

PRACTICE EXAM 6: 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 clinical social worker meets with Quinn Foster, age 59, at an integrated care clinic. The social worker learns that a client misses appointments after receiving an eviction notice. What is the BEST response?

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

2. At a community mental health center, Willow Patel, age 71, tells the social worker that a client says therapy goals were chosen mainly to satisfy a referring agency. Which action is MOST appropriate?

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

3. At a community mental health center, Alex Usman, age 73, tells the social worker that a client with limited literacy is given a complex consent form. Which action is MOST appropriate?

- 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

4. During treatment planning with Fatima Hill, age 85, 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. Present it if audience members promise not to repeat it
- D. Change only the client's first name

5. A clinical social worker meets with Leah Thomas, age 29, at a family service agency. The social worker learns that a client with depression reports a sudden unexplained improvement after severe hopelessness. What is the BEST response?

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

6. While reviewing the case of Quinn Garcia, age 36, the social worker notes that a rural practitioner discovers a client's parent is the only available mechanic in town. What should the social worker do NEXT?

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

7. A social worker providing services to Willow Reed, age 48, discovers that an adolescent requests private counseling and asks what parents can learn. Which response BEST reflects clinical social work practice?

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

8. During treatment planning with Amara Brooks, age 55, it becomes clear that a client reports memory lapses while using several prescribed and nonprescribed substances. What should the social worker prioritize?

- 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

9. At an integrated care clinic, Cameron White, age 47, tells the social worker that a community program lacks services requested by immigrant families. Which action is MOST appropriate?

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

10. During treatment planning with Imani James, age 59, it becomes clear that treatment has met its goals and the client is functioning well. What should the social worker prioritize?

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

11. A clinical social worker meets with Omar Bennett, age 71, at a school-based program. The social worker learns that a client reports that a coping strategy did not help. What is the BEST response?

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

12. A social worker providing services to Val Owens, age 20, 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. Assess immediate safety and follow applicable mandated-reporting requirements
- B. Wait for proof identifying the alleged perpetrator
- C. Promise the child that no one else will be told
- D. Conduct an extensive investigative interrogation first

13. During treatment planning with Alex White, age 27, 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. Clarify the request and provide only supportable information within competence and role
- C. Copy the client's preferred wording onto agency letterhead
- D. Refuse all documentation without discussing alternatives

14. A clinical social worker meets with Fatima James, age 39, at a community mental health center. The social worker learns that the social worker learns that an agency policy disadvantages clients with disabilities. What is the BEST response?

- A. Quietly make exceptions only for favored clients
- B. Tell affected clients to adapt to the existing policy

- C. Document the access problem and advocate for a reasonable, system-level correction
- D. Avoid raising the issue because policy is outside clinical practice

15. While reviewing the case of Kai Scott, age 46, the social worker notes that a client with possible obsessive-compulsive symptoms spends hours checking locks. What should the social worker do NEXT?

- 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

16. A social worker providing services to Quinn Ibrahim, age 58, discovers that a client's spouse calls to ask whether the client attended today's session, but no release is on file. Which response BEST reflects clinical social work practice?

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

17. While reviewing the case of Sage Garcia, age 50, the social worker notes that a supervisee repeatedly feels compelled to rescue one client. What should the social worker do NEXT?

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

18. A social worker providing services to Yara Reed, age 62, discovers that an agency wants to know whether a new program is meeting its objectives. Which response BEST reflects clinical social work practice?

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

19. A clinical social worker meets with Emery Hill, age 79, at an integrated care clinic. 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. Assess intent, plan, means, timing, prior behavior, and protective factors
- C. Promise not to hospitalize the client
- D. Ask the client to sign a no-suicide contract and end the assessment

20. At a community mental health center, Kai Thomas, age 23, tells the social worker that a client asks the social worker to connect on a personal social-media account. Which action is MOST appropriate?

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

21. A social worker providing services to Parker Garcia, age 30, discovers that a client arrives with pressured speech, little sleep, impulsive spending, and grandiosity. Which response BEST reflects clinical social work practice?

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

22. During a session at a private practice, Val Reed, age 42, reports that a client has intrusive memories, avoidance, hypervigilance, and sleep disturbance after an assault. What should the social worker do FIRST?

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

23. A clinical social worker meets with Alex Brooks, age 49, at a family service agency. 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. Accept because services have formally ended
- C. Decline and explain that the prior professional relationship creates an ongoing boundary concern
- D. Ask the former client to wait until one year has passed

24. At an integrated care clinic, Fatima Long, age 61, tells the social worker that an older adult suddenly becomes disoriented and inattentive over two days. Which action is MOST appropriate?

- 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

25. During a session at a private practice, Gray Grant, age 48, reports that a client becomes angry about a scheduling error made by the clinic. What should the social worker do FIRST?

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

D. Defend the clinic before hearing the concern

26. While reviewing the case of Morgan Scott, age 60, the social worker notes that a client becomes tearful and silent after describing a painful loss. What should the social worker do NEXT?

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

27. During a session at a hospital social work service, Uma Owens, age 82, reports that a competent adult refuses a recommended psychiatric medication after discussing risks and benefits. What should the social worker do FIRST?

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

28. While reviewing the case of Alex Cole, age 26, the social worker notes that a client offers an expensive gift near the end of treatment. What should the social worker do NEXT?

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

29. At a family service agency, Emery James, age 33, tells the social worker that a client reports hearing voices but is calm and organized. Which action is MOST appropriate?

- A. Challenge the voices as unreal before gathering information

- B. Ignore them because the client appears calm
- C. Assess content, commands, distress, control, safety, functioning, and context
- D. Hospitalize solely because hallucinations are present

30. During treatment planning with Kai Bennett, age 45, it becomes clear that the social worker notices strong irritation toward a client who resembles a difficult relative. What should the social worker prioritize?

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

31. A clinical social worker meets with Quinn Lewis, age 57, 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 bilingual staff member without checking competence or role
- B. Postpone all services until the client learns more English
- C. Use a qualified interpreter and speak directly to the client
- D. Ask the client's young child to translate the discussion

32. At a family service agency, Quinn Diaz, age 39, tells the social worker that a client is ambivalent about reducing cannabis use. Which action is MOST appropriate?

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

33. A social worker providing services to Amara Grant, age 76, discovers that a subpoena requests a client's entire record. Which response BEST reflects clinical social work practice?

- 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

34. During a session at an outpatient clinic, Amara Vega, age 58, reports that a client in acute crisis is overwhelmed and unable to consider long-term goals. What should the social worker do FIRST?

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

35. A clinical social worker meets with Leah Foster, age 27, at an integrated care clinic. 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. Terminate the session because threatening language is prohibited
- C. Clarify intent, target, plan, means, timing, and protective factors
- D. Warn the coworker immediately without further assessment

36. During treatment planning with Noel Diaz, age 19, it becomes clear that a parent describes a child's recurrent stomachaches before school. What should the social worker prioritize?

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

37. A social worker providing services to Willow Young, age 46, discovers that a colleague appears impaired while preparing to meet clients. Which response BEST reflects clinical social work practice?

- A. Post a warning to coworkers on a personal messaging group
- B. Wait until a client complains about the colleague
- 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

38. During treatment planning with Val Lewis, age 23, it becomes clear that a client identifies the automatic thought that one mistake proves total failure. What should the social worker prioritize?

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

39. A clinical social worker meets with Amara White, age 35, at an integrated care clinic. The social worker learns that a client with intense emotions repeatedly engages in self-harm urges. What is the BEST response?

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

40. While reviewing the case of Leah Garcia, age 72, the social worker notes that a client asks to see the clinical record. What should the social worker do NEXT?

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

41. During treatment planning with Morgan Bennett, age 59, it becomes clear that a client drinks heavily and minimizes consequences. What should the social worker prioritize?

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

42. During treatment planning with Quinn Foster, age 61, 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. Tell the client to suppress all physical sensations
- D. End treatment because activation indicates unreadiness

43. A clinical social worker meets with Willow Patel, age 73, at a family service agency. The social worker learns that an involuntary client says treatment is pointless. What is the BEST response?

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

44. A clinical social worker meets with Fatima Ross, age 37, at a school-based program. The social worker learns that the agency asks clinicians to bill for sessions that clients missed. What is the BEST response?

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

45. A social worker providing services to Gray Khan, age 24, discovers that a family repeatedly speaks for an adult client during sessions. Which response BEST reflects clinical social work practice?

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

46. A social worker providing services to Quinn Owens, age 56, discovers that a client wants telehealth while temporarily located in another jurisdiction. Which response BEST reflects clinical social work practice?

- A. Proceed because the social worker is licensed in the home jurisdiction
- 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. Verify authorization to practice where the client is located before providing the session

47. During a session at an outpatient clinic, Willow Cole, age 68, reports that a social worker realizes that a treatment technique is outside current competence. What should the social worker do FIRST?

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

48. A clinical social worker meets with Val Nolan, age 45, at a school-based program. The social worker learns that a recently bereaved client reports sadness, yearning, and intermittent relief when with family. What is the BEST response?

- A. Discourage discussion of the deceased

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

49. At a family service agency, Amara Brooks, age 57, tells the social worker that two group members dominate while quieter members withdraw. Which action is MOST appropriate?

- 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

50. During treatment planning with Gray Long, age 69, it becomes clear that a client has a specific phobia and wants evidence-based treatment. What should the social worker prioritize?

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

51. During treatment planning with Kai Ross, age 71, it becomes clear that a client presents with panic-like episodes for the first time. What should the social worker prioritize?

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

52. A clinical social worker meets with Quinn Hayes, age 83, at a community mental health center. The social worker learns that a couple reports escalating arguments and one partner appears fearful. What is the BEST response?

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

53. At a school-based program, Willow Singh, age 27, tells the social worker that a client with psychosis is distressed by a fixed belief. Which action is MOST appropriate?

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

54. A social worker providing services to Amara Cole, age 34, discovers that a child has declining grades after moving between foster homes. Which response BEST reflects clinical social work practice?

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

55. At a community mental health center, Jordan Diaz, age 61, tells the social worker that a client discloses a culturally meaningful healing practice unfamiliar to the social worker. Which action is MOST appropriate?

- 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

56. A clinical social worker meets with Leah Bennett, age 53, at an integrated care clinic. The social worker learns that a client reports restrictive eating, dizziness, and intense fear of weight gain. What is the BEST response?

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

57. While reviewing the case of Quinn Ibrahim, age 60, the social worker notes that a client misses medication because transportation to the pharmacy is unreliable. What should the social worker do NEXT?

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

58. A social worker providing services to Willow Turner, age 72, discovers that a client grieving a spouse wants help maintaining a meaningful connection. Which response BEST reflects clinical social work practice?

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

59. During treatment planning with Amara Davis, age 79, it becomes clear that a client stopped a medication and now reports agitation and insomnia. What should the social worker prioritize?

- A. Assume a new psychiatric disorder has developed
- B. Advise stopping every other medication as well

- C. Tell the client to restart the old dose independently
- D. Clarify the medication, timing, dose changes, symptoms, substances, and prescriber involvement

60. At an integrated care clinic, Imani Bennett, age 33, 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. Make the change because supervisors control documentation
- C. Discuss the client and supervisor publicly to obtain support
- D. Delete the entire note and reconstruct it later

61. While reviewing the case of Leah Chen, age 30, 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. Assign separation before clarifying goals
- B. Slow the interaction, establish turn-taking, and coach reflective listening
- C. Encourage louder expression to release anger
- D. Choose which partner is correct

62. A social worker providing services to Ravi Martin, age 42, discovers that a parent wants strategies for a child's predictable tantrums. Which response BEST reflects clinical social work practice?

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

63. A social worker providing services to Val Reed, age 44, discovers that a survivor of trafficking is reluctant to answer questions. Which response BEST reflects clinical social work practice?

- 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

64. A clinical social worker meets with Bailey Hill, age 61, at a school-based program. The social worker learns that a client seeks help for nightmares related to trauma. What is the BEST response?

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

65. A clinical social worker meets with Fatima Long, age 63, at a school-based program. The social worker learns that a refugee client describes visions of ancestors during prayer. What is the BEST response?

- 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

66. A social worker providing services to Morgan Garcia, age 80, discovers that a client unexpectedly arrives at a community event attended by the social worker. Which response BEST reflects clinical social work practice?

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

67. During treatment planning with Ravi Nolan, age 19, it becomes clear that a client with opioid use disorder is not ready for abstinence. What should the social worker prioritize?

- 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

68. During treatment planning with Val Singh, age 21, 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. Assume the client lacks motivation
- D. Recommend stimulant medication directly

69. While reviewing the case of Bailey Irwin, age 38, the social worker notes that a client asks the social worker to keep all suicidal thoughts secret under every circumstance. What should the social worker do NEXT?

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

70. While reviewing the case of Fatima Moore, age 40, the social worker notes that a client with chronic pain requests help after losing employment. What should the social worker do NEXT?

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

71. A social worker providing services to Leah Ellis, age 52, discovers that a caregiver reports exhaustion while caring for a parent with dementia. Which response BEST reflects clinical social work practice?

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

72. During treatment planning with Quinn Lewis, age 59, it becomes clear that a client has difficulty completing a large housing application. What should the social worker prioritize?

- A. Tell the client to return only after finishing it alone
- B. Complete the entire application without the client
- C. Shift treatment to unrelated childhood memories
- D. Break the task into small steps and complete the first step collaboratively

73. A clinical social worker meets with Willow White, age 71, at an integrated care clinic. The social worker learns that a client misses appointments after receiving an eviction notice. What is the BEST response?

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

74. While reviewing the case of Amara Grant, age 78, the social worker notes that a community program lacks services requested by immigrant families. What should the social worker do NEXT?

- A. Explain that existing programs must serve everyone equally
- B. Ask families to assimilate before services are expanded
- C. Partner with families to identify priorities and advocate for accessible resources

D. Design services without further community input

75. A social worker providing services to Gray Scott, age 22, discovers that treatment has met its goals and the client is functioning well. Which response BEST reflects clinical social work practice?

- 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

76. During treatment planning with Leah Foster, age 29, it becomes clear that a client says therapy goals were chosen mainly to satisfy a referring agency. What should the social worker prioritize?

- A. Revisit goals collaboratively and clarify voluntary and mandated elements
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77. During treatment planning with Parker Jones, age 31, it becomes clear that a client with limited literacy is given a complex consent form. What should the social worker prioritize?

- A. Omit discussion of risks to reduce confusion
- B. Ask the client to sign because the form is legally sufficient
- C. Explain the information verbally, use plain language, and check understanding
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- A. Congratulate the client and end the session early

- B. Reassess suicide risk, access to means, recent decisions, and protective factors
- C. Assume medication has fully resolved the depression
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- A. Use the story because educational settings are automatically exempt
- B. Present it if audience members promise not to repeat it
- C. Change only the client's first name
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- C. Ignore prescribed medications as possible contributors
- D. Wait for complete abstinence before gathering history

81. During treatment planning with Kai Diaz, age 69, it becomes clear that a rural practitioner discovers a client's parent is the only available mechanic in town. What should the social worker prioritize?

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

82. During a session at a hospital social work service, Parker Kim, age 76, reports that a client reports that a coping strategy did not help. What should the social worker do FIRST?

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

83. While reviewing the case of Val Vega, age 20, the social worker notes that a supervisee repeatedly feels compelled to rescue one client. What should the social worker do NEXT?

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

84. At a family service agency, Alex Flores, age 27, tells the social worker that an adolescent requests private counseling and asks what parents can learn. Which action is MOST appropriate?

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

85. During treatment planning with Fatima Ross, age 39, 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. Clarify the request and provide only supportable information within competence and role
- C. Refuse all documentation without discussing alternatives
- D. Write the requested conclusion to preserve the alliance

86. During a session at an outpatient clinic, Kai Ellis, age 46, reports that an agency wants to know whether a new program is meeting its objectives. What should the social worker do FIRST?

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

87. While reviewing the case of Quinn Owens, age 58, the social worker notes that the social worker learns that an agency policy disadvantages clients with disabilities. What should the social worker do NEXT?

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

88. While reviewing the case of Uma Turner, age 60, the social worker notes that a school-age child has bruises in different healing stages and gives an unclear explanation. What should the social worker do NEXT?

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

89. A social worker providing services to Alex Grant, age 72, discovers that a client becomes angry about a scheduling error made by the clinic. Which response BEST reflects clinical social work practice?

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

90. During a session at a rural health program, Fatima Scott, age 84, reports that a client becomes tearful and silent after describing a painful loss. What should the social worker do FIRST?

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

91. While reviewing the case of Leah Ibrahim, age 28, the social worker notes that a client is ambivalent about reducing cannabis use. What should the social worker do NEXT?

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

92. A clinical social worker meets with Omar Jones, age 25, at an integrated care clinic. The social worker learns that a client with possible obsessive-compulsive symptoms spends hours checking locks. What is the BEST response?

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

93. At a community mental health center, Uma Usman, age 37, 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. Tell the spouse to call back after the next scheduled appointment
- D. Confirm attendance but decline to discuss the content of the session

94. During treatment planning with Alex Hill, age 49, 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. Accept the request but hide all clinical posts from the client
- C. Ignore the request and avoid mentioning it in treatment
- D. Decline the request and discuss digital boundaries and the client's reaction

95. A clinical social worker meets with Fatima Thomas, age 61, at a family service agency. 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. Decline and explain that the prior professional relationship creates an ongoing boundary concern
- B. Accept because services have formally ended
- C. Ask the former client to wait until one year has passed
- D. Seek the former client's written consent before accepting

96. At an integrated care clinic, Leah Jones, age 73, tells the social worker that a competent adult refuses a recommended psychiatric medication after discussing risks and benefits. Which action is MOST appropriate?

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

97. At an integrated care clinic, Parker Nolan, age 75, tells the social worker that a client in acute crisis is overwhelmed and unable to consider long-term goals. Which action is MOST appropriate?

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

98. During a session at a hospital social work service, Willow Evans, age 24, reports that a client offers an expensive gift near the end of treatment. What should the social worker do FIRST?

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

99. While reviewing the case of Bailey Price, age 36, 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. Tell the client about the relative to explain the irritation
- B. Seek supervision and monitor countertransference before it affects care
- C. Suppress the reaction and continue without consultation
- D. Transfer the client immediately without examining the reaction

100. A social worker providing services to Harper Garcia, age 48, discovers that an interpreter is needed for a sensitive assessment. Which response BEST reflects clinical social work practice?

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

101. During treatment planning with Gray Nguyen, age 25, it becomes clear that a client reports suicidal thoughts and says life is no longer worth living. What should the social worker prioritize?

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

102. A clinical social worker meets with Morgan Foster, age 37, at a school-based program. The social worker learns that a client arrives with pressured speech, little sleep, impulsive spending, and grandiosity. What is the BEST response?

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

103. While reviewing the case of Xavier Irwin, age 74, the social worker notes that a subpoena requests a client's entire record. What should the social worker do NEXT?

- 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. Destroy psychotherapy notes so they cannot be disclosed
- D. Send the full record immediately because every subpoena is a court order

104. During treatment planning with Yara Davis, age 61, it becomes clear that a client identifies the automatic thought that one mistake proves total failure. What should the social worker prioritize?

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

105. During treatment planning with Harper Hayes, age 25, it becomes clear that a client makes a vague statement about making a coworker pay. What should the social worker prioritize?

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

106. During a session at an outpatient clinic, Gray Price, age 70, reports that a client has intrusive memories, avoidance, hypervigilance, and sleep disturbance after an assault. What should the social worker do FIRST?

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

107. While reviewing the case of Morgan Garcia, age 82, the social worker notes that an older adult suddenly becomes disoriented and inattentive over two days. What should the social worker do NEXT?

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

108. A social worker providing services to Sage Reed, age 26, discovers that a client reports hearing voices but is calm and organized. Which response BEST reflects clinical social work practice?

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

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

109. During a session at a rural health program, Yara Evans, age 38, reports that a parent describes a child's recurrent stomachaches before school. What should the social worker do FIRST?

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

110. During treatment planning with Gray Foster, age 65, it becomes clear that a colleague appears impaired while preparing to meet clients. What should the social worker prioritize?

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

111. At a community mental health center, Imani Diaz, age 57, tells the social worker that a client drinks heavily and minimizes consequences. Which action is MOST appropriate?

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

112. While reviewing the case of Leah Ellis, age 54, the social worker notes that a client with intense emotions repeatedly engages in self-harm urges. What should the social worker do NEXT?

- A. Rely on a no-harm promise as the only intervention

- B. Teach distress-tolerance skills and develop a collaborative safety plan
- C. Use shame to discourage future urges
- D. Avoid discussing self-harm to prevent reinforcement

113. At an integrated care clinic, Willow Hill, age 23, tells the social worker that a client asks to see the clinical record. Which action is MOST appropriate?

- A. Delete subjective material before acknowledging the request
- 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. Refuse because clinical records always belong exclusively to the agency

114. A clinical social worker meets with Yara Flores, age 83, at a family service agency. The social worker learns that a recently bereaved client reports sadness, yearning, and intermittent relief when with family. What is the BEST response?

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

115. During a session at a hospital social work service, Gray Garcia, age 42, reports that the agency asks clinicians to bill for sessions that clients missed. What should the social worker do FIRST?

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

116. A clinical social worker meets with Fatima Nguyen, age 19, at a family service agency. The social worker learns that a trauma survivor becomes visibly overwhelmed during a session. What is the BEST response?

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

117. During treatment planning with Noel Lewis, age 41, it becomes clear that a client presents with panic-like episodes for the first time. What should the social worker prioritize?

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

118. A social worker providing services to Quinn Martin, age 38, discovers that an involuntary client says treatment is pointless. Which response BEST reflects clinical social work practice?

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

119. During a session at a hospital social work service, Willow Young, age 50, reports that a family repeatedly speaks for an adult client during sessions. What should the social worker do FIRST?

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

120. During a session at an outpatient clinic, Fatima Ellis, age 82, 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. Proceed because the social worker is licensed in the home jurisdiction
- D. Convert the session to unpaid contact so licensure rules no longer matter

121. While reviewing the case of Leah Owens, age 26, 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. Continue because informed consent transfers the risk to the client
- B. Avoid documenting uncertainty about the technique
- C. Use the technique after reading a brief online summary
- D. Obtain training, supervision, or consultation and arrange competent care

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

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

Practice Exam 6: Answer Key and Explanations

1. 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.

2. 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..

3. 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.

4. 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.

5. C — 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.

6. D — 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.

7. 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.

8. 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.

9. 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.

10. 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.

11. D — 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.

12. A — 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.

13. B — 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.

14. C — 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.

15. 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.

16. 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.

17. A — 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.

18. B — 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.

19. B — 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.

20. A — 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.

21. 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.

22. C — 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.

23. C — 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.

24. 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.

25. B — 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.

26. A — 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.

27. 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.

28. D — 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.

29. C — 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.

30. B — 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.

31. 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.

32. 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.

33. 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.

34. A — 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.

35. 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.

36. 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.

37. 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..

38. B — 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.

39. A — 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.

40. D — 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.

41. C — 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.

42. 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.

43. C — 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.

44. A — 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.

45. 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.

46. D — 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.

47. A — 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.

48. 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.

49. 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.

50. D — 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.

51. 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.

52. 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.

53. 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.

54. B — 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.

55. 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.

56. D — 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.

57. 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.

58. A — 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.

59. D — 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.

60. 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.

61. 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.

62. 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.

63. 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.

64. 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.

65. 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.

66. A — 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..

67. 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.

68. 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.

69. B — 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.

70. 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.

71. 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.

72. D — 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.

73. B — 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.

74. 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.

75. 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.

76. 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..

77. C — 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.

78. 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.

79. 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.

80. B — 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.

81. C — 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.

82. A — 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.

83. 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.

84. A — 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.

85. B — 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.

86. D — 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.

87. C — 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.

88. 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.

89. D — 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.

90. A — 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.

91. C — 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.

92. B — 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.

93. 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.

94. D — 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.

95. A — 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.

96. C — 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.

97. D — 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.

98. B — 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.

99. B — 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.

100. 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.

101. C — 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.

102. 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.

103. 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.

104. 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.

105. 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.

106. C — 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.

107. 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.

108. B — 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.

109. C — 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.

110. A — 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..

111. D — 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.

112. 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.

113. 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.

114. 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.

115. A — 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.

116. D — 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.

117. 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.

118. A — 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.

119. 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.

120. 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.

121. 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.

122. 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.