SUMMIT
STUDY GUIDES

LCSW

ASWB Clinical Practice Exam

Exam 4

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 4: 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. A Form an advisory group of community members to review services and give ongoing feedback

Cultural humility includes institutional accountability: ongoing partnerships that let the community shape and critique services. A standing advisory group does that. A one-time list of traits treats culture as fixed facts and invites stereotyping, especially across several distinct ethnic groups. Routing every family to one staff member overloads that worker, assumes shared views across different communities, and relieves other staff of the work. Translated brochures improve access but leave the service model unexamined.

Diversity, Culture & Social Justice · Review: Chapter 5

2. B Schizotypal personality disorder

A lifelong pattern of odd beliefs (sensing others' thoughts), eccentric appearance, odd speech, lack of close friends, and social anxiety that does not ease with familiarity gives five schizotypal personality disorder criteria; DSM-5-TR also lists it in the schizophrenia spectrum chapter. Schizophrenia requires sustained psychotic symptoms, and he has had no hallucinations or fixed delusions. Schizoid personality disorder involves detachment and indifference to relationships without odd beliefs or eccentric behavior. Delusional disorder requires a fixed delusion for at least a month.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

3. B Remove Carl from client contact for the day and follow the agency's impairment policy

Signs of intoxication just before leading a group put clients at risk now, so protecting clients comes first: remove Carl from client contact and follow the agency's policy, which usually involves HR and a referral such as the employee assistance program. Letting him lead the group is an underreaction. Exploring his stressors is reasonable later but does not address the immediate risk. A board report as a first step is an overreaction; the Code's guidance on colleague impairment favors addressing it directly and through agency channels first, unless state rules require a report.

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

4. C Arrange a follow-up contact in a few weeks to check on her progress

Roberts' seventh stage is follow-up: planning a later check-in or booster session to confirm gains hold. Starting trauma-focused therapy is an overreaction when her symptoms are easing; it fits if symptoms persist. Closing without follow-up skips the last stage of the model. Exploring childhood vulnerability moves beyond crisis work into longer-term therapy she has not requested.

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

5. C Offer crisis sessions this week, while she is most open to help

Crisis states are time-limited and clients are often most open to help early, so prompt, focused crisis work fits a first-time crisis eight days after a loss. A six-week wait would fall at the point many crises have already resolved, adaptively or not. A monthly group may help later but is too infrequent for acute distress. A medication evaluation addresses one symptom and is not the first response to a normal crisis reaction.

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

6. C Tell the client about the error at the next contact and give her the accurate fee information

Integrity calls for honesty and correcting misinformation the worker gave, and the client needs accurate cost information to give informed consent. Telling her and giving the right fee fixes both problems before costs are incurred. Quietly having billing charge the lower amount may look generous, but it keeps the client uninformed and bypasses agency policy without a transparent request. Waiting for the client to raise it leaves her relying on false information.

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

7. D Document her hardship and waive the copay under the contract's terms

The contract allows hardship waivers, so documenting and waiving keeps Marguerite in care with a worker she has seen for a year. A is reasonable but disrupts an established relationship when a permitted option exists. B is billing fraud. C lets a debt grow that she has said she cannot pay. Would change if: the contract barred waivers, a sliding self-pay arrangement or referral would be the honest choice.

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

8. B Social planning

Social planning uses data, analysis, and expertise to solve a defined community problem, which matches siting decisions made from overdose data. Locality development would emphasize resident participation and consensus-building. Social action would involve organizing an affected group to pressure officials for change. Here the decisive features are the data review and expert input guiding where resources go.

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

9. C Uncomplicated bereavement

Prolonged grief disorder requires grief that clearly exceeds the person's own cultural, religious, and community norms and impairs functioning. Mrs. Castellanos's practices are expected in her community, and she works, cares for her grandchildren, and enjoys her sisters, so her grief is recorded as uncomplicated bereavement, a Z-code condition that may be a focus of clinical attention rather than a mental disorder. Passing 12 months does not make grief a disorder. MDD requires five pervasive depressive symptoms. Adjustment disorder is not used for normal bereavement. Would change if: she had stopped working and her family saw her grief as far beyond their expectations.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

10. A Return to the goals Mara set and leave the relationship for her to raise

The negative screen and Mara's stated goals point to the worker's own agenda as the problem; pressing a concern the client has not raised is paternalism. Refocusing on her goals respects her choices and leaves the door open. Asking why she avoids the topic treats her boundary as resistance. Rescreening is reasonable if new warning signs appear, but none are described. Inviting the boyfriend changes the client and the contract without her request. Would change if: Mara described fear, control, or threats, safety assessment would move to the front.

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

11. A Caffeine-induced anxiety disorder

Anxiety that develops during or soon after use of a substance capable of causing it, and that tracks the substance, points to substance-induced anxiety disorder. Destiny's symptoms began after she started heavy caffeine use, ease when she cuts back, and have no prior history. GAD requires at least six months of excessive worry about many topics, and her symptoms are three weeks old and mostly physical. Panic disorder requires recurrent unexpected panic attacks with ongoing worry about them, which the stem does not describe. Night-shift sleep loss is worth discussing too.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

12. C Intimacy

In the intimacy stage, cohesion grows, members share more personally, and family-like feelings emerge, including sibling-style rivalry for the leader; members calling the group "my family" is the decisive sign. Power and control involves testing the leader and struggles over roles and status. Differentiation comes later, when members accept each other's differences and the group runs more on its own with less dependence on the leader.

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

13. B A senior panicking about graduating and leaving home

Developmental crises arise from expected life transitions, such as leaving home, starting a career, marriage, or retirement, when the demands of the transition overwhelm coping. The senior's distress about graduating and leaving home fits. A dorm fire, a parent's sudden death, and a car crash are situational crises: unexpected, external events that disrupt functioning. All four students may need support, but the question asks how to classify the crisis, not who most needs help.

Human Development & Behavior · Review: Chapter 6

14. B Naltrexone

Naltrexone dampens the rewarding effect of alcohol and reduces heavy drinking days, and it can be started while a person is still drinking, which fits Corinne's goal of cutting down; she takes no opioids, which would otherwise rule it out. Disulfiram causes a severe reaction when alcohol is consumed, so it suits only people committed to abstinence. Acamprosate is approved to help maintain abstinence after drinking has stopped, and its support for reducing drinking in people who keep drinking is weaker. The prescriber makes the final choice; the social worker's role is accurate information.

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

15. B Tell the surgeon that Mrs. Lindqvist needs the procedure explained again before she signs

Informed consent for surgery is the physician's responsibility, and Mrs. Lindqvist says she does not understand the procedure, so her consent is not yet informed. The social worker's role is to advocate by telling the surgeon she needs a fuller explanation. Explaining the surgery herself moves into a medical scope she lacks. Getting a signature from a patient who does not understand undermines informed consent. A daughter cannot sign for a patient who has not been found to lack capacity; not yet understanding the procedure is a gap in information, not proof of incapacity.

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

16. A Have Priyanka brought to a supervised space and assess her

Priyanka is on campus now, so the first move is to get her into a supervised setting and assess her directly: ideation, plan, whether she has pills with her or at home, and intent. Parent notification is required and should follow quickly, but sending her home before anyone knows the risk could put her near the pills without a plan. Reporting the post addresses visibility, not her safety. Friends may add information, but interviewing them first delays talking with the student. Would change if: she had already left campus, making an immediate call to her parents and emergency services the first step.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

17. C Ask directly about suicidal thoughts, intent, plan, and access to his rifles

His comments about rifles and his family managing without him are warning signs that call for direct suicide risk assessment, the first stage of crisis intervention. Helping with forms starts where he is but skips a safety concern he has raised. Validating feelings is the fourth stage and needs to wait until risk is assessed. A farm services referral is useful later but does not address danger now. Would change if: he had raised no warning signs and a safety screen was negative, making the insurance problem a good place to start.

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

18. C Unfinished identity work is limiting her capacity for intimacy, so closeness turns into merging

Erikson held that true intimacy requires a reasonably secure identity; without one, a person may fuse with a partner instead of joining as a separate self. Renata adopting each partner's views and feeling empty after breakups points to unfinished identity work showing up in her relationships. The resolved-identity option overlooks that she has no stable sense of her own preferences. Generativity is a midlife concern with guiding the next generation. Erikson saw earlier crises as revisitable, so the 'fixed' option misstates the theory. Would change if: she kept her own values across relationships but avoided commitment, pointing to the intimacy crisis itself.

Human Development & Behavior · Review: Chapter 6

19. A Share her psychosocial findings with the team and direct the capacity question to the attending

Under this hospital's policy, capacity determination belongs to the attending physician, so the social worker contributes what lies in her role: psychosocial findings about his supports, home, and understanding of risks. A cognitive screen can inform the question, but documenting a capacity finding exceeds the role the policy assigns. Telling Mr. Osei the team will decide disregards his self-determination before any finding. Urging acceptance without review dismisses a real safety concern instead of letting the proper process answer it. Would change if: policy assigned capacity screening to social work; completing the screen would fit her role.

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

20. B Advocate with the supervisor for a women's dorm bed tonight, then raise the policy for review

Valeria has asked for placement consistent with her gender identity and says the men's dorm feels unsafe. The worker's first duty is to advocate for that placement tonight, then address the policy that caused the problem. A private room may seem protective, but imposing it separates her based on identity when she has not asked for it. Sending her elsewhere at night risks leaving her unsheltered and accepts the policy. A complaint may be appropriate later but does nothing for tonight. Would change if: Valeria herself asked for a private room, which the worker would then try to arrange.

Diversity, Culture & Social Justice · Review: Chapter 5

21. D Help with the pension transfer first while continuing to watch his mood

He has a concrete, pressing goal, and suicide risk has been assessed and denied. Helping with the pension builds trust and may ease the stress feeding his low mood, while the worker keeps watching his symptoms. Insisting on depression treatment first ignores what he has asked for. Sending the paperwork elsewhere and redirecting to grief disregards his stated priority. A scale adds a hurdle before the help he wants. Would change if: he reported thoughts of suicide, which would make a safety assessment the first priority.

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

22. C Seek consultation about the attraction and monitor its effect on her work

Attraction to a client is common and not itself unethical; the duty is to recognize it, get consultation, and keep it from shaping clinical decisions. Andre is progressing, so disruption is not yet justified. A is a reasonable later step but would interrupt his progress before consultation shows it is needed. B burdens the client and sexualizes the relationship. D ignores early signs it is already affecting her behavior. Would change if: consultation found she could not keep the feelings out of her work, a referral would be best.

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

23. A Spoiled food, unpaid utility shutoff notices, and untreated wounds

Self-neglect is an older or dependent adult's failure to meet his or her own basic needs, such as food, hygiene, bills, and medical care. Spoiled food, shutoff notices, and untreated wounds show several needs going unmet. A cluttered room and unread papers may reflect habit or mild disorganization without risk to health. Grip marks and a controlling caregiver point to abuse by another person. A fall and inconsistent walker use describe a mobility and safety issue rather than self-neglect.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

24. A Make sure his medical provider is notified today for an evaluation

An abrupt change over a day, with fluctuating alertness, poor attention, and new perceptual disturbance, suggests delirium on top of his dementia, and a newly started medication is a possible cause. Delirium is a medical emergency, so getting him evaluated by a medical provider today comes first. A family meeting about level of care assumes the change is permanent progression. A cognitive screen is reasonable later, but scores taken during delirium do not reflect his baseline. Talking with the son supports the family but accepts his explanation before a medical cause is checked. Would change if: his decline had been gradual over months with stable attention; a cognitive screen or level-of-care discussion would then be reasonable.

Human Development & Behavior · Review: Chapter 6

25. B Use the model loosely and let Isabel's own account, including her family context, guide the work

Cass's model was developed from gay and lesbian experience and assumes a linear path; many people, including bisexual clients and those whose families shape disclosure, move back and forth. Isabel's privacy choices reflect real family context, not a stalled stage. Pushing her toward synthesis treats the model's order as a treatment goal. Assigning a best-fit stage forces her experience into categories the stem shows do not fit. Would change if: Isabel's distress centered on one clear decision, such as whether to tell her adult children, which would become the focus of planning.

Diversity, Culture & Social Justice · Review: Chapter 5

26. A Use the professional interpreter service for the consent discussion

When a client has limited English, the Code calls for a qualified interpreter whenever possible, and an adult son may filter, soften, or add to what is said about his mother's mental health. Using family as the default risks accuracy and her privacy. A translated form is helpful but does not replace a spoken discussion with a chance to ask questions; literacy in Bengali is also unknown. Simplified English does not ensure comprehension of consent.

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

27. D Having a household member who was incarcerated

The CDC-Kaiser ACE study measured abuse (physical, emotional, sexual) and household dysfunction, including violence toward the mother, household substance use, household mental illness, and an incarcerated household member; neglect and parental separation were added in its later standard ten-item version. Community violence, bullying, and poverty are real adversities that affect health, and some expanded ACE measures include them, but they were not among the original categories. Knowing the limits of the original list helps social workers avoid treating an ACE score as a complete picture of a person's adversity.

Human Development & Behavior · Review: Chapter 6

28. B Reassess with Andrea and revise the treatment plan to address her drinking

The helping process is cyclical: new information in the middle phase sends the worker back to assessment and planning. Nightly drinking to manage anxiety may maintain the panic, so the plan needs to address it with her. Continuing unchanged is underreaction because it leaves a likely maintaining factor in place for six more weeks. Pausing treatment for a referral is premature before the drinking has been assessed. Pointing out the omission invites shame and risks the alliance. Would change if: she reported withdrawal seizures or morning shakes, which would make a medical evaluation for withdrawal risk the first step.

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

29. C Set up a warm handoff to an intensive outpatient appointment this week

Withdrawal management stabilizes the body but is not treatment, and recurrence is likely without linkage to ongoing care, so the next step is a warm handoff to the next level, ideally with a scheduled appointment. A list of meetings is useful but is a cold referral and not treatment on its own. A three-month primary care visit is too little and too late. Repeating the withdrawal screen is Already done; she completed medically managed withdrawal and is stable.

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

30. B Prescribing the symptom

Asking the family to produce the problem on a schedule is a paradoxical directive known as prescribing the symptom; the child either gains control over the tantrum or drops it rather than perform it on command. Extinction withdraws the reinforcement that maintains a behavior, such as ignoring tantrums, which is the opposite of requesting them. An enactment has the family act out its interaction pattern in session for observation. An ordeal attaches an unpleasant but beneficial task each time the symptom occurs, rather than asking for the symptom itself.

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

31. C A person reasonably able to prevent or lessen the threat, including the target

HIPAA permits a disclosure, consistent with law and ethics, to a person or persons reasonably able to prevent or lessen a serious and imminent threat, which includes the intended target and law enforcement. An employer is a proper recipient only if it can actually prevent the harm, not to monitor the client. Family members who simply ask are not proper recipients on that basis. Public announcements go far beyond the minimum needed to prevent the harm.

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

32. C Encourage her to discuss safer fasting with her physician and help her prepare

Fasting while taking a medication that lowers blood sugar is a medical risk, and her physician can adjust timing or doses so she can observe the fast more safely. Encouraging that conversation, and helping her explain what the fast means to her, respects both her faith and her health. Telling her she is excused is religious interpretation outside the worker's role. Suggesting a dose change is a scope violation. Exploring meaning is worthwhile, but with the fast two weeks away, the medical plan comes first. Would change if: she had already worked out a fasting plan with her doctor, making exploration of the fast's meaning a good next step.

Diversity, Culture & Social Justice · Review: Chapter 5

33. A Task-centered practice with agreed tasks and a set time frame

He has concrete, practical problems and asks for structured, step-by-step help. Task-centered practice, developed in social work, fits this: he chooses target problems, and worker and client agree on tasks to complete between sessions within a set time frame. SFBT is reasonable and also brief, but it centers on goal pictures and exceptions rather than task planning. IPT treats depression, which he does not have. Existential work addresses meaning, which he has not raised. Would change if: he were struggling with the loss itself and not the paperwork; then grief-focused work would take priority.

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

34. B Acknowledge she knows military culture better and ask what her service has meant to her

Tanya is testing whether this civilian can understand her. Acknowledging the limits of the worker's knowledge and asking her to teach builds trust and yields key information about her culture. Reassurance about training sidesteps her concern. A Vet Center may be a good option if she wants it, but offering referral at the first sign of doubt can feel like rejection. Mentioning a parent's service shifts the focus to the worker and claims a familiarity she did not ask about.

Diversity, Culture & Social Justice · Review: Chapter 5

35. D Tell clients now and begin transition planning and referrals, starting with the higher-risk clients

Three weeks of notice is enough for a real transition, and the Code calls for reasonable steps to avoid abandonment and to keep services continuous when illness interrupts them. Telling clients directly, giving them time to process, and arranging referrals with consent to share information protects them, with the two higher-risk clients first. Having a colleague call after surgery wastes the notice she has. Waiting for the final session leaves no time to transition. A form letter is a step toward continuity but lacks transition work and risk-based planning. The lease is irrelevant.

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

36. B Radical acceptance

Radical acceptance, a distress tolerance skill, is fully accepting a reality that cannot be changed right now, so the pain is not multiplied by fighting it. Patrice describes exactly that. Opposite action acts against an emotion's urge when the emotion does not fit the facts. Wise mind is a mindfulness state that integrates emotion and reason. DEAR MAN structures a request to another person; she is not asking anyone for anything here.

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

37. B Review the record, discuss with the client what may be disclosed, and consult agency counsel

A fact witness testifies about what she observed and did, so she should know the record, prepare the client for what the waiver allows to be disclosed, and get legal guidance on scope. A fact witness offers facts, not an expert opinion on the ultimate question. Removing notes from a file that is under subpoena can be treated as destroying evidence. Arranging questions with the opposing attorney is outside her role and could compromise the client's interests.

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

38. A Formative evaluation

Formative evaluation takes place during development or early delivery and aims to improve the program, here by gathering feedback and usage data before full rollout. Summative evaluation comes at the end to judge whether the program worked and should continue. Outcome evaluation measures whether participants changed, such as in depressive symptoms, which is not the stated purpose. Cost-benefit analysis compares a program's costs and benefits in dollars.

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

39. C Behavioral description

Narrating what the child is doing, without judgment or direction, is behavioral description, one of the PRIDE skills (praise, reflect, imitate, describe, enjoy). It shows interest and holds the child's attention on the activity. Reflection repeats or paraphrases what the child says, and the child has not spoken. Labeled praise names a specific behavior with approval ("Great job building carefully"). Imitation means doing the same play alongside the child.

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

40. C Explain what the release covers and that other session content stays private

Mandated clients engage more honestly when they know exactly what is shared, and the release defines it: attendance, participation, and screen results. Telling him that plainly respects his rights and the limits of the release. Saying nothing goes out without his approval each time is false, since he already authorized ongoing disclosures. Saying probation can obtain his full record overstates the release and may silence him. Sending him to his probation officer avoids a question the worker should answer.

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

41. A 30 days, with one 30-day extension if the client is told in writing

HIPAA requires a covered entity to act on an access request within 30 days, with one 30-day extension if it notifies the individual in writing of the reason and the expected date. HHS has proposed shortening these periods, but as of 2026 the 30-day rule stands. Some state laws set shorter deadlines, and the shorter one controls when it gives clients greater rights. A 10-day rule with no extensions is not the federal standard. Off-site storage does not justify a 90-day timeline; storage location is the provider's problem to manage.

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

42. C Rationalization

Kiara builds logical-sounding reasons to make a painful disappointment acceptable, and the shift from 'dream program' to 'overrated' signals rationalization. Denial would mean refusing to accept that the rejection happened, but she acknowledges it. Intellectualization would involve detached analysis, such as discussing admission statistics to avoid feeling disappointed, rather than inventing reasons the outcome was desirable all along.

Human Development & Behavior · Review: Chapter 6

43. C Adjustment disorder with disturbance of conduct

Tyler's truancy and vandalism began within three months of an identifiable stressor and are a change from his usual behavior, which fits adjustment disorder with disturbance of conduct. Conduct disorder requires at least three criteria in 12 months; property destruction counts, but truancy counts only when it began before age 13, so he meets one. ODD requires six months of angry, defiant behavior toward authority figures. The mixed emotions and conduct subtype applies when symptoms such as depression or anxiety accompany the conduct problems, and his mood has been steady.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

44. D Alcohol-induced depressive disorder

Depression that develops during heavy use of a substance capable of causing it, with no history of independent episodes, points to substance-induced depressive disorder. Bernard's symptoms began during months of daily heavy drinking, and he had no depression while sober. MDD becomes more likely if symptoms persist about a month into abstinence. Adjustment disorder fits the layoff but is not used when a substance better explains the symptoms. Persistent depressive disorder requires two years. Would change if: his depression began before the drinking or continued well into sustained abstinence, supporting MDD.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

45. A Emotional cutoff

Emotional cutoff is managing unresolved attachment and anxiety with family by distancing, physically or emotionally. Bowen saw cutoff as a sign of unresolved fusion, not independence, and Wesley's strong reactions to his partner's parents suggest the issues remain active. High differentiation would let him hold his own views while keeping some contact with his family. Sibling position is Bowen's idea that birth order shapes roles and functioning, which the stem does not address.

Human Development & Behavior · Review: Chapter 6

46. C Explain that it is a legal question and help her reach a family law attorney

Predicting a custody outcome or advising on legal strategy is legal advice, which is outside social work scope. Helping Grace reach legal counsel meets her need. The worker can still support her emotionally. A offers a general legal prediction she may rely on. B gives specific legal-strategy advice that an attorney should give.

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

47. B Teach overdose risk, give naloxone, and link him to MOUD

After months without opioids, tolerance drops sharply, and the weeks after release from incarceration carry a high risk of fatal overdose, especially with a fentanyl-contaminated supply. Tyrell's plan to 'use once' makes overdose education, naloxone, and a link to medication for opioid use disorder the most pressing steps. Twelve-step meetings can support recovery but do not address overdose risk. Housing and work matter for reentry, though they are not the first concern. Assessing readiness is useful, but his stated plan already defines the risk.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

48. C Make a report to child protective services

Ipecac in the mother's bag and vomiting that stops in her absence give reasonable cause to suspect she is inducing the child's illness, which is child abuse; in factitious disorder imposed on another, the perpetrator receives the diagnosis. State law requires a report on reasonable suspicion, not proof, so reporting is the Law rung. Confronting the mother is investigation, not the worker's role, and could endanger the child (Premature intervention). Waiting for toxicology delays a mandated report (Underreaction). A psychiatric evaluation of the mother may follow but does not protect the child now (True but not now).

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

49. D Provide the chart and explain that her separate session-analysis notes are excluded

Notes that analyze session content and are kept apart from the medical record meet HIPAA's definition of psychotherapy notes, and the HIPAA right of access excludes them, although the worker may choose to share them. Kendra is entitled to the rest of her record. Saying clients may see everything misstates the rule for psychotherapy notes. Possible upset is not a lawful basis to deny access to the whole record. A summary may be offered only if Kendra agrees to it in place of the copy she requested.

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

50. D Cannabis use disorder, moderate

Julian meets four of the 11 criteria within 12 months: unsuccessful efforts to cut down, a great deal of time spent using, giving up an important activity, and tolerance. Four or five criteria define moderate severity. Mild requires two or three criteria, so it undercounts his presentation. Severe requires six or more, which he does not reach. Intoxication describes the acute effects shortly after use, while the stem describes a year-long pattern of problematic use.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

51. D Severity is rated separately by domain, and he needs more support for social communication

DSM-5-TR rates ASD severity separately for social communication and for restricted, repetitive behaviors, using Level 1 (requiring support), Level 2 (requiring substantial support), and Level 3 (requiring very substantial support). This child needs substantial support in social communication and less in the behavioral domain. Very substantial support describes Level 3, not Level 2. The two ratings are not merged into one overall level; each domain keeps its own. Intellectual impairment is recorded with a separate specifier and is not implied by a severity level.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

52. A Share what is known and unknown, with a timeline and regular updates

During change, honest and regular communication reduces rumor and anxiety even when answers are incomplete. Sharing what is known, what is undecided, and when decisions will be made builds trust. Silence until decisions are final lets rumors fill the gap and may drive staff to leave. Promising that no positions will be cut makes a commitment the director cannot yet keep and will damage trust if cuts follow.

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

53. C Review other well-supported options, such as cognitive processing therapy, and decide together

EBP integrates research evidence, clinical expertise, and client values. Darnell has stated a clear preference, and other trauma-focused treatments with strong evidence exist, so reviewing them and choosing together satisfies all three parts. Pressing prolonged exposure ignores his values. Supportive counseling honors his preference but drops the research component when well-supported alternatives fit his wishes. Referring him so someone can persuade him is worker-centered and treats his preference as an obstacle rather than part of the decision.

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

54. D Contingency management, often combined with CBT

No medication is FDA-approved for stimulant use disorder, and contingency management, which gives tangible rewards for verified abstinence such as negative urine tests, has the strongest evidence, often alongside CBT. Buprenorphine is a partial opioid agonist used for opioid use disorder. Disulfiram is an alcohol deterrent; it has been studied for cocaine without consistent support. Naltrexone treats alcohol and opioid use disorders, and motivational interviewing helps with ambivalence but is not the strongest stimulant-specific option.

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

55. D Own the question as a misstep in the group and note that members speak for themselves

The facilitator asked Gabriela to represent an entire group, a tokenizing microaggression, and did it in front of the group. Owning the misstep in the room repairs the message where it was sent and models the norm that members speak only for themselves. Inviting everyone to share backgrounds dilutes the misstep without owning it. A private apology can follow, but alone it leaves the group's impression uncorrected. Moving on lets the moment stand and leaves Gabriela carrying it.

Diversity, Culture & Social Justice · Review: Chapter 5

56. B An obsession, because she sees the thought as likely untrue and unwanted

Obsessions are intrusive, unwanted thoughts or images experienced as distressing; Talia recognizes the fear is almost certainly untrue, which shows good insight. A delusion is held with fixed conviction, and she does not hold it that way. An overvalued idea is an unreasonable belief the person endorses and defends, not one she experiences as intrusive and resists. Mental images she knows are her own thoughts are not perceptions, so they are not hallucinations. Would change if: she were fully convinced she had hit someone despite evidence, which DSM-5-TR would describe as OCD with absent insight or delusional beliefs.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

57. D Explain that stranger wariness and separation protest are expected signs of a growing attachment

Around 6 to 9 months, infants enter what Bowlby called clear-cut attachment: they prefer specific caregivers, show wariness of strangers, and protest separations. The CDC 9-month checklist includes being shy, clingy, or fearful around strangers. Grace's change signals healthy attachment, not spoiling. Having relatives hold her more ignores her signals and may increase distress. Slipping away unnoticed tends to heighten anxiety; brief, warm goodbyes work better. A referral for separation anxiety overreacts to an expected milestone.

Human Development & Behavior · Review: Chapter 6

58. A Discuss the change with him and review options such as a reduced fee, appeal, or referral

When funding ends mid-treatment, the Code asks for reasonable steps to avoid abandoning a client still in need. That starts with a conversation about realistic options: an insurance appeal, a sliding fee if the practice has one, or a coordinated referral. Ending next week with a list jumps to termination before options are explored. Free care until completion is generous but may not be sustainable or allowed by the group practice, and it decides for him. Would change if: the appeal failed and no reduced fee were available; a coordinated referral with a planned final session would be next.

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

59. C Call emergency medical services

Tremor, sweating, disorientation, and apparent visual hallucinations about three days after a heavy drinker stops point to severe alcohol withdrawal, possibly delirium tremens, a medical emergency. He needs emergency care now. A full assessment cannot be done reliably while he is delirious and delays treatment. A detox bed tomorrow is too late for someone already this ill. Rest with hourly checks is underreaction to a condition that can cause seizures and death.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

60. D mapping the influence of the problem on the family

Narrative therapists externalize the problem and then map its influence on each person's life and relationships, which separates the family from the problem and sets up later questions about times they resisted it. Searching for exceptions is a solution-focused technique that asks when the problem did not happen, which these questions do not do. Communication stances are Satir's placater, blamer, and related patterns. A structural map charts boundaries and alliances and is drawn by a structural therapist, not built through externalizing questions.

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

61. C Extinction burst

When a behavior that used to be reinforced, here calls that got answered and sometimes got money, suddenly stops paying off, it often increases in frequency and intensity before it declines. That temporary surge is an extinction burst, and it usually signals the plan is working if Renata stays consistent. Spontaneous recovery is the brief return of a behavior after it has already extinguished, which has not happened yet. Negative reinforcement strengthens a behavior by removing something aversive, which does not describe the brother's escalating calls.

Human Development & Behavior · Review: Chapter 6

Section 2 Answers 62-122

62. D Thank her for raising it and ask what she would need to see to know she is being understood

Kendra is naming a real concern about this relationship. Welcoming it and asking what understanding would look like keeps her in charge and opens the topic of race, which cultural humility calls for. Citing the worker's experience and training is defensive and asks her to take the worker's word for it. She has not asked for a referral, and offering one may signal the worker would rather not discuss race. Past providers may come up later; first respond to this relationship. Would change if: Kendra asked to see a Black clinician, making a warm referral the best response.

Diversity, Culture & Social Justice · Review: Chapter 5

63. B "When she's gone, what happens inside you, underneath the anger?"

EFT works by helping partners reach the softer attachment emotions, such as fear of not mattering, under reactive anger, and then share them so the other partner can respond. Checking the evidence is a cognitive move that treats his statement as a distortion rather than an attachment signal. Asking for a behavior request skips the emotional work EFT puts first. Suggesting he build his own interests may sound healthy but dismisses his bid for connection.

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

64. C Integrity

The Code pairs integrity with behaving in a trustworthy manner: acting honestly and responsibly and in line with the profession's mission and standards. Competence is paired with practicing within your areas of competence and building expertise. Dignity and worth of the person is paired with respecting each person's inherent dignity, including self-determination. Importance of human relationships is paired with recognizing the central importance of human relationships.

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

65. B Resistance

Selye described three stages. The alarm reaction is the initial fight-or-flight mobilization. If the stressor continues, the body enters resistance, adapting while physiological arousal stays elevated. If stress persists long enough to deplete resources, exhaustion follows, with greater vulnerability to illness. Recovery is not one of Selye's three stages. Chronic stressors, such as long-term caregiving, can move a person toward exhaustion, which helps explain stress-related illness in clients.

Human Development & Behavior · Review: Chapter 6

66. A Thank the family warmly and decline the dinner invitation

Mr. Antwi is still an active patient, and a social dinner at the family's home would add a personal relationship to a current professional one. Declining with appreciation honors the gesture without blurring roles. B is wrong on the facts; services continue for another month. C documents a social visit but does not change its nature. D brings a second staff member into a social event and keeps the problem in place.

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

67. A Own the misstep and ask which parts of her identity feel relevant to the harassment

Intersectionality does not mean the worker decides which identity matters most. Nadia has said the focus on family and religion does not fit her concern, so the worker owns the misstep and lets her name which parts of who she is bear on the harassment, such as gender, ethnicity or her position at work. Explaining why such views can matter defends an assumption about her. Ruling the topics out for good overcorrects and closes doors she may open later. Asking about unease with an outsider recasts her feedback as her problem.

Diversity, Culture & Social Justice · Review: Chapter 5

68. A Conducting a biopsychosocial and lethality assessment

Roberts' first stage is assessing lethality, imminent danger, and the client's biopsychosocial situation. Establishing rapport is the second stage, and the two often happen together in practice. Identifying major problems and precipitants is the third stage, and exploring feelings is the fourth. The order reflects the crisis priority of safety first.

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

69. D Adopt it, monitor outcomes, and note that fit is uncertain for some

Two randomized trials give credible internal validity, but the exclusions limit external validity for half the center's clients. A reasonable EBP response uses the best available evidence while tracking outcomes, especially for clients unlike the trial samples. Declining discards useful evidence for clients who do resemble the trial participants. Adopting without noting the gap ignores the fit problem. Waiting leaves clients without a supported option. Would change if: an equally supported protocol had been tested with co-occurring conditions; that one would fit better.

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

70. A Explain the limits of her training and refer the family to the colleague

Young children's behavior problems call for specialized training, and a qualified colleague is available nearby. Referral is the concrete action. Treating the child of a current adult client would also create overlapping roles. B begins work outside her competence. C shifts a child's treatment into the mother's therapy without the needed expertise. D could fit when no specialist is available, but here one is down the hall.

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

71. C Individualism and exchange

Kohlberg's stage 2, individualism and exchange, defines right action as meeting one's own interests, with fairness understood as an equal trade. Andre justifies lying because of the snacks and the 'I helped him' bargain. Obedience and punishment orientation would center on avoiding consequences from staff. Good interpersonal relationships would center on being a loyal friend or winning approval. Social contract orientation treats rules as agreements that protect rights and can be changed, a postconventional view. Age does not set the stage; the reasoning does.

Human Development & Behavior · Review: Chapter 6

72. B Attending a client's art show at her invitation after discussing it in session

B is a crossing: a departure from the usual frame that was discussed openly, serves the client, and carries low risk of harm. A creates a business relationship with a current client, which invites exploitation and blurs the worker's judgment. C is a sexual or romantic relationship with a client's relative, a violation because of the risk to the client. D adds secrecy to a social relationship, a classic marker of a violation. Crossings are transparent and client-centered; violations harm or exploit.

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

73. C Self-as-context

The chessboard metaphor teaches self-as-context: the client is the observing space that holds thoughts and feelings, not the thoughts and feelings themselves. Cognitive defusion is closely related but works at the level of individual thoughts, such as "I'm having the thought that..." Contact with the present moment means flexible attention to what is happening now, such as noticing the breath or the room. The board image is about the client's sense of self.

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

74. C Connection to a supportive community that shares the client's identity

The minority stress model identifies coping and social support, especially connection with others who share the stigmatized identity, as buffers against the harm of discrimination. A supportive community affirms identity and helps a person see prejudice as unjust rather than deserved. Concealment is itself a proximal stressor in the model because of the strain of constant self-monitoring, though clients may choose it for safety. Suppressing thoughts about discrimination may bring brief relief but is not a protective factor in the model.

Diversity, Culture & Social Justice · Review: Chapter 5

75. D Assign coverage for this week's visits and safety check and notify the families

When a worker is suddenly unavailable, continuity is the agency's responsibility, and this week's court-ordered visits and safety check have deadlines tied to children's safety and legal obligations. Assigning coverage now and telling families protects both. Contacting a hospitalized worker for direction burdens someone who is ill and delays action. Seeking postponement sacrifices the children's visits and the safety check. Reviewing every file first risks missing this week's deadlines. The mileage forms are irrelevant.

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

76. C SMART Recovery

SMART Recovery is a free mutual help group that uses cognitive-behavioral and motivational tools without higher-power framing, which matches Celeste's request for practical tools and her discomfort with spiritual language. Al-Anon is for family and friends of people who drink, not for the person in recovery. Trying another AA meeting can help some people, but it keeps the twelve-step spiritual framework she has said does not fit her.

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

77. C Lead a nonpunitive review of the systems and procedures involved

With immediate care, debriefing, and the incident report done, the next step is a root-cause style review of screening, observation, environment, and communication rather than a search for someone to blame. A nonpunitive approach encourages staff to report honestly, which is what reveals fixable gaps. Suspending the facilitator before any review assumes individual fault. Locking restrooms is a single fix chosen before the causes are known. A reminder memo assumes the problem is forgetfulness. Would change if: a staff member had deliberately ignored a direct disclosure, which would add a personnel process alongside the review.

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

78. A Rational emotive behavior therapy

Victor's anger flows from rigid demands ("They should," "I can't stand it"), the low frustration tolerance REBT targets with active disputing. He also asks for a direct, teaching style with homework, which REBT provides. Person-centered work is non-directive and would not give him the structure he wants. Brief psychodynamic therapy looks for unconscious conflict and early patterns, which is not his request. Narrative therapy works with identity stories rather than disputing specific demands.

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

79. A Explain confidentiality and its limits to both, then screen Zane alone

Adolescents disclose substance use more honestly in private, so screening is done with the teen alone after explaining to both what stays confidential and what safety concerns would be shared. A parent in the room makes accurate answers less likely. Having the father answer substitutes a third party's observations for the client's own report, which works with the wrong client and misses use the father has not seen.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

80. B Honor the revocation, explain the likely probation consequences, and document it

A client may revoke consent even when doing so has legal consequences, so the worker honors it and makes sure he understands that probation may treat the lack of reports as noncompliance. Continuing to report after revocation discloses information without authorization. Saying it cannot be revoked contradicts the release he signed. Notifying the officer is itself a disclosure the revocation now bars. Would change if: he had signed a criminal justice release written as irrevocable until his probation ends, which federal substance use confidentiality rules allow, reporting could continue.

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

81. A Criteria for gender dysphoria in children are not met, since a strong desire to be another gender is required

In children, DSM-5-TR requires at least six of eight indicators over at least 6 months, and one of them must be a strong desire to be another gender or an insistence that one is. Rowan's play and clothing preferences are listed indicators, but without that required indicator, and with no distress or impairment, criteria are not met; gender-nonconforming play is not itself a disorder. The 6-month option treats duration as enough and overlooks the required indicator and the distress criterion. Twelve months is not a DSM-5-TR requirement; the duration is 6 months.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

82. D Follow up to obtain the teacher form before results are interpreted

ADHD requires symptoms in two or more settings, and the Vanderbilt has parallel parent and teacher forms so behavior can be compared across home and school. Interpretation waits for the teacher's ratings. Sending the parent ratings as evidence of ADHD treats one informant's screen as diagnostic. A home behavior plan may help later but is premature before the evaluation is complete. Repeating the parent form adds the same perspective again instead of the missing one. Would change if: the teacher form had come back with similar ratings, which would make sharing both reports with the pediatrician the next step.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

83. D Begin services after discussing with Wes how they will handle contact at his shop

In rural practice, overlapping roles are often unavoidable, and refusing care can cause more harm than a managed overlap. Talking openly with Wes about confidentiality, greetings, and payment at the shop sets the boundaries the Code requires. A creates a barrier he has already said he cannot cross. B may help later, but deciding it alone, without discussing the overlap with Wes, leaves the issue unaddressed. C ignores a real overlap that could affect the work.

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

84. C Provide de-identified or summary results that answer the foundation's questions

Participants consented to the evaluation but not to releasing identifiable information outside the agency, so the worker shares de-identified or summary results that meet the funder's need. Funding does not entitle the foundation to identifiable data. Calling families for quick verbal permission is not a proper authorization process and would still send more than the funder needs. Refusing to share any results withholds information the agency can provide ethically and may put the program at risk.

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

85. B Tell the team openly how her role has changed and hold everyone to the same standards

Moving from peer to supervisor creates a new power difference and a risk of perceived favoritism. Naming the change openly and applying the same expectations to everyone sets clear, fair boundaries while keeping relationships respectful. Continuing the friendships unchanged invites conflicts of interest when she evaluates them. Cutting off contact without explanation damages trust. Splitting supervision avoids the issue and is usually unnecessary when boundaries are clear.

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

86. D A confounding variable

The school program is a third factor that could reduce behavior problems and overlaps in time with the parent class, so you cannot tell which produced the change. That makes it a confounding variable (it also operates as a history threat). The dependent variable is the behavior problem rating. The independent variable is the parent-training class. A moderator changes the strength of an effect for different subgroups; nothing suggests the class works differently for different families.

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

87. A Live supervision

In live supervision, the supervisor observes a session as it happens and guides the supervisee in real time, through a phone-in, an earpiece, or a brief break to consult. Group supervision involves one supervisor meeting with several supervisees to discuss their cases. Peer consultation takes place among colleagues of equal standing, none with supervisory authority. Case consultation reviews a case with an expert, usually outside the session, and the consultant does not hold responsibility for the work.

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

88. B Equifinality

Equifinality is the systems principle that a final state can be reached from different starting points and by different routes. It reminds clinicians that several treatment pathways can lead to the same recovery outcome. Multifinality is the reverse: similar starting conditions leading to different outcomes. Entropy is a system's tendency toward disorder when it lacks energy or input from outside. Homeostasis is a system's tendency to maintain a stable balance.

Human Development & Behavior · Review: Chapter 6

89. B Write the notes as late entries showing both today's date and the date of service

Records must show when documentation was actually created. A late entry labeled with the current date and the date of service accurately records care that occurred. Backdating makes the record look contemporaneous and can be treated as falsification, especially before a payer audit, even though the visits happened. Leaving the visits undocumented erases care that was provided. Felix should explain to the supervisor why he is labeling the notes as late entries and follow agency policy on late documentation.

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

90. A "What would you notice that would tell you you'd moved to a 4?"

SFBT uses scaling to identify small, achievable next steps, so asking what a 4 would look like is the typical follow-up. Asking what keeps her stuck turns the conversation toward problems and barriers rather than solutions. Picturing a 10 can clarify the long-term goal, but aiming for it this week skips the small-step logic SFBT relies on. Asking how long she has been at a 3 gathers problem history, which SFBT does not need to build solutions.

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

91. C Explain that records must be accurate and review who can access hers

Clinically relevant information belongs in the record, and leaving it out could harm Jada's care. Explaining access rules and protections addresses her real fear. A is tempting because no duty applies, but accuracy, not reporting, is the issue. B creates a shadow record that is neither accurate nor secure. D is accurate but ignores her concern. Would change if: the detail had no bearing on her assessment or treatment, leaving it out (A) could fit the practice of recording only what is relevant to care.

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

92. B Raise the refusal with the care team and his wife rather than having staff give it covertly

Hiding medication in food bypasses both Mr. Kowalczyk and his legal decision-maker, so the refusal should go to the care team and his wife, who can explore the reasons and decide on a plan. Supporting covert dosing because it is medically sound ignores consent. Simply stopping the medication without involving his agent and prescriber could harm him. Requesting a different form of medication may help later, but it skips the people who need to make that decision.

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

93. C With her concerns about her son's school failure and their communication

With no safety concern and basic needs met, the next priority is what the client most wants to work on, because motivation follows the client's own priorities. Victoria names her son as her biggest worry, so starting there engages her and may produce an early success. Treating depression first assumes it drives everything else and overrides her stated priority (Assumption). Couples work may help later, but she has not named the marriage as her focus. Her pain deserves attention, likely with her medical provider, but it is not what she asked for help with first.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

94. B With seasonal pattern

The seasonal pattern specifier applies when major depressive episodes regularly begin and remit at particular times of year over at least the past two years, with no nonseasonal episodes in that period. Gunnar's three years of November-to-April episodes, with none at other times, fit. Atypical features, such as oversleeping and weight gain, often accompany winter depression but describe symptoms, not the timing that defines his pattern. Melancholic features describe a severe, nonreactive symptom profile that the stem does not mention.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

95. D "What are some other reasons she might not have answered yet?"

Socratic questioning uses guided questions so the client examines the thought and generates alternatives himself. Asking for other explanations does that. Reassuring him that firing is unlikely supplies the answer for him and offers short relief without building the skill. Naming the distortion and moving straight to a balanced thought skips the questioning that helps him believe the new thought. Asking about body sensations gathers emotional data but does not test the prediction.

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

96. C Thank him, say that men are assaulted in the military too, and ask what he wants next

Calvin has made a first disclosure while voicing shame tied to male gender norms. Thanking him, countering the myth that men cannot be assaulted, and letting him direct the next step returns control to him. Pressing for details right away can feel intrusive and is True but not now. Saying it was not his fault is accurate, but moving straight to coping skills closes the conversation he just opened.

Diversity, Culture & Social Justice · Review: Chapter 5

97. A Speak with the colleague privately about the comment and its effect on clients

Stereotypes about people in poverty shape how clients are treated, and the Code calls on social workers to challenge discrimination, including among colleagues. A private, direct conversation is the appropriate first step with a colleague the worker knows well. A licensing complaint is Overreaction to a single remark. Letting it pass leaves the bias unaddressed and signals that such comments are acceptable in the agency.

Diversity, Culture & Social Justice · Review: Chapter 5

98. A A behavioral experiment in which she delays her replies

Dana has evidence on paper but little change in belief. A behavioral experiment lets her test the prediction in real life, and direct experience tends to shift belief more than more analysis does. More thought records repeat a step that has already been done without moving the belief. The downward arrow is useful later for core-belief work, but it does not test this prediction. More Socratic questioning adds more evidence she already accepts intellectually. Would change if: she had not yet examined the evidence at all; then Socratic questioning or a thought record would come first.

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

99. A Care-avoidant type

Illness anxiety disorder has two types. In the care-avoidant type, medical care is rarely used because it provokes anxiety; Tobias has canceled three colonoscopies out of fear. The care-seeking type involves frequent use of care, such as repeated visits, tests, and procedures. With predominant pain is a somatic symptom disorder specifier, and Tobias has no significant symptoms, which is what places him under illness anxiety disorder rather than somatic symptom disorder. His year of preoccupation exceeds the six-month duration.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

100. C It can shape judgments even in a worker who sincerely holds egalitarian values

Implicit biases are automatic associations about social groups that operate outside awareness and can influence decisions even in people whose stated values are egalitarian, which is why good intentions are not enough protection. Attitudes a person consciously holds but conceals are explicit bias. Awareness training can help workers notice bias, but there is little evidence that a single training removes it; ongoing strategies such as structured decision tools, consultation and reviewing one's own decisions are needed.

Diversity, Culture & Social Justice · Review: Chapter 5

101. B Consult her supervisor and plan how to discuss a transition with Damon

Her personal tie to a central relationship in Damon's life threatens her objectivity. Consultation first helps her plan how to tell Damon without breaching his confidentiality or her sister's privacy and how to transfer care. A acts before planning and may blurt out information in a way that harms him. C avoids an important topic and leaves the conflict hidden. D involves her sister and reveals that Damon is a client.

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

102. B "I'd like to hear how each of you sees what's happening and what you hope will change."

In couples assessment the relationship is the focus, so the worker gathers each partner's view of the problem and goals without siding with either. Inviting both to speak balances the session after Ines's opening. Asking Marco to respond to her complaint sets up an attack-and-defend exchange. Reflecting Ines's loneliness may be accurate but focuses on one partner first and can look like taking her side. Ground rules can help if conflict escalates, but nothing yet calls for them (true but not now). Would change if: the partners began trading insults, which would make ground rules the first priority.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

103. A Pause the questions and use grounding, such as inviting her to notice her feet on the floor

Sunniva appears to be dissociating, a common response when trauma material overwhelms someone. The first step is to stop the trauma questions and help her return to the present through grounding: orienting to the room, her senses, and her body's contact with the chair or floor. Continuing pushes her further into overwhelm. Ending the session and assuming a dissociative disorder after one episode is premature. Silent waiting leaves her alone in that state without the support that helps her come back.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

104. D Mental filter

Keisha focuses on one negative detail and lets it color the whole review while the twelve positive comments drop out of view. That is mental filter. Personalization would mean blaming herself for an outside event she did not cause. Fortune telling predicts a future outcome, such as "I'll be fired," and she is describing a past review. Labeling attaches a global name to herself, such as "I'm incompetent," rather than overweighting one detail.

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

105. B Prolonged exposure

Andre's PTSD is driven by heavy avoidance, with little guilt or self-blame. Prolonged exposure targets avoidance directly through imaginal exposure to the memory and in vivo exposure to avoided situations such as highway driving. CPT is also first-line for PTSD and would be a sound choice, but its strength is restructuring beliefs such as self-blame, which he does not show. Psychological first aid is an early response in the days after an event, not treatment for PTSD at one year. Supportive counseling lacks the evidence of trauma-focused treatment. Would change if: he were consumed by guilt; then CPT would fit better.

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

106. B Complete a fuller assessment of her trauma symptoms

A positive screen means further assessment is needed, such as a clinical interview or a structured measure like the PCL-5 or CAPS-5, to determine whether criteria are met and how symptoms affect her life. Recording a diagnosis from a screen confuses screening with assessment. Referring for exposure therapy is premature without a confirmed diagnosis, and it skips her own input on treatment.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

107. A Greater placement stability and preserved family ties

Kinship care tends to produce more placement stability and helps children keep connections to family, culture, and community. Kinship caregivers often receive less financial and support help than licensed foster parents, which is why advocacy for them matters. Kinship placements more often lead to guardianship or ongoing relative care than to faster adoption.

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

108. C Learned skills are unlikely to disappear when coaching is paused

ABAB depends on the behavior reversing when treatment is withdrawn. Once a teen learns to greet peers, the skill usually persists, so a withdrawal phase may show no reversal and prove little. A multiple baseline across behaviors introduces coaching to one skill at a time while the others stay at baseline. Multiple baseline designs do include baselines. Linked skills are a problem for this design, because coaching one may improve the others before their turn. Would change if: the target were a behavior that reverses when a reward is removed, which would make ABAB workable.

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

109. D Secure-autonomous

AAI classification rests on how coherently a person discusses attachment experiences, not on how good those experiences were. Tamsin's clear examples, balanced reflection on her parents, and acknowledgment of impact fit secure-autonomous, often called earned security when it follows adverse care. Unresolved/disorganized is reasonable given the abuse, but that code requires lapses in reasoning or discourse when discussing loss or trauma, which she does not show. Preoccupied speakers become angry, vague, or entangled. Dismissing speakers idealize parents or claim poor recall. Would change if: she lost track of the conversation or spoke of the abuse as if it were happening now.

Human Development & Behavior · Review: Chapter 6

110. A Describe the pattern to the supervisee and discuss how clients may experience it

The supervisor has specific, observed evidence, and supervision is where to raise it: describe the pattern, invite the supervisee's reflection, and discuss how a difference in forms of address can signal disrespect, given the history of older Black adults being denied courtesy titles. Training may help, but sending the supervisee off first delays a direct conversation about real clients. A general staff reminder sidesteps the individual issue and may leave the supervisee unaware of the pattern.

Diversity, Culture & Social Justice · Review: Chapter 5

111. A Case study

A case study gives an in-depth description of one person, group, or program and suits rare presentations where larger samples are not possible. Its strength is rich detail; its limits are low generalizability and no control for alternative explanations. A cross-sectional survey needs many respondents at one point in time. A quasi-experiment needs a comparison group, which is neither available nor relevant for documenting one unusual case.

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

112. B Make sure he is sent for emergency medical care now

High fever, severe rigidity, confusion, and an unstable pulse in someone recently started on an antipsychotic are the warning signs of neuroleptic malignant syndrome, a medical emergency. Emergency care comes first. Waiting for a dose review at the next clinic leaves a life-threatening reaction untreated (Underreaction). Attributing the confusion to psychosis misses the physical signs that point to a drug reaction (Assumption). A quieter cell may reduce stimulation, but it does nothing for fever, rigidity, or an irregular pulse.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

113. B Client reports 4 hours of sleep nightly; reviewed sleep hygiene; client agreed to log sleep for one week

Good clinical notes are specific, objective, and tied to the treatment plan, recording what the client reported, what the worker did, and the plan. The sleep entry does all of that and supports the medical necessity of the service. A vague statement of progress gives an auditor or another clinician nothing to act on. Detailed personal content about identifiable third parties goes beyond what the record needs and could harm the client and others if the record is released.

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

114. A Explain that any letter must rest on her assessment of a disability-related need

A support animal letter is a professional statement that the client has a disability-related need and that the animal helps with it. Writing one without an assessment that supports both would misrepresent facts, so the worker explains what a letter requires and discusses whether that kind of assessment fits his situation. Writing it because he asked puts his convenience ahead of honest representation. Sending him to an online letter service avoids the conversation and steers him toward letters a landlord may reject.

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

115. B Sharing power with clients in setting goals and naming how social conditions affect their problems

Anti-oppressive practice recognizes the power the worker holds, works collaboratively, and links personal troubles to structures such as racism, poverty, and heterosexism. The neutral-expert stance ignores the power imbalance and the social context clients live in. Centering internal conflicts can help with some goals, but as a general stance it places the whole burden of change on the client and overlooks oppression as a source of distress.

Diversity, Culture & Social Justice · Review: Chapter 5

116. C Microinvalidation

A microinvalidation negates or dismisses the experiences of a person of color; a color-blind statement denies the relevance of race right after Aaliyah described racism. A microinsult is a subtle, demeaning message about identity, such as implying someone was hired to fill a quota. A microassault is a deliberate, explicit slur or act, which this well-meant comment is not. An environmental microaggression comes through settings and systems, such as an office where no clients' cultures are reflected, rather than through a direct statement.

Diversity, Culture & Social Justice · Review: Chapter 5

117. A End the visit calmly, leave, and call for help

Once a person makes a direct threat while holding a possible weapon, verbal de-escalation is no longer the priority; the worker's safety is. She should leave calmly, without arguing, contact her supervisor or police from a safe place, and then document. Sitting down and lowering her voice are tools for agitation, not for a threat with an object in hand. Raising case consequences is likely to escalate him further. Exploring his feelings is reasonable before a threat, but now it keeps her in danger.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

118. D Panic disorder

Recurrent unexpected attacks, including attacks that wake him from sleep, followed by more than a month of worry about further attacks and a change in behavior to avoid them, meet panic disorder, with cardiac and stimulant causes ruled out. GAD involves worry across many everyday topics, not fear of the attacks themselves. Illness anxiety disorder involves preoccupation with having a serious disease while symptoms are absent or mild, and his attacks are intense. Somatic symptom disorder involves persistent distressing symptoms with excessive health concern, usually over six months, rather than discrete attacks.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

119. D Secondary traumatic stress

Secondary traumatic stress is a set of PTSD-like symptoms, such as intrusive images, hyperarousal, and avoidance, arising from hearing about others' trauma, and it can develop quickly. Burnout builds gradually from workload and shows exhaustion and cynicism, while she still finds meaning in the work. Vicarious trauma involves shifts in the worker's core beliefs about safety and trust, which she does not report. Countertransference is a reaction to a specific client, not a symptom pattern across cases.

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

120. A Hoarding disorder

Persistent difficulty discarding possessions regardless of value, distress at the thought of discarding, and clutter that blocks the use of living areas meet hoarding disorder. His normal cognitive screen and medical exam make a neurocognitive cause less likely, a rule-out that matters in older adults. OCD can produce hoarding driven by obsessions, but he reports no intrusive thoughts or rituals. OCPD can include trouble discarding worn-out objects, but the stem describes no broader perfectionism and control. Major neurocognitive disorder would require cognitive decline that interferes with independence.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

121. A Oral

Freud tied the oral stage (birth to about 18 months) to pleasure through the mouth, sucking, and feeding, along with dependence on caregivers. Fixation there is described in adults as oral habits such as smoking, nail-biting, and overeating, together with dependency, which matches this client. Anal fixation is linked to orderliness, stubbornness, and stinginess or, in the opposite direction, messiness. Phallic fixation is associated with rivalry, vanity, and conflicts about sexual identity. Latency is a quiet period for sexual drives and is not typically described as a site of fixation.

Human Development & Behavior · Review: Chapter 6

122. A The Family Educational Rights and Privacy Act (FERPA)

Records maintained by a school district that receives federal education funds, including counseling records kept by district employees, are education records under FERPA. HIPAA expressly excludes education records covered by FERPA, even when they contain health information. 42 CFR Part 2 applies to federally assisted substance use disorder programs, not school counseling files. IDEA governs special education evaluations and services and relies on FERPA-type privacy protections rather than replacing them.

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

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.