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LCSW

ASWB Clinical Practice Exam

Exam 5

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 5: Answer Key

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

Section 1 Answers 1-61

1. C She reenacts explicit adult sex acts with dolls in detail

Sexual knowledge or behavior well beyond a child's developmental stage, such as reenacting explicit adult acts in detail, is a strong indicator of possible sexual abuse and supports reasonable suspicion. Self-touching that stops with redirection is common in preschoolers. Questions about body differences, especially after a sibling is born, reflect normal curiosity. Developmental context is what separates expected behavior from behavior that warrants a report.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

2. D Explain the tool to each client, get informed consent, and let clients decline it

The Code calls for informed consent before recording clients or using technology in services, including its benefits, risks, and alternatives. The vendor agreement addresses security, so the remaining step is each client's informed choice, with the right to refuse and still receive services. HIPAA safeguards do not replace consent to recording. Deciding for clients by how comfortable they seem is paternalistic and skips consent. Declining is a reasonable personal choice but not required when safeguards and consent are in place. Would change if: the vendor kept recordings to train its software or would not sign a business associate agreement, declining (C) would be best.

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

3. C Multiple baseline across settings

The same client and the same behavior are measured in three settings, with the intervention introduced to one setting at a time. That is a multiple baseline across settings. If tantrums drop in each place only after the routine starts there, the routine is the likely cause, without withdrawing treatment. Across behaviors would track different problems for the same client. ABAB would remove and then restore the routine in one setting.

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

4. C Have him show a photo ID on camera and compare it with intake information

Matching a photo ID to the person on camera and to intake information is a reliable check that the client is who he says he is. A confirms facts that anyone with his information could state. B confirms access to an email account, not identity. D records a name but checks nothing.

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

5. C Agree with each client on a backup contact method and a plan if a session drops during a crisis

The 2021 Code names disruptions in electronic communication among the causes of service interruption and asks for reasonable efforts to ensure continuity. Agreeing in advance on a backup phone number, what the worker will do if a call drops, and the client's location and local emergency resources handles interruptions before they happen. Requiring better internet shifts costs to clients who may not afford it. Limiting service by distance to an emergency room excludes rural clients without solving disruptions. Documenting dropped sessions records the problem but prevents nothing.

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

6. B Meet briefly with the interpreter to explain the session's purpose and confidentiality

A short pre-session briefing prepares the interpreter for sensitive content and sets confidentiality and role expectations, which improves accuracy. Summaries lose details such as tone, disorganized thinking, or exact words about risk. Treating the interpreter as an expert on the client's culture invites assumptions about an individual. Witnessing a consent form is not the interpreter's role and does not show that the client understood.

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

7. C hypothesizing

Hypothesizing is the Milan team's ongoing process of forming and revising ideas about how the symptom fits the family's relationships; it guides the questions asked in session and stays open to change. Joining is a structural therapist's accommodation to the family's style. Reframing offers a new meaning for a behavior directly to the family. Externalizing is a narrative technique that names the problem as separate from the person.

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

8. D How quickly people pair group categories with positive or negative words

The Implicit Association Test measures reaction times when people sort group categories together with evaluative words; faster pairing of a group with negative concepts is read as a sign of an automatic association. It does not count witnessed discrimination. Attitudes a person will admit to are measured by self-report scales. Identifying the race of faces is a different research question. Individual scores vary from one testing to the next, so the IAT is better suited to self-reflection than to judging a person.

Diversity, Culture & Social Justice · Review: Chapter 5

9. D Provide the records, charging no more than a reasonable cost-based copying fee

HIPAA does not let a provider deny or delay a client's access to his records because of an unpaid bill for services; the provider may charge only a reasonable, cost-based fee for copies. Withholding until payment, or conditioning release on a payment plan, uses the record as a bargaining chip and violates the right of access. Sending records to the new provider while denying Leo's own copy still denies his access right, even though the transfer may serve his treatment.

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

10. C Consistent, responsive care that reliably meets the infant's needs

Erikson's first stage (birth to about 18 months) turns on whether caregivers are reliable. When needs for feeding, comfort, and contact are met consistently, the infant comes to expect that people are dependable, which Erikson linked to the strength of hope. Making choices and doing things alone belongs to autonomy versus shame and doubt in toddlerhood. Planning and leading play describes initiative versus guilt in the preschool years. Praise for mastering valued skills fits industry versus inferiority in the school years.

Human Development & Behavior · Review: Chapter 6

11. D An Individualized Education Program (IEP)

An IEP under IDEA requires a disability in one of the federal categories, such as specific learning disability, plus a need for specialized instruction, which Mateo has. A Section 504 plan provides accommodations for access to general education but not specialized instruction. An IFSP serves infants and toddlers from birth to age 3. A behavior plan addresses conduct, not a reading disability.

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

12. D Notice and respond warmly to her cues, and offer comfort even when she does not ask

Secure attachment grows from sensitive responsiveness: a caregiver who notices a child's signals and responds promptly, warmly, and consistently. Children who experienced neglect often stop signaling distress, so caregivers need to offer comfort proactively rather than wait for requests. Waiting for her to seek comfort lets a learned avoidant strategy continue. Limiting holding reinforces self-reliance that grew out of neglect. Toys and activities support development but do not supply the responsive relationship that attachment depends on.

Human Development & Behavior · Review: Chapter 6

13. A Decline to share the details, since they are not needed for the patient's current care

Team members share information to provide care, and the Code asks social workers to disclose the least information necessary and only what is directly relevant to the purpose. Curiosity is not a care need, and the pneumonia treatment does not depend on the assault history. Shared confidentiality rules do not make every detail available to every team member. Asking the patient puts her in an awkward position over a disclosure with no purpose. Reporting the nurse is an overreaction to one question that can be addressed in the moment.

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

14. B task group

Task groups exist to accomplish an outcome or product, such as a plan, report, or decision; this group has a defined product, an absenteeism plan, and a deadline. Psychoeducational groups teach information or skills to members for their own benefit. Support groups offer mutual aid around a shared life experience. The members here serve in professional or stakeholder roles to complete work, not to receive help.

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

15. B Tell the team about the walk-up and explore short-term rehab or staying with family

The social worker's contribution on an interdisciplinary team is person-in-environment information that changes the plan. Three flights of stairs she cannot climb make the current plan unsafe, and the team may not know it. A wheelchair does not help her reach a third-floor apartment. Deferring silently withholds information the team needs; readiness is a team decision that depends on her environment. Would change if: the apartment had an elevator, which would make home with services reasonable.

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

16. A Members are asked to keep what others share private, but the worker cannot promise that they will

The NASW Code asks group leaders to seek an agreement among members to protect each other's confidentiality and to tell them that this agreement cannot be guaranteed, since members are not licensed professionals. Members are not bound by the worker's legal duties. Telling members they may discuss group content outside would undercut the group's safety. The worker's own duty of confidentiality covers group sessions as fully as individual ones.

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

17. D Delusional disorder, jealous type

One or more delusions lasting at least one month, with functioning otherwise intact and no prominent hallucinations or disorganization, fit delusional disorder; a fixed belief in a partner's infidelity based on trivial evidence is the jealous type. Paranoid personality disorder involves pervasive distrust across relationships since early adulthood, not one fixed false belief that resists contrary evidence. Schizophrenia requires two or more symptom types with functional decline. OCD checking is driven by unwanted doubts the person sees as excessive, while he holds his belief with certainty.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

18. A "Why a 3 and not a 0?"

Asking why he chose 3 rather than 0 invites him to state his own reasons for change (change talk), which both clarifies his readiness and strengthens it. Jumping to what it would take to reach 10 skips over the reasons he already has and can feel like pressure. Asking why not higher invites him to defend not changing (sustain talk). Asking what others have said shifts the focus away from his own motivation.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

19. B Assess his suicide risk and put the termination on hold

The Code permits ending for nonpayment only when the client poses no imminent danger, and a saved supply of pills raises exactly that question. Safety comes first: assess risk now and postpone the ending. Holding the closing session with crisis numbers is underreaction to a disclosed method and means. Waiving the balance may come up later, but it skips the risk assessment. An intake later this week leaves today's risk unassessed. Would change if: a full assessment found low risk with a safety plan in place; ending with a warm referral could then proceed.

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

20. C Level 3.7, medically managed residential

Ramona needs residential care with 24-hour medical monitoring and withdrawal management because of her seizure history, but not hospital-level care. In the fourth edition, withdrawal management is built into the levels ending in .7 and Level 4, so Level 3.7 fits. Level 3.5 is clinically managed, with less medical oversight than her seizure history calls for. Level 2.7 provides medical management on an outpatient basis, which does not fit someone with seizure risk living alone far from a hospital. Level 4 is hospital-level care, more intensive than she needs.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

21. D Explaining why the questions are asked and that the client may skip any of them

Trauma-informed care rests on principles such as safety, transparency, and choice. Telling clients why trauma questions are asked and that they may decline any of them puts those principles into practice. Screening asks about exposure; requiring a detailed narrative at intake can overwhelm and retraumatize. Delaying all screening for months can miss trauma that shapes treatment and safety. Standard tools help, but rigid delivery without attention to the client's responses runs against collaboration.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

22. A Anticipation

Anticipation means realistically foreseeing future discomfort, including emotional discomfort, and planning for it. Rosalind expects to feel low and builds supports in advance, so her emotions stay part of the plan. Intellectualization would use facts and logistics to avoid feelings, but she names her expected sadness directly. Undoing is an attempt to cancel a guilt-producing act with a symbolic opposite act, and nothing in her preparation is meant to reverse something she did.

Human Development & Behavior · Review: Chapter 6

23. B Conduct disorder, adolescent-onset type

Breaking into buildings, repeated theft, deliberate property destruction, and conning others for money within the past year meet the threshold of at least three conduct disorder criteria in 12 months. Because no symptom appeared before age 10, the adolescent-onset type applies; his problems began at 14. Childhood-onset type requires at least one symptom before age 10, which his parents and teachers deny. Oppositional defiant disorder centers on angry, defiant, or vindictive behavior toward authority and does not include serious violations such as theft, break-ins, and property destruction.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

24. C Sustain talk

Sustain talk is client language that favors the status quo, here a reason to keep smoking. Discord is friction in the relationship between client and worker, such as arguing with or discounting the worker; the client is talking about the behavior, not about the worker. Change talk favors change. Distinguishing these matters because sustain talk calls for reflection and evoking the other side, while discord calls for repairing the relationship.

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

25. B Encourage her to schedule a visit with Lucia's pediatrician to have the changes evaluated

Signs of puberty before age 8 in girls (before 9 in boys) are considered early and call for medical evaluation for precocious puberty, which can have treatable causes. Encouraging a pediatric visit is the concrete next step. Puberty has shifted somewhat earlier over time, but that does not make these changes at 6 routine, and reassurance delays care. Asking about abuse assumes a cause the facts do not point to; the physical changes first need a medical explanation. Puberty education can follow the medical visit.

Human Development & Behavior · Review: Chapter 6

26. C Altruism

Altruism, in Yalom's list, is the lift in self-worth that comes from helping others; Ms. Delgado ties feeling like herself again to being useful to a new member. Imitative behavior means modeling one's coping on another member's example, which describes the newer member's possible gain, not hers. Group cohesiveness is the sense of belonging and acceptance in the group; it may support her generosity, but her statement is about the value of helping.

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

27. B Support her plan with structured life review or reminiscence sessions

In late adulthood, Erikson's task is integrity versus despair: reviewing one's life and accepting it as meaningful. Mrs. Abernathy's reminiscing is purposeful, she wants to pass the stories on, and her sleep, appetite, and social contact look intact, so life review fits her developmental work. Redirecting her treats a healthy process as rumination. Cognitive screening assumes decline from reminiscence, which is typical in late life. Tutoring could be pleasant, but it targets a midlife task and replaces what she asked for. Would change if: her review centered on regret, hopelessness, and withdrawal, calling for depression screening.

Human Development & Behavior · Review: Chapter 6

28. B Present the sister's history as possible evidence of mania with psychotic features

Little sleep, reckless spending and pressured speech before the paranoia, plus a past episode with full recovery, point toward bipolar I disorder with psychotic features. DSM-5-TR cautions that schizophrenia is overdiagnosed in some racialized groups, especially African Americans, when mood disorders with psychotic features are missed, so this history checks a known bias. Deferring diagnosis wastes data in hand. Diagnosing from the most visible symptom repeats the error. Asking about real events is reasonable but does not account for the mood history. Would change if: there were no mood episodes and at least six months of continuous disturbance, including a month of active psychotic symptoms.

Diversity, Culture & Social Justice · Review: Chapter 5

29. B Answer briefly that she grew up nearby, then ask what he needs from counseling

In engagement, a brief, honest answer to a trust-testing question builds rapport, especially in rural settings, and returning the focus to his needs keeps the session about him. Redirecting without answering can read as evasive and confirm his distrust. Extended stories about herself shift the session to the worker. Offering another provider is premature; he has voiced doubt, not a wish to leave. Would change if: he kept asking personal questions across sessions, which would call for exploring what the questions mean to him.

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

30. A Conduct a needs assessment with local data and key informants

Before designing or funding a program, the agency needs to know the size and nature of the need: how many kinship families there are, what they lack, and what already exists. A needs assessment uses census and agency data, key informant interviews, surveys, and forums to identify the gap. Adapting a curriculum, seeking funds, or starting a pilot each assumes what the needs are based on two informants. Each may follow once the assessment shows what families want and lack.

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

31. B Tell CPS about the retraction, record her exact words, and keep supporting her

Recanting is common after a child discloses abuse, often because of family pressure or distress at home, and it does not erase the reasonable suspicion created by her disclosure and the welts the worker saw. The worker passes the new statement to CPS, records her words, and stays supportive so she does not feel punished for telling. Asking CPS to withdraw the report treats the retraction as settling the matter and ignores the observed injury. Probing for who pressured her is investigation that belongs to CPS and can taint the case. Warning her about false statements shames a child who may be under pressure.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

32. A Foreclosure

Marcia's four statuses come from crossing exploration (sometimes called crisis) with commitment. Foreclosure is commitment without exploration, often adopting values or plans from parents or another authority. Moratorium is exploration without commitment yet. Identity diffusion is neither exploration nor commitment. The fourth status, identity achievement, is commitment after exploration. Foreclosure is not a disorder; it often becomes clinically relevant when a client faces a challenge to commitments never examined.

Human Development & Behavior · Review: Chapter 6

33. A Treat it as common for his age, redirect calmly, and teach privacy rules

Self-touching is common in preschoolers, and the features here, stopping with redirection, no distress, and no other changes, fit typical behavior. Calm redirection and simple teaching about privacy is the recommended response. A report requires reasonable suspicion of abuse, which this behavior does not provide. A sexual abuse evaluation overreacts in the same way. Telling him it is bad attaches shame to a normal behavior and can make children less likely to talk with adults about their bodies.

Human Development & Behavior · Review: Chapter 6

34. B Preoccupied

The preoccupied style combines a negative view of self with a positive view of others: the person seeks closeness intensely, fears abandonment, and depends on reassurance. Bianca's repeated texting, fear of being left, and belief that her partner is 'too good' for her fit. Fearful-avoidant adults also doubt their own worth but distrust others and pull away from closeness. Dismissive-avoidant adults value self-reliance and downplay the need for others. Secure adults are comfortable with closeness and with time apart.

Human Development & Behavior · Review: Chapter 6

35. C Delusion of reference

A delusion of reference is a fixed false belief that neutral events, objects, or people, here a news anchor's tie color, carry special personal messages for the client. Grandiose delusions involve inflated worth, power, or identity, which he does not describe. Thought broadcasting is the belief that one's own thoughts are being transmitted to others, the reverse direction of what Desmond reports. Because he holds the belief with certainty, it is a delusion rather than an idea of reference held with some doubt.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

36. C OCD, with absent insight/delusional beliefs

Intrusive thoughts about his parents dying, neutralized by time-consuming arranging rituals, are obsessions and compulsions. DSM-5-TR keeps the OCD diagnosis even when the person is fully convinced the feared outcome will happen, using the absent insight/delusional beliefs specifier. Delusional disorder loses because his conviction concerns the obsessions and rituals, which OCD explains. Schizophrenia requires two or more psychotic symptom types with functional decline, and he has organized speech and keeps his job. OCPD involves ego-syntonic perfectionism without true obsessions. Would change if: he held other fixed beliefs unrelated to his rituals.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

37. D Frame the treatment plan around his own terms and the symptoms he wants relieved

Mr. Zhao has signaled that a psychiatric label will end his engagement, and DSM-5-TR notes shenjing shuairuo overlaps with depressive and anxiety disorders. Using his term and targeting the fatigue, concentration and irritability he wants relieved keeps him in care while still treating the symptoms the screen found. Pressing the diagnosis is likely to lose him. A traditional medicine referral may help if he asks, but in place of treatment it hands off a client who came for help. Postponing care until he accepts a label puts wording above his needs. Would change if: he had reported thoughts of self-harm, putting risk assessment first.

Diversity, Culture & Social Justice · Review: Chapter 5

38. C Social workers challenge social injustice

The Code's principle tied to the value of social justice calls on social workers to pursue social change, particularly with and on behalf of vulnerable and oppressed people, and to work for access to resources and meaningful participation in decision-making. Dignity and worth centers on respect and self-determination for individuals. Trustworthiness is the principle under integrity. Competence concerns practicing within one's expertise. Clinical social workers carry this social justice duty too.

Diversity, Culture & Social Justice · Review: Chapter 5

39. D Get his written consent and plan with him what the pastor will know and do

Mr. Adeyemi identifies faith as a main strength and is asking to bring a key support into his care. Written consent and a plan for what information will be shared and what role the pastor will play make the request workable and respect his self-determination. Keeping the pastor separate dismisses a resource he has chosen. Concern about blurred boundaries is manageable through planning and does not justify refusing. Handing the session to the pastor skips consent and planning and gives up the worker's role.

Diversity, Culture & Social Justice · Review: Chapter 5

40. C Clarify the court's requirement and offer a choice of approved programs and times

With mandated clients, the worker separates what is non-negotiable (completing a parenting program) from what can be negotiated (which program, when). Offering choice within the requirement restores some control and addresses her real barrier, the schedule. Stressing the consequences is accurate but adds pressure without solving the conflict. Seeking a waiver is an overreaction; nothing suggests the requirement is inappropriate. Exploring feelings has value, but she has named a concrete problem that can be fixed now.

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

41. C School officials who have a legitimate educational interest in the student

FERPA lets a school share education records without consent with its own officials, such as teachers and support staff, who have a legitimate educational interest in the student. Other exceptions include health or safety emergencies and lawful subpoenas. An outside therapist is not a school official, so the family's written consent is needed even though the purpose is treatment. Releasing identifiable discipline records to the press is not a permitted exception.

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

42. C Have the post removed, follow the privacy procedure, and discuss the breach with her

In a small town, a distinctive detail can identify a client as surely as a name, so the post is a confidentiality breach. The supervisor should have it removed promptly, follow the agency's privacy procedures, and use supervision to discuss why it was a problem and how to prevent repeats. A board report before addressing the matter internally is an overreaction for a first, correctable lapse unless policy or law requires it. A private account still exposes the content to followers and does not undo the breach.

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

43. B Solution-focused brief therapy

SFBT is built for brief, goal-focused work and fits school settings with session limits. Ethan has a clear, concrete goal, and his success in other classes offers ready-made exceptions to build on. Psychodynamic therapy explores underlying conflict over a longer course, which four sessions will not allow and which he has not asked for. Nondirective play therapy fits younger children with emotional concerns and does not target a specific behavioral goal on a short timeline.

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

44. B Request a consultation from the hospital ethics committee

When team and family discussions have not resolved a conflict over life-sustaining treatment, an ethics consultation is the next channel; it brings structured review of the patient's known values, the legal decision makers, and the options. A third meeting repeats a step that has twice failed without adding anything new. Siding with one child makes the social worker a party to the dispute. Guardianship may follow if conflict persists, but it is slower and more intrusive. Would change if: an ethics consultation had already been held without resolution; guardianship might then be considered.

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

45. D Group cohesiveness

Group cohesiveness is the sense of belonging, acceptance, and commitment to the group, shown by members attending in a snowstorm, feeling accepted, and protecting their meeting time. Instillation of hope comes from seeing others improve. Catharsis is emotional release. Development of socializing techniques refers to learning social skills, such as listening or giving feedback, through group practice. Cohesiveness is often described as the group equivalent of the therapeutic alliance.

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

46. D Encourage her to express her feelings about her husband's leaving

After assessment, rapport, and problem identification, Roberts' fourth stage is exploring feelings and emotions through active listening and validation. That prepares the client to consider alternatives clearly. Planning the income replacement belongs to the sixth stage and skips her shock. Follow-up is the seventh stage. A support group may be one option generated later but bypasses the immediate emotional work.

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

47. D Discuss the texts in session and restate what the texting line is for

The texts are friendly and nonurgent but are drifting toward a social relationship. A conversation in session explores what the contact means and resets the boundary kindly. A reinforces a social pattern. B cuts off a scheduling channel and may feel punitive. C uses extinction without explanation, which may confuse or hurt him. Would change if: any text suggested distress or risk, a prompt response to assess safety would come first.

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

48. B Proceed as routine care, explaining the measure's purpose to clients

Routine use of outcome measures to guide treatment and evaluate one's own practice is part of clinical care, not research intended to produce generalizable knowledge, so it usually does not need IRB review when no policy requires it. Clients should still understand why the measure is used. Requiring IRB approval or research consent treats clinical monitoring as research. Would change if: she planned to publish or present the data, which would make it research needing IRB review and research consent.

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

49. A Bill the time actually provided and decline the manager's request

Billing must reflect the nature and extent of services provided. Using a code for time not provided is fraud, whatever the reason. B changes treatment to serve billing rather than clinical need, though it would be acceptable if longer sessions were clinically indicated. C documents the gap but still bills falsely. D involves the client in a decision that is not his to approve; his consent does not make a false claim accurate.

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

50. C Submitting a claim to the client's health plan for payment

HIPAA permits disclosures for treatment, payment, and health care operations without authorization, and submitting a claim is a payment function. Psychotherapy notes are the main exception: even disclosure to another treating provider generally requires the client's specific authorization. A letter from the client's attorney is not an authorization signed by the client and does not fit a treatment, payment, or operations purpose, so a valid signed authorization is needed first.

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

51. B Methadone

Methadone, a full opioid agonist, is dispensed for opioid use disorder through certified opioid treatment programs, which usually require daily visits early in treatment. Buprenorphine, a partial agonist, can be prescribed in office settings, and since the X-waiver ended in 2023, any prescriber with a standard DEA registration can prescribe it. Extended-release naltrexone is a monthly injection given after an opioid-free period. These differences affect access and daily routines, so they matter when helping clients choose and plan treatment.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

52. B Naltrexone needs 7 to 10 opioid-free days first, or it can trigger withdrawal

Naltrexone is an opioid blocker that requires an opioid-free period of about 7 to 10 days; starting it with opioids still in his system can precipitate withdrawal. Jesse should hear this and discuss options with a prescriber, who may also review buprenorphine or methadone, which can begin sooner. Naltrexone does not treat active withdrawal. It is an antagonist, not a partial agonist; buprenorphine is the partial agonist. Daily dosing visits at a certified opioid treatment program describe methadone, not a monthly injection.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

53. B Reasonable alternatives to the proposed services

The worker covered purpose, risks, costs, third-party payer limits, time frame, and the right to withdraw, but she did not describe reasonable alternatives, such as other treatment approaches or services, which clients need to make a real choice. A diagnosis code is a billing detail, not a consent element. Her supervision schedule is not something clients must consent to.

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

54. A Emotion-focused strategies such as acceptance and meaning-making

Coping works best when it fits how controllable the stressor is. Ms. Hargrove has already addressed the changeable parts of caregiving, and what remains, her husband's decline, cannot be fixed. Emotion-focused strategies such as acceptance, meaning-making, and support for her grief match that part. More treatment research or more services are problem-focused strategies aimed at problems she has largely solved, and her urge to keep fixing may be adding to her distress. Limiting time with her husband is avoidance and would likely bring guilt. Would change if: she had no respite or home help yet; problem-focused steps would then come first.

Human Development & Behavior · Review: Chapter 6

55. B Acknowledge that she looked at the clock and ask how that landed for him

Before treating a reaction as transference, the worker checks for a realistic basis. She did look at the clock, so owning that and asking about its impact respects his perception and repairs the moment. Linking it to his family is premature while a real trigger is unacknowledged. Reassurance skips his experience. Silently labeling it transference dismisses something that actually happened. Would change if: the worker had done nothing observable to prompt the remark, making exploration of the pattern with his family the stronger response.

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

56. B "Have you ever served in the military?"

Many people who served, including some National Guard and Reserve members and people with short or other-than-honorable service, do not call themselves veterans, so "Are you a veteran?" misses them. Asking whether someone ever served captures all military service, and follow-up questions can cover branch, role, deployments, and discharge. Asking about combat narrows the screen to one experience. Military culture, training injuries, military sexual trauma, and family strain matter clinically outside combat too.

Diversity, Culture & Social Justice · Review: Chapter 5

57. B Construct validity

Construct validity is shown when a measure behaves the way theory says the concept should: relating to similar constructs (convergent evidence), not relating to unrelated ones (discriminant evidence), and changing when an intervention should change it. All three appear here. Internal consistency concerns how items relate to each other within the scale. Content validity concerns coverage of the concept, judged by reviewing items. Face validity is surface appearance and needs no data. Would change if: the only finding were strong agreement with an established resilience measure given the same day, which would point to concurrent validity.

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

58. A Respect his decision and, if he wishes, talk with him about how the giving fits his budget and goals

Mr. Achterberg has intact cognition, a long-standing pattern consistent with his values, and paid bills, so this is his decision. The worker can offer to discuss budgeting if he wants. An adult protective services report would be an overreaction; nothing suggests undue influence, deception, or impaired capacity. A family meeting organized around the daughter's concerns works for the wrong client and pressures him about a choice that is his to make.

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

59. A Explain that these reactions are common after a deployment and help the family keep routines and contact

Two weeks after a parent deploys, regression and clinginess are common reactions in young children. Predictable routines and age-appropriate contact with the deployed parent help most children adjust. Separation anxiety disorder requires symptoms lasting at least four weeks in children and beyond what is developmentally expected, so evaluating for it now is premature. Limiting talk about his father can increase confusion and worry. Play therapy may help if symptoms persist or worsen, but it is more than this point calls for.

Diversity, Culture & Social Justice · Review: Chapter 5

60. A Raise the confidentiality concern with her supervisor and propose a secure alternative

The Code asks social workers to make employers aware of their ethical obligations and to work to improve policies that conflict with them. Raising the concern with a concrete alternative, such as a secure reminder system with client consent to contact methods, addresses the risk at the policy level. Stopping reminders on her own may increase missed appointments. Dropping the clinic's name is a partial workaround that still uses personal phones and unconsented texts, and it leaves other staff's clients exposed.

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

61. C Respect the ceremony and offer Pao a psychiatric evaluation to take place alongside it

Eight months of hallucinations, withdrawal and declining self-care need evaluation, while the ceremony is meaningful to the family. Supporting both builds the alliance treatment will depend on and respects their beliefs. Dismissing the ceremony would likely damage trust and could drive the family from care. Waiting delays evaluation of a serious, long-running condition. Deferring entirely to the cultural explanation uses culture to overlook symptoms that need care. Would change if: his experiences were brief, limited to ritual settings, and his functioning were intact, pointing toward a culturally normative experience.

Diversity, Culture & Social Justice · Review: Chapter 5

Section 2 Answers 62-122

62. C Multigenerational transmission process

The multigenerational transmission process describes how patterns of relating and levels of differentiation pass down across generations. The same marriage and divorce pattern over three generations is what a genogram is designed to surface. The family projection process describes parents transmitting anxiety to a particular child; it could contribute but does not account for a three-generation pattern. The nuclear family emotional system covers how anxiety plays out within one household. Societal emotional process extends Bowen's ideas to society at large. Would change if: the stem focused on one anxious parent fixating on a single child's problems; family projection process would then fit.

Human Development & Behavior · Review: Chapter 6

63. B Move the group to the first-floor room so Delia can attend

An accessible room is free at the same time, so moving the group is a simple accommodation that gives Delia equal access to the service she chose. Offering individual sessions substitutes a different service for her preference. Waitlisting her delays care because of the agency's room choice, a Worker- or agency-centered decision. Disability rights law generally requires reasonable modifications so programs are accessible, and here the fix costs almost nothing.

Diversity, Culture & Social Justice · Review: Chapter 5

64. C A debriefing that explains the true purpose after participation

Deception in research is permitted only when the study cannot be done otherwise, the risk is minimal, the IRB approves it, and participants are debriefed afterward about the real purpose. Debriefing restores honesty and lets participants ask questions and, often, withdraw their data. Participants still consent to take part; withholding the hypothesis does not mean dropping consent. Payment does not offset being misled. A nondisclosure agreement may protect the design but does not replace debriefing.

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

65. A Through counsel, assert privilege in response and withhold the records unless a court orders release

He has already informed Ms. Ruiz, and she has declined to waive privilege, so the next step is a formal response through counsel that asserts privilege and leaves the decision to a judge. Releasing records on a subpoena alone overrides a privilege that only the client or a court can set aside. Ignoring a subpoena can lead to contempt; it must be answered. A summary is still a disclosure Ms. Ruiz refused. Would change if: Ms. Ruiz signed a valid authorization; then he would release what it covers.

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

66. A Brief psychotic disorder: at least 1 day, under 1 month

Brief psychotic disorder lasts at least one day and less than one month, with full return to prior functioning. Schizophreniform disorder runs from one month to less than six months, so the six-month-to-one-year range is wrong. Delusional disorder requires delusions for one month or more, not six. Schizophrenia requires six months of total disturbance, of which at least one month must be active symptoms; one month is the active-phase minimum, not the total. These durations decide many psychosis items.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

67. B Explain that her current decision, made with capacity, guides her care

An advance directive speaks for a person who cannot speak for herself; when a patient has capacity, her current informed decision controls, and she can change her mind. Following the document over her present choice reverses that purpose. Referring to an ethics committee is unnecessary because there is no real conflict about who decides; the worker can also support her husband with his distress about the change.

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

68. C Thank him for raising it and ask for an example the group can look at

Anger directed at the leader in a group is best met openly: thanking him and asking for a specific example models non-defensive listening and lets the nodding fathers be heard too. Explaining the curriculum defends the worker before understanding the complaint. A private conversation can be useful, but moving it out of the room sidelines a concern other members share and may read as avoidance.

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

69. B End services with written notice and referrals, without further in-person contact

Repeated, specific threats against the worker are an accepted reason to end the relationship, and the clinic can still avoid abandonment by sending written notice with referrals for continued care. Exploring the anger in session would suit a single outburst, but after repeated threats it puts the worker back in danger. Adding security keeps a threatened worker in the role. Closing with no notice or referral leaves him without services. Would change if: the remark were a one-time outburst he later took back, with no further threats; exploring the rupture could come first.

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

70. D Disclose the relationship to patients and her supervisor and offer options

A household financial interest is a conflict of interest even without direct payment, and the Code asks social workers to inform clients and resolve conflicts in the clients' favor. Disclosure plus a real choice among providers lets patients decide freely. The lack of direct payment does not remove the household benefit. A blanket ban may deny patients a good nearby option. Waiting for patients to ask by name hides the conflict instead of disclosing it.

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

71. C The score counts childhood adversities, not current symptoms or a diagnosis

The ACE questionnaire counts categories of adversity before age 18. It measures exposure, not current symptoms, so it cannot indicate PTSD, and it does not capture protective factors such as Jordan's relationships. Starting trauma-focused treatment assumes symptoms he has not reported (assumption). ACE scores are linked to health risks across populations but do not predict an individual's outcome. His good functioning does not erase the history, which may still be worth exploring with him. Would change if: he reported nightmares, avoidance, and hypervigilance, which would call for a PTSD assessment.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

72. B A support group built around mutual aid among the members

Members want connection with peers facing the same loss and practical exchange, which is mutual aid, and their reactions fall within expected grief, so a support group fits. A therapy group aimed at changing longstanding patterns is more intensive than their needs call for. A lecture series teaches information but offers little of the member-to-member connection they asked for, and stage models of grief are descriptive rather than a required sequence. A task group exists to produce something, such as a memorial, rather than to help members cope.

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

73. D Explore the history with him and update the assessment and plan as needed

Assessment continues through treatment, and new history is folded in when it emerges. Exploring what the placement years meant to Oscar, and whether they connect to his current stress, lets the worker revise the assessment with him. Starting trauma-focused work assumes the history was traumatic and relevant before asking (premature intervention, assumption). Keeping the plan unchanged treats the intake as final. Referral to a specialist is premature; nothing yet shows that his needs exceed the worker's competence.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

74. C Share your own name and pronouns and invite each client to share theirs

Offering your own pronouns and inviting each client to share theirs makes the question routine, so no one is singled out. Asking based on appearance is Assumption: you cannot tell anyone's gender identity or pronouns by looking. Identification documents may not reflect a person's identity, especially when legal changes are costly or unavailable. Waiting for the client to raise it puts the burden on them and risks misgendering in the meantime.

Diversity, Culture & Social Justice · Review: Chapter 5

75. A Clarify her role as the court's evaluator and the limits of confidentiality

In a court-appointed evaluation, the court is the client, and what Mrs. Achebe says may appear in the report. She needs to understand that before disclosing further, so clarifying role and confidentiality limits comes first. Offering counseling mixes a treatment role with an evaluative one. Omitting relevant information would compromise the evaluation; the right path is for her to know the limits before choosing what to share, and the social worker can refer her for her own support.

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

76. B Mild neurocognitive disorder

Mr. Abernathy shows a documented decline from his previous level in memory and executive function, but he remains independent in everyday activities with extra effort and compensation such as lists and alarms. That is mild neurocognitive disorder. Major neurocognitive disorder requires that the decline interfere with independence, such as needing help with bills or medications, and he manages both on his own. Normal aging can slow processing, but a modest decline confirmed by testing, which he notices and compensates for, goes beyond expected aging.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

77. B Pause the scene, help him relax, then repeat the same step

In systematic desensitization, the client pairs each step with relaxation and moves up only when anxiety at that step is low. When anxiety spikes, the worker pauses the image, restores relaxation, and repeats the step. Holding the scene until the anxiety passes is closer to flooding or prolonged exposure, a different procedure. Moving up the hierarchy while anxious reverses the method. Ending the session abandons a manageable moment the procedure is designed to handle.

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

78. A Share Ms. Achebe's stated preference with the resident and help the team honor it

A competent client may choose how much information she receives and who receives it for her, and autonomy ranks above truthfulness and full disclosure in the Ethical Principles Screen. Ms. Achebe set that preference clearly, so the worker advocates for it with the team. Supporting the resident overrides her choice. Handing the decision to the niece goes beyond what Ms. Achebe authorized. Waiting does nothing about the disclosure planned for today. Would change if: Ms. Achebe asked directly for her survival statistics, she should receive them.

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

79. D Explain the risks of unencrypted email and honor her choice if she still wants it

HIPAA allows providers to email clients without encryption when the client has been told the risks and still prefers that method. A short discussion, then documentation, respects Keisha's choice and protects her. Saying HIPAA forbids it misstates the rule. Sending without first explaining the risks skips the informed choice. Switching to postal mail overrides a reasonable preference and may be less private for clients whose mail is opened by others.

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

80. A Begin conjoint therapy and continue individual safety check-ins as treatment proceeds

The single incident was four years ago, both completed treatment, separate screenings show no current violence, fear, or control, and both choose joint work, so conjoint therapy can proceed, with individual safety check-ins continuing because risk can change. Declining on history alone is an Overreaction that withholds a service both want and that fits their current situation. Starting without further screening is an Underreaction; screening in couples work is ongoing rather than a one-time gate. Would change if: either partner described fear, monitoring, or threats now, individual services and safety planning would come first.

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

81. D Explain how scores would guide his care, and respect his decision

Mateo's concern is about how numbers were used before, and the agency does not require measures. Explaining how scores would be shared with him and used to shape his care addresses that concern while leaving the choice with him, consistent with self-determination. Pressing him because the agency wants scores is agency-centered. Shelving the topic until termination forgoes a chance to address his concern now. Rating him without discussion is a quiet way around his objection. Would change if: a funded service required measures as a condition, which he would need to know to decide about that service.

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

82. C Give current clients advance written notice and discuss their options

Fee changes are part of informed consent, so current clients need advance notice and a chance to discuss options, such as a sliding scale or transition. A changes the agreement with no notice. B delays the information and still leaves current clients uninformed. D turns the fee into a negotiation driven by the client, which can feel pressuring and does not inform them of the change.

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

83. D Meet with staff to review the incident and update safety procedures with their input

Staff fear after an assault is a legitimate organizational issue. Involving staff in reviewing what happened and updating procedures, such as reception layout, alarms, and protocols for escalating clients, addresses the risk and restores a sense of control. Reassurance and an EAP referral treat the concern as an individual problem and leave conditions unchanged. Decisions about the client's future services raise separate clinical and legal questions and do not answer the staff's concerns. A guard may help, but closing discussion dismisses staff input.

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

84. B Provide more structure and direct guidance, then increase his autonomy as his skills grow

Beginning supervisees are often anxious and dependent and learn best with clear structure, modeling, and concrete guidance; autonomy grows as skills and confidence develop. Matching the approach to his developmental level reduces anxiety and supports competence. Persisting with open questions ignores where Kwame is and may raise his anxiety. Exploring the source of his anxiety drifts toward therapy and leaves him without the guidance he needs. Group supervision can add value but does not replace the individual structure he needs now.

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

85. C Monitoring

Monitoring checks whether services were received and are working, which is exactly what the follow-up call does. Linking was the earlier step of connecting her to the pantry. Advocacy presses a system to provide something the client is owed, which is not happening here. Reassessment revisits the client's overall needs and plan, usually after a change in circumstances; this call checks one service.

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

86. C Collect demographic information such as race and gender after the screening

Making group identity salient right before a task can trigger stereotype threat, so asking for race and gender afterward is a simple protective step. Describing the screening as a test of group differences does the opposite and puts the stereotype front and center. Seating students by gender also draws attention to gender during the task and could heighten the very concern the worker wants to reduce.

Diversity, Culture & Social Justice · Review: Chapter 5

87. A Child-centered play therapy

Owen's difficulty is emotional (grief and withdrawal), not conduct, and play is how young children express what they cannot put into words. Child-centered play therapy fits that need. PCIT and parent management training are first-line for disruptive behavior, which he does not show, though his parents can still be involved through updates and guidance. A token economy for talking about feelings uses reinforcement to pressure emotional disclosure. Would change if: he had developed aggression or defiance; then a parent-focused approach such as PCIT would come first.

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

88. A a high level of differentiation of self

Differentiation of self is the ability to hold one's own position and stay emotionally connected without being swept into the family's reactivity. Rena states her view, declines a side, and stays at the table. Emotional cutoff would show as leaving or avoiding contact. Triangulation would mean she was drawn in as the third party in her brothers' conflict, which she declines. Satir's super-reasonable stance is cold, detached logic, while Rena stays warm and engaged.

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

89. B Accommodate the request and note it in her record

HIPAA requires providers to accommodate reasonable requests to receive communications by alternative means or at alternative locations, and a provider may not require the client to explain why. Paloma's request is reasonable, so the worker honors it and records it so others in the practice follow it. Requiring a reason is not allowed for providers. Insisting on the intake number ignores a request that could be about safety, such as a partner who monitors the home phone.

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

90. B With limited prosocial emotions

The limited prosocial emotions specifier applies when, over at least 12 months and in more than one relationship or setting, the youth shows features such as lack of remorse or guilt, callous lack of empathy, unconcern about performance, and shallow or deficient affect. Kendra shows all four. Onset type depends on age at the first symptom, which the stem does not give. Severity reflects the number of conduct problems and the harm they cause, not emotional style. Mixed disturbance of emotions and conduct is an adjustment disorder specifier.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

91. C Functional neurological symptom disorder

Altered motor function with clinical findings incompatible with recognized neurological disease, here strength that changes with distraction and a pattern matching no lesion, meets functional neurological symptom disorder, the DSM-5-TR name for conversion disorder. The symptom is not feigned. Malingering requires intentional production of symptoms for an external reward, and he has no claims and wants to work. Factitious disorder requires deliberate falsification to occupy the sick role, and nothing suggests he is producing the weakness on purpose.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

92. A Respect his decision, summarize his progress, and explain how he can return

Clients can withdraw consent to services at any time, and a respectful closing with a summary and an open door supports his gains. Asking him to commit to more sessions pressures a decision that is his. Predicting he will lose progress is a scare tactic the facts do not support.

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

93. A Begin assessing his home situation and supports for after discharge

Discharge planning starts at admission so needs are identified before the discharge date arrives. Mr. Lyle lives alone, which makes early assessment of supports, stairs, and care for his dog important. Waiting for a discharge date compresses planning into a rushed day. Arranging home health before assessing needs is premature intervention. Calling his son works with family before talking with Mr. Lyle or getting his consent.

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

94. C Dialectical behavior therapy

Recurrent suicide attempts tied to interpersonal conflict, rapid intense anger, emptiness, and unstable relationships suggest borderline personality patterns, and DBT is the best-supported treatment for chronic suicidality with emotion dysregulation. IPT treats depression linked to relationship problems but is not designed for repeated suicidal behavior. MBCT prevents relapse in recurrent depression in remission. Brief psychodynamic therapy focuses on one central conflict and lacks DBT's structure for life-threatening behavior.

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

95. C Outsider witness practice

Inviting chosen people to hear the client's preferred story and respond with what resonated is outsider witness practice, part of narrative therapy's definitional ceremonies. It thickens and supports the new story. Enactment (structural family therapy) has family members act out a conflict in session so the therapist can see and change it. Family sculpting (Satir) has members physically position one another to show relationships.

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

96. A Report the situation to child protective services and tell Elijah about the report

The stem states the rule: refusing shelter to a minor is neglect, and school staff must report reasonable suspicion. Elijah's account meets that threshold, so the worker reports and is honest with him about it, which respects him even though his request cannot be honored. Calling the parents first is investigating, which belongs to child protective services. An informal stay with a friend leaves a 15-year-old without legal protection. Daily monitoring is Underreaction to a triggered mandate. Would change if: Elijah were 18, so no child abuse report would apply and the worker would focus on shelter and support.

Diversity, Culture & Social Justice · Review: Chapter 5

97. B Ask about barriers and offer options such as evening, phone, or video sessions

Rotating shifts and two buses are structural barriers, and the colleague's label confuses those barriers with motivation. The worker asks about obstacles and adjusts the service to fit her life. Reviewing her commitment assumes the problem is hers alone to fix. Assessing readiness for change helps when ambivalence is the issue, but the stem points to logistics. Cutting sessions penalizes her for barriers the agency could reduce.

Diversity, Culture & Social Justice · Review: Chapter 5

98. D Accepting the shift of generational roles

In families in later life, a central task is accepting the shift of generational roles: the middle generation takes a more central role while the older generation keeps its dignity and contributions. The Castellanos' children stepping in to host and manage finances, and Mrs. Castellano's resistance, center on that shift. Renegotiating the marriage as a dyad belongs to the launching stage, after children leave. Refocusing on midlife issues is a task of families with adolescents. Allowing children to move in and out of the system echoes the adolescent and launching stages, not later life.

Human Development & Behavior · Review: Chapter 6

99. A a triangle

When tension builds between two people, Bowen theory says they pull in a third to absorb the anxiety, forming a triangle. Here the sisters route their conflict through their brother instead of resolving it with each other. An emotional cutoff would mean one sibling had distanced or stopped contact, but all three stay in close touch. The family projection process describes parents passing their anxiety onto a child, not siblings drawing in a brother.

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

100. B Task-centered practice

Agreeing on specific tasks for both client and worker to complete between sessions, then reviewing completion and obstacles at the next session, is the core structure of task-centered practice. SFBT may give a between-session task but organizes it around exceptions and goal pictures, not shared worker and client tasks. A contingency contract specifies a target behavior and a reward or consequence; there is no consequence here, only shared tasks.

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

101. C A systematic review that pools results from several randomized trials

For questions about whether an intervention works, systematic reviews and meta-analyses of randomized trials sit at the top of the evidence hierarchy, because they combine controlled studies and reduce the weight of any single result. A cohort study is observational and cannot rule out selection differences. A case series offers detail but no comparison group. Expert opinion, especially from a treatment's developers, is the lowest level of evidence and may carry allegiance bias.

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

102. C Step down to a partial hospitalization program while he lives at home

A partial hospitalization program provides treatment most of the day on most weekdays for people who need hospital-level programming but are safe at night, which matches a client without current intent who needs daily structure and has support at home. Stepping down is a planned transition. Weekly outpatient therapy is a large drop in intensity right after an attempt, when the team says he needs daily treatment (Underreaction). Staying inpatient until symptoms fully resolve keeps him in a more restrictive setting than he needs. Residential care adds 24-hour structure that a safe home makes unnecessary.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

103. A Connect her today with a domestic violence advocate to plan a high-risk departure

Strangulation, a newly bought gun, threats to kill if she leaves, and an imminent separation together signal very high danger, and separation is among the most dangerous times. She needs a specialized safety plan today with an advocate who can arrange confidential shelter and timing. A protective order may be part of that plan, but serving it before she leaves can alert him, so its timing needs expert planning. Telling him in advance invites the danger she fears. Trauma counseling matters later. Would change if: she were already in a confidential shelter, making legal protections and follow-up the focus.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

104. A Explore sleep, mood, and other recent changes that could explain his symptoms

ADHD requires several symptoms before age 12, and Grant describes an organized childhood with problems starting five months ago alongside severe sleep loss after his daughter's birth. Sleep deprivation, depression, or anxiety need exploring first. A self-report scale screens but cannot confirm a diagnosis and ignores the onset problem. A medication referral assumes a diagnosis the facts do not support (Premature intervention). Organizational strategies may help, but they treat symptoms before the cause is understood (True but not now). Would change if: school records showed attention problems at home and school before age 12.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

105. B Hops on one foot

The CDC 5-year checklist includes hopping on one foot and buttoning some buttons, along with writing some letters in one's name and counting to 10. Tying shoes and riding a two-wheeler without training wheels are not on the 5-year checklist; many children learn these skills later, and expecting them at 5 can make a typical child look delayed. Using checklist skills as the benchmark keeps referrals focused on children who may need help.

Human Development & Behavior · Review: Chapter 6

106. C Latency

Freud's latency stage (about age 6 to puberty) is a period when sexual drives are relatively quiet and energy goes into school, skills, hobbies, and same-sex friendships. Mateo's focus on peers, cards, school, and soccer fits latency, and his pulling back from cuddling is typical for his age. The genital stage begins at puberty, when sexual interest turns toward peers outside the family. The phallic stage (about 3 to 6) centers on genital awareness and the Oedipal conflict.

Human Development & Behavior · Review: Chapter 6

107. B Technology safety, including checks for location sharing and tracking devices

He appears wherever she goes, controls her phone plan, and has ties to her car, which points to location tracking through shared accounts, apps, or a hidden device. Technology safety planning with an advocate who can check for tracking without tipping him off addresses the likely source. Changing routines helps little if her phone or car reports her location. Friends to stay with are useful, but he could follow her there too. Would change if: she had a new phone and car he had no access to, making routine changes and safe places more relevant.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

108. C A serious, foreseeable, and imminent risk to themselves or others

The Code says social workers may limit self-determination when, in their professional judgment, clients' actions pose a serious, foreseeable, and imminent risk to themselves or others. A difference in risk perception between worker and client is not the standard. Financial loss to relatives does not meet the threshold. Missing treatment goals is a clinical concern to discuss with the client, not grounds for overriding the client's choices.

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

109. A The child's exact words, the questions that prompted them, and the setting

Investigators need the child's own words, the exact questions or prompts used, and the context, so they can judge how the disclosure came about and whether anything influenced it. Rewriting the account in adult language can change its meaning and lose details that matter. Judging truthfulness is not the reporter's role; reasonable suspicion is the threshold, and credibility is assessed by investigators.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

110. B To show the problem's natural level and trend for comparison

The baseline phase records the target behavior's level, trend, and variability without intervention, and a stable pattern (commonly at least three data points) serves as the comparison for judging change during intervention. Rapport matters, but it is not why baseline data are collected, and treatment can begin while rapport develops. Diagnosis is part of assessment; a baseline tracks a specific target behavior over time rather than establishing a diagnosis.

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

111. A Respect his self-reliance, frame counseling practically, and with consent involve supports he trusts

Self-reliance and close informal networks are common strengths in rural communities. Working with those values, using practical framing and trusted local helpers when he agrees, makes it more likely Earl stays engaged. Calling self-reliance a barrier pathologizes a cultural value. A city referral adds distance and assumes privacy is his main concern when he has not said so. Telling him to come back later loses a client who is already in the office.

Diversity, Culture & Social Justice · Review: Chapter 5

112. C Discuss the over-identification in supervision and complete the full assessment

Shared background can help rapport, but her assumptions and the skipped assessment show over-identification, a form of countertransference that produces the Assumption error. Supervision helps her see Joel as an individual, and the full assessment gathers his actual experience. Sharing her story centers her own experience. Reassignment discards a possible strength before supervision has been tried. Building goals from her own background repeats the assumption. Joel's fluent English is irrelevant to the decision.

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

113. B Labile

Labile affect involves rapid, abrupt shifts between emotional states, such as laughing, then sobbing, then laughing again within minutes. Expansive affect is unrestrained and elevated, often with grandiosity, but does not require the swings described. Blunted affect is a marked reduction in emotional intensity, the opposite of what she shows. Lability appears in conditions such as mania, delirium, and some neurological disorders, so it prompts further assessment rather than pointing to one cause.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

114. B Ask him directly whether he has been thinking about ending his life

'Tired of everything' from an older man who is recently bereaved, drinking, in chronic pain, and with a firearm at hand calls for a direct suicide inquiry first. His answer guides what follows, including lethal means counseling about the pistol. An alcohol screen is worth doing but is secondary to learning whether he is suicidal. A grief group responds to the loss and misses possible risk. Pain management matters for his wellbeing, though it does not answer whether he is in danger now.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

115. B Current heavy methamphetamine use

Dynamic risk factors are changeable conditions, such as current substance use, active symptoms, unstable housing, or access to weapons, and they are the targets of treatment and monitoring. Current heavy methamphetamine use can be reduced. Early age at first violent offense is a static, historical factor that cannot change. Sex and age are demographic static factors; they inform baseline risk but are not targets for intervention.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

116. D She meets the symptom threshold for ADHD, predominantly inattentive presentation

At age 17 and older, five symptoms in a domain meet the threshold, so Renata's five inattention symptoms, with childhood onset, two settings, impairment, and negative screens, support the predominantly inattentive presentation. Six symptoms is the threshold for children under 17. Other specified ADHD is for presentations that miss full criteria; hers meets them, and low hyperactivity is what defines the inattentive presentation. A learning disorder involves specific academic skill deficits, and her problems also affect work. Would change if: Renata were 15, when six inattentive symptoms would be required.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

117. A Explain that she will report his symptoms accurately and present his real needs

Social workers must be honest with payers; reporting symptoms the client does not have would be fraudulent and could follow him in his records. The social worker can explain this respectfully, ask what he fears losing, and describe how she will present his real symptoms and progress. Reporting invented ideation is dishonest. Canceling the call gives up on advocacy before trying and assumes his actual symptoms will not justify coverage.

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

118. A Pause the interview and assess her suicide risk per the distress procedure

A statement about taking pills to make it all stop triggers the Safety rung. The interviewer should stop the research task and assess risk, following the study's distress procedure, before anything else. Finishing the questions puts data ahead of the participant's welfare. Reporting the event to the IRB is required in many protocols, but it comes after safety is addressed. Ending with a physician referral is underreaction, since it skips a risk assessment and delays help.

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

119. D Help her drop the safety behaviors

Safety behaviors such as gripping a phone, avoiding eye contact, and rehearsing lines keep the client from learning that the feared outcome does not happen, or that she can cope without them. That explains why her anxiety is not dropping. Removing them is the targeted fix. Relaxation used during exposure can become one more safety behavior. Dropping down the hierarchy treats a design problem as a difficulty problem. More practice with the safety behaviors still in place repeats what has not worked. Would change if: she were overwhelmed and leaving exposures early; then an easier step could make sense.

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

120. B Identity pride

Identity pride involves immersion in LGBTQ community, anger at heterosexism, devaluing of heterosexual people, and activism, all present here. Synthesis is the later stage in which the person integrates sexual identity as one part of a whole self and recognizes that some heterosexual people are supportive, which Aaron's "enemy" framing contradicts. Tolerance and comparison come earlier, before a person has adopted a gay identity. The worker validates his anger at real discrimination rather than treating it as pathology.

Diversity, Culture & Social Justice · Review: Chapter 5

121. B Reply via the secure portal, explain contact options, and chart relevant content

Using the secure, agency-approved channel protects confidentiality, explaining the policy prevents repeats, and clinically relevant content belongs in the record. A continues using an unsecured personal account and mixes personal and professional roles. C leaves a distressed client without a response. D moves the email but still leaves clinical content on a personal account.

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

122. A Confirm that the psychiatrist accepts her Medicaid plan and has openings

A referral is usable only if the client can access it. Checking insurance participation and availability first prevents a dead end that could discourage her. Handing over a name without that check risks a referral she cannot use. Calling the psychiatrist about her case discloses information without her consent. Redirecting to primary care may be an option, but it overrides her stated request before checking whether the psychiatrist is available.

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

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.