SUMMIT
STUDY GUIDES

LCSW

Diagnostic Assessment

Week 1 Diagnostic

Answer Key & Weakness Map

Scored across six study areas • Original practice questions

Find your weak areas, then study the chapters that matter most

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How to Use This Material

Take this assessment in one sitting with an 80-minute timer, choosing the single BEST answer for each question. It has 40 questions spread across six study areas in proportion to the ASWB Clinical exam. Then score it with the separate answer key and fill in the Weakness Map at the end of the key. The interactive version on the Diagnostic page of the LCSW bonus site scores your Weakness Map automatically.

LCSW Week 1 Diagnostic: Answer Key

The best answer for each question, with an explanation and the chapter to review.

1. A Create a written supervision agreement on goals, evaluation, and confidentiality limits

Supervision starts with a contract. A written agreement sets expectations: goals, meeting schedule, fees, how and when the supervisee will be evaluated, how emergencies are handled, and that supervision is not fully confidential because the supervisor may report to a licensing board. Reviewing a hard case is useful but premature before the structure is set. Requesting recordings requires client consent and school approval that have not been addressed. Calling the principal involves a third party before the supervisee has agreed to that contact.

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

2. A Interpersonal psychotherapy

Linking mood changes to interpersonal events, analyzing the communication, and role-playing a different approach are core IPT techniques. CBT would track mood too but would focus on the automatic thoughts during the argument. Bowen therapy works on differentiation and triangles, often across generations, and does not use mood tracking or role-play. Brief psychodynamic therapy would explore what the conflict means in terms of earlier relationships, while IPT stays with current relationships.

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

3. A Arrange for Specialist Monroe to see the other provider on post

The worker's own workplace supervisor would be a central subject of the therapy, a conflict that could compromise her judgment and the client's openness. Because another provider is readily available, referral avoids the dual relationship without delaying care. B would also breach the specialist's confidentiality. C relies on a signature that does not remove the conflict. D delays care for an administrative change that may never happen and is not the worker's to arrange.

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

4. D Write a letter covering the depression history the program needs and omit her gender history

Renata controls disclosure of her gender history, and it is not relevant to a back-pain referral; sharing what the purpose requires fits the minimum-necessary standard and the scope of her consent. Including it for completeness overrides her stated wish and risks outing her to new providers. Marking it confidential still discloses it. Sending her to get her own records shifts the worker's task onto her and could release more than she wants. Would change if: her hormone treatment directly affected the pain program's medication decisions and she agreed to share it.

Diversity, Culture & Social Justice · Review: Chapter 5

5. A Meet with the parents, using a qualified Hmong interpreter, to discuss their language needs

Thao's role as language broker shows the family's real need for language access, and her worry and missed classes show the cost to her. Meeting her parents through a qualified interpreter respects them as decision-makers and opens the door to interpreter services that federally funded medical providers must offer, which can relieve Thao. A neglect report is an overreaction; nothing suggests the parents are failing to meet her needs. Coping skills may help Thao but leave the arrangement that causes her worry in place.

Diversity, Culture & Social Justice · Review: Chapter 5

6. B It is ratio, because it has equal intervals and a true zero

Days housed has equal units and a meaningful zero (zero days housed means none), so it is ratio data, and statements such as "twice as many days" make sense. It can be ranked, but calling it ordinal discards the equal-interval information. Interval data lack a true zero, as with Fahrenheit temperature; here zero is real. Nominal data are unordered categories, which a count of days is not.

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

7. C "Tell me about the things you did at Grandma's house."

With young children, open invitations ("Tell me about...") yield the most accurate accounts because the child supplies the content. Asking whether Grandma yelled introduces details the child has not mentioned, and young children are suggestible. The either-or question limits her to two choices she may simply pick from. "Why" questions are hard for five-year-olds to answer and can imply she did something wrong; this one also assumes she wanted to leave early.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

8. C Build grounding and emotion regulation skills before trauma processing

Daily dissociation and recent self-harm signal that she needs stabilization first: safety, grounding, and emotion regulation skills before trauma narratives or exposure. Prolonged exposure is first-line for PTSD, and avoidance does maintain symptoms, but starting it with current self-harm and frequent dissociation is Premature intervention. Inpatient hospitalization is an Overreaction with no current suicidal intent. EMDR processing now has the same timing problem as exposure. Would change if: she had several months without self-harm and could use grounding skills when dissociation began, trauma-focused therapy could start.

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

9. C Weigh each option against the NASW Code, relevant law, and agency policy

After listing options, the next step in common models is to examine the reasons for and against each one using the Code, ethical principles, laws, and agency policy, then consult before deciding. Carrying out the least risky option skips that analysis. Recording the decision comes after a decision exists. Clarifying the conflicting values was already done, so returning to it repeats a completed step.

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

10. D Get his written consent after explaining who will view it, how it is stored, and his right to decline

The Code calls for client consent before recording or allowing third-party observation, and meaningful consent covers purpose, viewers, storage, and the right to say no without losing services. Deleting the file afterward does not cure recording without consent. Audio recording requires the same consent as video. Asking after the fact reverses the order consent requires.

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

11. A elderspeak, a form of ageism

Elderspeak, which includes pet names, exaggerated tone, and oversimplified speech, treats older adults as less competent, and it stands out plainly when the person has no cognitive or hearing impairment. Validation therapy is an approach for people with dementia that accepts their emotional reality. Reality orientation repeats time, place, and person cues for people with cognitive impairment. Person-centered communication adapts to the individual's needs and preferences, which this aide is not doing.

Diversity, Culture & Social Justice · Review: Chapter 5

12. A Countertransference

Countertransference is the worker's own emotional reactions, shaped by personal history, affecting the work. Here her divorce is pushing her agenda over the client's stated goal. Transference describes the client's feelings toward the worker. Projective identification describes a client unconsciously inducing feelings in the worker; here the push comes from the worker's own history.

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

13. A Draw one line through the error, write the correction, and date and initial it

Corrections must keep the original legible and show who changed what and when, so the record stays honest and defensible. B hides the original text. C destroys part of the record, which can look like tampering. D can fall off and is not part of the permanent record. In an electronic record, the same principle applies through a dated addendum rather than overwriting the original entry.

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

14. C Make sure Mrs. Ibsen has her glasses and hearing aids and that the room is quiet

Uncorrected vision or hearing loss and a noisy room can lower scores and make an older adult appear cognitively impaired when she is not, so the worker sets up fair testing conditions before starting. Collateral history from the daughter is useful, but it is gathered with Mrs. Ibsen's consent and does not replace a valid screen. Starting with the hardest items departs from standard administration, which can distort the results and may discourage her.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

15. B Ability

The client describes what he is able to do, supported by past success, which is ability talk, a form of preparatory change talk. Desire would sound like "I want to" or "I wish." Reasons would name a benefit of changing, such as "I'd save money on gas." Commitment is mobilizing language that signals intention, such as "I will start biking on Monday." "Could" plus past success points to ability.

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

16. B Report the plan to security staff as the policy requires

The stem states a reporting rule that inmates were told about at intake, and a specific escape plan falls squarely within it. Treating the disclosure as confidential ignores a limit the inmate was informed of. Exploring his reasons is useful clinical work, but making the report depend on a repeat disclosure delays a required step. A warning to the inmate does not meet the policy and leaves staff and the public at risk during the transport.

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

17. A Correct the misinformation about buprenorphine and open a discussion about support

Members are spreading misinformation and ganging up on a member, so the leader corrects the facts (buprenorphine is evidence-based treatment, and a person taking it as prescribed is in recovery) and turns the moment into group process about support. Asking Corey to defend his treatment puts the burden on the member under attack. Letting the group settle it leaves stigma in place and Corey unprotected, even though member-led discussion is usually valuable. Moving him to another group treats him as the problem. Would change if: the comment were a sincere question without hostility, inviting group discussion first could be the better opening.

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

18. A Gambling disorder

A pattern over more than 12 months of rising bets for excitement, failed efforts to cut back, irritability when trying, chasing losses, and lying to hide losses meets criteria for gambling disorder, the behavioral addiction in DSM-5-TR. Bipolar I would be considered if the gambling occurred during manic episodes, but he has had none. Antisocial personality disorder requires a pervasive pattern of disregard for others' rights beginning in adolescence, not a single problem behavior. OCD compulsions are performed to reduce anxiety from obsessions, while his betting seeks excitement and recovery of losses.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

19. B Work with her understanding of susto while also screening for depression and PTSD

Susto is a cultural explanation in which a frightening event causes the soul to leave the body, followed by symptoms such as poor appetite, poor sleep and sadness; DSM-5-TR notes its overlap with depression and PTSD. Working with her explanation builds trust, and screening makes sure nothing treatable is missed; a cleansing can sit alongside care if she wants it. Treating susto as the full answer skips a needed screen. Calling it a folk belief dismisses her understanding. Arranging a healer is not the worker's role unless she asks for help finding one.

Diversity, Culture & Social Justice · Review: Chapter 5

20. D Agree, since clients who pay in full may block disclosure of those services to their plan

HIPAA lets a client require that a provider not disclose to a health plan information about services the client has paid for in full out of pocket, unless the law requires the disclosure. Tomasz meets that condition. Plan membership does not create a duty to report self-paid services. The plan's permission is irrelevant, because the right belongs to the client. It is true that providers may decline most other restriction requests, but this one is an exception the provider must honor.

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

21. D "When you're on your phone at dinner, I feel lonely, and I want time with you."

Congruent communication matches words to inner feelings while respecting both self and other; naming the situation, his loneliness, and his wish for connection does that. Saying it is fine when it is not is placating, which ignores his own needs. Citing studies is the super-reasonable stance, which leaves feelings out. Changing the subject to vacation is the irrelevant stance. Each wrong option swaps his accusation for another incongruent stance rather than an honest statement of what he feels and wants.

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

22. C Humor

Mr. Abernathy uses humor to ease the fear of his illness while still facing it: he names his fear, follows through on treatment, and engages with the facts. That combination marks humor as a mature defense. Denial would show up as minimizing the condition or skipping rehabilitation. Intellectualization would focus on technical facts to keep feelings at a distance, yet he speaks openly about being scared. Reaction formation would replace fear with an exaggerated opposite, such as insisting he has never been afraid of anything.

Human Development & Behavior · Review: Chapter 6

23. C Dependent personality disorder

Ingrid's need for others to make everyday decisions, difficulty disagreeing for fear of losing support, and urgent search for a new relationship when one ends reflect an excessive need to be taken care of. That is dependent personality disorder in Cluster C. Borderline personality disorder also involves fear of abandonment, but it shows up as unstable relationships, identity disturbance, intense anger, and impulsivity rather than submissive reliance on others. Avoidant personality disorder involves avoiding relationships because of expected rejection, while Ingrid seeks them out.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

24. B Seek consultation and resume recovery supports while monitoring his work functioning

A single lapse that is not affecting work calls for the Code's response to personal problems: seek consultation and take remedial action while watching for effects on practice. Reconnecting with recovery supports and consulting fits. A leave with a 90-day rule is an overreaction with no basis in these facts. Disclosing to clients makes them carry his recovery. Continuing as usual ignores a real risk and the need for consultation. Would change if: he were drinking again or impaired at work; stepping back from practice would then be needed.

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

25. C Work with Aisha to request that the training be moved to an accessible room

The barrier is the room, not Aisha. The social model directs action at the environment, so the worker supports her request for an accessible location, which also matches disability rights law requiring public programs to be accessible. Framing her frustration as about her disability's limits uses the medical model. Accepting home videos keeps her out of the in-person training others receive. Vocational rehabilitation may help her later, but sending her elsewhere leaves the inaccessible program unchanged.

Diversity, Culture & Social Justice · Review: Chapter 5

26. D Contact the district's McKinney-Vento liaison for immediate enrollment

An unaccompanied youth staying with others because she has no fixed, regular residence is covered by McKinney-Vento, which requires immediate enrollment without a parent or guardian present. The district liaison removes this barrier. Calling her parents overrides her wishes and is not required for enrollment. Guardianship is a lengthy legal step that the law does not require. Staying out of school is the harm the law is designed to prevent.

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

27. C Arrange specialized eating disorder and medical care, staying involved during the transition

Medical instability and a disorder outside the worker's competence require specialized care now, and the Code supports continuity by not abandoning a client during referral. Staying involved during the handoff honors the relationship without practicing outside competence. Continuing alone because of the relationship lets trust override safety. Self-study does not create competence for a medically unstable client. Ending services with only referrals risks Sasha dropping out of care. Would change if: she were medically stable and specialist consultation were available, continuing with that consultation could be reasonable.

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

28. C Parallel process

Parallel process occurs when dynamics from the worker-client relationship are reenacted in the supervisor-supervisee relationship. The client's helpless, dependent stance toward Jae is mirrored in Jae's dependent stance toward his supervisor. Projective identification describes a person inducing disowned feelings in another; it does not capture the mirroring between two relationships. Supervisor countertransference would be the supervisor's own reactions, which the stem does not describe. Resistance to supervision would look like avoidance or defensiveness, not seeking more direction.

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

29. D The score is of limited validity given language, translation, and education factors

Cognitive screens are affected by education, language, and culture, and an informal family translation undermines standard administration. With intact daily functioning, the score has limited validity; an assessment in her language with a qualified interpreter would come next if concern remains. Reading the score as impairment or dementia treats a compromised screen as diagnostic, and dementia also requires functional decline. The MoCA's one-point education adjustment does not correct for translation problems. Would change if: her family reported recent trouble managing medications, which would support further evaluation despite the screen's limits.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

30. A Sublimation

Ines channels aggressive impulses into a socially valued, structured activity, which is sublimation, a mature defense. Displacement would move the anger onto a substitute target such as a sibling or peer, without a constructive outlet. Suppression is part of what she describes when she 'holds it,' but suppression alone postpones a feeling; the defining feature here is redirecting the drive into wrestling. Acting out expresses the impulse directly through behavior, which describes her fighting last year, not her current pattern.

Human Development & Behavior · Review: Chapter 6

31. B Bring the pattern to her DBT consultation team

The consultation team is a required mode of standard DBT, built to support therapists, catch burnout, and keep treatment on track. Her resentment and avoided calls are what the team is for, and they can help her set limits and observe her own boundaries consistently. Transfer before consultation is overreaction. Stopping phone coaching on her own is a unilateral change that serves the worker's comfort. Telling the client she is worn out puts the worker's feelings at the center; DBT teaches therapists to state personal limits skillfully, after planning.

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

32. C Reactive attachment disorder

Mila's institutional care with rotating caregivers is the kind of insufficient care reactive attachment disorder requires. She rarely seeks or responds to comfort, shows limited positive affect, and has unexplained fearfulness, evident before age 5 and at a developmental age well above nine months. DSED is the outward pattern: overly familiar approach to strangers, which the stem does not describe. Autism spectrum disorder requires social communication deficits plus restricted, repetitive behavior, and her language, eye contact, and play are typical.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

33. B Explain that teens spend part of each visit alone, then meet with Keisha

Standard adolescent assessment includes time alone with the teen, and Keisha is unlikely to speak freely while her father leads. Presenting this as routine keeps it nonthreatening for both of them and lets the worker hear her view. More examples from her father add to his account while hers is still missing. Commenting on the eye-rolling in front of her father risks embarrassing her and may deepen her silence.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

34. B Call Grant now to find out whether he is safe

The policy matters, but a possible suicide message triggers safety, and the worker has seen it. Calling directly is the fastest way to learn whether he is in danger and what help he needs. A is an underreaction that follows policy at the cost of safety. C gives a resource but does not find out whether he is at risk now; it may be part of the response if he cannot be reached, along with emergency services.

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

35. D Explain the normal teen shift toward later sleep and help him set a steady schedule with fewer evening screens

Puberty brings a shift in circadian timing toward later sleep and wake times, and Tobias's late sleep onset with refreshed weekend waking, steady grades, and intact mood and interests fit that pattern. A consistent schedule, morning light, and fewer evening screens are the first-line approach. Screening for depression is reasonable with sleep changes, but his mood, interests, and functioning are intact. Very late weekend wake times push his clock later. Melatonin is a medical decision and comes after behavioral steps. Would change if: he showed low mood, withdrawal, or falling grades.

Human Development & Behavior · Review: Chapter 6

36. B Arrange a prompt medical and neurological evaluation

New olfactory hallucinations with brief staring, lip smacking, and no memory afterward, in a man in his late 50s with no psychiatric history, suggest a neurological cause such as seizure activity, so medical and neurological evaluation comes before any psychiatric formulation. Assessing for psychosis treats the symptom as psychiatric before medical causes are excluded. Screening for anxiety and starting relaxation training both miss the physical pattern (premature intervention). Would change if: a recent neurological workup had already explained the episodes, which would let the psychiatric and stress assessment proceed.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

37. B Decline, explain the claim must name who provided it, and tell her supervisor

The Code requires billing records that accurately reflect the services provided and who provided them, and the stem states the insurer's rule. Listing the supervisor misrepresents the provider. A confuses supervisory responsibility with delivering the service. C creates records that contradict the claim and still submits a false claim. An intern can decline an instruction that would misrepresent services and should bring it to her supervisor, who shares responsibility for her practice.

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

38. D Randomly assign consenting caregivers to the group or the waitlist, then compare

Because a waitlist is unavoidable, randomly assigning consenting caregivers to the group or the waitlist costs participants nothing extra and creates an experimental design, the strongest for causal claims. Letting caregivers choose introduces selection bias, since more motivated caregivers may self-select. A one-group pre-post design cannot rule out history or maturation. A comparison with another agency is quasi-experimental; the two client groups may differ in ways that explain results. Would change if: there were capacity to serve everyone now, making a delayed-treatment control harder to justify.

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

39. B Zone of proximal development

The zone of proximal development is the gap between independent performance and what a learner can achieve with help, and Vygotsky saw it as the place where learning happens. Scaffolding is the adjustable support a helper provides within that zone and withdraws as skill grows. Private speech is self-directed talk children use to guide their own behavior. Internalization is the process by which skills and ways of thinking first shared with others become the child's own.

Human Development & Behavior · Review: Chapter 6

40. C Offer feedback on how his drinking compares with campus norms and ask his view

Ty sees no problem, which places him in precontemplation; the stage-matched approach builds rapport, gives nonjudgmental information, and raises doubt, and personalized normative feedback does that by inviting him to weigh the facts himself. A quit date fits preparation, a stage he has not reached. Relapse prevention skills fit action or maintenance. Telling him he has a disorder from two citations is an Assumption, since diagnosis requires a full assessment, and the label is likely to increase resistance.

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

Your Weakness Map

Count your correct answers per study area. Under 60% = **Focus first**; 60–79% = **Review**; 80% or more = **Maintain**.

Study area	Questions	Correct	Study if below 80%
Ethics, Client Rights & Professional Conduct Content area I	10	____ of 10	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	5	____ of 5	Chapter 5: Diversity, Culture, and Social Justice
Human Development & Behavior Content area II	4	____ of 4	Chapter 6: Human Development and Behavior Theory
Assessment, Diagnosis & Treatment Planning Content area II	8	____ of 8	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	9	____ of 9	Chapter 10: Psychotherapy and Clinical Intervention Models Chapter 11: Case Management, Substance Use Treatment, and Service Systems
Research, Evaluation, Supervision & Administration Content area III	4	____ of 4	Chapter 12: Practice Evaluation, Research, Supervision, and Administration

With 4 to 10 questions per area, treat these percentages as a guide to where to focus, not a prediction of your exam score. Take the Week 4 Checkpoint after four weeks of study to check your progress.