SUMMIT
STUDY GUIDES

LCSW

ASWB Clinical Practice Exam

Exam 2

Answer Key & Explanations

ASWB Clinical exam format from August 3, 2026 • Original practice questions

Values and Ethics 36% • Assessment and Planning 32% • Intervention and Practice 32%

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How to Use This Material

This practice exam has 122 questions in two sections of 61, like the current ASWB Clinical exam, with questions from all three content areas mixed together. Some questions have three options and some have four. Allow 2 hours per section with an optional break between sections, and choose the single BEST answer for every question. Then check your work against the separate answer key, fill in the score sheet at the end of the key, and read every explanation, including for the questions you got right. Log each miss with its question pattern and distractor family (Chapter 2 of the book).

LCSW Practice Exam 2: Answer Key

The best answer for each question, why it fits, why each alternative is weaker, and the chapter to review.

Section 1 Answers 1-61

1. C Listen to his concerns without confirming that Joaquin is a client

Without a release, the worker cannot confirm Joaquin is a client, but nothing prevents receiving information. Listening and documenting lets the worker act on the concerns, such as reaching out to Joaquin promptly to assess risk. Ending the call loses information that may bear on safety. Confirming his status and sharing documented concerns breaches confidentiality. Asking the brother to bring him in implicitly confirms he is a client and hands the task to a third party. Would change if: the brother reported an imminent danger, such as Joaquin holding a weapon right now, which would call for emergency action.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

2. C Describe the data as confidential and explain how the list is secured

A code linked to a master list means the researcher can identify respondents, so the data are confidential, not anonymous. Clients should be told accurately what protection applies and how the list will be stored, secured, and destroyed. Keeping the anonymity promise would misinform participants. Dropping the code makes the data anonymous but prevents matching responses over time, which the study needs.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

3. A Short, specific questions that each ask for one fact

The task is to gather specific facts quickly from someone whose speech is scattered. Focused closed questions, one fact at a time, give him structure and get the team what it needs. Broad open questions suit engagement and exploration, but with a rapid, disorganized speaker they tend to produce more scattered answers. Reflecting feelings can help him settle and can be woven in along the way, but holding all questions until he is calm does not meet the urgent need for information.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

4. B Explain that she reviews cases with her supervisor, who also keeps them confidential

Clients should know who may see their information, and clinical supervision is a routine, legitimate use of client information that the worker can explain plainly. Claiming no one else hears about sessions is untrue and erodes trust if discovered. Excluding a case from supervision undermines the oversight her license requires and the client's quality of care. Refusing to discuss agency practices withholds information the client has a right to have.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

5. A Obedience and punishment orientation

Kohlberg's first stage, within the preconventional level, judges right and wrong by whether an act is punished. Sam avoids the cookie because of the time-out, not because of fairness or others' feelings. Individualism and exchange (stage 2) judges acts by what serves one's own interests, often through fair trades. Good interpersonal relationships (stage 3) centers on being seen as good and pleasing others, a conventional-level concern that does not appear in Sam's answer.

Human Development & Behavior · Review: Chapter 6

6. D Family sessions that name the acculturation gap and build understanding across generations

Each member of this family is adapting at a different pace, and the conflict lives between them. Family sessions that name the acculturation gap shift blame away from any one person and help them find shared ground, such as ways Ethan and his grandmother can connect across the language difference. Working with Ethan alone frames him as the problem. Firm language rules may harden the standoff. Asking Mrs. Lin to adopt new norms treats her values as the thing to fix.

Diversity, Culture & Social Justice · Review: Chapter 5

7. D Report suspected abuse to adult protective services or the designated state agency

Bilateral grip-pattern bruises on a resident who cannot explain them, plus inconsistent staff accounts, give reasonable cause to suspect abuse, and the stated law requires a report to APS or the agency the state designates for facilities. Waiting for an internal review delays a mandated report and may let pressure shape the outcome. Examining her body for more bruises is investigation beyond the reporter's role. Discussing a move with her daughter may help later but does not meet the duty to report.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

8. B Switch to a phone call to finish the session and agree on phone as the backup plan

The session is underway, Wanda is not in crisis, and a phone call is a simple way to finish. Agreeing on a backup plan prevents the same problem next time, which matters in rural areas with unreliable broadband. Ending and rescheduling interrupts care for a problem with an easy fix. Video does add nonverbal information, but repeated freezing provides little of it, and continuing wastes the session. Planning a backup in advance is sound telehealth practice.

Diversity, Culture & Social Justice · Review: Chapter 5

9. C Explain how accommodations work and help her decide what, if anything, to disclose

Advocacy involving disclosure requires the client's informed consent, and Priyanka is undecided. Information about how accommodation requests work helps her make that choice. Calling HR discloses her situation without consent, and the personal connection adds a boundary problem. A diagnosis letter is premature before she decides to disclose. Telling her how to protect her job edges into legal advice and overrides her choice. Would change if: she decided to request accommodations and signed a release, making a supporting letter appropriate.

Intervention, Case Management & Service Systems · Review: Chapter 11

10. C Use supervision and the team's memorial practices to process the losses

Grief after patient deaths is an expected part of hospice work, and she is functioning well. Supervision and team rituals such as memorial rounds give her a place to process the losses so they do not accumulate. Requesting a transfer is an overreaction to normal grief. Limiting closeness with patients risks lowering the quality of care; the aim is to process feelings, not to avoid connection.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

11. A A 0-10 self-anchored rating of urge strength each evening

A self-anchored rating scale lets the client define the endpoints for her own target, such as urge strength from 0 (no urge) to 10 (strongest urge), and record it often. It is quick, personal, and suited to single-subject tracking when no standardized tool fits. A monthly anxiety checklist is too infrequent and off-target. Session satisfaction does not measure urges. A weekly clinician rating is less frequent and relies on someone who does not observe the behavior.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

12. B Explain the leader's legal limits, that members may not keep confidences, and set a group norm

The leader is bound by confidentiality, with the usual legal exceptions, but group members are generally not bound in the same way. The honest answer explains both and asks members to agree on a norm they will hold. Promising total privacy because members signed an agreement overstates what anyone can ensure, and an agreement does not create professional confidentiality. Saying members share the leader's obligations is inaccurate. Encouraging members to limit sharing protects privacy but undercuts the group's purpose and skips the norm-setting conversation.

Intervention, Case Management & Service Systems · Review: Chapter 10

13. C Habit reversal training

Recurrent hair pulling with hair loss and repeated attempts to stop fits trichotillomania (tension and relief are common but not required by DSM-5-TR), and habit reversal training is the first-line behavioral treatment. It includes awareness training, a competing response (such as clenching the fists), and social support. ERP is first-line for OCD, which involves obsessions driving compulsions, and she has none. Flooding is full-intensity exposure for fears and does not target a body-focused repetitive behavior. Psychodynamic work lacks comparable evidence for this problem.

Intervention, Case Management & Service Systems · Review: Chapter 10

14. D History

History is an outside event during the study that affects the outcome. A frightening local shooting in week five could raise students' anxiety regardless of the group's effect, masking any benefit. Testing refers to the pretest changing posttest answers. Selection concerns pre-existing differences between comparison groups, and this is a single group. Maturation is natural change over time, such as development, rather than a discrete outside event.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

15. C Use verbal de-escalation and offer him a quiet room he can use by choice

Seclusion is for imminent risk of harm when less restrictive measures have failed; loud pacing without threats calls for de-escalation and a voluntary quiet space first. Seclusion here would be an overreaction. Requesting sedation is outside the social worker's scope to direct and skips less intrusive steps. Threatening lost privileges is likely to escalate him and does not address his concern about discharge.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

16. A Tell the family about the observers and get their consent first, offering a session without observers

The Code requires client consent before allowing third parties to observe services, and consent is meaningful when declining is a real option. Introducing the team at midpoint means the family was observed without agreeing. Treating observation as routine practice that needs no mention denies the family information they are entitled to.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

17. B Clarify the coding definitions and retrain both raters

Wide disagreement between observers of the same behavior shows low inter-rater reliability. The usual fix is to sharpen the operational definitions of aggressive acts and train raters until agreement is acceptable. Averaging unreliable counts keeps the error. Picking the senior clinician's counts assumes accuracy without evidence. A parent checklist changes the measure and the informant rather than fixing the observational system, and it adds a different source of bias.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

18. C It harms or exploits the client and serves the worker's own needs

The defining feature of a violation is harm or exploitation: the worker's interests are served at the client's expense. A describes location, and many crossings, such as a home visit or attending a funeral, happen outside the office without harm. B describes novelty; an unplanned departure can still be a benign crossing if it is discussed, documented, and in the client's interest. Judge the effect on the client, not the setting.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

19. A Invite the two members to discuss their outside contact openly in group

The group agreed that outside contact would be brought back into the room, and the pair's in-group alliance is now shaping the process, so the leader invites them to discuss it openly. This turns the subgroup into material the whole group can learn from. Private meetings that ban contact handle a group issue outside the group and impose a rule rather than exploring it. Accepting the friendship ignores the agreed norm and its visible effect on other members. Would change if: there were no group agreement and no effect on the group, simple acceptance could be reasonable.

Intervention, Case Management & Service Systems · Review: Chapter 10

20. B Restoring the client to at least the level of functioning held before the crisis

Crisis intervention is brief, focused, and active; its aim is to stabilize the person and restore at least pre-crisis functioning, ideally with new coping skills that leave the person stronger. Uncovering long-standing conflicts belongs to longer-term therapy and can be offered later if the client wants it. Diagnosis may follow if symptoms persist, but it is not the goal of the crisis work itself, and many people in crisis have no mental disorder.

Intervention, Case Management & Service Systems · Review: Chapter 10

21. B Social anxiety disorder

Marked fear of being watched and judged in several social and performance situations (eating in front of others, answering in class, parties, group work), with avoidance and distress for most of a school year, meets social anxiety disorder. Agoraphobia involves fear that escape will be hard or help unavailable, not fear of scrutiny. Selective mutism is a consistent failure to speak in certain settings, and he answers when called on. Avoidant personality disorder requires a pervasive, long-standing pattern, and in someone under 18, traits must have lasted at least a year.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

22. D Stuck point

CPT calls a distorted trauma-related belief, often self-blame or an extreme belief about safety, trust, power, esteem, or intimacy, a stuck point, and targets it with Socratic dialogue and worksheets. A hot spot is the most distressing moment of the memory, focused on during prolonged exposure. A trauma narrative is the account a child creates in TF-CBT. A core must is an REBT term for absolute demands. Self-blame for not fighting back is a classic CPT stuck point.

Intervention, Case Management & Service Systems · Review: Chapter 10

23. B active efforts to provide services to prevent the breakup of the family

ICWA requires active efforts, a higher standard than the reasonable efforts required in most child welfare cases. Active efforts are affirmative and thorough, such as helping the parent reach services, arranging transportation, and involving the tribe and extended family, rather than handing over a referral list. Reasonable efforts is the general federal standard that ICWA raises for Indian children. The tribe must receive notice and may take part, but ICWA does not require a council-signed placement agreement.

Diversity, Culture & Social Justice · Review: Chapter 5

24. D Listen, disclose nothing about Isaac, and offer general information and family resources

A capable adult's refusal controls disclosure, but the worker may listen to his mother and offer general psychoeducation and family support resources, such as NAMI programs, without saying anything about Isaac. Later, the worker can explore with Isaac whether he would allow limited sharing. Living together does not override his objection. Refusing to talk at all discards useful information and leaves the mother unsupported. Confirming he is a client is itself a disclosure. Would change if: Isaac lacked capacity or there were an imminent safety threat.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

25. D Selection, because clients at the two sites may have differed at the start

Without random assignment, clients at the two sites may have differed before the group began in severity, supports, income, or motivation. That selection threat is the defining weakness of quasi-experimental designs. Maturation and regression would affect both sites, so a comparison group helps control them. Testing also applies to both groups if both completed the measures. The comparison site handles those shared threats but cannot equalize groups that started out different.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

26. B Body dysmorphic disorder, with muscle dysmorphia

Preoccupation with a perceived flaw others do not see, with repetitive behaviors such as mirror checking, comparing, and excessive exercise, meets body dysmorphic disorder; the belief that his build is too small or not muscular enough adds the muscle dysmorphia specifier. Anorexia involves restriction to a significantly low weight and fear of weight gain, and he eats heavily and is not underweight. OCD's obsessions are not about appearance; when the preoccupation is a perceived appearance flaw, BDD is the more specific diagnosis.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

27. B avoiding contact that risks psychological harm and setting culturally sensitive boundaries

The Code directs workers not to engage in physical contact when there is a possibility of psychological harm, and makes those who do responsible for clear, appropriate, culturally sensitive boundaries. A adds a written-consent rule the Code does not contain. C sets an arbitrary limit; some contact, such as holding a dying patient's hand, can be appropriate, and handshakes can be unwelcome in some cultures.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

28. A Charge Owen the $50 fee under the policy he signed

The missed-session fee was disclosed in advance, so charging it to Owen is consistent with the agreement. B bills an insurer for a service that was not provided, which is fraud. C bills for a different service that also did not occur. Insurers generally do not pay for missed sessions, and any charge must reflect what actually happened.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

29. A Help her consider a durable power of attorney for finances while she can still sign one

The least restrictive option that meets the need comes first, and Mrs. Delacroix appears able to understand and choose an agent, so a durable power of attorney lets her pick who helps without a court taking her rights. Full guardianship removes far more autonomy than the problem requires. A limited guardianship is less restrictive than full guardianship but still involves the court when she can act herself. Informal control of her accounts lacks legal protection and accountability. Would change if: she could no longer understand or sign a power of attorney, a limited guardianship over finances would be the least restrictive option.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

30. A "I'm feeling worn out after cooking. Would you take the dishes tonight?"

A gentle start-up, the antidote to criticism, opens with "I" language, the speaker's feeling, and a specific, positive request, which makes the partner more likely to respond without defensiveness. "Night after night... I'm sick of it" turns a complaint into a harsh start-up that blames his character. A "why do you think it's okay" question sounds like a question but carries an accusation and usually triggers defensiveness.

Intervention, Case Management & Service Systems · Review: Chapter 10

31. C Obtain Dev's written consent before sending records or speaking with the new provider

The Code asks social workers to take appropriate steps toward an orderly transfer, and sharing information requires the client's consent. Getting Dev's written authorization comes before any records or calls. Sending a summary without consent breaches confidentiality despite good intent. Closing today leaves no bridge if the intake falls through. Asking for progress updates would also require consent and extends the worker's role past the transfer.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

32. A Ask what got in the way and adjust the assignment together

Homework review is a core part of each CBT session, and incomplete homework is useful information. Exploring the obstacle (anxiety, unclear task, timing) and revising the assignment with her keeps the work collaborative. Skipping the review avoids discomfort but loses the data and quietly signals that homework does not matter. Repeating the task with a reminder assumes forgetting was the problem. Abandoning structure after one missed assignment is an overreaction.

Intervention, Case Management & Service Systems · Review: Chapter 10

33. A Her maternal aunt

ICWA's foster care preferences, absent good cause, are a member of the child's extended family first, then a foster home licensed, approved, or specified by the child's tribe, then an Indian foster home licensed by a non-Indian authority, then a tribally approved institution. The aunt is extended family, so she comes first; the tribe-approved home is second. A non-Native home near school may seem practical, but school stability alone does not outrank the preferences. A tribe may set its own order, which then applies.

Diversity, Culture & Social Justice · Review: Chapter 5

34. B Improvement began before treatment, so it cannot be credited to CBT

Visual analysis looks at level, trend, and variability. The baseline already shows a steady downward trend, and the intervention phase continues near where that trend was heading without a clear change in level or slope, so the improvement cannot be credited to treatment. Lower numbers during intervention reflect the existing trend. Four points with a clear trend is enough to interpret. Nothing shows treatment slowed improvement, since episodes were already near a low level. Would change if: baseline had been flat or worsening and episodes dropped sharply once treatment began.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

35. A B, the belief

In REBT, the B is the belief about the event, and Ellis saw rigid demands ("must") as the source of disturbance. "People must treat me fairly" is that irrational belief. The layoff is the A, the activating event. Snapping at his family and feeling angry are the C, the emotional and behavioral consequence. The D is the dispute, the active challenge to the belief, which has not happened yet in this example.

Intervention, Case Management & Service Systems · Review: Chapter 10

36. C Kenji wants to feel comfortable around people again

A goal is the broad outcome the client wants, often stated in the client's own words and not directly measurable, while an objective is a measurable step toward it. Feeling comfortable around people again is Kenji's destination, so it is the goal. Starting one conversation each workday within 4 weeks, tracked in a log, is specific, measurable, and time-bound. A target drop on a standardized scale by week 8 is also an objective, since it states a number, a measure, and a deadline.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

37. B Talk with Devonte privately, set a limit, and offer another greeting

Frequent, public hugs from an adolescent can be misread by him and by peers and blur the role. A private, respectful limit with an alternative greeting keeps the relationship warm while setting a boundary. A keeps a pattern that may confuse him and others. C has other staff handle a relationship issue that is the worker's to address directly, and could feel shaming to Devonte.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

38. B Taking it before withdrawal starts can set off sudden, severe withdrawal

Buprenorphine is a partial agonist that binds opioid receptors very tightly. Taken while a full agonist such as fentanyl still occupies the receptors, before withdrawal begins, it can displace it and cause precipitated withdrawal, which is sudden and severe. Fentanyl can linger in the body, so prescribers time the first dose to withdrawal signs or use low-dose starts. Reinforcing the prescriber's instructions and urging her to call the clinic stays within the social work role. The idea that fentanyl should still be active reverses the risk. A 7 to 10 day opioid-free period applies to naltrexone. Oversedation is a lesser first-dose concern than precipitated withdrawal.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

39. D Plan short visits where Felipe practices staying calm and stating his views, reviewed in session

Bowen therapy coaches a motivated individual to re-enter the family of origin, manage his own reactivity, and take calm "I" positions; reviewing the visits in session is the coaching. A joint mediated session makes the therapist part of the father-son triangle and shifts the work away from Felipe's own differentiation. A letter demanding an apology keeps the focus on changing the father. Repeated role-play of criticism resembles exposure, a behavioral technique, which may lower anxiety but is not the Bowen approach.

Intervention, Case Management & Service Systems · Review: Chapter 10

40. C Brief psychotic disorder, with marked stressor

Brief psychotic disorder requires delusions, hallucinations, or disorganized speech lasting at least one day but less than one month, with full return to prior functioning. Guadalupe's psychosis lasted 12 days after a clear stressor, adding the with marked stressor specifier, and substance and medical causes were excluded. Schizophreniform disorder requires one month or more. Acute stress disorder follows trauma but involves intrusion, avoidance, dissociation, and arousal rather than delusions and hallucinations. Delusional disorder requires delusions for at least one month without prominent hallucinations or disorganized speech.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

41. A Arrange secure storage with a designated custodian and tell clients how to request copies

The NASW Code and state retention rules require records to be kept for the required period and protected after a practice closes, so she needs secure storage, a named custodian, and a way for clients to obtain copies. Handing over originals leaves her unable to meet the retention duty or respond to complaints. Giving records to a colleague without client agreement discloses them to someone with no treatment role. Shredding records within the seven-year period violates state law.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

42. A Release the rest of the record, explain the denial in writing, and offer a review

HIPAA allows a provider to deny access to information about another person when a licensed professional finds that access is reasonably likely to cause that person substantial harm. The denial must be limited to that information, explained in writing, and open to review by another licensed professional. Withholding the whole record is broader than the ground allows. Releasing everything ignores a documented risk. The former wife's consent is not the standard. Would change if: no harm determination had been made; then the full record would generally be released.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

43. C Confirm where Ines is right now and how to get emergency help to her there

At the start of every telehealth session, especially with a client at known suicide risk, the social worker confirms where the client is at that moment and how to get help to her if a crisis occurs. The address on file may not be where she is today, and emergency services must be sent to her actual location. Reviewing the screen and exploring the attempt are part of the assessment that follows; they are true but not now.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

44. A Readmission rates will not differ between peer mentoring and usual care

The null hypothesis states that there is no relationship or difference between groups. Statistical testing asks whether the data allow the researcher to reject it. Predicting lower readmissions for peer mentoring is a directional research (alternative) hypothesis. Predicting that mentoring will cause reductions for most clients is also a research hypothesis, and it adds a claim about individuals that a group comparison would not test directly. Researchers state the null so the data have a specific claim to contradict.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

45. D Reversibility

Reversibility is the understanding that an action can be mentally undone, and Camila's 'you could push them back' states it directly; it supports her conservation of number. Seriation is arranging items in order along a dimension, such as length. Class inclusion is understanding that a subclass is part of a larger class, such as knowing there are more flowers than roses. Decentration, attending to more than one feature at once, also supports conservation, but her stated reasoning is about undoing the action.

Human Development & Behavior · Review: Chapter 6

46. B Thought blocking

Thought blocking is an abrupt interruption in the train of thought, often described by the client as the thought vanishing, after which he cannot resume. Poverty of speech is a general reduction in the amount of speech, not a sudden stop. Perseveration repeats an earlier word or idea. Distractibility involves attention being pulled away by outside stimuli; nothing in the room drew his attention here.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

47. C Arrange prompt medical care and report suspected neglect to adult protective services

A deep pressure sore, dehydration, and untaken medications in a dependent adult show basic needs going unmet, and the stated law requires a report regardless of the caregiver's intentions. His condition also needs prompt medical attention. Respite and caregiver training may be part of the plan, but offering them instead of a report and medical care underreacts to present harm. Neglect can be unintentional; the report opens access to services and protection either way.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

48. C Make a report to child protective services

Adult-like sexual knowledge acted out by a young child, plus a disclosure naming a person and a secret, meets the reasonable-cause threshold the stem states, so the social worker reports to child protective services; reporters do not need proof. Detailed questioning belongs to forensic interviewers and can taint later interviews. Telling the mother may be appropriate soon, but the report comes first, and investigators can guide how and when the family is told, especially when the person named is a relative. Waiting for the theme to repeat delays a required report. Would change if: the play showed typical body curiosity with no disclosure.

Human Development & Behavior · Review: Chapter 6

49. C The six-year age gap and Lily's reluctance

Typical childhood sexual play happens between children of similar age and size, is mutual, and stops with redirection. A large age gap and any coercion or reluctance mark behavior as concerning and call for further assessment and safety planning. Caden's six years' seniority and Lily's not wanting to play are the decisive features. Being cousins is common among children who play together and does not itself determine concern. The setting of a family gathering is incidental to the question.

Human Development & Behavior · Review: Chapter 6

50. B Explore her reactions to the training and how her beliefs may be affecting her clients

Her comments fit Helms's reintegration status, in which a White person retreats from the discomfort of recognizing racism by blaming people of color. Supervision is where to examine those reactions and connect them to the drop in attendance, because the beliefs are affecting client care. Reassigning clients may become necessary if problems continue, but doing it first skips the supervisor's job of addressing the worker's practice. Repeating a training she experienced as an attack is unlikely to shift her view without a supervisory conversation.

Diversity, Culture & Social Justice · Review: Chapter 5

51. C Frame this for the parents as a common early stage and keep chances for exploration open

At 13, Hana's lack of interest fits an unexamined ethnic identity, which is common in early adolescence; many young people begin exploring later, often after experiences that make ethnicity salient. Helping the parents keep the door open without pressure supports later exploration and lowers conflict. Simply backing Hana settles the dispute in her favor but ignores the parents' concerns and role. Requiring attendance may harden her resistance. She is doing well, so screening for depression on this basis pathologizes a normal stage (assumption).

Diversity, Culture & Social Justice · Review: Chapter 5

52. C Randomly assign crisis patients to calls or usual care and compare

People selected at a peak tend to score closer to average later even without help, which is regression to the mean. A randomized comparison group drawn from the same peak-distress pool regresses about the same amount, so extra improvement in the call group can be credited to the calls. A second rater adds data but not a comparison. Longer follow-up tests durability, not cause. Waiting a month defeats the program's purpose of reaching people during crisis. Would change if: the question were only whether gains last, which extended follow-up would answer.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

53. A Early puberty in girls is linked to older peers, substance use, and depression

Research links early pubertal timing in girls with greater risk for depression, anxiety, substance use, early sexual activity, and involvement with older peers, partly because others treat them as older before they are emotionally ready. Brielle's friendships with older teens and vaping fit this pattern, which calls for assessment and support. Early-maturing girls tend to report lower body image and self-esteem, not higher. Puberty timing affects adjustment alongside family and school factors. Early physical maturation does not speed development of the brain systems involved in impulse control.

Human Development & Behavior · Review: Chapter 6

54. C Asked Mr. Mensah which session format he prefers, including video

Session format should follow the client's preference and situation, and the worker decided based on age. Asking would have shown that Mr. Mensah is comfortable with video and that the drive is a barrier. Starting in person and offering video later still lets the age-based assumption set the default. Scheduling video without asking makes the same mistake from the other side: deciding for him instead of with him.

Diversity, Culture & Social Justice · Review: Chapter 5

55. A Name the coming ending, invite feelings about it, and review members' gains

Missed sessions, devaluing the group, and returning symptoms near the end are common reactions to separation. The leader's task in this stage is to name the ending, explore feelings about it, and review gains. Extending the group treats the regression as a new clinical need, which assessment has not shown. Calling absentees about attendance treats the behavior as a rules problem. An individual referral may be needed later, yet returning symptoms at termination usually reflect the ending and are best addressed in the group first. Would change if: the returning symptoms included suicidal thoughts, an individual risk assessment would come first.

Intervention, Case Management & Service Systems · Review: Chapter 10

56. A Intrusive, unwanted thoughts typical of perinatal OCD

Adaeze's thoughts are intrusive, unwanted, and distressing to her; she avoids situations to protect the baby and shows no psychotic symptoms. That pattern fits ego-dystonic intrusive thoughts, common in perinatal OCD, which are not thought to raise the risk of acting on them. Postpartum psychosis involves hallucinations, delusions, or confusion, which she lacks. Treating the images as intent and reporting is overreaction based on content alone. Calling it ordinary worry skips assessment of a treatable anxiety disorder. Would change if: the thoughts made sense to her or she reported voices or odd beliefs about the baby, raising concern for psychosis and urgent evaluation.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

57. A Clinically significant, because her severity and functioning improved

Clinical significance asks whether change matters in the client's life. Aisha moved from the severe range (20 to 27) to the mild range (5 to 9) and resumed work, a meaningful improvement in symptoms and functioning. Statistical significance is a property of a test on sample data, not of a fixed point drop. Change in one client can be interpreted, especially with a standardized measure and clear functional gains; that is the basis of practice evaluation.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

58. C Will sharing this help the client toward a treatment goal?

Self-disclosure is justified by its benefit to the client: it should be brief, relevant to a goal, and return the focus to the client. A describes a common motive, but mutuality is not the purpose of the relationship and can blur roles. B centers the worker's comfort; information a worker is comfortable sharing may still distract or burden the client.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

59. C a calm coach who stays out of the family's triangles

Bowen therapists act as calm, neutral coaches. They ask thoughtful questions, model low reactivity, and decline to be pulled into triangles, often working with individuals or couples. Rearranging seating and blocking interruptions describes Minuchin's active, stage-directing structural therapist. Warm spontaneity and use of self fits experiential therapists such as Satir and Whitaker, who join the family emotionally rather than keeping a deliberate calm distance.

Intervention, Case Management & Service Systems · Review: Chapter 10

60. A 'When people feel this hopeless, they sometimes think about killing themselves. Are you?'

Asking about suicide directly and plainly, after a brief normalizing lead-in, gets the most accurate answer, and asking does not plant the idea or raise risk. 'You're not thinking of doing anything drastic, are you?' is phrased to invite a no. 'Hurting yourself or doing something you might regret' is vague; Ethan could answer about self-harm or impulsive acts and leave suicide unaddressed. Asking how his family would feel turns attention to guilt and to others rather than his own thoughts, which can shut down disclosure.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

61. A Propose revising the form to "Parent/Guardian 1" and "Parent/Guardian 2," with a relationship line

The form itself excludes many family structures, so the effective fix is changing the form at the agency level. Inclusive language with a line for the relationship lets each family describe itself without crossing anything out. Having staff help with corrections leaves the exclusion in place and singles families out. Calling some families "unusual" marks them as deviations. Asking at intake is useful, but leaving the form unchanged keeps the message that some families do not fit.

Diversity, Culture & Social Justice · Review: Chapter 5

Section 2 Answers 62-122

62. C ABA

The ABA design moves from baseline to intervention and then back to a withdrawal (second baseline) phase, and it ends there, leaving the client without the treatment that may have helped. ABAB adds a final reinstatement of the intervention to fix this. AB ends in the intervention phase. BAB begins and ends with intervention, with a withdrawal in the middle.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

63. B Name the power difference and invite her to say which steps fit her life and which do not

Her deference, steady attendance and lack of follow-through suggest she agreed out of respect for the worker's position, not because the plan fits. Naming the power difference and inviting disagreement gives her permission to shape the plan. More directive instructions repeat what has not worked. Asking what gets in the way is reasonable, but framed as a gap she must explain, it can feel like criticism and keeps the worker as the authority. Consulting her daughter works around her. Would change if: she had already named a concrete barrier, such as cost, making problem-solving that barrier the better step.

Diversity, Culture & Social Justice · Review: Chapter 5

64. B Review the risks, give her naloxone and overdose information, and explain how to return

Corinne is a voluntary patient with capacity, so she has the right to leave. Reduced tolerance after detox raises overdose risk, so harm reduction and a clear path back are the most protective steps within her choice. Telling her she cannot leave misstates her rights as a voluntary patient. Calling her mother uses the emergency contact without consent when there is no emergency. Ending with the form alone misses the chance to lower her overdose risk.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

65. C Enuresis, nocturnal subtype (wetting during sleep)

Omari is older than 5, wets the bed at least twice a week for well over 3 months, and his pediatrician has ruled out medical causes, so he meets criteria for enuresis. Because the wetting happens only during sleep, the nocturnal subtype (DSM-5-TR: "nocturnal only") applies. The diurnal subtype describes daytime wetting, which he does not have. Bedwetting is common in young children, but at 6, with this frequency and duration, criteria are met; the age threshold of 5 is what separates expected development from the disorder.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

66. D Obtain consent from the child welfare agency that holds custody

The stated rule gives consent authority to the agency holding custody, so the worker obtains it there. Foster parents provide daily care but, under this rule, do not consent to non-emergency treatment. A parent with visitation does not hold consent authority while the child is in agency custody. Starting treatment before consent and waiting for a court review is a premature intervention for non-emergency care.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

67. B Intersectionality

Intersectionality holds that social identities such as race, gender and religion combine to produce experiences of privilege and oppression that are more than the sum of each identity. The barriers this client faces arise from the combination. Acculturative stress is strain from adapting to a new culture, and nothing suggests she is adjusting to a new country. Stereotype threat is the performance drop that can follow when a negative stereotype about one's group is made salient during a task, which is narrower than what the worker describes.

Diversity, Culture & Social Justice · Review: Chapter 5

68. A Contact the family therapist to discuss the recommendation and coordinate

With releases in place, the professional route is to talk directly with the family therapist and coordinate, especially since the social worker has only Marisa's account of what was said. Going to the parents with a competing recommendation pulls the family into a professional disagreement and undercuts the colleague. Having Marisa carry the message puts a client between two providers. Documenting and moving on leaves an anxiety-related issue unaddressed when coordination is available. Would change if: no release were in place; she would first ask Marisa and her parents for consent to coordinate.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

69. C Plan termination with Nia and raise the incentive concern with the agency

Treatment length should follow the client's needs, not the worker's financial interest. Nia has met her goals and wants to end, so planned termination fits, and raising the policy addresses the conflict at its source. A sounds clinical but extends treatment without a reason in the facts. B serves the bonus over Nia's wishes.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

70. B Saying at least two words together, such as 'more milk'

The CDC 2-year checklist includes saying at least two words together, such as 'more milk,' along with pointing to things in a book and to at least two body parts. Telling a story with at least two events appears on the 5-year checklist. Sentences of four or more words appear at 4 years. Conversations with at least two back-and-forth exchanges appear at 3 years. Knowing the approximate order helps a social worker recognize when to suggest screening and when to reassure.

Human Development & Behavior · Review: Chapter 6

71. C Adjusting the couple system to make space for a child

In the stage of families with young children, a central task is adjusting the couple relationship to make room for the child, including sharing caregiving, household, and financial tasks. Their arguments about gym time, night feedings, and feeling displaced point there. Realigning relationships with extended family also matters with a new baby, but nothing in the stem involves in-laws or grandparents. Developing peer relationships is a launching-stage task. Increasing boundary flexibility belongs to families with adolescents. Would change if: their fights centered on grandparents' visits and advice; realigning with extended family would then fit better.

Human Development & Behavior · Review: Chapter 6

72. D End the practice and offer help with reading mail to residents who want it

Adults without guardians have the right to their own mail and to decide what help they want, so the practice should stop and help should be offered by choice. Asking families gives decision-making to people with no legal authority. Continuing for some residents keeps the paternalistic practice in place based on staff judgment. Posting a notice is more transparent but still overrides residents' rights.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

73. C The grandparents' daily help and the hula community are supports to build on

A strengths assessment identifies resources in the family and community, here grandparents who help daily and a cultural community the family takes part in each week. These can support Kai while his father is away. Framing the mother's jobs as a risk factor is a deficit view that overlooks her effort. The deployment is a real stressor, but naming it identifies the problem, not the resources.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

74. B Leave the questioning to CPS and write down what Kiara says on her own

A mandated reporter's role ends with the report; investigators conduct forensic interviews, and repeated questioning by school staff can contaminate a child's account. Writing down what the child volunteers is appropriate. Planning questions, even good ones, is still investigating. The social worker interviewing Kiara has the same problem and duplicates CPS's work. Calling the mother could alert the alleged abuser's household and endanger Kiara.

Intervention, Case Management & Service Systems · Review: Chapter 11

75. B Review her gains and discuss ending today or after one more session on setbacks

Delia has a right to end, and her data support her sense of progress. The worker honors that while still completing termination tasks: reviewing gains and offering a session to plan for setbacks. Pressing her to finish all 12 puts the contract ahead of her choice. Closing without any review skips relapse prevention. Asking whether something in the sessions is wrong assumes a hidden problem when she has given a clear reason.

Intervention, Case Management & Service Systems · Review: Chapter 10

76. C Interpersonal psychotherapy

Perinatal depression tied to a role transition (new parenthood, return to work) and a role dispute with her mother fits IPT, which has good evidence for postpartum depression and is time-limited. She also names relationships as what she wants to work on. CBT is a reasonable, well-supported alternative, but it targets thoughts rather than the relationship changes she identifies. Brief psychodynamic therapy explores an underlying conflict. ACT has less evidence for perinatal depression. Would change if: she wanted to work on self-critical thinking; then CBT would fit better.

Intervention, Case Management & Service Systems · Review: Chapter 11

77. A Encourage her to talk with her prescriber first, since salt and fluid shifts affect lithium

Cutting salt and losing fluid through heavy sweating can both raise lithium levels toward toxicity, so her prescriber needs to know before she changes her diet and training and may adjust monitoring. Sharing that general information and connecting her with the prescriber stays within the social work role. Supporting the plan without mentioning the interaction leaves her unaware of a known risk. Telling her what salt and fluid intake to maintain is a recommendation about her medical regimen, which belongs to the prescriber (Scope violation).

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

78. B Keep union recruitment out of her sessions and share neutral information about tenant resources if clients raise housing

Recruiting clients for a cause the worker supports uses the power of the clinical relationship and risks undue influence. Keeping the roles separate, while offering neutral information when clients raise the issue, protects their self-determination. Encouraging attendance blurs the boundary even if the cause is good. Withdrawing from the union is an overreaction; her outside involvement is permissible if kept out of sessions. Handing out sign-up flyers is direct recruitment. Would change if: a client asked her how to get involved, making sharing union contact information appropriate.

Intervention, Case Management & Service Systems · Review: Chapter 11

79. D With catatonia

Mutism, posturing, and negativism (resisting attempts to be moved) are three catatonic features, the number needed, and DSM-5-TR adds the with catatonia specifier to mood episodes that show them. Melancholic features include marked psychomotor slowing, but not mutism and rigid posturing. Psychotic features require delusions or hallucinations, which the stem does not describe. Atypical features describe mood reactivity, oversleeping, and weight gain. Catatonia also calls for prompt medical evaluation, since it can have medical causes and lead to dehydration and other complications.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

80. C Ask what her family's expectations mean to Lupe, treating Rosa's own story as a hypothesis

Shared ethnicity does not mean shared experience, and the stem flags differences: Lupe left the church and her parents divorced. Cultural humility treats the worker's background as a source of questions, not answers. Disclosing similarity might build rapport, but here it signals that Rosa already knows Lupe's story. Insider knowledge of how families tend to handle conflict is still a generalization. Transfer is an overreaction; Rosa can monitor over-identification in supervision. Would change if: Lupe asked directly about Rosa's background, making a brief, client-focused disclosure reasonable.

Diversity, Culture & Social Justice · Review: Chapter 5

81. B Families with adolescents

Families with adolescents must make boundaries more flexible to allow the teen growing independence, and they often begin caring for the older generation at the same time. The father is managing both at once. Launching children and moving on applies when young adults are leaving home and the parents renegotiate their relationship as a couple. Families in later life describes the stage when the parents themselves are aging and the generations shift roles, which is his mother's stage, not this family's current one.

Human Development & Behavior · Review: Chapter 6

82. C The potential benefits, risks, and limitations of video sessions

The Code calls for informed consent before technology-based services and for clients to understand the potential benefits, risks, and limitations of those services, such as privacy, data security, and what happens if the connection fails. Saying video carries the same protections as in-person sessions is inaccurate; video adds risks such as being overheard at home or data breaches. Offering text contact between sessions sets up an availability the worker may not be able to maintain and is not a consent element.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

83. C Make a report about the risk to the girls, and tell Dana before doing so

Dana's own abuse is in the past, but the stem's statute turns on current risk, and her uncle has regular unsupervised access to young girls. That gives reasonable cause, so the worker reports and tells Dana first, with support. Treating this as a confidential adult disclosure ignores the children. Supporting Dana's own choice to report is good clinical work but does not satisfy the worker's duty. Asking Dana to confront the family puts her at risk and is not the legal response. Would change if: the uncle had died or had no access to children.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

84. B Longitudinal panel study

Measuring the same individuals repeatedly over time is a longitudinal panel design. It shows change within people and the sequence of events, though attrition is a known problem with a mobile population like youth leaving care. A cross-sectional survey measures once and cannot show change within people. A trend study tracks a population over time but draws a different sample each wave, so it shows population change, not how particular youth change.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

85. A Intimacy versus isolation

Young adults face intimacy versus isolation: forming close, committed relationships without fearing loss of self. Diego's clear values and goals suggest a reasonably formed identity, while his pattern of leaving as closeness grows and his rising loneliness point to the intimacy crisis. Identity versus role confusion would fit if his values and direction were unsettled. Generativity versus stagnation concerns midlife contribution to the next generation. Integrity versus despair concerns late-life acceptance of one's life as lived.

Human Development & Behavior · Review: Chapter 6

86. D Disenfranchised grief

Disenfranchised grief is grief that is not openly acknowledged, socially supported, or publicly mourned. Pregnancy loss, like the death of an ex-partner or a pet, often falls into this category, and comments such as 'at least it was early' deepen the sense that the grief is not legitimate. Anticipatory grief occurs before an expected loss. Complicated bereavement implies an unusually intense or prolonged course, which cannot be judged at three weeks. Delayed grief is postponed and emerges later, while Noelle is grieving now.

Human Development & Behavior · Review: Chapter 6

87. B Twinship

Twinship, also called alter ego, is the need to feel essentially alike with another person, which eases loneliness and supports belonging. Lorna's emphasis on shared background and being 'cut from the same cloth' fits. Idealizing is reasonable to consider, since she values the worker, but idealizing involves seeing the other as stronger or wiser and borrowing that calm, which the stem rules out. Mirroring is the need to have one's own qualities admired. Would change if: she described the worker as wise and strong and felt calmer simply being near her, pointing to idealizing.

Human Development & Behavior · Review: Chapter 6

88. B With delayed expression

The delayed expression specifier applies when full PTSD criteria are not met until at least six months after the event, even if some symptoms began earlier. Sergeant Ruiz had occasional bad dreams at first and met full criteria nine months later. The dissociative symptoms specifier requires persistent depersonalization or derealization, and feeling detached from his family is a negative mood symptom, not depersonalization. The panic attack specifier can be added to many diagnoses, but the stem describes no discrete attacks.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

89. C Recommend a medical and neurological evaluation of the change

A new, sustained change in personality, judgment, and social behavior after age 60, with no psychiatric or substance history, points first to a possible neurological cause, so medical and neurological evaluation comes next. Couples counseling treats the marriage while a medical cause may go undetected. Personality disorders begin by adolescence or early adulthood, so a first appearance at 61 does not fit, and basing a screen on his wife's report alone narrows the view further.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

90. B Acknowledge that calling officials carries risks for Elena the worker does not face, and plan with her

The worker's suggestion assumed calling an official is low-risk, which reflects the worker's own secure status. Elena's silence and disclosure signal real risk for her family, so the worker names that and plans with her, perhaps through tenant advocates or legal aid. Promising that inspectors will not share information is a claim the worker cannot verify. Urging the call overrides her judgment of her family's risk. Asking who lacks status collects sensitive information the plan does not need. Would change if: Elena said she had already confirmed with a legal aid office that the call was safe and wanted help making it.

Diversity, Culture & Social Justice · Review: Chapter 5

91. C Explore the isolation he describes and how giving up driving changed his days

He has named his own problem: isolation since giving up driving. Starting there engages him and still allows mood to be assessed as the conversation unfolds. A PHQ-9 of 8 falls in the mild range and is a screening result, not a diagnosis, so presenting it as proof of depression misstates the tool. Closing the referral ignores the need he just described (underreaction). Calling the physician first talks about the client instead of with him while he is in the room.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

92. A Stay with him, speak calmly, and gently orient him to his surroundings

Psychological first aid includes stabilization for survivors who are overwhelmed or disoriented: calm presence, grounding, and orientation. Asking him to describe the tornado could add to his distress. Leaving him alone is underreaction for someone who cannot respond. An emergency psychiatric evaluation for psychosis is an overreaction to an acute stress response that often eases with support; medical help would be sought if he did not respond to stabilization.

Intervention, Case Management & Service Systems · Review: Chapter 10

93. D What was that weekend like for you?

An open question invites the client to answer in her own words and choose what to emphasize; "What was that weekend like for you?" sets no limits on the answer. The question about the argument restricts the answer to two choices. The question about sleep can be answered yes or no. Asking for a number of drinks seeks a specific fact. Closed questions have real uses, especially for gathering specifics, but none of these opens the conversation.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

94. B Agree at intake on how to handle public encounters, letting the client lead

In small communities, encounters are predictable, so the issue belongs in informed consent at the start. Letting the client choose whether to acknowledge the worker protects confidentiality and the client's control. A shifts the burden onto clients and restricts their lives for the worker's comfort. C is reactive; an unplanned greeting in front of others may already have revealed the relationship by the time it is processed.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

95. B A solo private practitioner who submits insurance claims electronically

HIPAA covers health plans, health care clearinghouses, and health care providers who conduct standard transactions, such as claims, electronically. A practitioner who bills insurance electronically is covered. A cash-only practitioner who never transmits health information electronically is generally not a covered entity, though the NASW Code and state law still apply. Life insurers are not health plans under HIPAA. Employment records held by an employer in its role as employer are excluded from protected health information.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

96. C Decline to share session content and explain the policy's limits

District policy limits disclosure of counseling information to safety concerns, and Jordan made no threats, so the social worker declines and explains the boundary. Her role is counseling, not gathering evidence for discipline. Employment by the school does not override the confidentiality policy. A general impression is still drawn from sessions and offered to shape a disciplinary decision. Asking his parents brings others into using his counseling against him and still serves the disciplinary purpose rather than his treatment.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

97. D "What is your right hand doing as you talk about her?"

Gestalt therapy builds awareness of what is happening right now, including the body. Drawing attention to her clenched fist invites her to notice the feeling she is describing away. Linking the fist to childhood anger is interpretation, which Gestalt avoids. Asking for evidence is a cognitive technique that tests a thought. Reflecting that the argument did not bother her accepts the words and misses the nonverbal message the fist conveys.

Intervention, Case Management & Service Systems · Review: Chapter 10

98. A Maintenance

Maintenance usually begins after about six months of sustained change, and the work shifts to preventing recurrence and consolidating new habits, which fits Ollie at eight months with ongoing supports. Action is the earlier period of active change, roughly the first six months, when new behaviors are being established. Preparation comes before change, when a person intends to act soon and is making plans. Recurrence can happen from any stage and is treated as part of the cycle.

Intervention, Case Management & Service Systems · Review: Chapter 10

99. B The circumstances of the incident and the patient's name, address, and status as a patient

Part 2 allows a program to report a crime committed on its premises or against its personnel to law enforcement, limited to the circumstances of the incident and the patient's name, address, last known whereabouts, and status as a patient. Treatment details are not part of that exception, so the full record cannot be shared. Saying nothing at all overstates the rule and leaves staff unprotected; the regulation specifically allows this limited report.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

100. A She can be diagnosed with insomnia disorder alongside her depression

Farah has trouble sleeping at least 3 nights a week for more than 3 months despite adequate opportunity, with distress and impairment, and it persists as her other symptoms improve. DSM-5-TR allows insomnia disorder alongside depression when it warrants independent clinical attention. Treating it as a depressive symptom alone could miss a target for treatment such as CBT for insomnia. Coexisting disorders do not prevent the diagnosis. The duration requirement is 3 months, not 6. Would change if: her sleep problems had begun and improved in step with her depressive episode.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

101. B Decline and keep the relationship with Neil professional

Neil is part of Ava's treatment, and she is likely to need services again at the same school, so a relationship with her father carries a continuing risk of harm to the child. Declining is the clear choice. A treats case closure as ending the risk, but Ava remains in the worker's school. C disrupts a child's care for the worker's personal interest. D adds transparency without reducing the risk. Would change if: Ava had left the school and was unlikely to need the worker again, waiting until her case closed (A) might be defensible after consultation.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

102. A Help her link the freezing to the professor's remark and practice exam-day coping strategies

The pattern fits stereotype threat: the problem is limited to exams in one course and began after the professor made a gender stereotype salient. Naming the situational pressure helps Sadia attribute her freezing to the context rather than to a lack of ability, and coping strategies such as reappraising arousal target exam days. A generalized anxiety protocol misreads a narrow, situational problem. Transferring may be a choice she makes, but it avoids the problem and may not be possible. Exploring self-doubt assumes the issue is her belief in herself, though her other grades show ability.

Diversity, Culture & Social Justice · Review: Chapter 5

103. B Cognitive triad

Beck described the cognitive triad in depression: negative views of the self ("I'm worthless"), the world or others ("nobody cares"), and the future ("nothing will get better"). The client's statement covers all three. The three core musts belong to Ellis's REBT and describe demands about self, others, and life conditions, not depressive views. Intermediate beliefs are the rules and assumptions ("If I ask for help, I'm weak") that sit between automatic thoughts and core beliefs.

Intervention, Case Management & Service Systems · Review: Chapter 10

104. D Help her examine the pull between group loyalty and her own judgment, without steering

Luz is questioning the rigid stance of resistance and immersion and weighing group loyalty against personal autonomy, which fits the introspection stage of the Atkinson, Morten and Sue model. The worker supports that examination without picking the answer. Urging her to reconnect pushes her toward integrative awareness on the worker's timetable. Framing her doubts as pressure to abandon her community misreads a healthy step. A group to strengthen her identity solves a problem she does not have. Would change if: Luz had already decided to reach out and wanted help planning the conversation.

Diversity, Culture & Social Justice · Review: Chapter 5

105. B Major depressive disorder

DSM-5-TR removed the bereavement exclusion, so MDD can be diagnosed after a death when criteria are met. Harold has a month of pervasive worthlessness, loss of appetite, psychomotor slowing, poor concentration, and loss of interest, not just waves of longing. Prolonged grief disorder requires at least 12 months since the death for adults. Uncomplicated bereavement comes in waves tied to reminders with self-esteem preserved, and his self-loathing goes beyond that. Adjustment disorder is not used when another disorder's criteria are met. Would change if: his distress came in waves of yearning with intact self-worth, fitting uncomplicated bereavement.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

106. B Child-parent psychotherapy with Mia and her mother together

Child-parent psychotherapy (CPP) is a dyadic, trauma-informed treatment for children from birth to about age 5 who have been exposed to trauma, including domestic violence. It works through the caregiver relationship, helping the mother understand Mia's reactions and respond in ways that restore safety. TF-CBT is designed for ages 3 to 18 and relies on skills and a narrative a 2-year-old cannot do. Play therapy alone leaves out the relationship that is central to recovery at this age. Parent management training targets the tantrums as conduct and misses their trauma basis.

Intervention, Case Management & Service Systems · Review: Chapter 10

107. A Ask the client which terms they use for themselves

Preferences vary by person and community: many autistic and Deaf people prefer identity-first language, and many others prefer person-first. Asking lets the client define the language used about them. Defaulting to person-first imposes a professional convention on the client. Assuming identity-first applies a community generalization that may not fit this person. Either default can be right for some clients; the client's answer decides.

Diversity, Culture & Social Justice · Review: Chapter 5

108. C Narrative therapy

Destiny's distress centers on a problem-saturated identity story shaped by others' labels, and she wants a different story. Narrative therapy separates the person from the problem and builds a preferred story from unique outcomes, such as leading the robotics team. REBT disputes irrational demands but does not address how outside labels shaped her identity. A token economy changes specific behaviors through reinforcement. Brief psychodynamic work explores a central conflict rather than re-authoring identity.

Intervention, Case Management & Service Systems · Review: Chapter 10

109. A Supplemental Security Income (SSI)

SSI is a means-tested cash benefit for people with disabilities, including children in low-income families, and in most states it also connects the child to Medicaid. SSDI is based on a worker's own earnings record, and Zoe has no work history. Medicare Part B covers outpatient medical services, not cash. Unemployment insurance replaces wages for people who have lost jobs, which does not fit.

Intervention, Case Management & Service Systems · Review: Chapter 11

110. D Family psychoeducation with communication and problem-solving skills

Family psychoeducation, which teaches families about the illness, warning signs, and coping, communication, and problem-solving skills, reduces relapse and rehospitalization in schizophrenia, partly by lowering criticism and hostility at home. Insight-oriented individual therapy has weak support for this goal. A group home move is a major change that he has not sought and does not address family patterns. A parent support group can help the parents grieve, but without skills training it is less likely to lower relapse risk.

Intervention, Case Management & Service Systems · Review: Chapter 10

111. C Explain that part of each assessment is private and meet with Mrs. Okonkwo alone

Signs that she fears her caregiver, plus weight loss, raise concern for abuse or neglect, and she cannot speak freely with him in the room. Presenting a private interview as standard practice protects her without accusing him, and his history can be gathered separately. Waiting to see whether she seems uneasy relies on cues she may hide out of fear. Asking her in front of him puts her under the very pressure the private interview removes. Would change if: she had advanced dementia and could not take part in an interview, making observation and collateral sources more central.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

112. B Find the cause of the missed signatures and set a corrective plan with re-audit

Audit findings call for a corrective action plan: identify the cause, such as plans finalized after the client leaves or no workflow prompt in the record, change the process, and re-audit to confirm improvement. Missing signatures can be obtained now with the current date, but dating them to match the original plans falsifies the record. Warnings blame individuals before the cause is known and may not change the workflow that produced the gap.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

113. C Name the change gently and ask whether something from last session didn't sit right

A sudden shift to compliance right after a specific worker comment suggests a withdrawal rupture. Naming it and inviting his reaction is the most direct way to repair the bond. Taking his agreement at face value misses the change. Reviewing goals is reasonable but addresses the wrong part of the alliance; the strain is in the bond. Waiting risks letting the rupture deepen. Would change if: Omar had reported an outside event this week, such as a job loss, that explained his low energy.

Intervention, Case Management & Service Systems · Review: Chapter 11

114. D Boundary making

Blocking the grandmother's interruptions and seating the parents together marks a boundary around the parental subsystem, a core structural restructuring move. Joining is accommodation to the family's style, and here the worker is deliberately challenging the family's pattern. Positive connotation is a Milan technique that ascribes good intent to the whole system's behavior. Prescribing the symptom is a strategic paradoxical directive that asks the family to continue the problem behavior on purpose.

Intervention, Case Management & Service Systems · Review: Chapter 10

115. A Decline to attest to his competence and give him a written account of the unmet competencies

Licensure supervisors act as gatekeepers for the profession and the public. Gwen has documented, unremediated concerns, so attesting to his competence would misrepresent her judgment to the board. She should explain her decision in writing, tied to the competencies he has not met, and outline what he would need to do. Hours alone do not establish readiness. Signing with an encouraging note still certifies competence she does not believe he has. Informal monitoring after licensure has no standing and offers clients no real protection. Would change if: the form asked her to verify hours alone, which she could do accurately.

Research, Evaluation, Supervision & Administration · Review: Chapter 12

116. A "Today you've described caring for your mother, the strain with your brother, and the toll on your work and sleep. Did I miss anything?"

A summary pulls together the main themes of the session and invites correction, which checks accuracy and gives a natural bridge to planning. Reflecting guilt names a feeling Rosalind has not stated and could be premature. Asking her to rank the problems has value, but without first checking understanding it can feel abrupt at the close of an intake. Choosing sleep as the focus sets the agenda for her (worker-centered).

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

117. D Ask nursing staff to arrange an urgent medical evaluation

A sudden change over hours with fluctuating alertness and marked inattention suggests delirium, which can occur on top of dementia and is a medical emergency, often caused by infection, dehydration, or medication. Alzheimer's disease progresses gradually, not overnight. Updating the care plan treats an acute change as expected progression (Underreaction). Supporting the daughter may matter later, but it puts her needs ahead of the client's emergency (Wrong client). A behavioral plan skips the search for a treatable cause (Premature intervention). Would change if: the same changes had developed slowly over months with a recent medical workup.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

118. C At the first session, along with her options for continuing care afterward

Limits that a third-party payer places on services are part of informed consent, so the client needs to know at the outset so she can make choices about her care. Waiting until midway or the final session means she agreed to services without knowing a key limit and may face an abrupt gap. Discussing options for afterward at the start also supports planning.

Ethics, Client Rights & Professional Conduct · Review: Chapter 3

119. B Normalize his questions and let him explore his feelings at his own pace

Questions about attraction, including same-sex attraction, are a normal part of adolescent sexual development, and orientation may become clearer over time. Normalizing his questions and following his pace supports healthy identity development. Calling it a passing phase dismisses his experience and assumes an outcome. Pushing him to choose a label adds pressure he has not asked for. With no safety concerns, telling his parents would break his trust; this information is his to share when he is ready.

Human Development & Behavior · Review: Chapter 6

120. A Internal working models

Bowlby proposed that children build internal working models from repeated caregiving experiences: expectations about whether others will be available and whether the self deserves care. These models shape adult relationships and the therapeutic alliance, and they can be revised through new relationships, including therapy. A secure base is the caregiver's role as a dependable starting point for exploration. A safe haven is the caregiver's role as a source of comfort when the child is distressed.

Human Development & Behavior · Review: Chapter 6

121. D Meet with her supervisor to decide which sessions to reschedule or cover, including crisis coverage

A client's suicide is a major stressor, and the Code's response to personal distress is consultation and adjustment. Deciding with her supervisor what she can manage tomorrow, and making sure the client in crisis is covered, protects her and her clients. A full schedule risks impaired judgment with a client in crisis. Canceling a week without planning leaves clients without care. Contacting the family may be part of postvention, but after consultation about how and by whom. Would change if: none of her clients were in crisis and she felt able to work; keeping parts of her schedule could be reasonable.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

122. C Explain that the physician needs to give the diagnosis and offer to be present for support

Delivering a medical diagnosis and explaining treatment options are medical responsibilities, and taking either on would exceed the social worker's scope even with a good relationship. Her role is to support the patient and family around the news, which she can offer by being present when the physician speaks with him. Sharing the diagnosis alone still delivers medical information he will have questions about that she cannot answer. Adding treatment options widens the scope problem.

Ethics, Client Rights & Professional Conduct · Review: Chapter 4

Your Score Sheet

Count your correct answers in each study area. ASWB reports that the passing score on its 110 scored questions generally falls between 66 and 78 correct (about 60–71%), set separately for each exam form; every question here counts, so use roughly 70% overall as a practice target and 75% or higher as a comfortable margin.

Study area	Questions	Your score	Study if below 70%
Ethics, Client Rights & Professional Conduct Content area I	29	____ of 29	Chapter 3: Ethical Principles, Client Rights, and Legal Duties Chapter 4: Boundaries, Professional Conduct, and Ethical Service Delivery
Diversity, Culture & Social Justice Content area I	15	____ of 15	Chapter 5: Diversity, Culture, and Social Justice
Human Development & Behavior Content area II	13	____ of 13	Chapter 6: Human Development and Behavior Theory
Assessment, Diagnosis & Treatment Planning Content area II	26	____ of 26	Chapter 7: Assessment Methods and Risk Assessment Chapter 8: Diagnosis with the DSM-5-TR Chapter 9: Treatment Planning and Psychopharmacology
Intervention, Case Management & Service Systems Content area III	26	____ of 26	Chapter 10: Psychotherapy and Clinical Intervention Models Chapter 11: Case Management, Substance Use Treatment, and Service Systems
Research, Evaluation, Supervision & Administration Content area III	13	____ of 13	Chapter 12: Practice Evaluation, Research, Supervision, and Administration

Total: ____ of 122. For every miss, write down the question pattern (P1–P8) and the distractor family you chose; your largest cluster is what to study next.