SUMMIT
STUDY GUIDES

LCSW

ASWB Clinical Practice Exam

Exam 3

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%

Summit Study Guides
summitstudyguides.com

Copyright © 2026 Summit Study Guides. All rights reserved.

This practice material is licensed for the personal study use of the purchaser. No part of it may be copied, reproduced, shared, resold, uploaded to any website or file-sharing service, or used to train or build any product without prior written permission from Summit Study Guides. Brief quotations for review purposes are permitted with attribution.

Independence Notice

Summit Study Guides is an independent publisher and is not affiliated with, sponsored by or endorsed by the Association of Social Work Boards (ASWB), the National Association of Social Workers (NASW), the American Psychiatric Association or any licensing board. The questions in this material are original practice items written to the ASWB Clinical exam content outline; they are not actual or recalled exam questions. ASWB, DSM-5-TR and other names are trademarks of their owners and are used for identification only.

Disclaimer

This material is provided for exam preparation and general education only. It is not legal, medical or clinical advice and does not replace supervision, consultation or the laws and regulations that govern your practice. Laws on confidentiality, reporting, duty to protect, consent by minors and licensure vary by jurisdiction. The content was reviewed for accuracy as of October 2026, but no warranty of any kind is made as to its completeness, accuracy or continued currency. Using these practice questions does not guarantee that you will pass the ASWB Clinical exam or any other examination.

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 3: 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. B Urge her to get an emergency medical evaluation today for the strangulation

Strangulation can injure the airway and the blood vessels of the neck with few or no visible marks, and a hoarse voice and trouble swallowing call for prompt medical evaluation because complications can appear later. Her health comes first. The strangulation already marks her case as high danger; the full lethality assessment and safety plan follow but should not delay medical care. Photographs show little when there are no marks. A protective order can come once she is medically safe.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

2. D Tell her honestly that she has to tell people whose job is keeping kids safe, and explain simply what happens next

Children cope better when adults are honest and explain the next steps in words they understand, and Lila needs to hear that she did the right thing. The worker cannot promise what CPS will tell her mother. Detailed questioning is the forensic interviewer's job and can contaminate later testimony; the worker needs only enough for reasonable suspicion. Reporting without telling Lila means she may be surprised by investigators and lose trust in the adult she chose to tell.

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

3. B Recommend a collaborative safety plan that the client helps write and keeps

No-harm contracts lack evidence that they prevent suicide, offer no legal protection, and can discourage honest disclosure. A collaborative safety plan gives the client concrete steps for a crisis: personal warning signs, internal coping, people and places for distraction, people to ask for help, professional and crisis contacts such as 988, and steps to make the environment safer. Voluntary signing does not fix the contract's weaknesses. A verbal promise has the same problem in a different form.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

4. D Help resolve the need for beds and assess her current sleep and daily functioning

Amina is three weeks into resettlement, has an unmet basic need that may explain part of her poor sleep, and has declined to discuss the past. Addressing the beds and focusing on current sleep, functioning and safety meets her where she is and builds trust. A full trauma history gathers more than is needed now, against her stated wish. A PTSD checklist asks about the trauma she declined to discuss. Explaining the value of trauma talk implies she should change her mind. Would change if: she described nightmares and flashbacks and asked for help with them, making a trauma screen appropriate.

Diversity, Culture & Social Justice · Review: Chapter 5

5. B Khyal cap (wind attack)

Khyal cap, or wind attack, is a Cambodian cultural syndrome with panic-like symptoms such as palpitations, dizziness, tinnitus and neck soreness, plus the fear that wind rising in the body can cause death, which matches Mrs. Sok's account. Kufungisisa, or thinking too much, is a Shona concept centered on rumination. Dhat syndrome, from South Asia, involves anxiety about losing semen. Shenjing shuairuo, a Chinese concept, involves weakness, fatigue and poor concentration. Khyal attacks often also meet DSM-5-TR criteria for panic attacks, so the worker would assess for a panic or anxiety disorder as well.

Diversity, Culture & Social Justice · Review: Chapter 5

6. A Decline to confirm whether he is a patient

Under the stated law and Part 2, the 15-year-old, not his mother, decides who may learn that he is in a substance use program, and even confirming enrollment is a protected disclosure. The worker can listen, take her concerns, and later explore with the teen whether he will allow contact with his mother. Confirming enrollment discloses exactly what Part 2 protects. Sharing attendance and progress goes further still and violates both the minor consent law and Part 2.

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

7. D Give her information on advance directives and help her complete one now

Helping patients learn about and complete advance directives is a standard hospital social work task, and Mrs. Petrovic has capacity and a clear request now. Charting her interest for later delays action she asked for. Involving her children before she decides gives them a gatekeeping role she did not request, though she may choose to include them. Postponing ignores that she is ready and able today.

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

8. C Explain that this private speech helps him guide his own problem solving and usually turns inward with age

Vygotsky described private speech as children talking themselves through tasks; it is common in the preschool years, aids self-regulation and problem solving, and gradually becomes silent inner speech. With Eli's language and social skills on track, his self-talk is typical and useful. A speech-language evaluation is an overreaction to a normal behavior. Reinforcing silence may remove a tool he uses to plan; if noise bothers classmates, a quieter voice can be requested without discouraging the behavior itself.

Human Development & Behavior · Review: Chapter 6

9. A Posttraumatic stress disorder

DSM-5-TR has developmentally adjusted PTSD criteria for children 6 and younger. Zoe witnessed her mother's serious injury and shows intrusion through play that reenacts the crash and frightening dreams, avoidance of the car, social withdrawal, and arousal through outbursts and startle, for more than one month. Adjustment disorder fits a reaction to the crash but is not used when full criteria for another disorder are met. Acute stress disorder covers only the first month after the event, and her symptoms have lasted four months.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

10. C Al-Anon

Al-Anon is a twelve-step mutual help group for family members and friends affected by someone else's drinking, which is what Mrs. Kowalski is asking for. Alcoholics Anonymous is for people who want to stop their own drinking. SMART Recovery mainly serves the person with the addictive behavior, though it offers some family resources. Matching the group to the person's role and preferences is the key step in any mutual help referral.

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

11. A Trust versus mistrust

Erikson's first crisis, trust versus mistrust, depends on whether early caregivers are reliable. Ama's unpredictable early care, her expectation that others will let her down, and her pulling back when she begins relying on the social worker reflect a core sense that people cannot be counted on. Intimacy versus isolation is reasonable to consider for her relationships, but the expectation of being failed by anyone she depends on traces to the earlier crisis. Autonomy versus shame and doubt concerns toddlers' self-control. Initiative versus guilt concerns preschoolers' confidence in starting activities.

Human Development & Behavior · Review: Chapter 6

12. B A stable, caring relationship with at least one adult

The most consistent finding across resilience research is that a stable, supportive relationship with at least one caring adult, whether a parent, relative, teacher, or mentor, buffers children against adversity. Identifying who fills that role for Dante points to where to build support. Intelligence and problem-solving skills can help, but they are less consistently protective than relationships. Structured activities help, often because they provide caring adults. Strict rules without warmth are not a reliable protective factor; supportive, consistent parenting is.

Human Development & Behavior · Review: Chapter 6

13. B Parents use fewer harsh discipline practices

Outcomes are changes in participants, such as parents shifting their discipline practices. Twelve workshops held is an output, a countable product of the program's activity. Staff and space are inputs, the resources invested. Weekly coaching calls are an activity, what the program does. A frequent exam error is to treat counts of service as outcomes; they show the program operated, not that anyone changed.

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

14. C Offering practical help and connecting survivors with supports

Psychological first aid focuses on safety, comfort, stabilization, practical assistance, connection with supports, coping information, and linkage to services. It does not require survivors to talk about the event. Detailed retelling resembles debriefing approaches that are not recommended and may not help. Diagnostic screening and trauma-focused exposure are later clinical steps for those whose symptoms persist.

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

15. A Continue with Dana and agree together on how they will handle contact at league games

Small identity communities often produce overlapping contact. The decisive facts are Dana's informed choice, the lack of affirming alternatives, and contact that is incidental rather than close. A joint plan sets clear boundaries while preserving care. B treats any overlap as forbidden and leaves Dana without affirming care. C is worker-centered sacrifice that the facts do not require. D leaves a real overlap unaddressed. Would change if: they were close friends or teammates, a referral would be best.

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

16. C It identifies beliefs, practices and communities that bring the client strength or distress

Spiritual assessment asks what beliefs, practices and communities mean to the client and how they help or burden the client in facing the problem. Judging beliefs as healthy or unhealthy imposes the worker's values; the focus is the client's experience of them. Many people without a formal affiliation hold meaningful spiritual beliefs, so limiting the assessment to members of religious groups misses them. The assessment serves the client's care, not decisions about the worker's self-disclosure.

Diversity, Culture & Social Justice · Review: Chapter 5

17. B Limit teen passengers for the next several months and add supervised driving practice

Teens often know the risks; context drives the behavior. Brain systems tied to reward and peer approval are highly reactive in adolescence, especially with friends present, while self-control systems keep maturing into the mid-20s. Limiting peer passengers and adding supervised practice addresses the actual trigger. Another safety course is reasonable for a teen lacking knowledge, but Jordan already knows the dangers. Scare tactics have weak evidence for changing teen behavior. Waiting for 18 rests on a false timeline. Would change if: he lacked basic knowledge of traffic rules or the risks of speeding.

Human Development & Behavior · Review: Chapter 6

18. C Credentialing

Credentialing verifies a clinician's qualifications, including licensure, education, training, and sanctions history, before the clinician provides or bills for services. It protects clients and the agency's ability to be paid. Utilization review examines whether particular services are medically necessary for a client. Accreditation is an external review of a whole organization against an accrediting body's standards, not a check of an individual hire.

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

19. A Ending services to pursue a social, financial, or sexual relationship with the client

The Code states that social workers should not terminate services to pursue a social, financial, or sexual relationship with a client. Ending for nonpayment is permitted when the arrangement was clear, there is no imminent danger, and consequences were discussed. Ending when services are no longer required is expected. Leaving an agency is a legitimate reason, paired with the duty to tell clients about options for continued care.

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

20. C Parentification

Parentification occurs when a child takes on adult responsibilities, practical, emotional, or both, that exceed her developmental capacity. Rosario's caretaking of her brothers and her mother, along with her exhaustion and loss of peer life, fits that pattern. Enmeshment describes diffuse boundaries and over-involvement among members, which may be part of the picture but does not capture the role reversal. The identified patient is the family member whose symptoms bring the family to treatment, and Rosario has not been presented as the problem.

Human Development & Behavior · Review: Chapter 6

21. A First-ever visual hallucinations that began suddenly in a 67-year-old

Sudden onset, a first episode late in life, and visual rather than auditory hallucinations each raise suspicion of a medical, neurological, or substance cause; together they call for medical evaluation first. Money worry after a job loss has an obvious psychosocial trigger. Low mood after a breakup is a common reaction with a clear stressor. Briefly hearing a deceased spouse's voice is a common grief experience and is not by itself a sign of illness, though it still deserves gentle exploration.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

22. B Internalized oppression

Rashad has adopted a negative message about his group as a belief about himself, despite strong grades. That is internalized oppression. Stereotype threat is worry about confirming a stereotype that can lower performance during a task; he is describing a belief, not a performance situation. Institutional oppression operates through policies and organizations rather than personal beliefs. Learned helplessness follows repeated uncontrollable failure, yet he has succeeded academically, and his belief is tied to group identity.

Diversity, Culture & Social Justice · Review: Chapter 5

23. A criticism

Gottman distinguishes a complaint about a specific behavior from criticism, which attacks the partner's character; "You're so selfish" is a global attack on who he is. Contempt adds mockery, sarcasm, eye-rolling, or disgust that conveys superiority over the partner. Defensiveness is self-protection through excuses or counter-blame. The antidote to criticism is a gentle start-up that describes the speaker's own feelings and a specific, positive need.

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

24. C Support honoring the directive and hold a family meeting to address the son's concerns

A clear directive plus an agent who is honoring it means the decision is settled; the social worker's job is to support that and help the son with his grief and understanding, often in a family meeting with the medical team. Delaying until siblings agree gives the son a veto the law does not give him. A temporary tube violates the directive. Asking for written objections documents conflict without helping anyone. Would change if: the directive were vague about feeding tubes, the agent would apply substituted judgment, and family input would weigh more.

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

25. A From 3 days to 1 month

Acute stress disorder requires symptoms lasting at least three days and up to one month after the trauma. Reactions in the first two days are common and not enough for the diagnosis, and two weeks is the depressive episode threshold rather than a trauma rule. Symptoms lasting more than one month that meet full criteria are diagnosed as PTSD; there is no six-month wait, though the delayed expression specifier applies when full PTSD criteria are not met until six months after the event.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

26. A Arrange a bed tonight at an LGBTQ-affirming shelter or host home program

Screening is done, so the worker moves to the concrete need Kai named: a safe bed tonight, in a setting where their identity will be respected. Mediating with the parents may help later, but Kai has not asked for it and it does not solve tonight. Counseling about the rejection is True but not now. Job training is a longer-term step that leaves Kai at the bus station in the meantime. Shelter and basic safety come before insight work.

Diversity, Culture & Social Justice · Review: Chapter 5

27. B Concurrent validity

Concurrent validity is a form of criterion validity: the new measure is compared with an established criterion, here a structured diagnostic interview, given at the same time. Test-retest reliability would require giving the same screen twice to the same people. Predictive validity would compare the screen with an outcome that occurs later. Content validity is judged by examining whether the items cover the full concept, not by comparison with another measure.

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

28. C As coercive control, a form of intimate partner abuse that calls for safety planning

Threatening to out a partner and tracking his location are coercive control tactics used to isolate and dominate, and they are recognized forms of intimate partner abuse in same-sex relationships. They call for screening for other abuse and for safety planning, including technology safety. Framing them as insecurity suited to couples therapy can expose Diego to more risk. Treating abuse as present only when it is physical misses coercive control, which is itself a risk factor. Blaming his reluctance to come out puts responsibility on the victim.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

29. D Ask what led to her decision, then respect it and use the session to review her gains

A competent adult with no safety concerns may end services, so self-determination governs. Asking what led to the decision may surface something worth addressing; then the worker respects the choice and uses the remaining time to review gains and explain how to return. Requiring three more sessions puts the worker's process ahead of the client's right to end. Urging reconsideration presses the worker's agenda. A referral elsewhere implies she needs a different provider rather than closure. Would change if: she disclosed new suicidal thoughts or a crisis; assessing safety would come before closing.

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

30. C Counsel his mother on locking up or removing medications, firearms, and alcohol

Before a youth leaves the emergency department after a suicide-related visit, caregivers should receive lethal means counseling: lock or remove firearms and secure prescription and over-the-counter medications and alcohol. This concrete step lowers risk during the period right after discharge. A list of therapists to call next week is weaker than a scheduled follow-up appointment and does nothing about the home tonight. A written promise adds little, since the safety plan already covers whom he can reach and how.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

31. C Her anxiety may be alcohol-related; its course during abstinence will clarify the diagnosis

Her anxiety began with heavy drinking, comes with signs of withdrawal such as morning shakes, and has no earlier history, so a substance-induced anxiety disorder is a strong possibility. DSM-5-TR looks at whether symptoms persist for a substantial period, often about a month, after withdrawal ends before diagnosing an independent disorder. Calling it panic disorder with self-medication assumes the anxiety came first, which the history contradicts. Treating GAD first reverses the sequence the evidence suggests. A personality trait explanation has no support in the history.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

32. A Direct liability, because the harm followed the supervisor's own negligent instruction

Direct liability arises when a supervisor's own actions or instructions are negligent, such as telling a supervisee to skip a needed risk assessment. Vicarious liability, by contrast, holds a supervisor responsible for a supervisee's negligence even when the supervisor did nothing wrong personally. A supervisor is not a mere consultant, because supervisors direct the supervisee's work. Not having met the client does not shield a supervisor whose instructions shaped the client's care.

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

33. C Neurocognitive disorder with Lewy bodies

Fluctuating cognition and alertness, recurrent well-formed visual hallucinations, and parkinsonian features such as a shuffling gait are core features of neurocognitive disorder with Lewy bodies. People with this condition can react severely to antipsychotic medication, so recognizing it matters for the medical team. Alzheimer's disease can include hallucinations later, but early fluctuation and parkinsonism point elsewhere. Delirium also fluctuates, but it develops over hours to days, while her decline has unfolded over a year. Would change if: the hallucinations and fluctuations had appeared suddenly this week; delirium would then need urgent medical evaluation.

Human Development & Behavior · Review: Chapter 6

34. C By the first service delivery, with a good-faith effort to get written acknowledgment

A covered provider with a direct treatment relationship must provide the notice no later than the first service delivery and make a good-faith effort to obtain the client's written acknowledgment, except in emergencies, when this is done as soon as practical. The notice must also be available on request, but providing it only on request does not meet the rule. Claim payment has nothing to do with when the notice is due.

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

35. B Explore what having the worker there would mean to her before deciding

An invitation to a major life event carries meaning, and Amira's hurt reaction is part of it. Exploring it lets the worker understand her wishes and discuss confidentiality, role, and impact before deciding together. A decides on the basis of avoiding her disappointment, not her clinical interests. C may end at the same decision but cites a policy the stem does not mention and skips the discussion that could deepen her progress.

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

36. C Report to child protective services as state law requires, tell Nadia, and safety plan with her

The stem states that exposing children to domestic violence is reportable neglect, so the children's presence triggers the duty even though Nadia is a competent adult. Telling her about the report and building a safety plan keeps her involved. Respecting her wishes would be right if no children were involved, but here it ignores the stated law. Police reporting is not what the statute requires and is not a substitute. Tying the report to her decision about leaving delays a legal duty.

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

37. A a cross-generational coalition

A grandparent and child aligned against the parent form a cross-generational coalition, which undercuts the parent's authority and blurs the family hierarchy; structural and strategic therapists both target it. Emotional cutoff means distancing from family to manage unresolved fusion, and these members are closely connected. A disengaged boundary would leave the grandmother and boy distant, not allied. Multigenerational transmission refers to patterns passed down across generations over time, which goes beyond this present-day alliance.

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

38. D Obtain written authorization from Ava's parents to contact the teacher

Contacting a collateral source such as a teacher means disclosing that Ava is in treatment, so the worker first needs written authorization from her parents, who hold consent authority, and the release defines what may be shared. A school referral does not authorize the worker to share information back with the school. Relaying questions through the parents may lose the detail the worker needs and is a workaround rather than a consent step. Sending a treatment summary discloses clinical information before any authorization exists.

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

39. C Call emergency services and stay with Leon until they arrive

Self-determination can be limited when a client's actions pose a serious, foreseeable, and imminent risk, and protection of life ranks first in the Ethical Principles Screen. Leon's intoxication limits his ability to weigh the risk right now, and the cold is life-threatening tonight. Blankets and a morning check are an underreaction to overnight exposure. Accepting and documenting his refusal treats an impaired choice as an informed one. A two-hour return leaves him exposed in the meantime. Would change if: Leon were sober, understood the risk, and had a safer plan for the night, respecting his refusal with harm reduction supplies would fit.

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

40. B Attend the service in her professional role and keep contact brief

The decisive facts are the family's invitation and an agency protocol that allows attendance; in hospice, attending a funeral is a recognized crossing that supports bereavement. A is reasonable in many settings but less responsive here, where the family asked and policy supports going. C turns a crossing into an ongoing informal relationship outside the bereavement program. D redirects the widow's request toward the worker's convenience. Would change if: agency policy barred attendance, a card and referral to bereavement services would be best.

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

41. D Instillation of hope

Instillation of hope comes from seeing other members who have improved; Jorge's "if he could do it, maybe I can" after hearing about two years of recovery is the decisive statement. Universality is the relief of finding others share one's problem, which focuses on sameness rather than progress. Imparting information is learning facts or advice from the leader or members. Interpersonal learning is gaining insight into how one affects others through feedback in the group.

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

42. A Decline, explain that ending therapy for this reason would still be exploitative, and consult

Ending therapy in order to begin a romantic relationship does not convert a current client into a former one in any meaningful sense; the power and knowledge gained in treatment remain, and the risk of exploitation is high. A clear decline and consultation protect Elliot. B treats a waiting period as a cure. C uses referral as a route to the relationship. D keeps the possibility alive, which can distort the therapy.

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

43. D Make the report herself and let her supervisor know she has done so

The stem states that the duty is personal and that telling a supervisor does not meet it, so Simone must report directly; informing her supervisor keeps the agency in the loop. Relying on the supervisor, even with documentation, leaves Simone out of compliance. Asking for a copy of his report still delegates her duty. Gathering more details is investigating, which belongs to child protective services or law enforcement; the disclosure and visible burn already meet the threshold. Would change if: state law allowed one report on behalf of the team and the supervisor filed it promptly with her information.

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

44. D Help her build a specific plan for triggers, supports, and evening activities

A set start date, early steps such as cutting back, and a request for help getting ready mark the preparation stage, where the work is building a concrete, specific plan. Exploring pros and cons fits contemplation, when a client is still ambivalent, and Marguerite has already decided. Health information suits precontemplation, when raising awareness is the goal. Maintenance planning is True but not now; it follows a period of sustained change in the action stage.

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

45. C Precontemplation

In precontemplation the person does not see the behavior as a problem and has no intention of changing in the foreseeable future; Gordon minimizes the risk and states no interest in quitting. Contemplation involves awareness of a problem and ambivalence about change. Preparation involves intending to act soon, often with small steps already taken. Relapse refers to a return to the behavior after a change, and he has not described trying to quit.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

46. C Explain the grievance process to the client and begin the review the policy describes

A written grievance policy gives clients a fair, predictable path. The director should listen, explain how the process works and what to expect, and start the review, which will include hearing Mark's account and checking session records. Reassigning right away may be what the client eventually wants, but it is decided before review and without asking her. Defending Mark dismisses the complaint. Having Mark contact her puts the client in direct conflict with the person she is complaining about and bypasses the process.

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

47. B Malingering

Malingering is the intentional production or exaggeration of symptoms for an external incentive, here transfer to the hospital unit while awaiting trial. Inconsistent reports of the voices, no disorganization, ordinary behavior when unobserved, and a stated goal support it. DSM-5-TR lists malingering as a condition that may be a focus of clinical attention, not a mental disorder. Factitious disorder involves falsification without obvious external reward, to occupy the sick role. Brief psychotic disorder requires genuine psychotic symptoms, which the observations do not support.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

48. C Explain that playing beside peers is expected at this age and cooperative play comes later

Parallel play, playing beside peers with similar toys, is typical at 2. The CDC 30-month checklist lists playing next to other children and sometimes with them, and noticing when others are hurt or upset appears at 2 years. Kai's empathy, sharing with prompting, and pointing show expected skills. A social skills group targets a problem he does not have. An evaluation based on parallel play overreacts to a typical pattern, though routine screening at well-child visits continues. Adult-directed playdates are harmless but unnecessary; cooperative play emerges with age and ordinary chances to play.

Human Development & Behavior · Review: Chapter 6

49. C Imaginary audience, a common feature of early adolescent thinking

Bethany's belief that everyone will focus on her appearance reflects the imaginary audience, a form of adolescent egocentrism tied to early formal operational thinking. The episode was brief, she is socially active, and she returned the next day, so a disorder is not supported. Social anxiety disorder involves persistent fear of scrutiny across situations, typically six months or more, with avoidance and impairment. The personal fable is the belief that one's experiences are unique or that one is invulnerable. Body dysmorphic disorder involves ongoing preoccupation with perceived defects and repetitive behaviors. Would change if: her fear spanned many situations for months and led to avoidance.

Human Development & Behavior · Review: Chapter 6

50. C The miracle question

The miracle question asks the client to imagine the problem solved overnight and to describe the first signs he would notice. It is designed to turn vague dissatisfaction into a concrete, observable picture of goals, which is what Haruto lacks. A coping question highlights how he has managed so far, useful for overwhelmed clients but not a goal-building tool. A scaling question needs some sense of what the top of the scale looks like, which he cannot yet describe.

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

51. B His autonomy takes priority, because autonomy and freedom ranks above quality of life

Mr. Brandt has capacity, and no threat to life is present, so the higher-ranked principle of autonomy and freedom outweighs the worker's view of what would improve his quality of life. The worker can keep the offer open. Choosing quality of life reverses the screen's order and substitutes the worker's values for the client's. Least harm does not rank just below protection of life; equality and inequality and autonomy come first.

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

52. A Name that parenting norms vary and invite members to share their own families' approaches

Framing one set of practices as 'what good parents do' treats a dominant norm as universal, and the quieter members may read the group as having no room for their ways. Addressing it in the group by naming that norms vary and inviting other perspectives changes the process for everyone. A private talk with the two members may help later but leaves the group norm in place. Splitting the group by background is an overreaction that loses shared learning. Presenting one approach as the standard repeats the problem.

Diversity, Culture & Social Justice · Review: Chapter 5

53. D Help Tamika prepare and practice her points, and attend as support while she leads

Tamika wants to build her own advocacy skills, and three weeks gives time to prepare. Rehearsing her points and attending as backup serves both her goal and her son's services. Speaking for her meets today's need but works against the goal she stated. A district complaint may become necessary if the meeting fails, but it skips a step Tamika wants to try. An attorney is a larger step than the facts call for now.

Diversity, Culture & Social Justice · Review: Chapter 5

54. B Choose the option that meets the client's needs while limiting freedom as little as possible

The least restrictive alternative means selecting the setting or intervention that adequately meets the client's needs and safety while placing the fewest limits on liberty and independence. Cost may matter, but it is a different consideration. Least demanding for the client is not the same as least restrictive; an effective plan may ask a lot of the client. Assessment of risk comes first, because the least restrictive option still has to be adequate.

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

55. A Review caseload sizes and workload distribution with staff and set achievable limits

When exhaustion and turnover are widespread and caseloads are far above norms, the problem is organizational, so the response should change the conditions driving it. Reviewing and capping caseloads with staff input addresses the cause. Self-care workshops can help but treat a systemic problem as an individual one. Recruiting fills gaps, but new hires will face the same caseloads and may also leave. Singling out struggling therapists locates the problem in individuals. Would change if: caseloads were reasonable and distress were limited to one or two staff after a specific event, pointing toward individual support.

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

56. D cause advocacy

Cause (class) advocacy seeks changes in policies or systems that affect a group of people. Case advocacy works on behalf of one client or family, such as appealing a single denial. Brokering links clients to existing resources. Mediation helps parties in conflict reach agreement. Clinical social workers do both kinds: case advocacy for the client in front of them, and cause advocacy when one client's problem reflects a rule harming many.

Diversity, Culture & Social Justice · Review: Chapter 5

57. A Explain the hold, his legal rights under it, and how he can contest it

Patients held involuntarily keep legal rights, and they are entitled to know the nature of the hold, its time frame, and how to challenge it, such as through a hearing or a patient rights advocate. Saying the hold ends when he feels better misstates how holds work. Exploring what led to the bridge is needed, but his direct question about his rights comes first. Deferring to rounds leaves him uninformed when he is asking now.

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

58. D Block the attacks, and ask the group what is happening as they focus on Arturo

The group is scapegoating Arturo, which often carries the group's own anxiety, here likely fear of their own lapses. The leader blocks the attacks to protect him and turns the moment into process by asking what is happening in the group. Asking Arturo to explain himself leaves him alone against the group. Changing topics avoids the conflict and teaches members that scapegoating is ignored. Discussing his removal accepts the group's blame and treats the target as the problem.

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

59. A Evocation

Evocation means the motivation and the ideas come from the client; the worker calls them forth rather than installing them. Partnership refers to working with the client as a collaborator rather than as an expert who directs. Acceptance includes respecting the client's worth and autonomy, offering accurate empathy, and affirming strengths. Compassion means actively putting the client's welfare first. All four make up the MI spirit in that edition, and drawing out the client's own reasons is evocation.

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

60. D Disturbed attention and awareness developing over hours to days

The hallmark of delirium is a disturbance in attention and awareness that develops acutely and tends to fluctuate during the day. In early major neurocognitive disorder, attention is relatively preserved and onset is gradual. Memory loss that affects independence describes major neurocognitive disorder. Word-finding problems can occur in several neurocognitive disorders and are not specific to delirium. Personality and behavior changes developing over a year suggest a gradual process, such as frontotemporal neurocognitive disorder, rather than delirium.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

61. D "Your score suggests significant PTSD symptoms; a clinical interview is the next step."

The PCL-5 is a 20-item self-report measure of DSM-5 PTSD symptoms over the past month. A score of 48 is well above commonly used cutoffs (about 31 to 33) and suggests probable PTSD, which a clinical interview such as the CAPS-5 would confirm or rule out. A cutoff score alone does not confirm a diagnosis. PTSD can be diagnosed once symptoms last more than a month; six months relates to the delayed expression specifier. The PCL-5 measures PTSD symptoms specifically. Would change if: the event were under a month ago, which would make acute stress disorder the relevant consideration.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

Section 2 Answers 62-122

62. A Get both partners' written consent, explaining who will hear it and how it is stored

Recording requires informed consent before it happens. Both partners need to know the purpose, who will hear it, how it will be stored and destroyed, and that they can decline without losing services. Recording first and deleting later still records without consent. Announcing the recording after the session begins does not give the couple a real choice. Because this is a couple, each partner's consent is needed, and Ahmed should be ready to proceed without recording if either declines.

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

63. A Call for emergency medical help

Sudden sweating, confusion, slurred speech, and irritability in a person with insulin-treated diabetes who skipped a meal suggest low blood sugar, a medical emergency that can worsen quickly. Getting medical help comes before managing behavior. De-escalation treats this as a behavioral problem and could let him leave confused. Asking about alcohol assumes intoxication from the slurred speech. Security addresses a risk of aggression that is not the main danger. Would change if: he had no medical condition and was angry about a housing decision, making verbal de-escalation the first step.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

64. C Multifinality

Multifinality means that similar early conditions can lead to different outcomes, depending on each person's other risk and protective factors. These siblings shared the same household stressor and developed along different paths. Equifinality is the reverse, different starting points arriving at the same outcome. Differentiation, Bowen's term for balancing thinking and feeling, may vary among the siblings but does not name the pattern of divergent outcomes.

Human Development & Behavior · Review: Chapter 6

65. B Tell Andre his parents must be told, involve him in how, and call them today

Andre has a plan and access to means, and the stated policy requires same-day parent notification unless doing so would endanger him. Fear of parental anger, with no abuse reported, does not meet that exception. Involving him in how they are told respects him while meeting the duty. A safety plan without his parents leaves the pills in the home. Delay is not allowed by the policy. A CPS report is not warranted without signs of maltreatment. Would change if: Andre disclosed abuse at home; then the worker would report to CPS and not notify the parents first.

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

66. A Act on the duty to protect and seek emergency evaluation

Teodor named a victim, a time, and a weapon he has, which meets the stated threshold of a serious threat against an identifiable person, so the duty to protect applies now. Notifying police and the neighbor and arranging emergency psychiatric evaluation are what the law and safety call for. Restarting medication at a later visit is underreaction. Exploring the belief's history is assessment that has already produced the decisive facts. Taking the knife may remove one weapon but neither meets the legal duty nor addresses his intent. Would change if: he voiced the belief with no threat or plan, making assessment and engagement in treatment the next step.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

67. C Meet with Joaquin today and ask him directly about suicidal thoughts and plans

A sudden calm after a period of depression, combined with giving away valued belongings, is a recognized warning sign that a person may have decided on suicide. The social worker should see Joaquin promptly and ask directly about thoughts, plans, and intent. Praising the change as progress assumes the calm means recovery, which is underreaction. Passive monitoring leaves the warning signs unassessed; staff observation helps, but it does not replace a direct suicide inquiry.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

68. A Report to the designated state agency within the required time

A resident's clear report of being slapped meets the reasonable suspicion threshold, and the stem states the reporting route and deadline. Telling the facility is appropriate too, but a facility looking into its own staff does not satisfy the worker's duty to report to the state agency. Asking which aide was on duty is investigating. Mild dementia does not make her account unreliable, and waiting for a repeat delays a report the law requires within 24 hours.

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

69. B A stressful or conflicted connection

In standard ecomap notation, a line with hatch marks across it signals a stressful or conflicted relationship between the family and that system. Solid, often thicker, lines indicate strong or supportive ties, and dashed lines indicate weak or tenuous ones. Arrows can show the direction in which energy or resources flow. An ended relationship is not usually drawn as a hatched line. Conventions vary somewhat, so the worker confirms the meaning of each line with the client.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

70. A Open the pattern for group discussion, guiding members to give Bernadette feedback

Redirection has been tried for three weeks without change, and members are signaling frustration, so the next step is to make the pattern a group process issue: guide members to share how the time feels and help Bernadette hear it without attack. This often reveals the anxiety behind the monopolizing. A rigid time limit treats the symptom for everyone and does not address what is happening. Removing her is an Overreaction before process work is tried. Continuing the same redirection ignores evidence that it is not working. Would change if: this were the first time the pattern appeared, a simple acknowledge-and-redirect would come first.

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

71. C Revisiting consent when goals, methods, or risks of services change

Treating consent as a process means returning to it as services evolve so the client's agreement stays informed. A detailed form at intake is a good start, but it is a single event. Secure storage is about records management. An annual compliance review checks paperwork without involving the client, who is the person giving consent.

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

72. B Use the existing transaction records as a reconstructed baseline

A reconstructed (retrospective) baseline uses existing records of the target behavior from before treatment. Paulo's transaction history is specific, dated, and objective, so it can stand in for a prospective baseline without delaying help he is ready for. Postponing treatment to collect new data is worker-centered when good records exist. Relying on one end-of-treatment report gives no comparison and depends on recall.

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

73. B Raise the ride and caregiving barriers at the meeting and propose solutions

The social worker's distinct role is bringing person-in-environment information that changes the team's understanding and plan. Concrete barriers explain the missed visits, and solutions such as medical transportation or childcare help can follow. Urging her to prioritize treatment assumes a motivation problem. Charting the barriers without raising them leaves the 'noncompliant' label in place at the meeting where decisions are made. A counseling referral treats a practical barrier as an emotional one.

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

74. B With both partners present, explain the policy on information shared in private contacts

The NASW Code asks social workers in couples work to explain their policy on sharing information among the parties at the start. Setting it with both partners present prevents the worker from being trapped by a secret later. Agreeing to hold Leon's confidences creates an alliance Camille has not agreed to. Deciding case by case leaves both partners uninformed. A release covering only Leon misses Camille and skips the conversation about how individual contacts will work.

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

75. C Help him weigh the strain of hiding against the risks of disclosure so he can decide

Concealment carries real costs in the minority stress model, and Ari feels them, but disclosure in a workplace with open antisemitic jokes carries risks only he can weigh. The worker helps him examine both sides, including possible allies, safety and his values, and supports his decision. Encouraging disclosure applies the model as a rule and overrides his judgment of his own safety. Advising secrecy imposes the worker's view in the other direction. Would change if: Ari had already decided to disclose and wanted help planning how, making preparation for that conversation the focus.

Diversity, Culture & Social Justice · Review: Chapter 5

76. A Treat this as a change from her baseline and assess intent, timing, and access in detail

Chronic ideation sets a baseline; risk assessment looks for acute changes on top of it. A new specific method, a major recent loss, and two trips to the site, which are rehearsal behavior, mark a sharp rise above Tamsin's usual pattern. Next comes a detailed assessment of intent, timing, and access. Falling back on the usual plan is underreaction. Distress tolerance and grief work fit after acute risk is assessed. An extra session later in the week delays an assessment needed now. Would change if: her report matched her usual passive thoughts with no new method or behavior, making the established plan appropriate.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

77. B Decline to hire the supervisee and keep the relationship professional

The Code asks supervisors to avoid dual or multiple relationships with supervisees when there is a risk of exploitation or harm. Employing a supervisee in her home creates a second relationship in which pay, scheduling, and personal disputes could affect evaluation, and that risk lasts beyond one review. Waiting until after the review ignores later evaluations. Handing off one review leaves her as the daily supervisor. A written agreement does not remove the power difference.

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

78. A Shame-attacking exercise

Doing something mildly embarrassing on purpose so the client learns that disapproval is uncomfortable but tolerable, and that it does not lower her worth, is Ellis's shame-attacking exercise from REBT. Paradoxical intention has the client wish for a feared symptom, such as trying to blush, to break anticipatory anxiety. A behavioral experiment tests a specific prediction and records the result. Flooding is prolonged, full-intensity exposure to a feared stimulus without gradual steps; the focus here is self-acceptance in the face of disapproval.

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

79. C She advises, and the director decides whether to adopt the recommendation

A consultant provides expert advice without administrative authority. The program director, who is accountable for the program, weighs the recommendation against factors such as the program's mission, staffing, and licensing rules, and makes the decision. Being hired for expertise gives the psychiatrist influence, not authority. Shared authority would require a different role, such as a medical director position with defined responsibility for admissions.

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

80. C The options for continuing services and the benefits and risks of each

The Code says social workers leaving an employment setting should inform clients of appropriate options for continuing services and the benefits and risks of those options. A reassignment notice leaves the client out of the decision. Inviting clients to follow the worker centers the worker and may conflict with agency agreements; following her can be one option among several, where permitted and appropriate, but not the message itself.

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

81. B "Drinking is part of family time, and it doesn't feel like a problem to you."

Early in MI, the worker meets sustain talk with reflection, not argument. Reflecting his view without pushing back protects engagement and often lets the client soften his own position. Offering information about family risk is unrequested and invites defense; MI shares information after asking permission. Raising his liver tests counters his statement directly, which tends to draw more sustain talk this early. Suggesting his family drinks too much contradicts him and is likely to create discord.

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

82. A A prior suicide attempt

A prior suicide attempt is one of the strongest single predictors of later suicide death, which is why attempt history, including interrupted and aborted attempts, belongs in every assessment. Passive thoughts of death deserve attention and can grow more severe, but on their own they predict less than a past attempt. Generalized anxiety disorder raises risk somewhat, especially alongside depression, though it is not among the strongest predictors. A prior attempt raises risk without settling it; the full formulation still decides the response.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

83. B Support her goal and refer her today for MOUD evaluation

Medication for opioid use disorder with buprenorphine or methadone is the recommended treatment in pregnancy because it lowers the risk of relapse, overdose, and fetal stress compared with stopping. Supporting her goal while offering that option respects her motivation and safety. Stopping abruptly on her own risks withdrawal and relapse. Supervised withdrawal is offered in some programs but carries higher relapse rates and is not the first-line recommendation. Setting a taper schedule is medical advice outside the social worker's scope. Would change if: she declined medication after an informed discussion, making a medically supervised plan the next best option.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

84. D Law and order orientation

Kohlberg's stage 4, law and order (maintaining the social order), treats rules and duty as necessary to keep society functioning. Russell's focus on duty and on what happens if everyone ignores rules fits this stage. Social contract orientation would see the rule as an agreement that should be changed through fair procedures if it fails to protect rights. Good interpersonal relationships centers on approval and being seen as good by others. Universal ethical principles rest on self-chosen principles of justice that can override rules.

Human Development & Behavior · Review: Chapter 6

85. D "You're right that I forgot, and I'm sorry you were stuck waiting."

Robin's reply is defensiveness, an excuse plus a counterattack; the Gottman antidote is taking responsibility, even for part of the problem, as in admitting he forgot and acknowledging her experience. Asking for a break is the antidote to stonewalling and flooding, which Robin has not shown. Restating that she thinks he forgot on purpose adds a motive she did not express and keeps the debate going. Expressing appreciation is the antidote to contempt and is useful in general, but it sidesteps the complaint in front of them.

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

86. B Severity of suicidal ideation and types of suicidal behavior

The C-SSRS asks a graded series of questions about suicidal ideation, from a wish to be dead to active thoughts with method, intent, and plan, and then about behavior: actual, interrupted, and aborted attempts and preparatory acts. Positive answers guide the next step in care. Two-week depression severity describes the PHQ-9, which has one item on thoughts of death or self-harm but is not a suicide risk instrument. Lifetime trauma and adversity exposure is what trauma checklists or the ACE questionnaire capture.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

87. C "Not necessarily. It means he should be referred for a full evaluation now."

The M-CHAT-R/F screens toddlers 16 to 30 months old for autism risk. A high-risk score calls for prompt referral for diagnostic evaluation and early intervention, but it does not establish a diagnosis; some children who screen positive have other developmental delays or none. Waiting until age 3 delays services that help most when started early (underreaction). Telling the parents a high score confirms autism overstates what a screening tool can do.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

88. C A client seeks the worker's approval as she did a critical parent's, though the worker is not critical

Transference is the client's redirection of feelings and patterns from earlier important relationships onto the worker, especially when the worker has done nothing to prompt them. Seeking approval from a non-critical worker as if from a critical parent fits. The drifting worker describes the worker's own reaction, which falls under countertransference. Anger at lost paperwork is a realistic response to a real event. Disagreement about scheduling is a practical alliance issue, not a displaced pattern.

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

89. A Cisgender

Cisgender describes a person whose gender identity aligns with the sex assigned at birth; it is the counterpart to transgender. Heterosexual describes sexual orientation, not gender identity, and a cisgender person can have any orientation. Gender-conforming describes expression that matches cultural expectations, which a cisgender person may or may not show. Binary refers to identifying within the categories man or woman, which includes many transgender people. Staff who mix up these terms make Assumption errors with clients.

Diversity, Culture & Social Justice · Review: Chapter 5

90. D Explain the conflict and refer him to other therapists who take his insurance

An active business relationship with a prospective client is an avoidable dual relationship, and nearby alternatives exist. Referral protects Marcus and the worker's judgment. A begins therapy while the business tie is live, the riskiest period. B ends the overlap at a cost to the worker but still starts treatment with a person she has a recent financial relationship with, when referral is simple. C places the decision on Marcus, though the duty to avoid the conflict is the worker's.

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

91. C Respect her request, build a safety plan with her, and give her information about adult protective services

The stem makes reporting discretionary, and Mrs. Lindgren has capacity, has taken protective steps, and has asked that no report be made. Her self-determination carries the decision, so the counselor supports her safety plan and makes sure she knows how to reach APS herself. Reporting over her objection is permitted but overrides a capable adult without imminent danger to justify it. Contacting the son discloses her confidences and could raise her risk. Would change if: reporting were mandatory, or she lacked capacity or faced imminent danger.

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

92. C Sit with her and invite her to pray in her own words, then offer to call the chaplain

Mrs. Bell is near death and asking for spiritual companionship now. Being present while she prays in her own words honors the request without the worker performing a faith she does not hold, and offering the chaplain adds expert spiritual care. Exploring the meaning of a request is often the right move, but here it delays a clear, time-sensitive wish. Deferring to tomorrow may leave her unsupported when she asked. Leading a prayer from a tradition the worker does not practice risks getting it wrong. Would change if: the request were ambiguous or came early in a long relationship, making exploration the better first step.

Diversity, Culture & Social Justice · Review: Chapter 5

93. A Countertransference in the form of overidentification with the client

Noor's reactions come from her own history and are steering her work: she takes the adolescent's side, labels the parents quickly, and avoids them. That is worker countertransference, specifically overidentification with the client. Transference would be the client's feelings toward Noor based on his past relationships, which the stem does not describe. Parallel process refers to a dynamic mirrored between the worker-client and supervisor-supervisee relationships; nothing here suggests that Noor and her supervisor are reenacting the family conflict.

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

94. B Stay neutral and ask Aliyah what she hoped the dinner would mean to her

Aliyah is inviting the social worker into a triangle. A Bowen therapist detriangles by staying calm and neutral and turning the focus back to each partner's own experience. Siding with Aliyah, even with a valid point, makes the therapist the third party and leaves the husband outnumbered. Declining to judge and then moving on avoids the triangle but drops an important moment. Asking the husband about looking away is a reasonable process question, yet it shifts focus onto him and can feel like the therapist answering on Aliyah's behalf. Would change if: Aliyah were describing threats or fear of her husband, the social worker would address safety directly rather than stay neutral.

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

95. A Secure

Secure infants use the caregiver as a base for exploration, may protest separation, seek contact at reunion, are comforted quickly, and return to play. Sofia shows each of these. Resistant (ambivalent) infants are highly distressed, seek contact but resist it, and are hard to soothe. Avoidant infants show little distress and ignore or turn away from the caregiver at reunion. Disorganized infants show contradictory or confused behavior, such as freezing or approaching while looking away, with no consistent strategy.

Human Development & Behavior · Review: Chapter 6

96. B It was built largely on male samples and ranked care-based reasoning as less mature

Gilligan argued that Kohlberg's stages were developed mainly from studies of boys and men and ranked justice-based reasoning above reasoning grounded in care, responsibility, and relationships, which she called an ethic of care. Kohlberg claimed his stages were universal, so the cultural-differences critique reverses his position. Kohlberg built his stages around logical reasoning about dilemmas, so a critique that he neglected logic misstates his theory. In practice, the point is to hear care-based reasoning from any client as mature moral thinking.

Human Development & Behavior · Review: Chapter 6

97. C Ask Mr. Haile how he understands his sleep problem and what he hopes will help

Background reading can suggest questions, but Mr. Haile is the authority on his own experience. Starting with his explanation of the problem and his goals is the first step of an individualized assessment. Telling him what the articles suggest applies a group generalization to him (assumption). Asking what elders in his community do centers the group instead of his own view. A community referral may help later, but making it before learning what he wants is premature.

Diversity, Culture & Social Justice · Review: Chapter 5

98. C Substituted judgment standard

Substituted judgment asks the decision-maker to choose as the patient would have chosen, using the patient's known values and wishes, and it is the preferred standard when those wishes are known. The best interests standard applies when the patient's wishes are unknown and asks what would most benefit the patient. The reasonable person standard concerns what information a typical patient would want disclosed. The least restrictive alternative concerns settings and interventions, not the decision-making standard.

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

99. B work with the parents as a couple on their own conflict

Marcus's fights started when his parents' conflict escalated, and the parents keep the focus on him, a sign he is the third point in their triangle. A Bowen therapist would work with the parents, often as a couple, to lower their reactivity so the child no longer carries the tension. A school reward plan treats the symptom and leaves the triangle intact. Individual sessions with Marcus can help him cope but focus on the wrong client for this framework. Family sculpting is Satir's experiential technique.

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

100. A Beginning with the client's own view of the problem and priorities

Starting where the client is means beginning with the client's understanding of the problem, readiness, and priorities, which builds engagement and respects self-determination. The referral source's concern matters but may not match what the client wants help with. The most serious issue by assessment may need attention, but leading with it before engaging the client's priorities can cost the relationship. Safety concerns are the exception.

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

101. A Check for missed benefits, such as WIC or school meals, and link her to food resources

Running short of food at month's end is common when benefits and part-time wages fall below the real cost of feeding a family; it is a resource gap, not evidence of poor budgeting. Checking for unclaimed benefits and food resources addresses the gap directly. Budget coaching assumes a personal deficit and may add shame. Exploring stress and appetite misreads deliberate meal-skipping, done to feed her children, as a symptom. The worker notices the individualizing assumption in her own first thought and sets it aside.

Diversity, Culture & Social Justice · Review: Chapter 5

102. A Call a break of at least 20 minutes for self-soothing, with a plan to return to the topic

Kenji is flooded (silent, racing heart, unable to respond), which is the physiology behind stonewalling. The Gottman antidote is a structured break of at least 20 minutes for physiological self-soothing, followed by a return to the conversation. Asking him to describe his feelings while flooded is True but not now, since a flooded partner cannot take in the exchange. Telling him to stay engaged pushes against his physiology and may escalate things. Coaching a gentle start-up is useful, but it does not calm his current arousal. Would change if: Kenji were calm but quiet, inviting him to share what he feels would be the better next step.

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

103. C Differential reinforcement of an alternative behavior

The teacher withholds attention from the problem behavior and reinforces a specific replacement behavior (hand raising). That pairing is differential reinforcement of an alternative behavior. Extinction alone would withhold attention without teaching a replacement, and here the teacher actively reinforces hand raising. Response cost removes earned points or privileges. Time-out removes the student from access to reinforcement for a period; the student stays in the lesson in this plan.

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

104. A Disclose the conflict and have a colleague handle the placement

A family financial interest in a placement decision creates a conflict even if the worker tries to be neutral. Disclosure and a colleague handling the placement protect Mrs. Ito's choice. B sounds fair but leaves the worker's judgment, and the patient's perception of it, open to influence. C removes an option that might be the best fit for Mrs. Ito, harming her to avoid the worker's conflict.

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

105. D ADHD, combined presentation

Eli has six or more symptoms in both the inattentive and the hyperactive-impulsive domains, for more than 6 months, in two settings, beginning before age 12. Meeting both thresholds defines the combined presentation. The predominantly hyperactive/impulsive label applies when inattention criteria are not met, and he meets them. The predominantly inattentive label applies when hyperactivity-impulsivity criteria are not met, and he meets those too. ODD centers on angry, defiant, or vindictive behavior toward authority; the stem describes distractibility and impulsivity, not defiance.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

106. D Parent management training

For oppositional defiant behavior, parent-focused behavioral treatment is first-line. At 9, Tariq is older than the roughly 2-to-7 range that standard PCIT targets, so parent management training, which teaches praise, consistent consequences, effective commands, and time-out or privilege loss, fits best. PCIT is the right choice for younger children. Play therapy fits emotional concerns rather than conduct. Individual cognitive therapy alone leaves out the parents, who manage the daily contingencies. Would change if: Tariq were 4; then PCIT would be a strong choice.

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

107. C Substance/medication-induced psychotic disorder

Psychosis that develops during heavy use of a substance capable of producing it, in a person with no prior history, and that fades as the substance clears, points to substance/medication-induced psychotic disorder, here due to methamphetamine. Brief psychotic disorder requires that the symptoms not be attributable to a substance. Delusional disorder requires delusions for at least one month that a substance does not explain. Schizophreniform disorder requires one month or more of symptoms not caused by drugs. If paranoia persisted well over a month into abstinence, an independent psychotic disorder would become more likely.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

108. D Add fidelity monitoring and model-specific supervision

The data show the model is not being delivered as designed, so the outcomes do not yet test the model. Implementation research suggests that one-time training often does not change practice on its own; ongoing coaching and fidelity monitoring help sustain it. Structured, model-specific supervision addresses the gap the stem identifies. Switching models assumes the treatment failed when it was never fully delivered. Repeating the workshop adds knowledge but not the ongoing support that was missing. Unstructured adaptation is what produced the drift. Would change if: fidelity were high and outcomes still flat, raising questions about fit for this population.

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

109. C DEAR MAN

DEAR MAN (describe, express, assert, reinforce, stay mindful, appear confident, negotiate) is the interpersonal effectiveness skill for making a request or saying no while working toward the objective. That is exactly her task with the landlord. Opposite action changes an unjustified emotion by acting against its urge. Radical acceptance helps with realities that cannot be changed, and the heater can be fixed. Wise mind is a mindfulness skill that balances emotion and reason; it helps but does not structure a request.

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

110. C Review a new treatment agreement covering goals, fees, and what will be shared

Andre's status has changed from mandated to voluntary, so the worker needs fresh informed consent: new goals, fees, and confidentiality terms with no court reporting unless he agrees. Continuing the reports is already-done work that is no longer authorized. Telling probation discloses information without consent or a current requirement. Referring him out is worker-centered and discards the alliance he has built. Would change if: his probation terms still required ongoing treatment reports, which would keep a release and reporting in place.

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

111. D Identity diffusion

Identity diffusion is the status with neither exploration nor commitment: the person is not actively considering options and has not chosen a direction. Kristen's lack of thought about goals and values and her 'whatever happens' stance fit diffusion. Living with parents and working part-time are common at her age and do not decide the status. Moratorium involves active exploration that has not yet led to commitment. Foreclosure involves commitment without exploration. Identity achievement follows both exploration and commitment.

Human Development & Behavior · Review: Chapter 6

112. B Whether other members of the person's cultural group share the belief

DSM-5-TR excludes beliefs that are ordinarily accepted by other members of the person's culture or subculture from the definition of a delusion, so whether others in the person's community share the belief is the key test. Many shared, ordinary beliefs involve spirits or supernatural forces, so content alone does not signal psychosis. Strong conviction is typical of both religious faith and delusions, so it does not separate them.

Diversity, Culture & Social Justice · Review: Chapter 5

113. B Wait to complete the release until Kurt is sober and can understand it

Intoxication temporarily impairs the ability to understand and appreciate what a release authorizes, so the signature should wait until he is sober. Accepting his self-report ignores clear signs of impairment. Signing now and reviewing later means information could be released to his employer on the basis of consent he was unable to give.

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

114. C Rosa controls her own confidentiality and records, as an adult client would

Emancipation gives a minor the legal status of an adult for most purposes, including consent to treatment and control of health information, so her father has no right to information without her authorization. Being under 18 does not matter once a court has emancipated her. Paying for services does not create a right to clinical information; the client, not the payer, controls disclosure.

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

115. B Avoidant/restrictive food intake disorder

Nia restricts food out of fear of choking and has lost weight with nutritional concerns, with no fear of weight gain or body image disturbance. Avoidance driven by fear of aversive consequences, leading to weight loss or nutritional deficiency, is ARFID. Anorexia requires fear of weight gain or disturbed body image, and she likes how she looks. A specific phobia can involve fear of choking, but when food avoidance causes weight loss and nutritional problems, ARFID fits better. PTSD requires intrusion, mood, and arousal symptoms the stem does not describe. Would change if: she ate normally and avoided only swallowing pills.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

116. D Call the landlord for Leon to explain his hospitalization and seek more time

Coaching self-advocacy is preferred when a client is able, but Leon currently lacks the capacity, faces a short deadline, and has consented to direct advocacy. Calling the landlord protects his housing while he recovers. Coaching him now sets him up to fail. Waiting risks an eviction filing before he is stable. Legal aid may help later, but no case has been filed yet and a direct call may resolve the problem. Would change if: Leon were stable enough to make the call, which would make coaching him the better choice.

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

117. B "On a scale of 0 to 10, where is the family today, and what would one point higher look like?"

Scaling questions let each member rate the situation, honor different views, and point to the next small, observable step, which is the solution-focused way to set goals. Asking what caused the problem focuses on the past and on blame, which solution-focused work avoids. Ranking who worries most is a Milan circular question that reveals patterns but does not set a next step. Naming the arguing as a character is narrative externalizing, which separates the problem from people rather than measuring progress.

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

118. B Help the couple renegotiate household roles, recognizing how each changed during deployment

Reintegration often requires renegotiating roles that shifted during deployment, and the conflict centers on exactly that. Lewis denies trauma symptoms and Danielle describes him as unchanged apart from being out of step, so attributing the conflict to PTSD would be Assumption. Backing Danielle's arrangement takes a side instead of helping the couple decide together. Individual counseling first delays work on a shared, relational problem. Would change if: Lewis reported nightmares, hypervigilance, or outsized anger, which would make a PTSD assessment the priority.

Diversity, Culture & Social Justice · Review: Chapter 5

119. D A self-interrupted (aborted) attempt

On the C-SSRS, an aborted or self-interrupted attempt is one in which a person takes steps toward an attempt and stops on their own before any self-injury; standing at the railing ready to jump and then stepping back fits. An interrupted attempt is stopped by someone or something outside the person. An actual attempt involves a potentially self-injurious act with some intent to die, which did not occur. Preparatory behavior covers acts such as gathering a method or writing a note, short of steps toward the act itself. Aborted attempts raise risk and belong in the history.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

120. C The effect is real statistically but too small to matter clinically

With 6,000 clients, even a tiny difference can reach statistical significance. A p value below .001 says the difference is unlikely under the null hypothesis, but it does not say the difference matters. A 1.5-point change on a 60-point scale is unlikely to be noticeable in clients' lives. Adopting on the p value alone confuses statistical with clinical significance. Calling it chance contradicts the p value. Sample size affects significance, not clinical importance.

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

121. C Stress with the benefits office and no link to employment are targets for planning

The ecomap shows both supports and gaps: strong ties to her sister and church are strengths to draw on, while the stressful link to the benefits office and the missing link to employment services show where planning could help. Strong church involvement shows a resource, not that her difficulties are spiritual. A close sister is a strength, but she does not replace the benefits and job connections Dana lacks.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

122. B Family-based treatment with parents in charge of refeeding

Family-based treatment, sometimes called the Maudsley approach, is the first-line outpatient treatment for adolescents with anorexia nervosa; parents temporarily take charge of refeeding, then gradually hand control back. Ella is medically stable and her parents are engaged, the conditions this approach needs. Individual psychodynamic therapy has less evidence for adolescents. Peer support groups may reinforce eating disorder behaviors and are not a primary treatment. Structural work on boundaries without an eating focus delays nutrition, the priority.

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

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.