SUMMIT
STUDY GUIDES

# LCSW

## ASWB Clinical Practice Exam

## Exam 6

Answer Key & Explanations

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

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

**Summit Study Guides**
summitstudyguides.com

## Copyright © 2026 Summit Study Guides. All rights reserved.

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

## Independence Notice

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

## Disclaimer

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

## How to Use This Material

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

# LCSW Practice Exam 6: 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. D** Keep the focus on the parenting concerns and examine her own reaction in supervision

Individual screening found no signs of coercion, and both partners describe their arrangement as chosen and satisfying. The worker's discomfort comes from her own values, so she handles it in supervision and works on the problem the family brought. Probing Samira's private wishes after a clear screening assumes she is hiding dissatisfaction. Teaching shared roles imposes the worker's model. Asking about the son's views of gender reframes a parenting concern around the worker's interest. Would change if: Samira had described fear of Ahmed or restricted access to money, which would shift the focus to safety.

Diversity, Culture & Social Justice · Review: Chapter 5

**2. A** Report the result as authorized and discuss how treatment can respond to the relapse

He signed a consent that authorizes reporting test results and cannot be revoked during the program, so the social worker reports the result as agreed and stays honest with him about it. Her role is treatment provider, so she can work with him on how treatment can respond to the relapse. Omitting the result breaks the agreement and the court's trust in the program. An informal question to the judge is an off-the-record contact about a client outside the agreed reporting channel. Recommending a sanction moves her from treatment into a punitive role.

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

**3. A** Bring her reactions to clinical supervision

Over-involvement tied to a family member's history is countertransference, and supervision is the place to understand it before it shapes treatment further. Referring Kayla is an overreaction now; strong reactions are often manageable with supervision and call for transfer if they cannot be contained. Telling Kayla shifts the focus to the worker's history. Resetting boundaries is likely needed, but doing it abruptly without understanding her own reaction may feel like rejection to Kayla.

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

**4. B** Educational

Teaching skills and knowledge through role-play and assigned reading is the educational function, which builds the worker's practice competence. The administrative function covers organizational tasks such as assigning cases, monitoring policy compliance, and reviewing documentation; nothing in this stem is about agency rules or workload. The supportive function addresses morale, stress, and job satisfaction, and would fit if the supervisor were helping the worker manage the emotional weight of hospice work rather than practicing interviewing skills.

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

**5. C** Four consecutive days

A hypomanic episode requires abnormally elevated, expansive, or irritable mood with increased activity or energy lasting at least four consecutive days, present most of the day, nearly every day. Seven days is the manic episode threshold, or any duration if hospitalization is required. Two or three days of hypomanic symptoms falls short of a full episode; alongside major depression, that pattern may be recorded as other specified bipolar and related disorder with short-duration hypomania.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

**6. B** Give a validated depression measure at intake and at set intervals

The board asked about change in depression, which requires a valid depression measure collected over time, such as the Geriatric Depression Scale at intake and follow-up. Satisfaction measures how clients feel about services, not whether symptoms changed, and mailed surveys are prone to low response and social desirability bias. Client stories can illustrate impact but are not systematic evidence. Visit counts are outputs. Would change if: the board had asked how clients experience the service, which satisfaction data and interviews would address.

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

**7. A** Giving in is negatively reinforced because it ends Tyrell's yelling

Giving in removes an aversive event, the yelling, so the staff's behavior is strengthened through negative reinforcement. Meanwhile Tyrell's yelling is positively reinforced by more game time, which is why both behaviors are increasing. The positive reinforcement option misreads the consequence: what matters to staff is the noise stopping, not a reward being added. Punishment would make giving in less frequent, yet it is increasing. An extinction burst is a temporary surge after a reinforcer is withheld, and nothing has been withheld from staff. Would change if: the question asked about Tyrell's yelling; positive reinforcement would then be the answer.

Human Development & Behavior · Review: Chapter 6

**8. C** Explain that most of what he says stays private, but she must tell others if someone is hurting him or he is in danger

Kai deserves an honest, concrete explanation of the limits of confidentiality before he discloses, so he can decide what to share. A blanket promise is one the worker may be unable to keep if he discloses abuse or danger, and breaking it would damage trust. Refusing to promise anything is technically honest but gives him no information and may shut him down. Sending him to his parents assumes they are safe recipients, which the worker does not yet know.

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

**9. A** Decline to confirm whether she is a patient

A patient may opt out of the facility directory, and once she has, staff should not confirm her presence to callers, including family. Being her husband does not override her stated choice. Transferring the call to her room confirms that she is a patient. The worker can offer to take a message without confirming anything and let the patient decide whether to respond, which keeps the decision with her.

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

**10. A** "Keep taking the walks, and notice what else is different on those days."

A core SFBT principle is that if something is working, do more of it. Curtis has found an exception (fewer arguments after a lunch walk), so the worker encourages him to repeat it and to notice what else goes well. Analyzing what sets off the arguments turns the session toward problems and their causes. Linking the arguments to childhood is a psychodynamic move. Aiming for zero arguments in a week skips the small, achievable steps SFBT relies on.

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

**11. A** Cluster sampling

Cluster sampling randomly selects whole natural groups, such as schools, and then studies the members of those groups. It is practical when individuals are spread out or no list of them exists. Stratified sampling divides individuals into subgroups and samples randomly from each, so each subgroup is represented. Purposive sampling picks participants deliberately because they fit a profile, which is non-probability; here the schools were chosen at random.

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

**12. C** Ask the nurse or physician to answer the family's medication questions

Explaining medication dosing and side effects is outside a social worker's scope, even with written orders in hand. The social worker can support the family, hear their concerns, and make sure the nurse or physician follows up with them. Reading the orders aloud still puts her in the role of giving medication information and risks errors. Splitting the questions leaves her explaining dosing, which is the part most likely to cause harm if misunderstood.

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

**13. C** Move her sessions to in-person visits at the clinic on Tuesdays

The Code asks social workers to assess whether technology-based services are suitable for a client, and a monitoring partner makes home sessions unsafe and not private. Teresa has a practical in-person option, which protects confidentiality and allows a fuller safety assessment. A code word is a helpful backup but keeps sessions where he can listen. Phone sessions are just as easy to overhear. Inviting a possibly controlling partner could increase her risk. Would change if: she had no way to reach the clinic, a code word and a safer time for video sessions could be the next step.

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

**14. C** Continue treatment with an anger plan and direct questions about harm each session

The formulation weighs old violence and current anger against three years of sobriety, no weapons, no threats, and compliance with court orders, giving low to moderate risk. That supports continued treatment with a violence-focused plan and ongoing direct review. Warning his ex-wife breaches confidentiality without a threat that would trigger a duty to protect. Emergency evaluation rests on old history alone and is overreaction. Treating 'I get why people snap' as harmless ignores the remark and is underreaction. Would change if: he described a plan, a weapon, or intent toward her, which could trigger protective duties.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**15. D** Contingency management with prizes for negative urine tests

For stimulant use disorders, contingency management, which gives tangible rewards for verified abstinence, has the strongest evidence, and the clinic has the testing and incentives in place. Trevor has already decided to stop, so building readiness with MI addresses a step he has already taken, although MI skills still help. Psychodynamic exploration is not a first-line treatment for stimulant use. Supportive group counseling alone has weaker evidence than CM. His daughter and his work schedule are background details.

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

**16. A** Explain exactly what will be reported to employee health and get her written authorization

When a third party will receive information, the client needs to know at the outset exactly what will be shared and must authorize it, which is a concrete consent step before anything else. Assessing first and deciding later what to report leaves her unaware of where her words go. Promising ordinary confidentiality is false given the reporting agreement.

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

**17. C** Behavioral couples therapy with a daily sobriety support routine

Behavioral couples therapy for alcohol use disorder has strong evidence for improving abstinence and relationship satisfaction; it combines a daily recovery support routine between partners with communication and shared-activity skills, and it fits a sober client with a willing partner and no violence. Al-Anon can support Donna, but replacing joint work misses the couple's own conflict. Insight-oriented exploration of the drinking's origins has less support and is less targeted. Confrontational interventions risk shame and dropout and are not preferred over approaches like CRAFT or behavioral couples therapy.

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

**18. A** Mirroring

Kohut described three selfobject needs. Mirroring is the need to have one's worth and accomplishments recognized and admired, which supports self-esteem. Yusuf's display of his accomplishments, brightening with enthusiasm, and deflating when the worker seems distracted fit mirroring. Idealizing is the need to feel connected to a calm, strong figure one admires and to borrow that person's steadiness. Twinship is the need to feel essentially alike with another person. Empathic attunement to his mirroring need helps him build a steadier sense of self over time.

Human Development & Behavior · Review: Chapter 6

**19. C** Interview each candidate before the group to assess fit and explain its rules

With planning done, the next step is screening: a pre-group interview with each candidate to assess fit, readiness, and risk, and to explain the purpose, rules, and limits of confidentiality. Enrolling by call order skips screening, which is Premature intervention. A mailed checklist screens symptoms but not fit or risk and gives no informed-consent conversation; the highest scorers may also need individual care first. Starting with everyone and letting attrition decide membership disrupts cohesion and exposes members to people who may not fit.

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

**20. A** Serving on a hiring panel for a job that a current client has applied for

A conflict of interest exists when the worker's other roles or interests could interfere with professional judgment or harm the client. Evaluating a current client for a job puts the worker's knowledge from therapy into a hiring decision. B is ordinary dual employment. C is appropriate consultation. D involves a past training placement with no current interest at stake.

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

**21. D** Decline the invitation clearly and keep her contact with Rachel professional

The Code directs workers not to engage in sexual or romantic relationships with clients' relatives or others with a close personal relationship to clients when there is a risk of exploitation or harm. Rachel takes part in Leah's treatment, so the risk to Leah is direct. A ignores that risk. B postpones rather than resolves it. C places Leah in the middle of the worker's personal life and may harm her treatment.

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

**22. C** Specific phobia, blood-injection-injury type

Marked, lasting fear and avoidance of needles and blood draws, with the fainting response typical of this type, fit specific phobia, blood-injection-injury type; it has lasted two years, well past the typical six months. Panic disorder requires unexpected attacks, and his reactions are triggered by a specific cue. Illness anxiety disorder involves preoccupation with having or getting a serious illness, and his fear is of the procedure itself, not of disease. The avoidance now threatens his program, which shows impairment.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

**23. C** accurately reflect the nature and extent of services and who provided them

The Code requires billing practices that accurately reflect the services provided and identify who provided them. A sends more clinical information than billing needs, which conflicts with minimum-necessary disclosure. B misidentifies the provider, the exact misrepresentation the standard is meant to prevent. Accurate billing protects clients, payers, and the worker's license.

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

**24. A** The nature of the threat, when he said it might happen, and steps she can take to stay safe

Even when a warning is required, the worker discloses what the victim needs to protect herself: the threat, its timing, and safety steps. His diagnosis, treatment history, and stressors go beyond what a warning requires and breach confidentiality without adding to her safety. A vague caution may not let her take the threat seriously or plan, so it falls short of a reasonable warning. Sending the session note discloses far more than necessary, including unrelated clinical content. The worker also documents what was shared, with whom, and why.

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

**25. D** Psychosocial assessment and coordination of community resources for discharge

Social workers on medical teams contribute psychosocial assessment, family work, advocacy for the patient's wishes, and resource coordination. Setting the discharge date is a medical decision, though the social worker's information shapes it. Recommending medication changes and explaining test results fall within physicians' and nurses' scope. Those details still matter: the social worker's role is to bring the patient's circumstances and wishes into the team's decisions.

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

**26. C** Arrange an emergency psychiatric evaluation for Daniela today

Confusion, hallucinations about the infant, and severe sleeplessness days after delivery suggest postpartum psychosis, a psychiatric emergency because of risk to both mother and baby. Same-day emergency evaluation addresses the Safety rung. The Edinburgh scale screens for depression and delays care during an acute psychotic picture (True but not now). Normalizing her distress and waiting a week misses the emergency (Underreaction). A feeding schedule may help her sleep later, but it treats a symptom while the risk remains (Underreaction).

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

**27. A** Major depressive disorder, recurrent, with psychotic features

When delusions and hallucinations occur only during a major depressive episode, the diagnosis is MDD with psychotic features; her themes of punishment and worthlessness match the depressed mood, so they are mood-congruent. This is her second episode, making it recurrent. Schizoaffective disorder requires psychosis for at least two weeks without a mood episode, and hers began during the depression. Schizophrenia requires psychosis outside mood episodes, with mood symptoms present for a minority of the illness. Delusional disorder is not diagnosed when delusions occur only during mood episodes.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

**28. D** Marginalization

Berry's model crosses two questions: does the person keep the heritage culture, and does the person take part in the new society? Ahmad has moved away from his heritage community without connecting to the new one, which is marginalization, the pattern most often tied to acculturative stress. Assimilation means adopting the new culture while letting go of the heritage culture. Separation means holding to the heritage culture while avoiding the wider society. Integration combines both cultures.

Diversity, Culture & Social Justice · Review: Chapter 5

**29. A** Consent from an appropriate proxy, plus each resident's assent to the extent possible

When participants cannot give informed consent, the Code calls for an explanation in a manner they can understand, their assent to the extent they are able, and written consent from an appropriate proxy. Administrators are not proxies for individual residents. Proxy consent alone leaves out assent, and residents' objections should be respected. A physician's knowledge of capacity does not make the physician the legal decision maker.

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

**30. C** Letting clients choose whether to discuss trauma history at intake

SAMHSA's trauma-informed approach includes six principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; voice and choice; and attention to cultural, historical, and gender issues. Letting clients decide whether and when to discuss their trauma history gives them control in a setting that can feel intrusive, which reflects voice and choice. Staff training builds trauma awareness, a foundation of the approach rather than this principle. Routine screening can be useful but does not by itself give clients choice. Hiring peer specialists reflects the peer support principle.

Human Development & Behavior · Review: Chapter 6

**31. C** Check the court order; if it covers finances alone, the vaccine decision stays with him

Guardians have only the authority the court order gives them, and a guardian of the estate manages property and finances, not health care, so Mr. Takahashi keeps the right to decide about the vaccine. Accepting the guardian's consent assumes authority he may not have. Giving the vaccine because it is routine ignores his refusal, which is his to make. Seeking a broader guardianship over a routine refusal is an overreaction and is not the social worker's call to initiate here.

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

**32. B** Observable signs, agreed on with Rosa, that will show the goal has been met

Defining with Rosa the observable changes that will show the goal is met, such as speaking up in most weekly meetings, makes progress measurable and gives both of them a shared basis for deciding when to end. A fixed session count reflects agency routine rather than her progress. Relying on the worker's impression at each session leaves Rosa out of the decision and gives neither of them a clear standard.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

**33. A** Provide the forms in large print or read them aloud, and confirm he understands before he signs

Informed consent requires that Mr. Delgado understand what he signs, and an accessible format is an accommodation the worker can provide on the spot. Involving his daughter brings a family member into private information without his choice. Signing now and reviewing later reverses the order consent requires. Low-vision services may help him, but referring him out before intake delays care over a problem the clinic can fix today.

Diversity, Culture & Social Justice · Review: Chapter 5

**34. B** Family sculpting

Family sculpting, from Satir's experiential therapy, has a member physically arrange others to show relationships and feelings, which makes patterns visible without words. Enactment asks the family to act out a real interaction, such as negotiating a rule, rather than pose a still picture. A genogram is a three-generation diagram drawn on paper to show family structure and patterns, not a living arrangement of people in the room.

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

**35. A** Call the program with Kendra present and schedule her intake

Withdrawal management stabilizes the body but is not treatment, and the gap after discharge is a high-risk time. A warm handoff, booking the intake with Kendra present, makes the next step concrete before she leaves. A list of programs is a passive referral that relies on her to act during a vulnerable period. Asking her to call later is underreaction for the same reason.

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

**36. B** Reviewing progress and planning how the client will maintain gains

Termination tasks include reviewing progress toward goals, consolidating gains, planning for maintenance and future stressors, addressing feelings about ending, and arranging referrals or follow-up. A psychosocial history belongs to assessment. Setting new long-range goals starts a new contract instead of ending this one. Introducing a new intervention at the end opens work that cannot be completed.

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

**37. A** Acknowledge the father's frustration and respect his role as the family's spokesperson

Structural therapy depends on joining before restructuring. With a guarded, mandated family in the first minutes of the first session, accommodating to the father's style and respecting his position builds the standing the therapist needs to challenge the pattern later. Naming the hierarchy problem and assigning a task now is Premature intervention that may drive the family away. An enactment is a good structural tool, but asking a defensive family to perform conflict before any alliance exists risks a walkout. A reframe also lands poorly before trust is built. Would change if: the family were engaged after several sessions, an enactment or task would be the stronger choice.

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

**38. C** Ask Mr. Kowalski directly what he wants for his discharge

Mr. Kowalski is alert, oriented, and the client, so the worker brings him back into the conversation and asks for his preferences. Asking his children to leave could help later if he wants privacy, but doing it first takes a step he has not requested and may embarrass him. Accepting the children's plan treats age as a reason to defer to family, an ageist Wrong client error.

Diversity, Culture & Social Justice · Review: Chapter 5

**39. D** End the meeting, leave the office, and alert security per agency protocol

A raised fist, movement toward the worker, and a threat move this from anger to a safety concern, the top SLEEP rung. With the door behind her, the worker can leave and get help before trying anything else. Reflection and a calm invitation to sit are good de-escalation tools when someone is upset but not threatening; here they are underreaction. Setting an ultimatum while he is standing over her can escalate the situation. Would change if: he had raised his voice while staying seated with no threat, which would make reflective de-escalation the first move.

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

**40. B** Keep her psychiatric care going and use motivational strategies about cocaine

Integrated treatment is stage-wise: Leticia is in precontemplation about cocaine, so the team continues her psychiatric care and uses motivational strategies to raise her own reasons for change. Pausing psychiatric services until she accepts abstinence is the exclusionary rule integrated care was designed to replace, and it could destabilize her mood. A separate substance use program recreates the split. Relapse prevention skills fit the action and maintenance stages. Would change if: she said she wanted to stop and had set a date, active planning and skills work would fit.

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

**41. B** Narcolepsy

Repeated irresistible sleep attacks plus brief muscle weakness triggered by laughter, with awareness preserved, point to narcolepsy with cataplexy. A sleep evaluation confirms it, so the worker would also refer him to a physician. Atypical depression involves oversleeping, but Devin denies low mood, and depression does not cause cataplexy. Insomnia disorder is difficulty falling or staying asleep, not sleep attacks. Sleep apnea causes daytime sleepiness from disrupted breathing at night, usually with snoring or gasping, but not laughter-triggered weakness.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

**42. B** an unavoidable self-disclosure that may need to be discussed with clients

Some personal information, such as pregnancy, a wedding ring, or a visible injury, is disclosed whether or not the worker chooses. These unavoidable disclosures can stir reactions, so clients may need a chance to talk about them, including plans for a leave. A mislabels it and adds a reporting step with no basis. C confuses unavoidable with deliberate disclosure. D puts the burden on clients to raise reactions they may not voice.

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

**43. C** Major depressive disorder

In children and adolescents, irritable mood can stand in for depressed mood. Mateo has irritability, loss of interest, hypersomnia, fatigue, and poor concentration nearly every day for three weeks: five symptoms over at least two weeks, with medical causes excluded, which meets major depressive disorder. DMDD requires severe temper outbursts averaging three or more a week for at least 12 months, with onset before age 10. Persistent depressive disorder requires at least one year of symptoms in youth. The braces are irrelevant detail.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

**44. A** Finding an enduring connection while going on with life

Worden's fourth task is finding an enduring connection with the deceased while continuing to live one's own life. Delphine keeps her son present through the jersey and the soccer league and has also resumed dating, which is the balance this task describes. Accepting the reality of the loss, the first task, is clearly already addressed. Processing the pain of grief, the second task, centers on experiencing the emotions of the loss; she may still feel pain, but her statement describes integrating him into her ongoing life.

Human Development & Behavior · Review: Chapter 6

**45. C** Explain the withdrawal risk of stopping suddenly and help her plan a taper with her prescriber

Abrupt discontinuation after years of daily benzodiazepine use can cause severe withdrawal, including seizures, and she plans to be alone. Giving her that information and connecting her with the prescriber to plan a gradual taper keeps her goal intact while protecting her safety. Supporting the plan with coping skills leaves her unaware of a serious medical risk. Her feelings about dependence are worth exploring, but the weekend timeline makes the safety information more pressing (True but not now). Recommending a specific dose reduction is medical advice (Scope violation).

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

**46. B** It is prohibited because she would be paid for a referral without providing a service

The Code prohibits giving or receiving payment for a referral when the referring social worker provides no professional service. Telling clients about the payment does not cure the problem, because the payment still creates an incentive that can bias referral decisions. Good clinical fit does not make the payment acceptable. Reporting it as income addresses taxes, not ethics.

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

**47. B** How closely the trial's participants and setting resemble the family she serves

The trial is described as well designed, so its internal validity is not the open question. What is in doubt is fit: urban, university-recruited families may differ from this rural family in culture, language, and resources. Appraisal includes judging relevance and external validity. Sample size bears on statistical power, but the stem already says the trial was well designed. Journal prestige says little about fit. Conflicts of interest are worth checking, but they are not the issue these facts raise.

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

**48. C** Report the new incident to the child abuse hotline today

An open case does not cover new allegations; a new incident of suspected abuse is a new report, made through the official channel, now. Waiting a week for the meeting delays a required report and leaves Diego at risk. A voicemail to a caseworker who may be out of the office does not reliably reach the agency or meet the reporting requirement. Documenting and monitoring is underreaction to a disclosed assault with a fresh injury. Would change if: state procedures directed reports in open cases to the assigned caseworker, and the caseworker was reached directly today.

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

**49. A** Interpersonal inventory

The interpersonal inventory is IPT's opening-phase review of the client's key relationships: their quality, expectations, and links to the depression. It guides selection of the problem area. A genogram is a multigenerational family diagram used in Bowen and family assessment. An ecomap shows the client's connections to outside systems such as work, school, church, and agencies. Both are assessment tools, but the inventory is the IPT technique.

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

**50. B** Least harm

The screen's order is protection of life, equality and inequality, autonomy and freedom, least harm, quality of life, privacy and confidentiality, and truthfulness and full disclosure. Least harm comes directly after autonomy. Quality of life comes after least harm. Truthfulness and full disclosure ranks last. Equality and inequality ranks above autonomy, not below it.

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

**51. B** Debrief briefly with the interpreter in private and offer support resources

Interpreters speak clients' trauma in the first person and are exposed to secondary trauma, and this one is visibly affected now. A short private debrief that acknowledges the impact and points to support, such as an employee assistance program, comes first. Simply confirming next week overlooks what the worker can see. Changing interpreters may disrupt Samuel's trust and is not needed when the interpreter is shaken but able to continue. Cultural background can be discussed later. Would change if: the interpreter said he knew Samuel's family and could not stay neutral, arranging a different interpreter (C) would come first.

Diversity, Culture & Social Justice · Review: Chapter 5

**52. D** Starting with less sensitive areas builds rapport before harder questions

The HEEADSSS sequence (home, education, eating, activities, drugs, sexuality, suicide and depression, safety) moves from less to more sensitive topics so the adolescent can warm up before the hardest questions. It does not rest on a claim that home and school cause most distress. The order serves the teen's comfort, not parents' preferences. Sensitive areas are part of the interview and are asked about directly, not skipped unless the teen raises them.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**53. C** Expecting rejection and staying on guard in new settings

The minority stress model separates distal stressors, which are external events such as discrimination, harassment and violence, from proximal stressors, which are internal processes such as expecting rejection, vigilance, concealing one's identity and internalized stigma. Expecting rejection and staying on guard is proximal. Being denied housing, a bias-motivated assault and losing a job after one's identity becomes known are all external events, so they are distal stressors.

Diversity, Culture & Social Justice · Review: Chapter 5

**54. A** Ask Corinne what about today's session did not fit for her

Feedback-informed treatment uses alliance ratings to catch ruptures early. A sudden drop is a signal to invite Corinne to say what did not work, with openness to hearing it; repairing ruptures is linked to better outcomes and fewer dropouts. Waiting misses the chance to repair and risks her not returning. Reassuring her that low ratings pass sidesteps her feedback. Changing the approach before learning what went wrong is premature intervention.

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

**55. C** Assess how the family's closeness works for each member, starting with the son's wish for space

Frequent contact and shared decisions are not enmeshment by themselves; many families function well with close, multigenerational ties. The decisive fact is the son's stated wish for space, so the best move is to assess how the closeness helps and where it constrains him. Labeling the family enmeshed is an Assumption drawn from structure alone. Sending the son to individual therapy removes the problem from the family system. Coaching the mother to call less targets a pattern nobody has named as a problem. Would change if: members described being unable to make any choice without approval and reported distress about it, structural boundary work would fit.

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

**56. C** Notify the privacy or security officer to begin the HIPAA breach assessment

Loss of unencrypted protected health information is presumed to be a breach under HIPAA unless a risk assessment shows a low probability that the information was compromised. The privacy or security officer leads that assessment and determines notification duties to clients and regulators. A police report is reasonable, but waiting for recovery delays required steps. Client notification is likely, but the agency must first identify whose records were involved and follow the rule's content and timing requirements. A staff reminder is a prevention step for later.

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

**57. A** Respect her decision, explain tenant protections against retaliation, and offer to revisit it

Ms. Herrera is a competent adult weighing a real risk to her housing, and she has declined. Respecting that choice while giving her information about retaliation protections leaves the decision with her and keeps advocacy available. Filing anyway, even anonymously, overrides her refusal and may still point to her unit. Pressing her discounts a reasonable fear, since legal protection does not always prevent retaliation. Contacting a tenant union acts on information she shared without consent. Would change if: the mold began harming her health, which would make encouraging her to file, with support, more appropriate.

Diversity, Culture & Social Justice · Review: Chapter 5

**58. D** Explain that it is a legal question and connect him with an immigration attorney

How his mental health history might affect an asylum case is a legal question, and answering it either way is legal advice outside the worker's role (scope violation). Connecting him with an immigration attorney or a Department of Justice accredited representative gets him a qualified answer. A clinical letter can be useful in asylum cases, but offering one before he has counsel gets ahead of a legal strategy his representative should shape, and any letter would require his informed consent.

Diversity, Culture & Social Justice · Review: Chapter 5

**59. C** Negative punishment

Removing a desired item, the phone, after a behavior, and seeing that behavior decrease, is negative punishment, also called response cost. Negative reinforcement removes something unpleasant to increase a behavior; here a pleasant item is removed and the behavior goes down. Positive punishment adds an unpleasant consequence, such as extra chores. Extinction withholds the reinforcer that had been maintaining a behavior; the parents are not removing whatever made staying out late rewarding, they are removing a separate privilege.

Human Development & Behavior · Review: Chapter 6

**60. B** Written income and household-size criteria applied consistently to all clients

Written, consistent criteria make reduced fees fair and predictable and reduce the risk of bias. A ties access to the worker's subjective judgment of clients. C favors clients who feel comfortable asking, which can disadvantage others with equal need. D ties a lower fee to reduced care rather than ability to pay.

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

**61. A** It treats the client as the expert on their culture and calls for ongoing self-critique about power

Cultural humility is a career-long stance: the worker examines their own assumptions, addresses the power imbalance in the helping relationship, and learns about culture from the client rather than presuming it. Mastering facts about groups describes a knowledge-based competence model, which risks applying generalizations to individuals. Setting culture aside ignores how it shapes the problem and help seeking. Worker-client matching helps some clients, but it does not replace the worker's own stance, and a shared background does not mean shared views.

Diversity, Culture & Social Justice · Review: Chapter 5

## Section 2 Answers 62-122

**62. C** Acknowledge that returning to work matters and ask what else she wants from the sessions

Starting where a mandated client is means joining her own goal, returning to work, and looking for something she wants from the process. That turns compliance into engagement. Confronting her agreeableness labels her and is likely to increase guardedness. Sharing the criteria is reasonable transparency, but used alone it keeps the work at surface compliance and skips her goals.

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

**63. B** Link him to a syringe services program for sterile supplies and HIV and hepatitis C testing

Needle sharing creates serious, immediate risk of HIV and hepatitis C, and Dominic is not ready to stop, so harm reduction fits: a syringe services program provides sterile supplies, testing, and a door into treatment when he wants it. Requiring abstinence first withholds help from someone at high risk. Referring him to residential care he has not chosen ignores his stated readiness and self-determination. Exploring ambivalence is reasonable alongside harm reduction, but waiting to address needle sharing leaves the most urgent risk untouched.

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

**64. B** Spontaneous recovery

After a behavior has extinguished, it can briefly reappear following a rest period, here winter break. That is spontaneous recovery, and it usually fades quickly if the team keeps the same plan. An extinction burst happens early, right after reinforcement is withdrawn, not after the behavior has already dropped off. Stimulus generalization is a response spreading to similar stimuli. Calling the plan a failure misreads a common, temporary return; the teacher should keep ignoring call-outs and praising raised hands.

Human Development & Behavior · Review: Chapter 6

**65. D** Tell her supervisor how the caseload is affecting care and ask for review

When workload is compromising care, including safety follow-ups, the worker should raise it promptly with her supervisor, describing the specific effects on clients so assignments can be reviewed. Refusing new clients on her own bypasses the agency's assignment process. Extra hours may cover the gap briefly but risk burnout and hide an organizational problem the agency needs to see. Steering clients elsewhere without agency involvement may abandon them. Would change if: Sophie had already raised this and nothing changed, in which case she would document the concern and take it up the chain of command.

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

**66. A** Bipolar I disorder

A manic episode lasts at least one week, or any duration if hospitalization is needed. Rosalind's three days of sleeplessness, pressured speech, and grandiose, dangerous behavior required admission, and her labs exclude substances and medications, so this is a manic episode and bipolar I. Bipolar II is ruled out once a manic episode occurs; her prior depression does not change that. Other specified bipolar disorder covers short hypomanic periods without hospitalization or psychosis. Brief psychotic disorder does not account for the prominent mood syndrome.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

**67. A** Superego

In Freud's structural model, the superego holds internalized moral standards and the ego ideal, and it punishes violations with guilt. Gabriel's self-reproach after skipping study is the superego at work. The id is the source of impulses and operates on the pleasure principle; it drove the wish to go to the concert, not the guilt afterward. The ego mediates among the id, the superego, and reality using the reality principle; it might have helped him plan study time, but guilt is the superego's tool.

Human Development & Behavior · Review: Chapter 6

**68. C** No, because the diagnosis requires distress or impairment tied to gender incongruence

DSM-5-TR gender dysphoria requires a marked incongruence lasting at least six months plus clinically significant distress or impairment. Ash reports comfort with their identity and a problem unrelated to gender, so the criteria are not met. Being transgender or nonbinary is not a mental disorder, so a differing identity alone does not justify the diagnosis. A provisional label without symptoms would pathologize identity. The criteria do include identifying with an alternative gender, so nonbinary people can meet them when distress is present.

Diversity, Culture & Social Justice · Review: Chapter 5

**69. D** She will protect their information but cannot control what other participants repeat

The Code asks researchers to tell participants about limits on confidentiality and the measures taken to protect it. In a group, the researcher can secure records and ask members to respect each other's privacy, but she cannot control what other participants repeat. Research discussions are not covered by a blanket legal privilege. Naming participants by default reverses the expected practice of protecting identity. Research participants are owed confidentiality protections whether or not they receive clinical services.

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

**70. A** Insecure-resistant (ambivalent)

Inconsistent caregiver availability is linked to resistant (ambivalent) attachment, in which the child heightens attachment signals, is very distressed at separation, and both seeks and resists contact at reunion, staying hard to soothe. Leo's clinging, reaching then kicking away, and slow recovery fit. Avoidant children minimize distress and turn away, a pattern associated with consistently rejecting care. Disorganized attachment involves contradictory, fearful, or frozen behavior, often with frightening care. Secure children are comforted quickly. Maternal depression raises risk; the observed behavior identifies the pattern.

Human Development & Behavior · Review: Chapter 6

**71. D** Members review what they gained, plan how to use it, and share feelings about ending

Termination in groups mirrors individual work: consolidating gains, planning for the future, and acknowledging feelings about the ending, including for members who will miss the support. A new technique in the last session cannot be practiced or reviewed. Planning a reunion can help members avoid the ending and takes time from the review and goodbye work the last session is for. Focusing on struggling members can be addressed through referrals but should not take over the shared ending.

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

**72. D** Shift gradually to intermittent rewards while building natural reinforcers

Behaviors learned on continuous reinforcement extinguish quickly when rewards stop, while intermittent reinforcement makes them more resistant to extinction. Thinning the schedule gradually and building natural reinforcers, such as work, relationships, and activities, prepares Gabe for the end of vouchers. Rewarding each screen until discharge and then stopping abruptly sets up rapid extinction. Stopping now assumes the behavior is self-sustaining after a short period. Rewarding attendance moves the target away from abstinence. Would change if: Gabe were still producing positive screens; continuous reinforcement of each negative screen would remain the better choice.

Human Development & Behavior · Review: Chapter 6

**73. A** Disclose her ownership, present all three programs, and support his choice

Disclosure lets Tobias weigh her recommendation, and presenting all suitable options protects his self-determination. B steers him to her financial interest without disclosure. C removes a good option to protect the worker. D hides the very fact he would need to judge her advice. Would change if: her program were the only suitable option in reach, she would disclose the interest and could still refer him there.

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

**74. D** Meeting regularly, knowing each supervisee's high-risk cases, and documenting guidance

Liability turns on whether the supervisor met the standard of care, so the strongest protection is to supervise well: meet on a regular schedule, stay informed about high-risk cases, and document recommendations and follow-up. Waivers signed by supervisees do not remove a supervisor's legal duties. Reviewing only self-selected cases leaves blind spots, since supervisees may not bring the cases they are struggling with. Insurance pays claims but does nothing to prevent harm to clients.

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

**75. A** Meet with Lucía to assess her capacity and wishes, then share findings with the team

A discharge plan depends on the caregiver's actual capacity, and Lucía has privately signaled fear and a physical limitation. Assessing her ability and wishes gives the team and the couple the information they need to build a safe plan. Proceeding unchanged ignores a known risk. Recommending a facility before assessing is premature and overrides the couple's choice. Transfer training cannot overcome a two-person transfer need and severe hand arthritis. Would change if: he needed only standby help and Lucía felt confident, making home with home health reasonable.

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

**76. B** Biological, because his health and medications are not covered

The form covers psychological areas (symptoms, mental status, history), social areas (family, work, housing, legal), and the spiritual area (faith community), but nothing about physical health, medications, sleep, or substance use. His new blood pressure medication and headaches make that gap matter, since medical factors can affect mood and sleep. Friendships would add detail, but social functioning is already covered through family, work, and housing. Faith community involvement is recorded, so the spiritual domain has at least been opened.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**77. A** Mark the cutoff on the genogram, note it, and let her decide when to return to it

The genogram is built collaboratively, and Farah has set a limit. Recording the cutoff keeps the family picture accurate, since cutoffs are clinically meaningful, while respecting her pace and leaving room to return when she is ready. Pressing on because the worker suspects the relationship matters puts the worker's agenda first. Leaving her father off distorts the map. Seeking information from relatives sidesteps her wishes and raises consent questions. Would change if: Farah said she wanted to talk about it but found it hard to begin, which would favor gentle exploration now.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**78. B** Support the request and arrange a warm transfer to the Black counselor

Omari's description fits the Immersion-Emersion stage of the Cross model, in which a preference for same-race helpers is common and developmentally expected. He has made a clear request and a counselor is available, so honoring it respects his self-determination. Treating the request as anger to work through casts a normal step in identity development as a clinical problem. Warning about setbacks puts the worker's view of continuity ahead of what he says he needs; a planned, warm handoff limits disruption.

Diversity, Culture & Social Justice · Review: Chapter 5

**79. A** It indicates she reviewed the documented services and accepts responsibility

Co-signing a note for billing generally represents that the supervisor reviewed the work and accepts clinical responsibility for it; payers rely on that signature when they pay. Signing notes she has not read exposes Dr. Okafor to liability for inadequate supervision and to possible false-billing claims. Treating the signature as a timeliness check or a formality misstates what it attests. Saying the staff member holds the responsibility contradicts the reason a licensed signature is required.

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

**80. C** Request a peer-to-peer review or appeal, citing her documented symptoms

When a denial conflicts with clinical judgment, the social worker should advocate within the payer's process: request a peer-to-peer review or file an appeal with documentation of ongoing symptoms and functional impairment, such as her trouble getting to work. Moving to termination accepts the denial without advocacy. Free sessions might be part of a later plan, but an open-ended offer is not a first step and can become unsustainable; Ms. Abara should also learn about the denial and her own appeal rights. Would change if: she no longer met criteria for continued care and the social worker agreed, making termination planning first.

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

**81. C** Inform the team and help find a covered alternative or an assistance program

Medication access is part of discharge planning, and a prescription he cannot fill is a safety risk after a heart attack. The social worker brings the barrier to the team, which decides on alternatives, and connects him to assistance programs. Leaving it to the pharmacy after discharge is underreaction. Delaying discharge is an overreaction before alternatives are explored. Advising a dosing change is a scope violation.

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

**82. D** Confirm that he is attending and decline to discuss what he has said

The release defines the disclosure: attendance, nothing more. The worker confirms attendance and keeps session content private. The employer's referral does not create a right to clinical information. Refusing to confirm attendance ignores what Dmitri authorized and could hurt his standing at work. Promising an update once a broader release is signed pressures Dmitri on the employer's behalf; whether to expand the release is his decision, raised with him, not negotiated with the supervisor.

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

**83. B** The Premack principle

The Premack principle, sometimes called "Grandma's rule," uses access to a high-probability, preferred activity (video games) as the reinforcer for a low-probability one (homework). Negative reinforcement increases a behavior by removing something unpleasant, and nothing unpleasant is removed here. Shaping reinforces gradual approximations of a target behavior; this plan reinforces the full homework task with a preferred activity.

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

**84. C** emotional cutoff

Emotional cutoff is managing unresolved emotional fusion through distance or ending contact; the decisive sign is that the distance has not lowered his reactivity, since one email sets off days of distress and conflict. High differentiation would let him stay in contact and remain calm. Detriangling is stepping out of a two-person conflict while staying connected. Disengagement is Minuchin's term for rigid boundaries in a household's current structure; it describes a family's organization, not one adult's reactive flight from his family of origin.

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

**85. B** Help the family see how past experiences may shape the parents' protectiveness, at their pace

The parents' vigilance may reflect survival lessons passed across generations, and naming that link can ease conflict without blaming anyone. Respecting the parents' pace matters because they rarely discuss their past. Asking them to describe their trauma in sessions pushes disclosure they have not chosen. Coaching Sokha to set limits sides with one generation and ignores the meaning behind the rules. A PTSD referral based on history and protectiveness is Assumption; nothing shows the parents have symptoms or want help.

Diversity, Culture & Social Justice · Review: Chapter 5

**86. B** Other specified bipolar and related disorder

Ines has had two full hypomanic episodes (a week each of decreased need for sleep, rapid speech, and increased activity, noticed by others, without marked impairment) but no major depressive episode. Bipolar II requires both, so DSM-5-TR places hypomania without prior major depression under other specified bipolar and related disorder. Bipolar I requires a manic episode with marked impairment, hospitalization, or psychosis. Cyclothymic disorder requires two years of frequent subthreshold symptoms and excludes full hypomanic episodes. Would change if: she developed a two-week major depressive episode, making the diagnosis bipolar II.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

**87. C** Major depressive disorder, which can be diagnosed in the context of bereavement

DSM-5-TR does not exclude major depressive disorder after a death, so it can be diagnosed when full criteria are met. Gerald has pervasive anhedonia, sleep and weight changes, and global worthlessness for two months, features beyond typical grief, and his passive thoughts of death call for a suicide risk assessment. Labeling this normal bereavement overlooks a full depressive syndrome. Prolonged grief disorder requires at least 12 months since the death for adults, and its core is yearning for the deceased, not global worthlessness. Would change if: his symptoms centered on longing for his wife, with self-esteem intact, and fell short of full criteria.

Human Development & Behavior · Review: Chapter 6

**88. C** Have her complete the PHQ-9 at regular intervals and review the scores with her

The PHQ-9 is brief, validated, and sensitive to change, so repeating it at regular intervals and reviewing the scores with her supports measurement-based care. A full diagnostic interview is lengthy and designed to establish a diagnosis, not to track change from week to week. A global question about feeling better is useful conversation but less reliable than a standardized measure. The MMSE screens cognitive function and is not a depression measure.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**89. D** Adjusting to a world without the deceased

Worden's third task is adjusting to a world without the deceased, including external adjustments such as taking on roles and skills the person used to handle. Hamid's learning to manage bills, meals, and the calendar is that work. Accepting the reality of the loss is the first task and is not in question here. Processing the pain of grief involves experiencing and working through the emotions of the loss. Finding an enduring connection means locating a lasting place for the deceased in one's inner life while continuing to live. Worden presents these as tasks people revisit, not a strict sequence.

Human Development & Behavior · Review: Chapter 6

**90. B** Raise the pattern in consultation and refocus sessions on Jun's goals for his panic

The worker has noticed that her own experience is shaping her responses, a form of countertransference. She takes it to consultation and returns to the goal Jun chose, treating panic, with disclosure left to him. Sharing her story serves her agenda, not his. Continuing the push overrides his repeated choice. A support group can be useful, but referring him there to promote disclosure still pursues her goal. Would change if: Jun said he wanted to come out at work and asked for help planning it.

Diversity, Culture & Social Justice · Review: Chapter 5

**91. B** She shows capacity for this decision, so her choice of the stool test should be supported

Ms. Abara understands the options, appreciates how they apply to her, reasons about the trade-offs, and states a clear choice of a reasonable alternative, so she shows capacity for this decision. Requiring formal evaluation because of her diagnosis is an assumption based on a label. Her sister has no decision-making role over a capable adult. Recruiting the psychiatrist to persuade her pressures a choice she is entitled to make.

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

**92. B** Spending more time with friends and arguing more with parents about rules and privacy

Adolescents typically spend more time with peers, seek privacy, and argue more with parents over everyday issues such as rules and chores, while most keep warm ties with family. Withdrawal from friends and loss of interest suggest possible depression and call for assessment. Intense conflict with physical fights is not normative turmoil and calls for assessment of family safety. The older idea that severe 'storm and stress' is universal in adolescence is not supported, so serious distress should not be dismissed as a phase.

Human Development & Behavior · Review: Chapter 6

**93. D** Role transition

Depression that began with retirement, the loss of a valued role and its relationships, fits the role transition problem area. IPT would help her mourn the old role, recognize what the new one offers, and build new supports. A role dispute involves ongoing conflict with a specific person over expectations. The grief area in IPT refers to depression after a death. Interpersonal deficits describe a long-standing pattern of isolation, while her isolation began recently with the change.

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

**94. D** Flat

A flat affect shows virtually no emotional expression: monotone voice, immobile face, and no change across happy or sad topics. Restricted (or constricted) affect is a reduced but still present range, and blunted affect is a severe reduction short of flat. Labile affect shifts rapidly and unpredictably. Incongruent affect does not match the content, such as laughing while describing a death; here there is almost no expression at all.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**95. C** Explain the overdose risk of this mix and, with consent, inform her prescriber

Opioids, benzodiazepines, and alcohol each slow breathing, and together they sharply raise the risk of fatal overdose, especially during sleep. Colette needs that information now, and with her consent her prescriber should know so her medications can be reviewed; naloxone is also worth discussing. Sleep hygiene answers her request but leaves a dangerous combination in place. Telling her to stop medications is medical advice outside the social worker's role. Depression screening may help later but does not address the immediate danger. Would change if: she were drowsy or breathing slowly in the office, making a call for emergency medical help the first step.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**96. A** Somatic symptom disorder

Somatic symptom disorder requires distressing somatic symptoms plus excessive thoughts, feelings, or behaviors about them, typically for more than six months. Ingrid's pain is real and documented; the diagnosis rests on her hours of research, persistent catastrophic beliefs, repeated emergency visits, and withdrawal, and a medical condition does not rule it out. Illness anxiety disorder applies when somatic symptoms are absent or mild. Factitious disorder requires deliberate falsification, which the stem does not suggest. Functional neurological symptom disorder involves motor or sensory symptoms incompatible with neurological disease.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

**97. B** Seek an agency-approved method and get clients' informed consent to its risks

Electronic communication with clients should run through methods the agency approves and that protect privacy, with clients informed of the risks. A deletes messages but still mixes personal and professional devices and leaves no record. C obtains agreement but keeps client information on a personal device outside agency policy and security.

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

**98. D** Schizophrenia

Schizophrenia requires continuous signs of disturbance for at least six months, including at least one month of active symptoms, and prodromal and residual periods count toward the total. Callum has two years of prodromal decline plus five months of hallucinations and disorganized speech, with mood, substance, and medical causes excluded. Schizophreniform disorder fits the five-month active phase but loses because the total disturbance exceeds six months. Delusional disorder excludes prominent hallucinations and marked decline. Schizotypal personality disorder involves odd beliefs and perceptions short of sustained psychosis.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

**99. C** Answer the question, limiting her response to what was asked

The worker properly raised privilege; once the judge rules and orders an answer, she must comply, and the NASW Code asks her to disclose no more than the question requires. Refusing a direct order risks contempt and does not protect the client further, since the ruling has been made. The client's consent is no longer the issue after a judicial ruling. Volunteering full notes discloses far more than was asked and is not what the court ordered.

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

**100. C** Refer her cousin to the other clinician at the clinic

Kinship overlap is common in tribal practice, but this is a close relative with weekly family contact, and a qualified colleague is available. That combination makes referral the least risky option. A states a true general principle but applies it to a closer tie than the principle covers. B places a burden on the worker's family life and still leaves her treating a close relative. D waits for harm instead of preventing it. Would change if: no other clinician were available, she might serve the cousin with clear boundaries and consultation.

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

**101. B** Low differentiation of self

Differentiation of self is the ability to keep thinking and feeling distinct and to hold one's own position while staying connected to family. Amara loses her own view under emotional pressure and reacts by fusing with whoever spoke last or fleeing, which marks low differentiation. Emotional cutoff is a lasting reduction or ending of contact to manage unresolved fusion, and she is still on the calls. Triangulation pulls a third person into a two-person conflict. Disengagement is Minuchin's term for rigid boundaries and little involvement among members.

Human Development & Behavior · Review: Chapter 6

**102. C** Brief the interpreter on purpose, confidentiality and interpreting everything said

A short pre-session briefing sets expectations: the purpose of the session, confidentiality, interpreting everything said without adding or leaving out content, and how to flag a language or cultural issue. Summaries lose content, including the hesitations and word choices that matter in assessment. An interpreter may flag a possible misunderstanding, but acting as a cultural expert during the session can substitute the interpreter's views for the client's. The interpreter needs context, not the full case file, which exceeds what the role requires.

Diversity, Culture & Social Justice · Review: Chapter 5

**103. A** Report to CPS and support a medical workup for other injuries

Any bruise on an infant who is not yet mobile is a sentinel concern, and bruising on the cheek and ear is especially worrisome. The father's explanation does not fit what a 3-month-old can do, which meets the reasonable suspicion threshold. A medical workup for other injuries is standard. Documenting and rechecking next week leaves a possible abuse victim unprotected. Safe-sleep teaching accepts an explanation that the infant's development contradicts, which is underreaction.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**104. B** Structured professional judgment combining known risk factors with clinical judgment

Structured approaches outperform unstructured clinical judgment. Structured professional judgment walks the clinician through historical, clinical, and risk management factors and then supports a reasoned formulation and plan. Unstructured judgment is prone to bias and inconsistency. A single question depends on disclosure and misses most risk factors. Most people with serious mental illness are not violent, and diagnosis alone is a weak predictor compared with past violence, substance use, and active symptoms tied to anger or threats.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**105. D** Mood: "fine" (his words); affect: tearful, incongruent with mood

Mood is the client's subjective, self-reported emotional state, usually recorded in his own words; affect is what the worker observes. He reports feeling fine while appearing tearful and quiet, so his affect is incongruent with his stated mood, and that mismatch is clinically meaningful. Recording mood as depressed substitutes the worker's view for his report. Calling his affect euthymic ignores the tears. Listing tearfulness as mood and his report as affect reverses the two terms.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**106. D** Speak privately with Gwen about the changes and encourage her to get an evaluation

These are signs of possible impairment affecting practice, and the Code asks a colleague with direct knowledge to consult with the impaired colleague when feasible and assist in remedial action. A private, respectful conversation encouraging a medical evaluation fits that step. Telling the director she may have dementia jumps to formal channels and offers a diagnosis the colleague cannot make. Covering her schedule hides the problem and leaves clients exposed. Questioning families pulls clients into a staff matter.

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

**107. B** Accept the infant under the law and offer her an optional family medical history form

The stated law lets this mother leave an unharmed infant under 30 days old with hospital staff anonymously and without prosecution, so the worker accepts the baby and offers, without requiring, a medical history form that can help his later care. She can also mention support services if the mother wants them. Demanding her name contradicts the law and may lead her to leave the baby somewhere unsafe. Holding her for child protective services treats a lawful act as a crime. Sending the baby home with a parent who says she cannot care for him ignores the risk.

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

**108. A** An emotional bond of trust between client and worker

The working alliance combines agreement on goals, agreement on tasks, and the bond of trust and respect between client and worker. It is something the two build together. Theoretical orientation shapes which tasks the worker proposes but is not part of the alliance. Readiness for change affects how goals are set, and session frequency is a practical arrangement; neither is a component of the alliance itself.

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

**109. A** Halo effect

The halo effect occurs when a strong overall impression, such as likability or charisma, inflates ratings in unrelated areas. Late notes would normally lower the documentation rating, so the inflated score signals bias. Central tendency is rating everyone near the middle of the scale to avoid extremes. Recency effect is weighting the most recent events too heavily. Behaviorally specific criteria and examples gathered across the whole evaluation period reduce all three errors.

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

**110. B** With mixed features

The mixed features specifier applies when at least three manic or hypomanic symptoms occur nearly every day during a major depressive episode without meeting full hypomanic criteria. Lorena has racing thoughts, increased talkativeness, and risky goal-directed activity. Anxious distress involves tension, restlessness, and worry; racing thoughts can overlap, but talkativeness and risky projects point to the opposite pole. Melancholic features describe a profound loss of pleasure. Atypical features describe oversleeping, weight gain, and mood reactivity. Would change if: she had also had a separate stretch of at least four days of elevated mood with these symptoms, meeting a hypomanic episode and pointing to bipolar II.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

**111. B** With her consent, contact the prescriber about the new symptoms

The symptoms began days after high-dose prednisone in a woman with no history of mania; corticosteroids can cause mood elevation and insomnia, so the prescriber needs to know now. Contacting the prescriber with her consent addresses the likely medical cause. Assessing for bipolar disorder first labels a possible medication effect as psychiatric illness. Advising her to hold a prescribed steroid is a scope violation and can be dangerous. Sleep hygiene is underreaction. Would change if: the symptoms had started before the prednisone or she had a past manic episode, which would make a bipolar assessment more central.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**112. C** Use a structured agenda that asks each discipline to report on each patient

As facilitator, Ngozi can change the meeting structure so each discipline contributes by design, which brings in all perspectives without singling anyone out. A private conversation with the physician may be needed later but risks conflict and does not ensure others speak up. Email comments after the meeting move key input out of the discussion where decisions are made. Rehabilitation planning depends on functional, nursing, and psychosocial assessment as well as medical decisions, so deferring to the physician weakens the team's work.

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

**113. B** Emotional reasoning

The client treats a feeling ("I feel like a burden") as proof of a fact ("I must be one"). That is emotional reasoning. Should statements are rigid rules about how she or others ought to behave, such as "I should be able to manage alone." Mind reading would be claiming to know her son's thoughts ("He resents me") without evidence; she is reasoning from her own feeling, not guessing his mind.

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

**114. A** Link the question to events she remembers, such as her birthday or a holiday

Five-year-olds have not yet developed reliable concepts of weeks, months, or dates, so timing is best estimated by linking to memorable events in the child's life, such as a birthday, a holiday, or the start of school. Asking how many weeks ago assumes a sense of time she likely does not have. Pointing to a month on a calendar requires the same abstract understanding and may produce a guess that looks precise. A parent's account is useful collateral, but Ruby can still contribute when the question fits her development.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

**115. B** Seek supervision or consultation about the feelings and monitor their effect on treatment

Feeling attraction is not a violation; acting on it would be. The professional step is to bring the feelings to supervision or consultation, understand them, and watch for any effect on clinical decisions. Disclosing attraction to a client burdens her and can harm the therapy. Ending her treatment because of the worker's feelings is an overreaction that disrupts her care; referral becomes appropriate if the feelings cannot be managed.

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

**116. D** With peripartum onset

The peripartum onset specifier applies when a mood episode begins during pregnancy or within four weeks after delivery. Samira's episode began in the seventh month of pregnancy, so it qualifies; postpartum depression is not a separate DSM-5-TR diagnosis. Seasonal pattern requires episodes that regularly begin and remit at particular times of year. Melancholic features require near-total loss of pleasure and lack of mood reactivity, which the stem does not describe. Atypical features involve mood reactivity, weight gain, and oversleeping, the opposite of her insomnia and poor appetite.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

**117. D** Make reasonable efforts to warn the boyfriend and notify law enforcement

The stem extends the duty to threats reported by immediate family, and the mother reports a specific victim, intent, and a weapon already taken. The worker's protective duty is triggered now. An urgent session may be clinically useful, but it does not replace warning and notifying police when a gun is involved. Shifting the call to the mother ignores the worker's own statutory duty. The secondhand-report view is wrong under this statute. Would change if: state law limited the duty to threats the client communicated directly.

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

**118. C** Discuss options with him, such as video sessions from home or less visible appointment times

In small communities, visibility itself can expose a client, even when records are protected. Mr. Haugen raises a practical concern, so the worker offers practical options and lets him choose. Confidentiality laws protect records, not his parked truck, so reassurance misses his point. A clinic in the next county might be one option among several, but making it the response pushes him away from local care without asking what he wants.

Diversity, Culture & Social Justice · Review: Chapter 5

**119. B** Share the directive with the crisis team and advocate following it with his partner

A psychiatric advance directive lets a person guide care during a crisis when capacity is lost, and his designated agent, his partner, speaks for him. Following his mother's preference overrides the choices he made while well. Waiting for capacity to return delays urgent care. His current statement may be useful to hear, but the team has found he lacks capacity, which is the situation the directive was written for. Would change if: state law allowed clinicians to override the directive in an emergency and the preferred hospital could not admit him, an alternative would be needed.

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

**120. B** Ask the member who posted to remove it, then revisit the confidentiality norm with the group

A breach that could identify a member threatens the safety and trust of the whole group. The leader addresses it directly: talk with the member who posted, ask that the post come down, and then revisit the confidentiality norm with the group. Immediate removal is an Overreaction for a first breach by an otherwise engaged member. Reporting to the caseworker shares group information beyond what the purpose requires. Waiting is Underreaction that leaves the identified member exposed and signals that the norm does not matter. Would change if: the member refused to remove the post or repeated the breach, removing her from the group could become appropriate.

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

**121. A** Connect with the existing coalition while continuing treatment

When a community problem drives clinical symptoms, joining an existing coalition brings the clinic's perspective to group efforts without duplicating them. Expanding individual hours treats symptoms while leaving the shared cause untouched. Launching her own campaign duplicates work already under way and assumes what the community wants. Referring clients elsewhere does not address the pattern and disrupts treatment.

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

**122. D** Treat Gary while getting training and consultation on gambling disorder

Referral is usually best outside one's competence, but the decisive facts are that no specialist is reachable and video is not an option. Ethics guidance for rural practice supports serving the client in such cases while taking the steps the Code requires for approaches new to the worker: study, training, consultation, and supervision. A names a referral Gary cannot use. B leaves him without care. C treats him without building the specific knowledge needed. Would change if: a specialist were reachable by phone or in town, referral would be best.

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

# Your Score Sheet

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

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