worker providing services to Parker Young, age 46, discovers that a client with psychosis is distressed by a fixed belief. Which response BEST reflects clinical social work practice?

- A. Agree that the belief is factually true
- B. Debate aggressively until the client retracts it
- C. Validate the emotion without affirming the belief and assess safety and functioning
- D. End the session whenever the belief is mentioned

33. During treatment planning with Fatima Davis, age 45, it becomes clear that a client asks the social worker to write a disability opinion outside the clinician's evaluation role. What should the social worker prioritize?

- A. Copy the client's preferred wording onto agency letterhead
- B. Refuse all documentation without discussing alternatives
- C. Write the requested conclusion to preserve the alliance
- D. Clarify the request and provide only supportable information within competence and role

34. A clinical social worker meets with Leah Nguyen, age 57, at an integrated care clinic. The social worker learns that the social worker learns that an agency policy disadvantages clients with disabilities. What is the BEST response?

- A. Document the access problem and advocate for a reasonable, system-level correction
- B. Tell affected clients to adapt to the existing policy
- C. Quietly make exceptions only for favored clients
- D. Avoid raising the issue because policy is outside clinical practice

35. At a community mental health center, Ravi Foster, age 69, tells the social worker that a client's spouse calls to ask whether the client attended today's session, but no release is on file. Which action is MOST appropriate?

- A. Explain confidentiality generally without confirming or denying that the person is a client
- B. Ask the spouse to sign a release authorizing the disclosure
- C. Confirm attendance but decline to discuss the content of the session
- D. Tell the spouse to call back after the next scheduled appointment

36. At a family service agency, Jordan Nolan, age 79, tells the social worker that a client misses medication because transportation to the pharmacy is unreliable. Which action is MOST appropriate?

- A. Label the client noncompliant and close the case
- B. Address the access barrier through case management and coordination
- C. Tell the client motivation should overcome the barrier
- D. Increase psychotherapy frequency without discussing transportation

37. During treatment planning with Parker Brooks, age 23, it becomes clear that a client grieving a spouse wants help maintaining a meaningful connection. What should the social worker prioritize?

- A. Set a deadline for ending grief-related conversations
- B. Insist that healthy grief requires detachment
- C. Remove reminders of the spouse from the home

D. Support individualized remembrance and continuing-bond rituals chosen by the client

38. While reviewing the case of Willow Price, age 40, the social worker notes that a refugee client describes visions of ancestors during prayer. What should the social worker do NEXT?

- A. Ask the client to stop religious practices during assessment
- B. Dismiss the report as superstition
- C. Explore the experience within the client's cultural and spiritual context
- D. Diagnose psychosis based on the perceptual experience

39. While reviewing the case of Alex Adams, age 42, the social worker notes that a couple's conflict escalates during a session but no violence is identified. What should the social worker do NEXT?

- A. Encourage louder expression to release anger
- B. Slow the interaction, establish turn-taking, and coach reflective listening
- C. Assign separation before clarifying goals
- D. Choose which partner is correct

40. During treatment planning with Gray Nolan, age 59, it becomes clear that a client reports concentration problems after months of poor sleep. What should the social worker prioritize?

- A. Assess sleep, mood, anxiety, substances, medical issues, environment, and functioning
- B. Diagnose attention-deficit disorder immediately
- C. Recommend stimulant medication directly
- D. Assume the client lacks motivation

41. During treatment planning with Kai Singh, age 61, it becomes clear that a parent wants strategies for a child's predictable tantrums. What should the social worker prioritize?

- A. Recommend punishment after every emotional display
- B. Advise ignoring all behavior regardless of danger

- C. Help identify triggers and reinforce specific desired behaviors consistently
- D. Explain that parenting cannot influence behavior

42. A clinical social worker meets with Quinn Flores, age 73, at an integrated care clinic. The social worker learns that a client seeks help for nightmares related to trauma. What is the BEST response?

- A. Avoid all trauma content indefinitely
- B. Use dream interpretation as the only intervention
- C. Require immediate detailed exposure in the first meeting
- D. Provide trauma-focused treatment after establishing safety, consent, and stabilization

43. At a community mental health center, Willow Ross, age 85, tells the social worker that a client with opioid use disorder is not ready for abstinence. Which action is MOST appropriate?

- A. Discharge the client for refusing abstinence
- B. Recommend using alone to avoid influencing others
- C. Offer harm-reduction strategies and discuss evidence-based treatment options
- D. Withhold overdose education until commitment improves

44. A social worker providing services to Amara Ellis, age 24, discovers that a client with chronic pain requests help after losing employment. Which response BEST reflects clinical social work practice?

- A. Focus only on obtaining a new job
- B. Assume pain complaints are exaggerated
- C. Exclude medical information from the assessment
- D. Complete a biopsychosocial assessment of pain, mood, function, resources, and risk

45. During a session at a private practice, Gray Owens, age 36, reports that a client has difficulty completing a large housing application. What should the social worker do FIRST?

- A. Complete the entire application without the client

- B. Break the task into small steps and complete the first step collaboratively
- C. Tell the client to return only after finishing it alone
- D. Shift treatment to unrelated childhood memories

46. A clinical social worker meets with Leah White, age 43, at a family service agency. The social worker learns that a caregiver reports exhaustion while caring for a parent with dementia. What is the BEST response?

- A. Assess burden, depression, safety, supports, respite, finances, and the parent's needs
- B. Assess only the parent's cognitive status
- C. Recommend placement without exploring preferences
- D. Tell the caregiver that stress is an unavoidable family duty

47. At an integrated care clinic, Ravi James, age 55, tells the social worker that a client misses appointments after receiving an eviction notice. Which action is MOST appropriate?

- A. Discharge for noncompliance without contact
- B. Increase treatment goals before addressing housing
- C. Interpret missed visits as resistance
- D. Explore housing instability, immediate needs, barriers, strengths, and treatment priorities

48. A social worker providing services to Willow Scott, age 62, discovers that a community program lacks services requested by immigrant families. Which response BEST reflects clinical social work practice?

- A. Ask families to assimilate before services are expanded
- B. Explain that existing programs must serve everyone equally
- C. Partner with families to identify priorities and advocate for accessible resources
- D. Design services without further community input

49. During a session at a hospital social work service, Bailey Ibrahim, age 74, reports that a client says therapy goals were chosen mainly to satisfy a referring agency. What should the social worker do FIRST?

- A. Revisit goals collaboratively and clarify voluntary and mandated elements
- B. Ask the client to accept every agency objective
- C. End treatment because motivation is insufficient
- D. Keep the original goals because the referral source has authority

50. While reviewing the case of Harper Turner, age 18, the social worker notes that a client with depression reports a sudden unexplained improvement after severe hopelessness. What should the social worker do NEXT?

- A. Reduce monitoring because improvement proves risk has ended
- B. Reassess suicide risk, access to means, recent decisions, and protective factors
- C. Assume medication has fully resolved the depression
- D. Congratulate the client and end the session early

51. A social worker providing services to Noel Grant, age 30, discovers that a client reports memory lapses while using several prescribed and nonprescribed substances. Which response BEST reflects clinical social work practice?

- A. Develop a timeline linking cognition, use, medications, sleep, and medical symptoms
- B. Ignore prescribed medications as possible contributors
- C. Diagnose a neurocognitive disorder immediately
- D. Wait for complete abstinence before gathering history

52. At a family service agency, Quinn Hill, age 27, tells the social worker that treatment has met its goals and the client is functioning well. Which action is MOST appropriate?

- A. Introduce unrelated goals so treatment remains active
- B. Continue indefinitely to avoid upsetting the client

- C. End services without discussion to encourage independence
- D. Review gains, warning signs, supports, feelings about ending, and follow-up options

53. During treatment planning with Willow Thomas, age 39, it becomes clear that a client reports that a coping strategy did not help. What should the social worker prioritize?

- A. Abandon all treatment goals after one trial
- B. Insist the client used it incorrectly
- C. Review how it was used, evaluate the outcome, and revise the plan collaboratively
- D. Document success because the strategy was evidence based

54. During treatment planning with Fatima White, age 71, it becomes clear that a client asks the social worker to connect on a personal social-media account. What should the social worker prioritize?

- A. Create a private account used only for selected current clients
- B. Decline the request and discuss digital boundaries and the client's reaction
- C. Ignore the request and avoid mentioning it in treatment
- D. Accept the request but hide all clinical posts from the client

55. A clinical social worker meets with Leah James, age 83, at an integrated care clinic. The social worker learns that a former client invites the social worker on a date three months after termination. What is the BEST response?

- A. Seek the former client's written consent before accepting
- B. Ask the former client to wait until one year has passed
- C. Accept because services have formally ended
- D. Decline and explain that the prior professional relationship creates an ongoing boundary concern

56. A social worker providing services to Morgan Evans, age 70, discovers that a school-age child has bruises in different healing stages and gives an unclear explanation. Which response BEST reflects clinical social work practice?

- A. Promise the child that no one else will be told
- B. Assess immediate safety and follow applicable mandated-reporting requirements
- C. Conduct an extensive investigative interrogation first
- D. Wait for proof identifying the alleged perpetrator

57. A social worker providing services to Willow Ibrahim, age 34, discovers that a competent adult refuses a recommended psychiatric medication after discussing risks and benefits. Which response BEST reflects clinical social work practice?

- A. Respect the refusal and explore concerns and acceptable alternatives
- B. Contact relatives and ask them to pressure the client
- C. Report the refusal as evidence of neglect by the client
- D. End services because the client rejected the treatment plan

58. During treatment planning with Val Ross, age 79, it becomes clear that a supervisee repeatedly feels compelled to rescue one client. What should the social worker prioritize?

- A. Praise the extra involvement as ideal commitment
- B. Focus only on whether paperwork is complete
- C. Explore countertransference, boundaries, case formulation, and alternative responses
- D. Order immediate termination without discussion

59. A clinical social worker meets with Amara Hayes, age 23, at an integrated care clinic. The social worker learns that an agency wants to know whether a new program is meeting its objectives. What is the BEST response?

- A. Use staff satisfaction as the only outcome
- B. Count attendance without considering the stated objectives
- C. Define measurable outcomes and collect data aligned with the program goals
- D. Wait until the program ends before defining success

60. At a community mental health center, Gray Singh, age 35, tells the social worker that a client becomes angry about a scheduling error made by the clinic. Which action is MOST appropriate?

- A. Acknowledge the impact, take responsibility, and collaborate on repair
- B. Refer the client elsewhere without discussion
- C. Interpret the anger as resistance to treatment
- D. Defend the clinic before hearing the concern

61. During treatment planning with Morgan Flores, age 47, it becomes clear that a client becomes tearful and silent after describing a painful loss. What should the social worker prioritize?

- A. Change the subject to reduce discomfort
- B. Allow silence, convey empathy, and invite the client to continue when ready
- C. Immediately assign a detailed coping worksheet
- D. Reassure the client that the pain will soon pass

62. During treatment planning with Quinn James, age 49, it becomes clear that a client with possible obsessive-compulsive symptoms spends hours checking locks. What should the social worker prioritize?

- A. Diagnose psychosis because the belief seems unreasonable
- B. Treat the checking as ordinary caution
- C. Require the client to stop checking during the intake
- D. Assess obsessions, compulsions, time, distress, insight, avoidance, and impairment

63. A clinical social worker meets with Willow Bennett, age 61, at a family service agency. The social worker learns that a client reports suicidal thoughts and says life is no longer worth living. What is the BEST response?

- A. Begin cognitive restructuring before asking about a plan
- B. Promise not to hospitalize the client
- C. Ask the client to sign a no-suicide contract and end the assessment
- D. Assess intent, plan, means, timing, prior behavior, and protective factors

64. During a session at a hospital social work service, Emery Vega, age 20, reports that a client offers an expensive gift near the end of treatment. What should the social worker do FIRST?

- A. Explore the meaning of the gift and decline it in accordance with ethical and agency guidance
- B. Donate it without telling the client
- C. Accept it to avoid rejecting the client's cultural expression
- D. Exchange the gift for an item of equal value

65. While reviewing the case of Kai Irwin, age 32, the social worker notes that the social worker notices strong irritation toward a client who resembles a difficult relative. What should the social worker do NEXT?

- A. Transfer the client immediately without examining the reaction
- B. Suppress the reaction and continue without consultation
- C. Seek supervision and monitor countertransference before it affects care
- D. Tell the client about the relative to explain the irritation

66. During treatment planning with Leah Davis, age 19, it becomes clear that a client is ambivalent about reducing cannabis use. What should the social worker prioritize?

- A. Refuse treatment until the client commits to stopping
- B. Use motivational interviewing to explore both benefits and costs and elicit change talk
- C. Argue that abstinence is the only rational choice
- D. Provide consequences without asking the client's perspective

67. A clinical social worker meets with Ravi Nguyen, age 31, at a school-based program. The social worker learns that a client in acute crisis is overwhelmed and unable to consider long-term goals. What is the BEST response?

- A. Begin intensive interpretation of childhood conflicts

- B. Ask the client to solve every practical problem independently
- C. Focus on safety, stabilization, immediate needs, and one manageable next step
- D. Create a five-year treatment plan first

68. At a family service agency, Xavier Foster, age 43, tells the social worker that a client identifies the automatic thought that one mistake proves total failure. Which action is MOST appropriate?

- A. Interpret the thought only as unconscious resistance
- B. Avoid discussing the thought because it may increase distress
- C. Confirm that high standards prevent future mistakes
- D. Examine evidence and develop a more balanced alternative thought

69. A clinical social worker meets with Emery White, age 65, at a community mental health center. The social worker learns that an interpreter is needed for a sensitive assessment. What is the BEST response?

- A. Use a qualified interpreter and speak directly to the client
- B. Use a bilingual staff member without checking competence or role
- C. Postpone all services until the client learns more English
- D. Ask the client's young child to translate the discussion

70. During a session at an outpatient clinic, Harper Young, age 62, reports that a client with intense emotions repeatedly engages in self-harm urges. What should the social worker do FIRST?

- A. Use shame to discourage future urges
- B. Teach distress-tolerance skills and develop a collaborative safety plan
- C. Avoid discussing self-harm to prevent reinforcement
- D. Rely on a no-harm promise as the only intervention

71. A social worker providing services to Parker Scott, age 84, discovers that a subpoena requests a client's entire record. Which response BEST reflects clinical social work practice?

- A. Consult applicable law, agency counsel, and supervisory guidance before releasing information
- B. Ask the client to contact the attorney without taking any action
- C. Send the full record immediately because every subpoena is a court order
- D. Destroy psychotherapy notes so they cannot be disclosed

72. At a school-based program, Sage Thomas, age 81, tells the social worker that a trauma survivor becomes visibly overwhelmed during a session. Which action is MOST appropriate?

- A. Press for more trauma details before the memory fades
- B. End treatment because activation indicates unreadiness
- C. Pause, orient to the present, and use grounding with the client's permission
- D. Tell the client to suppress all physical sensations

73. During treatment planning with Yara Jones, age 25, it becomes clear that an involuntary client says treatment is pointless. What should the social worker prioritize?

- A. Pretend the service is entirely voluntary
- B. Threaten additional consequences for resistance
- C. End the meeting until the client becomes cooperative
- D. Acknowledge the lack of choice and identify goals the client is willing to pursue

74. A clinical social worker meets with Dara Usman, age 37, at an integrated care clinic. The social worker learns that a family repeatedly speaks for an adult client during sessions. What is the BEST response?

- A. Allow relatives to make every treatment decision
- B. Redirect questions to the client and discuss how participation should be shared
- C. Confront the family as intentionally controlling
- D. Exclude the family without consulting the client

75. At a community mental health center, Jordan Hill, age 49, tells the social worker that a client makes a vague statement about making a coworker pay. Which action is MOST appropriate?

- A. Terminate the session because threatening language is prohibited
- B. Clarify intent, target, plan, means, timing, and protective factors
- C. Warn the coworker immediately without further assessment
- D. Assure the client the statement will remain confidential

76. A social worker providing services to Omar Price, age 56, discovers that two group members dominate while quieter members withdraw. Which response BEST reflects clinical social work practice?

- A. Direct every question only to the quietest member
- B. Remove the dominant members immediately
- C. Name the process and invite broader participation using structured turn-taking
- D. Ignore the pattern so the group can resolve it alone

77. During a session at a private practice, Uma Garcia, age 68, reports that a client has a specific phobia and wants evidence-based treatment. What should the social worker do FIRST?

- A. Develop a gradual exposure hierarchy with consent and coping preparation
- B. Use only insight about childhood origins
- C. Begin with the most feared situation without preparation
- D. Recommend permanent avoidance of the trigger

78. During treatment planning with Ravi Hill, age 35, it becomes clear that a client arrives with pressured speech, little sleep, impulsive spending, and grandiosity. What should the social worker prioritize?

- A. Assume the behavior reflects ordinary enthusiasm
- B. Diagnose a personality disorder from the first interview
- C. Begin grief counseling without further assessment
- D. Assess severity, safety, substance use, medical causes, and functional impairment

79. A clinical social worker meets with Xavier Thomas, age 47, at an integrated care clinic. The social worker learns that a client has intrusive memories, avoidance, hypervigilance, and sleep disturbance after an assault. What is the BEST response?

- A. Focus only on whether criminal charges were filed
- B. Assess trauma symptoms, duration, functioning, safety, and coping resources
- C. Require a detailed trauma narrative immediately
- D. Conclude that the client has recovered because the assault ended

80. A social worker providing services to Jordan Irwin, age 26, discovers that a client with psychosis is distressed by a fixed belief. Which response BEST reflects clinical social work practice?

- A. Validate the emotion without affirming the belief and assess safety and functioning
- B. End the session whenever the belief is mentioned
- C. Debate aggressively until the client retracts it
- D. Agree that the belief is factually true

81. During a session at a hospital social work service, Parker Adams, age 38, reports that a client misses medication because transportation to the pharmacy is unreliable. What should the social worker do FIRST?

- A. Label the client noncompliant and close the case
- B. Increase psychotherapy frequency without discussing transportation
- C. Tell the client motivation should overcome the barrier
- D. Address the access barrier through case management and coordination

82. During treatment planning with Sage Bennett, age 35, it becomes clear that a colleague appears impaired while preparing to meet clients. What should the social worker prioritize?

- A. Post a warning to coworkers on a personal messaging group
- B. Wait until a client complains about the colleague
- C. Protect clients by addressing the immediate risk and following supervisory and reporting procedures

D. Privately cover the colleague's cases and keep the matter confidential

83. During a session at a private practice, Ravi Irwin, age 80, reports that an older adult suddenly becomes disoriented and inattentive over two days. What should the social worker do FIRST?

- A. Wait several months to determine whether cognition improves
- B. Diagnose dementia based on age
- C. Begin long-term memory training first
- D. Arrange prompt medical evaluation for possible delirium

84. While reviewing the case of Cameron Turner, age 54, the social worker notes that a client asks to see the clinical record. What should the social worker do NEXT?

- A. Refuse because clinical records always belong exclusively to the agency
- B. Provide another client's collateral information contained in the file
- C. Explain the access process and review whether any lawful, narrowly defined limitation applies
- D. Delete subjective material before acknowledging the request

85. A social worker providing services to Imani Grant, age 66, discovers that the agency asks clinicians to bill for sessions that clients missed. Which response BEST reflects clinical social work practice?

- A. Change the service code to make the claims payable
- B. Refuse the inaccurate billing practice and report the concern through appropriate channels
- C. Bill the sessions if the agency needs the revenue
- D. Ask clients to approve the false entries after the fact

86. A social worker providing services to Gray Owens, age 38, discovers that a client reports hearing voices but is calm and organized. Which response BEST reflects clinical social work practice?

- A. Assess content, commands, distress, control, safety, functioning, and context
- B. Challenge the voices as unreal before gathering information

- C. Hospitalize solely because hallucinations are present
- D. Ignore them because the client appears calm

87. A clinical social worker meets with Taylor Foster, age 85, at a community mental health center. The social worker learns that a client wants telehealth while temporarily located in another jurisdiction. What is the BEST response?

- A. Convert the session to unpaid contact so licensure rules no longer matter
- B. Proceed because the social worker is licensed in the home jurisdiction
- C. Verify authorization to practice where the client is located before providing the session
- D. Ask the client to report the home address instead of the current location

88. A clinical social worker meets with Ravi James, age 57, at a school-based program. The social worker learns that a parent describes a child's recurrent stomachaches before school. What is the BEST response?

- A. Diagnose separation anxiety from the single symptom
- B. Explore medical evaluation, school context, anxiety, family patterns, and functional impact
- C. Recommend school withdrawal before assessment
- D. Conclude that the child is fabricating symptoms

89. A social worker providing services to Dara Young, age 36, discovers that a social worker realizes that a treatment technique is outside current competence. Which response BEST reflects clinical social work practice?

- A. Avoid documenting uncertainty about the technique
- B. Continue because informed consent transfers the risk to the client
- C. Use the technique after reading a brief online summary
- D. Obtain training, supervision, or consultation and arrange competent care

90. A social worker providing services to Bailey Ibrahim, age 76, discovers that a client drinks heavily and minimizes consequences. Which response BEST reflects clinical social work practice?

- A. Use nonjudgmental questions to assess quantity, pattern, withdrawal, consequences, and readiness
- B. Ask family members to impose abstinence before assessment
- C. Confront the client with an alcoholism label
- D. Accept the minimization and omit substance questions

91. A clinical social worker meets with Omar Thomas, age 55, at an integrated care clinic. The social worker learns that a client discloses a culturally meaningful healing practice unfamiliar to the social worker. What is the BEST response?

- A. Label the practice irrational because it is not part of Western treatment
- B. Adopt the practice personally before continuing treatment
- C. Ask respectful questions about its meaning, benefits, and possible risks
- D. End discussion to avoid appearing culturally insensitive

92. At a community mental health center, Uma Jones, age 67, tells the social worker that a supervisor asks a supervisee to alter a note to conceal a service error. Which action is MOST appropriate?

- A. Keep an accurate record and use the agency's ethical escalation process
- B. Discuss the client and supervisor publicly to obtain support
- C. Delete the entire note and reconstruct it later
- D. Make the change because supervisors control documentation

93. During treatment planning with Alex Usman, age 79, it becomes clear that a client unexpectedly arrives at a community event attended by the social worker. What should the social worker prioritize?

- A. Introduce the client as someone receiving therapy
- B. Let the client decide whether to acknowledge the relationship
- C. Avoid the client dramatically and leave the event
- D. Privately instruct the client not to attend similar events

94. While reviewing the case of Amara Owens, age 66, the social worker notes that a client grieving a spouse wants help maintaining a meaningful connection. What should the social worker do NEXT?

- A. Set a deadline for ending grief-related conversations
- B. Insist that healthy grief requires detachment
- C. Remove reminders of the spouse from the home
- D. Support individualized remembrance and continuing-bond rituals chosen by the client

95. A social worker providing services to Amara Garcia, age 48, discovers that a recently bereaved client reports sadness, yearning, and intermittent relief when with family. Which response BEST reflects clinical social work practice?

- A. Discourage discussion of the deceased
- B. Assess time course, culture, functioning, supports, and risk without pathologizing grief
- C. Require immediate exposure to avoided reminders
- D. Diagnose major depression solely because the client cries

96. During a session at a rural health program, Gray Reed, age 60, reports that a client presents with panic-like episodes for the first time. What should the social worker do FIRST?

- A. Assume the episodes are attention seeking
- B. Teach relaxation and omit medical screening
- C. Assess symptoms, triggers, substances, medical conditions, and emergency warning signs
- D. Confirm panic disorder immediately

97. A social worker providing services to Uma Kim, age 44, discovers that a client asks the social worker to keep all suicidal thoughts secret under every circumstance. Which response BEST reflects clinical social work practice?

- A. Explain confidentiality limits before inviting further disclosure
- B. Promise secrecy to preserve rapport
- C. Refuse to discuss suicide unless a crisis occurs

D. Contact emergency services solely because the client asked the question

98. A clinical social worker meets with Val Foster, age 31, at a family service agency. The social worker learns that a couple's conflict escalates during a session but no violence is identified. What is the BEST response?

- A. Encourage louder expression to release anger
- B. Choose which partner is correct
- C. Assign separation before clarifying goals
- D. Slow the interaction, establish turn-taking, and coach reflective listening

99. At an integrated care clinic, Amara Patel, age 43, tells the social worker that a parent wants strategies for a child's predictable tantrums. Which action is MOST appropriate?

- A. Explain that parenting cannot influence behavior
- B. Help identify triggers and reinforce specific desired behaviors consistently
- C. Advise ignoring all behavior regardless of danger
- D. Recommend punishment after every emotional display

100. While reviewing the case of Jordan Moore, age 70, the social worker notes that a client with limited literacy is given a complex consent form. What should the social worker do NEXT?

- A. Explain the information verbally, use plain language, and check understanding
- B. Omit discussion of risks to reduce confusion
- C. Have another client summarize the form
- D. Ask the client to sign because the form is legally sufficient

101. During a session at a private practice, Fatima Owens, age 32, reports that a couple reports escalating arguments and one partner appears fearful. What should the social worker do FIRST?

- A. Begin communication exercises immediately

- B. Ask both partners together whether abuse occurs
- C. Assume equal responsibility for the conflict
- D. Interview for coercion and violence privately before beginning conjoint work

102. While reviewing the case of Leah Cole, age 44, the social worker notes that a child has declining grades after moving between foster homes. What should the social worker do NEXT?

- A. Attribute the decline to low motivation
- B. Recommend discipline before gathering collateral information
- C. Assess trauma, attachment disruptions, learning needs, placement stability, and strengths
- D. Assume a learning disorder explains all difficulties

103. While reviewing the case of Val Garcia, age 76, the social worker notes that a client seeks help for nightmares related to trauma. What should the social worker do NEXT?

- A. Require immediate detailed exposure in the first meeting
- B. Provide trauma-focused treatment after establishing safety, consent, and stabilization
- C. Avoid all trauma content indefinitely
- D. Use dream interpretation as the only intervention

104. A clinical social worker meets with Dara Davis, age 35, at a community mental health center. The social worker learns that a clinician wants to use a detailed client story in a training presentation. What is the BEST response?

- A. Present it if audience members promise not to repeat it
- B. Use the story because educational settings are automatically exempt
- C. Change only the client's first name
- D. Obtain valid authorization or fully de-identify the material and minimize details

105. During a session at a hospital social work service, Amara Ibrahim, age 70, reports that a client reports restrictive eating, dizziness, and intense fear of weight gain. What should the social worker do FIRST?

- A. Delay action until weight falls below a fixed threshold
- B. Praise the client's self-discipline
- C. Assess medical stability and arrange timely medical and eating-disorder evaluation
- D. Begin insight-oriented therapy before checking physical risk

106. A social worker providing services to Omar Chen, age 54, discovers that a rural practitioner discovers a client's parent is the only available mechanic in town. Which response BEST reflects clinical social work practice?

- A. Assess risks, document the unavoidable overlap, and establish clear boundaries
- B. Ask the client to keep the connection secret
- C. Use the mechanic without discussing the possible overlap
- D. End treatment automatically because any dual relationship is forbidden

107. At a family service agency, Leah Davis, age 21, tells the social worker that a client stopped a medication and now reports agitation and insomnia. Which action is MOST appropriate?

- A. Clarify the medication, timing, dose changes, symptoms, substances, and prescriber involvement
- B. Assume a new psychiatric disorder has developed
- C. Advise stopping every other medication as well
- D. Tell the client to restart the old dose independently

108. A clinical social worker meets with Zane Usman, age 73, at an integrated care clinic. The social worker learns that an adolescent requests private counseling and asks what parents can learn. What is the BEST response?

- A. Promise the parents will receive no information
- B. Give parents full session notes after every visit
- C. Avoid the topic until a disclosure creates conflict
- D. Explain confidentiality and its legal limits in developmentally appropriate language

109. At a school-based program, Zane Lewis, age 55, tells the social worker that a client with opioid use disorder is not ready for abstinence. Which action is MOST appropriate?

- A. Withhold overdose education until commitment improves
- B. Recommend using alone to avoid influencing others
- C. Offer harm-reduction strategies and discuss evidence-based treatment options
- D. Discharge the client for refusing abstinence

110. A clinical social worker meets with Amara Jones, age 47, at a community mental health center. The social worker learns that a survivor of trafficking is reluctant to answer questions. What is the BEST response?

- A. Interpret hesitation as lack of credibility
- B. Prioritize immediate safety, choice, privacy, and a paced trauma-informed assessment
- C. Contact suspected traffickers for collateral information
- D. Demand a complete chronology to verify eligibility

111. During treatment planning with Omar Diaz, age 31, it becomes clear that a client asks the social worker to write a disability opinion outside the clinician's evaluation role. What should the social worker prioritize?

- A. Write the requested conclusion to preserve the alliance
- B. Copy the client's preferred wording onto agency letterhead
- C. Clarify the request and provide only supportable information within competence and role
- D. Refuse all documentation without discussing alternatives

112. A clinical social worker meets with Omar Nguyen, age 81, at an integrated care clinic. The social worker learns that a client has difficulty completing a large housing application. What is the BEST response?

- A. Shift treatment to unrelated childhood memories
- B. Break the task into small steps and complete the first step collaboratively

- C. Tell the client to return only after finishing it alone
- D. Complete the entire application without the client

113. During treatment planning with Quinn Long, age 73, it becomes clear that a refugee client describes visions of ancestors during prayer. What should the social worker prioritize?

- A. Dismiss the report as superstition
- B. Diagnose psychosis based on the perceptual experience
- C. Ask the client to stop religious practices during assessment
- D. Explore the experience within the client's cultural and spiritual context

114. A clinical social worker meets with Willow Diaz, age 85, at an integrated care clinic. The social worker learns that a client reports concentration problems after months of poor sleep. What is the BEST response?

- A. Assess sleep, mood, anxiety, substances, medical issues, environment, and functioning
- B. Diagnose attention-deficit disorder immediately
- C. Recommend stimulant medication directly
- D. Assume the client lacks motivation

115. At a community mental health center, Bailey Nolan, age 29, tells the social worker that a client with chronic pain requests help after losing employment. Which action is MOST appropriate?

- A. Exclude medical information from the assessment
- B. Focus only on obtaining a new job
- C. Complete a biopsychosocial assessment of pain, mood, function, resources, and risk
- D. Assume pain complaints are exaggerated

116. During treatment planning with Noel Bennett, age 71, it becomes clear that the social worker learns that an agency policy disadvantages clients with disabilities. What should the social worker prioritize?

- A. Document the access problem and advocate for a reasonable, system-level correction
- B. Tell affected clients to adapt to the existing policy
- C. Quietly make exceptions only for favored clients
- D. Avoid raising the issue because policy is outside clinical practice

117. A clinical social worker meets with Noel Long, age 53, at a family service agency. The social worker learns that a community program lacks services requested by immigrant families. What is the BEST response?

- A. Design services without further community input
- B. Ask families to assimilate before services are expanded
- C. Explain that existing programs must serve everyone equally
- D. Partner with families to identify priorities and advocate for accessible resources

118. A clinical social worker meets with Ravi Ross, age 55, at a family service agency. The social worker learns that a caregiver reports exhaustion while caring for a parent with dementia. What is the BEST response?

- A. Assess only the parent's cognitive status
- B. Assess burden, depression, safety, supports, respite, finances, and the parent's needs
- C. Recommend placement without exploring preferences
- D. Tell the caregiver that stress is an unavoidable family duty

119. A social worker providing services to Yara Kim, age 72, discovers that treatment has met its goals and the client is functioning well. Which response BEST reflects clinical social work practice?

- A. Continue indefinitely to avoid upsetting the client
- B. Review gains, warning signs, supports, feelings about ending, and follow-up options
- C. Introduce unrelated goals so treatment remains active
- D. End services without discussion to encourage independence

120. A social worker providing services to Bailey Owens, age 74, discovers that a client misses appointments after receiving an eviction notice. Which response BEST reflects clinical social work practice?

- A. Explore housing instability, immediate needs, barriers, strengths, and treatment priorities
- B. Increase treatment goals before addressing housing
- C. Interpret missed visits as resistance
- D. Discharge for noncompliance without contact

121. During a session at a hospital social work service, Harper Cole, age 18, reports that a client says therapy goals were chosen mainly to satisfy a referring agency. What should the social worker do FIRST?

- A. Ask the client to accept every agency objective
- B. Keep the original goals because the referral source has authority
- C. End treatment because motivation is insufficient
- D. Revisit goals collaboratively and clarify voluntary and mandated elements

122. During a session at an outpatient clinic, Ravi Garcia, age 50, reports that a client's spouse calls to ask whether the client attended today's session, but no release is on file. What should the social worker do FIRST?

- A. Ask the spouse to sign a release authorizing the disclosure
- B. Confirm attendance but decline to discuss the content of the session
- C. Explain confidentiality generally without confirming or denying that the person is a client
- D. Tell the spouse to call back after the next scheduled appointment

Practice Exam 11: Answer Key and Explanations

1. C — The reaction may be countertransference that distorts assessment or intervention. Supervision and self-monitoring help the social worker understand and manage it while avoiding an unnecessary transfer or burdening the client. This response protects client rights, clarifies professional responsibility,

and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place.

2. B — Grounding can reduce flooding by reconnecting attention to present safety and sensory experience. Pacing and choice support regulation; forced disclosure risks retraumatization and loss of control. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and.

3. C — A qualified interpreter supports accuracy, privacy, informed consent, and meaningful participation. Speaking to the client rather than the interpreter preserves the helping relationship and avoids placing inappropriate responsibility on family members. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

4. B — Transparent acknowledgment of the mandate reduces power struggles. Finding personally meaningful goals within real constraints supports engagement without misrepresenting authority or coercing agreement. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and participation needed for.

5. A — Somatic complaints may have medical, emotional, relational, or environmental contributors. A biopsychosocial assessment avoids premature diagnosis and gathers information across home, school, development, and health. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture.

6. D — A subpoena does not automatically resolve privilege, consent, scope, or procedural requirements. The social worker should preserve the record and obtain qualified guidance before responding, disclosing only what is lawfully required. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

7. C — A vague statement requires a focused violence-risk assessment before the social worker can determine urgency, protective action, or confidentiality limits. Premature disclosure or reassurance may be unsafe and ethically unsound. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place.

8. A — The social worker should protect the adult client's voice while exploring cultural, relational, communication, and capacity factors. Collaborative boundaries can preserve useful family support without erasing self-determination. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment.

9. D — Potential impairment creates an immediate client-safety concern. The social worker should act through established channels, document objective observations, and avoid concealment, public accusations, or delay. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead of ethical practice..

10. B — Clients generally have important access rights, though law and policy may define limited exceptions and protections for third-party information. The response should be transparent, timely, and based on applicable requirements. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place.

11. B — A respectful, specific assessment improves disclosure and clarifies risk, severity, withdrawal potential, functional effects, and motivation. Confrontation or labels can increase defensiveness before a collaborative understanding is established. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

12. C — Grief reactions vary across people and cultures. Assessment should distinguish expected bereavement from severe impairment, major depression, trauma, or safety concerns while identifying supports and the client's meaning-making. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

13. D — Billing must accurately reflect services provided. Knowingly submitting false claims violates professional integrity and may violate law. The social worker should not participate and should use organizational or regulatory reporting processes. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

14. A — Telepractice commonly implicates the rules where the client is physically located. Verifying location, authority, emergency resources, privacy, and consent protects the client and avoids evading jurisdictional requirements. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead of.

15. B — Ethical practice requires competence, not merely good intentions or client permission. Appropriate training and supervision may permit growth, while referral or collaboration prevents the client from bearing the cost of unsupported practice. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice.

16. D — New episodic autonomic symptoms can arise from panic, substances, medication effects, endocrine conditions, cardiac problems, or other causes. Differential assessment and urgent medical referral when indicated come before a firm diagnosis. This approach gathers the information needed to

judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or.

17. C — Cultural humility calls for curiosity and attention to the client's own meaning. The social worker can assess safety and compatibility without stereotyping, dismissing, or appropriating the client's traditions. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead.

18. A — Clinical records must remain accurate and transparent. Concealing an error undermines continuity and accountability. The supervisee should refuse falsification, preserve evidence, and escalate through appropriate professional channels. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead of.

19. D — The client controls disclosure of the professional relationship in public. A neutral response protects confidentiality while avoiding behavior that could embarrass or reject the client. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead of ethical practice..

20. B — Fear and escalation require screening for intimate partner violence and coercive control. Private assessment improves safety and disclosure because conjoint questioning can increase danger or retaliation. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical.

21. A — Informed consent includes clear, understandable limits on confidentiality. Explaining those limits honestly supports trust and allows assessment; secrecy cannot be promised when safety duties may require protective action. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead.

22. C — Group-process intervention makes participation patterns visible and establishes a fair structure. It supports cohesion and safety without shaming dominant members or placing excessive pressure on quieter participants. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment.

23. D — A signature alone does not establish informed consent. Communication should match the client's needs, include material risks and alternatives, provide space for questions, and use teach-back or another method to confirm understanding. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice.

24. B — Educational value does not eliminate confidentiality. The social worker should obtain appropriate permission or remove identifying details sufficiently, share only what is necessary, and consider whether combined facts could reveal identity. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

25. C — Academic decline after repeated placement changes may reflect trauma, grief, disrupted schooling, developmental needs, or learning problems. A multidimensional assessment informs a plan without blaming the child. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the.

26. A — Eating-disorder risk cannot be inferred from appearance or one weight value. Dizziness and restriction warrant assessment of vital signs, intake, compensatory behaviors, medical complications, motivation, and level-of-care needs. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

27. A — Some community overlaps are difficult to avoid. Ethical management requires examining exploitation and confidentiality risks, considering alternatives, discussing boundaries when appropriate, and documenting the reasoning rather than applying an automatic rule. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

28. B — Minors' privacy rights vary by jurisdiction and service context. The social worker should explain applicable rules, encourage appropriate family communication, and avoid either absolute secrecy or unnecessary disclosure. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead.

29. C — Medication discontinuation, recurrence, interactions, substances, and medical factors can produce similar symptoms. Detailed assessment and coordination with an authorized prescriber support safe decisions without practicing outside scope. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the.

30. D — Trauma, coercion, surveillance, and fear can affect disclosure. A transparent, choice-centered approach reduces retraumatization and gathers essential information without making services contingent on a complete narrative. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical.

31. B — Graduated exposure reduces avoidance through planned, repeated contact with feared cues at tolerable levels. Collaboration, informed consent, monitoring, and response prevention help new learning occur safely. This response is collaborative, proportionate, and linked to the client's immediate

needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and.

32. C — The clinician can acknowledge fear or distress while remaining neutral about disputed content. Gentle reality-based inquiry and safety assessment preserve alliance better than confirmation or confrontation. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and.

33. D — Professional statements must be accurate, role-consistent, and supported by sufficient information. Clarifying the purpose may allow a factual treatment summary or referral without offering an unsupported forensic conclusion. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead.

34. A — Social workers have responsibilities to promote equitable access and challenge discriminatory barriers. A documented, transparent change is safer and fairer than secret exceptions or expecting clients to absorb the burden. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place.

35. A — Even acknowledging that a person receives services can reveal protected information. The social worker should neither confirm nor deny the relationship and may explain the agency's confidentiality practices in general terms. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

36. B — A practical barrier requires practical intervention. Coordinating delivery, transportation, benefits, prescriber options, or community resources supports adherence more effectively than blame or unrelated treatment changes. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and participation.

37. D — Contemporary grief practice recognizes that an adaptive ongoing bond may coexist with rebuilding life. The intervention should reflect the client's culture, values, functioning, and preferences rather than impose a universal detachment model. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a.

38. C — Unusual experiences must be understood in cultural context. The social worker should assess shared meaning, distress, control, impairment, and other symptoms before deciding whether the experience indicates psychopathology. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

39. B — De-escalation and structured communication help each partner hear content and emotion without reinforcing attack-and-defend cycles. The clinician remains attentive to safety and avoids taking sides. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and participation.

40. A — Concentration difficulty is nonspecific and may follow sleep disturbance, depression, anxiety, trauma, substances, medications, or medical illness. A differential assessment prevents premature labeling and guides appropriate referral. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the.

41. C — Behavioral planning begins with antecedents, functions, development, and clear target behaviors. Consistent reinforcement and proportionate limits teach alternatives more effectively than indiscriminate punishment or neglecting safety. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and.

42. D — Trauma-focused work can be effective when paced to readiness, current safety, and regulation capacity. Neither forced exposure nor permanent avoidance supports an individualized evidence-informed plan. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and participation.

43. C — Harm reduction lowers immediate risk while preserving engagement and autonomy. Overdose prevention, safer-use planning, naloxone access, medical treatment options, and ongoing motivational work can save lives without requiring abstinence first. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without.

44. D — Chronic pain affects and is affected by physical health, mood, identity, relationships, finances, activity, and substance risk. Integrated assessment supports realistic goals and coordinated care. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture.

45. B — Partializing turns an overwhelming problem into manageable actions, supports mastery, and preserves participation. Doing everything for the client can undermine self-efficacy, while demanding independent completion ignores the identified barrier. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the.

46. A — Caregiver strain can endanger both people and affects the feasibility of the care plan. Assessment should include risk, health, resources, culture, preferences, and practical supports. This approach gathers the information needed to judge urgency, differential explanations, strengths, and

appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture.

47. D — Housing instability can disrupt transportation, communication, sleep, safety, and attention. Understanding the client's circumstances prevents blame and allows the plan to address urgent social determinants alongside clinical needs. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

48. C — Participatory advocacy centers the knowledge and priorities of affected communities. Language access, cultural relevance, eligibility barriers, and power should be examined with families rather than assumed by providers. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing.

49. A — Effective planning distinguishes legal or program requirements from areas where the client retains choice. Collaborative, measurable goals improve relevance, transparency, and engagement. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture is sufficiently clear..

50. B — A sudden calm or mood shift after profound hopelessness can sometimes accompany a decision to act on suicide. It warrants renewed direct assessment rather than reassurance based only on appearance. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin.

51. A — A timeline helps distinguish intoxication, withdrawal, interactions, sleep effects, psychiatric symptoms, and neurological or medical causes. Collateral and medical evaluation may be needed with consent. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture.

52. D — Planned termination consolidates learning, anticipates relapse risks, addresses the meaning of ending, and clarifies reentry or referral options. It should neither be abrupt nor extended solely to avoid discomfort. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the.

53. C — Evidence-based practice integrates research, clinical expertise, client preferences, and observed outcomes. Monitoring allows adaptation; a strategy's general support does not prove it worked for this client in this context. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the.

54. B — A personal online connection can blur roles, expose private information, and create unequal access. A direct, clinically sensitive discussion preserves boundaries and allows exploration of what the request means to the client. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice.

55. D — Termination does not erase the power differential, confidential knowledge, or risk of exploitation created by treatment. A romantic relationship shortly after services is ethically inappropriate, and consent does not remove that concern. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice.

56. B — Social workers report reasonable suspicion according to governing law; they do not need to prove abuse or conduct a forensic investigation. Immediate safety, minimal necessary questioning, documentation, and required reporting are priorities. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety.

57. A — A capable adult may refuse treatment. The social worker should support informed self-determination, explore the client's reasons, and collaborate on alternatives while continuing to assess safety and decision-making capacity as clinically indicated. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice.

58. C — Supervision should connect the supervisee's emotional response with clinical decisions and boundary risk. Reflective exploration promotes self-awareness and a more deliberate plan without shaming the supervisee. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and.

59. C — Evaluation begins with clear objectives, indicators, data sources, and a plan for interpretation. Process data such as attendance may matter, but outcome measures must reflect the changes the program intends to produce. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a.

60. A — A genuine rupture is addressed through listening, validation, accountability, and practical repair. Defensive or pathologizing responses can deepen mistrust and obscure the service failure. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and participation needed.

61. B — Therapeutic silence and empathic presence communicate tolerance for emotion and give the client control over pacing. Reassurance or rapid problem solving can truncate grief and shift attention away from the client's experience. This response is collaborative, proportionate, and linked to the client's

immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a.

62. D — Assessment should establish whether intrusive thoughts and repetitive acts are time-consuming, distressing, and functionally impairing, while considering differential diagnoses and the client's level of insight. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture.

63. D — Suicidal ideation requires a direct, comprehensive risk assessment. The resulting level of risk, protective factors, capacity for collaboration, and available supports guide the least restrictive safe response. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the.

64. A — An expensive gift can create obligation, exploitation concerns, and a boundary conflict. Exploring its meaning respects the client, while declining it transparently protects the professional relationship and follows relevant policy. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place.

65. C — The reaction may be countertransference that distorts assessment or intervention. Supervision and self-monitoring help the social worker understand and manage it while avoiding an unnecessary transfer or burdening the client. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place.

66. B — Motivational interviewing responds to ambivalence with collaboration, evocation, and respect for autonomy. Exploring discrepancy can strengthen internally voiced reasons for change without provoking a struggle over control. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment.

67. C — Crisis intervention prioritizes safety, emotional stabilization, supports, and concrete near-term action. Complex insight work and distant goals are less useful while arousal and coping capacity are severely compromised. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing.

68. D — Cognitive restructuring helps the client identify all-or-nothing thinking, test its accuracy, and generate a credible alternative. The goal is not forced positivity but a more flexible appraisal linked to behavior and emotion. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a.

69. A — A qualified interpreter supports accuracy, privacy, informed consent, and meaningful participation. Speaking to the client rather than the interpreter preserves the helping relationship and avoids placing inappropriate responsibility on family members. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

70. B — Distress-tolerance skills offer concrete alternatives during high arousal, while a safety plan identifies warning signs, internal strategies, supportive contacts, professional resources, and means-safety steps. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and participation needed.

71. A — A subpoena does not automatically resolve privilege, consent, scope, or procedural requirements. The social worker should preserve the record and obtain qualified guidance before responding, disclosing only what is lawfully required. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

72. C — Grounding can reduce flooding by reconnecting attention to present safety and sensory experience. Pacing and choice support regulation; forced disclosure risks retraumatization and loss of control. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and.

73. D — Transparent acknowledgment of the mandate reduces power struggles. Finding personally meaningful goals within real constraints supports engagement without misrepresenting authority or coercing agreement. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and participation needed for.

74. B — The social worker should protect the adult client's voice while exploring cultural, relational, communication, and capacity factors. Collaborative boundaries can preserve useful family support without erasing self-determination. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment.

75. B — A vague statement requires a focused violence-risk assessment before the social worker can determine urgency, protective action, or confidentiality limits. Premature disclosure or reassurance may be unsafe and ethically unsound. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place.

76. C — Group-process intervention makes participation patterns visible and establishes a fair structure. It supports cohesion and safety without shaming dominant members or placing excessive pressure on quieter participants. This response is collaborative, proportionate, and linked to the client's immediate

needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment.

77. A — Graduated exposure reduces avoidance through planned, repeated contact with feared cues at tolerable levels. Collaboration, informed consent, monitoring, and response prevention help new learning occur safely. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and.

78. D — The cluster suggests a possible manic syndrome, but diagnosis and disposition require assessment of duration, impairment, psychosis, substances, medical contributors, and immediate safety. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture is sufficiently.

79. B — Trauma assessment should be paced, collaborative, and broad enough to evaluate symptom clusters, time course, functional effects, current danger, strengths, and readiness for treatment without forcing premature exposure. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

80. A — The clinician can acknowledge fear or distress while remaining neutral about disputed content. Gentle reality-based inquiry and safety assessment preserve alliance better than confirmation or confrontation. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and.

81. D — A practical barrier requires practical intervention. Coordinating delivery, transportation, benefits, prescriber options, or community resources supports adherence more effectively than blame or unrelated treatment changes. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and participation.

82. C — Potential impairment creates an immediate client-safety concern. The social worker should act through established channels, document objective observations, and avoid concealment, public accusations, or delay. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead of ethical practice..

83. D — Acute, fluctuating attention and orientation suggest delirium, which can reflect infection, medication effects, metabolic disturbance, or another urgent medical condition. The rapid change distinguishes it from a typical progressive dementia course. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or.

84. C — Clients generally have important access rights, though law and policy may define limited exceptions and protections for third-party information. The response should be transparent, timely, and based on applicable requirements. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place.

85. B — Billing must accurately reflect services provided. Knowingly submitting false claims violates professional integrity and may violate law. The social worker should not participate and should use organizational or regulatory reporting processes. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

86. A — Hallucinations vary in risk and meaning. Focused assessment identifies command content, ability to resist, associated symptoms, substance or medical factors, cultural context, and functional impact before determining intervention. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

87. C — Telepractice commonly implicates the rules where the client is physically located. Verifying location, authority, emergency resources, privacy, and consent protects the client and avoids evading jurisdictional requirements. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead of.

88. B — Somatic complaints may have medical, emotional, relational, or environmental contributors. A biopsychosocial assessment avoids premature diagnosis and gathers information across home, school, development, and health. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture.

89. D — Ethical practice requires competence, not merely good intentions or client permission. Appropriate training and supervision may permit growth, while referral or collaboration prevents the client from bearing the cost of unsupported practice. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice.

90. A — A respectful, specific assessment improves disclosure and clarifies risk, severity, withdrawal potential, functional effects, and motivation. Confrontation or labels can increase defensiveness before a collaborative understanding is established. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

91. C — Cultural humility calls for curiosity and attention to the client's own meaning. The social worker can assess safety and compatibility without stereotyping, dismissing, or appropriating the client's traditions. This response protects client rights, clarifies professional responsibility, and uses consultation

or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead.

92. A — Clinical records must remain accurate and transparent. Concealing an error undermines continuity and accountability. The supervisee should refuse falsification, preserve evidence, and escalate through appropriate professional channels. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead of.

93. B — The client controls disclosure of the professional relationship in public. A neutral response protects confidentiality while avoiding behavior that could embarrass or reject the client. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead of ethical practice..

94. D — Contemporary grief practice recognizes that an adaptive ongoing bond may coexist with rebuilding life. The intervention should reflect the client's culture, values, functioning, and preferences rather than impose a universal detachment model. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a.

95. B — Grief reactions vary across people and cultures. Assessment should distinguish expected bereavement from severe impairment, major depression, trauma, or safety concerns while identifying supports and the client's meaning-making. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

96. C — New episodic autonomic symptoms can arise from panic, substances, medication effects, endocrine conditions, cardiac problems, or other causes. Differential assessment and urgent medical referral when indicated come before a firm diagnosis. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or.

97. A — Informed consent includes clear, understandable limits on confidentiality. Explaining those limits honestly supports trust and allows assessment; secrecy cannot be promised when safety duties may require protective action. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead.

98. D — De-escalation and structured communication help each partner hear content and emotion without reinforcing attack-and-defend cycles. The clinician remains attentive to safety and avoids taking sides. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and participation.

99. B — Behavioral planning begins with antecedents, functions, development, and clear target behaviors. Consistent reinforcement and proportionate limits teach alternatives more effectively than indiscriminate punishment or neglecting safety. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and.

100. A — A signature alone does not establish informed consent. Communication should match the client's needs, include material risks and alternatives, provide space for questions, and use teach-back or another method to confirm understanding. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice.

101. D — Fear and escalation require screening for intimate partner violence and coercive control. Private assessment improves safety and disclosure because conjoint questioning can increase danger or retaliation. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical.

102. C — Academic decline after repeated placement changes may reflect trauma, grief, disrupted schooling, developmental needs, or learning problems. A multidimensional assessment informs a plan without blaming the child. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the.

103. B — Trauma-focused work can be effective when paced to readiness, current safety, and regulation capacity. Neither forced exposure nor permanent avoidance supports an individualized evidence-informed plan. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing, assessment, and participation.

104. D — Educational value does not eliminate confidentiality. The social worker should obtain appropriate permission or remove identifying details sufficiently, share only what is necessary, and consider whether combined facts could reveal identity. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

105. C — Eating-disorder risk cannot be inferred from appearance or one weight value. Dizziness and restriction warrant assessment of vital signs, intake, compensatory behaviors, medical complications, motivation, and level-of-care needs. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

106. A — Some community overlaps are difficult to avoid. Ethical management requires examining exploitation and confidentiality risks, considering alternatives, discussing boundaries when appropriate, and documenting the reasoning rather than applying an automatic rule. This response protects client

rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.

107. A — Medication discontinuation, recurrence, interactions, substances, and medical factors can produce similar symptoms. Detailed assessment and coordination with an authorized prescriber support safe decisions without practicing outside scope. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the.

108. D — Minors' privacy rights vary by jurisdiction and service context. The social worker should explain applicable rules, encourage appropriate family communication, and avoid either absolute secrecy or unnecessary disclosure. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead.

109. C — Harm reduction lowers immediate risk while preserving engagement and autonomy. Overdose prevention, safer-use planning, naloxone access, medical treatment options, and ongoing motivational work can save lives without requiring abstinence first. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without.

110. B — Trauma, coercion, surveillance, and fear can affect disclosure. A transparent, choice-centered approach reduces retraumatization and gathers essential information without making services contingent on a complete narrative. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical.

111. C — Professional statements must be accurate, role-consistent, and supported by sufficient information. Clarifying the purpose may allow a factual treatment summary or referral without offering an unsupported forensic conclusion. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place convenience ahead.

112. B — Partializing turns an overwhelming problem into manageable actions, supports mastery, and preserves participation. Doing everything for the client can undermine self-efficacy, while demanding independent completion ignores the identified barrier. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the.

113. D — Unusual experiences must be understood in cultural context. The social worker should assess shared meaning, distress, control, impairment, and other symptoms before deciding whether the experience indicates psychopathology. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

114. A — Concentration difficulty is nonspecific and may follow sleep disturbance, depression, anxiety, trauma, substances, medications, or medical illness. A differential assessment prevents premature labeling and guides appropriate referral. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the.

115. C — Chronic pain affects and is affected by physical health, mood, identity, relationships, finances, activity, and substance risk. Integrated assessment supports realistic goals and coordinated care. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture.

116. A — Social workers have responsibilities to promote equitable access and challenge discriminatory barriers. A documented, transparent change is safer and fairer than secret exceptions or expecting clients to absorb the burden. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or place.

117. D — Participatory advocacy centers the knowledge and priorities of affected communities. Language access, cultural relevance, eligibility barriers, and power should be examined with families rather than assumed by providers. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the pacing.

118. B — Caregiver strain can endanger both people and affects the feasibility of the care plan. Assessment should include risk, health, resources, culture, preferences, and practical supports. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture.

119. B — Planned termination consolidates learning, anticipates relapse risks, addresses the meaning of ending, and clarifies reentry or referral options. It should neither be abrupt nor extended solely to avoid discomfort. This response is collaborative, proportionate, and linked to the client's immediate needs and treatment goals. The alternatives increase coercion, avoid the relevant problem, or apply a technique without the.

120. A — Housing instability can disrupt transportation, communication, sleep, safety, and attention. Understanding the client's circumstances prevents blame and allows the plan to address urgent social determinants alongside clinical needs. This approach gathers the information needed to judge urgency, differential explanations, strengths, and appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before.

121. D — Effective planning distinguishes legal or program requirements from areas where the client retains choice. Collaborative, measurable goals improve relevance, transparency, and engagement. This approach gathers the information needed to judge urgency, differential explanations, strengths, and

appropriate level of care. The alternatives reach a conclusion too early, overlook safety, or begin intervention before the clinical picture is sufficiently clear..

122. C — Even acknowledging that a person receives services can reveal protected information. The social worker should neither confirm nor deny the relationship and may explain the agency's confidentiality practices in general terms. This response protects client rights, clarifies professional responsibility, and uses consultation or governing requirements when needed. The alternatives disclose too much, blur roles, bypass informed choice, or.