SUMMIT
STUDY GUIDES

LCSW

Diagnostic Assessment

Week 4 Checkpoint

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 4 Checkpoint: Answer Key

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

1. C increase clients' personal, interpersonal, and political power over their lives

Empowerment-oriented practice helps clients gain power at several levels: confidence and skills (personal), influence in relationships (interpersonal), and collective action on conditions (political). It builds on strengths and partnership. Adjusting to conditions accepts the status quo, which the model questions. Providing expert solutions places power in the worker, the opposite of the approach.

Diversity, Culture & Social Justice · Review: Chapter 5

2. C Use the validated Spanish version of the parent-report measure

A validated translation has been tested for equivalent meaning and psychometric properties, so its scores can be interpreted. Using it respects the parents' language and protects the measure's validity. Having a child translate puts Lucia in an inappropriate role and changes the measure. Translating aloud on the spot alters item wording in unknown ways and threatens validity. Giving parents an English form they may not fully understand produces scores that do not reflect their observations.

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

3. A Turn back to Teresa, allow extra time, and ask her to repeat or use her device when needed

Teresa is the client. The worker returns to her directly and adapts the pace and mode of communication, which shows respect and gets accurate information. Letting the attendant answer first makes the attendant the Wrong client and casts Teresa as a bystander. Asking the attendant to leave may become appropriate for private questions, but doing it now, without asking Teresa, decides for her.

Diversity, Culture & Social Justice · Review: Chapter 5

4. C Clinical case management, with one worker providing counseling and coordination

Teresa needs counseling and linkage, and her stated preference for one person fits clinical case management, which combines both in one worker. Brokerage would meet her needs on paper but requires her to retell her story to several providers, which she has said she cannot do. ACT is designed for people with serious mental illness and repeated crises, which she does not have. A strengths focus is compatible but does not provide the counseling. Would change if: she had repeated hospitalizations and missed office visits, which would point toward ACT.

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

5. B A disclosure to another health care provider for the client's treatment

HIPAA exempts disclosures to a health care provider for treatment purposes from the minimum necessary standard, because treating clinicians may need a full picture. Disclosures to a health plan for payment and uses for health care operations, such as quality improvement, must be limited to the minimum necessary. The NASW Code still asks social workers to share only what serves the purpose, so a treatment disclosure should be thoughtful even when HIPAA does not require trimming it.

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

6. C Keep seeing Hana and coordinate with her physician until the transfer is complete

A referral is not complete until the client is engaged with the new provider, and the Code asks for an orderly transfer that avoids leaving clients without needed services. Continuing care and coordinating with her physician during the wait keeps support and medical monitoring in place. Closing on waitlist status risks abandonment. Choosing another program for her overrides her choice. Cutting sessions to monthly reduces support during a period of higher need.

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

7. D Explain what information will be shared with the court and caseworker, and what choices Keira has

With a court-ordered client, informed consent means explaining who will receive the information and what the client can choose, including the consequences of declining, before gathering assessment data. Starting the assessment first is premature because she does not yet know where her answers go. Asking about the reasons for the order is a good engagement question, but it comes after she understands the limits of confidentiality. Promising privacy is false in a court-ordered assessment.

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

8. A By claiming emotional harm, Shauna has likely waived privilege for related records

Under the patient-litigant exception, a client who puts her own mental or emotional condition at issue in a lawsuit generally waives privilege for records related to that condition, because the opposing party needs access to test the claim. Privilege can be waived in civil cases, and this is one of the most common ways it happens. Privilege belongs to the client, not her attorney, though her attorney may argue about its scope on her behalf.

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

9. B Suppression

Thandiwe consciously chooses to postpone the worry and plans to return to it, which is suppression, a mature defense. Repression keeps a thought or feeling out of awareness without any conscious choice, so she would not be able to describe what she is setting aside. Denial refuses to accept a reality, such as insisting the biopsy is unnecessary, while Thandiwe fully acknowledges the possible diagnosis and simply schedules when she will face it.

Human Development & Behavior · Review: Chapter 6

10. A Ask about his language, relationships, values and practices across areas of his life

Acculturation is multidimensional and can differ across areas of life; a person may work fully in English while keeping heritage values at home and in close relationships. Asking about language, social ties, values and practices captures that. Years in the country and English fluency are rough proxies that miss how he lives and what he keeps. Forcing a single choice treats the two identities as opposites, when many people hold both, as in integration.

Diversity, Culture & Social Justice · Review: Chapter 5

11. A Name the gender-role pressure he faces and help him connect with other at-home dads

Lucas describes isolation driven by others' expectations that men work outside the home. Naming that pressure and helping him find peers who share his role addresses the actual problem. Asking whether he resents his wife assumes a conflict he has not described. Suggesting part-time work treats the family's choice as the problem and reinforces the gender norms that are causing his isolation.

Diversity, Culture & Social Justice · Review: Chapter 5

12. B Discuss how the symptoms are affecting her work and explore temporary adjustments such as a lighter caseload

Ellen has disclosed a health condition, and the supervisor has seen its effect on her work. The supervisor's role is to address job performance and client care, which here means discussing the impact and possible adjustments, often through HR or accommodation processes. Asking about her medication and therapy intrudes into her treatment and is outside the supervisor's role. Mandatory leave is an overreaction to two missed deadlines and could be discriminatory. Overlooking the deadlines leaves patients' discharges at risk and denies Ellen useful feedback.

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

13. A Morality of nonviolence

Gilligan described moral development as moving from orientation to individual survival, to goodness as self-sacrifice, to a morality of nonviolence in which care includes both self and others and avoids harming anyone, oneself included. Mei's statement that the caring choice includes her fits the third level. Her earlier belief that a good daughter gives up everything describes goodness as self-sacrifice, which she has moved past. Orientation to individual survival focuses on self-interest alone. Would change if: she still believed that any attention to her own needs makes her a bad daughter.

Human Development & Behavior · Review: Chapter 6

14. A Personal factors, behavior, and environment

Reciprocal determinism holds that personal factors such as beliefs and expectations, a person's behavior, and the environment all shape each other. A client's low confidence affects how she acts, her actions change how others respond, and those responses feed back into her beliefs. Id, ego, and superego are Freud's structural model of personality. Stimulus, response, and reinforcement describe operant learning, which Bandura expanded by adding cognition and social context.

Human Development & Behavior · Review: Chapter 6

15. A Behavioral activation with a simple activity schedule

With severe depression, low energy, and poor concentration, cognitive therapy usually starts with behavioral strategies. Scheduling small, valued activities (such as one choir rehearsal) breaks the withdrawal cycle and is a first-line treatment for depression in its own right. Thought records ask for concentration and written effort she does not have right now. Core belief work is a later-stage task. Reading assignments depend on the focus she reports losing. Would change if: her concentration improved; then thought records could be added.

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

16. C Offer a short choice, such as talking about school or a show she likes

Harper is showing rising anxiety, and unstructured openness is adding pressure. Giving her a small, concrete choice lowers the demand, gives her some control, and is an easy way in for an anxious adolescent. More silence has been tried and is increasing her distress. Bringing her mother back may comfort her but builds the first session around a parent when teens need some time alone with the worker. Explaining that therapy requires openness adds pressure. Would change if: Harper had been calm and reflective during the pause, which would favor continued patient silence.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

17. B Comply with the warrant, providing records within its scope, and notify agency counsel

A search warrant signed by a judge is legal process that requires compliance, and HIPAA permits disclosure to law enforcement under a warrant. The worker limits the release to what the warrant describes and involves counsel. Refusing a judicial warrant exposes the worker to legal consequences and does not protect the client. Handing over the full chart goes beyond the warrant's scope and discloses information the court did not order.

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

18. D Delaying or denying a placement on the basis of the race or ethnicity of the child or family

The Multiethnic Placement Act, as amended, bars agencies that receive federal funds from delaying or denying a foster or adoptive placement because of the race, color, or national origin of the child or the prospective parents. It also requires diligent recruitment of foster and adoptive families who reflect the children in care, so recruiting such families is expected, not prohibited. Choosing among homes based on a child's individual needs is ordinary placement practice. The act leaves ICWA's placement preferences for Indian children in place.

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

19. A AUDIT

The AUDIT is a 10-item screen developed by the World Health Organization to identify hazardous and harmful drinking and possible dependence in adults; the 3-item AUDIT-C is a shorter version. The CRAFFT is validated for adolescents and young adults rather than adults generally. The DAST-10 screens for use of drugs other than alcohol. The PHQ-9 measures depression severity and would miss drinking problems.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

20. B super-reasonable

The super-reasonable, or computer, stance relies on cold logic and facts and leaves out the feelings of self and others; the father answers his daughter's tears with research and scheduling and shows no emotion. Blaming involves accusing and finding fault, and he does not criticize Bea. Congruent communication matches words to feelings and responds to the other person; his detached reply to her distress is the opposite of congruence.

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

21. C "You'd like her to trust you to handle school yourself."

A complex reflection adds meaning or feeling the client has not stated, here his wish for trust and independence, and moves the conversation forward. Restating that his mom checks his grades every day is a simple reflection: accurate, but it adds little. Asking whether she is worried is a closed question that shifts to the mother's motives and can be answered yes or no. Complex reflections tend to deepen exploration more than simple ones.

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

22. C Provide counseling without recording

Consent to recording must be voluntary, so her refusal should not affect her access to services; the worker can obtain supervision in other ways. Making recording a condition of service turns consent into coercion. Referring her elsewhere penalizes her for declining and sends her away from care she wants here.

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

23. A Write a dated addendum describing the safety planning

Changing a signed note after an adverse event looks like falsification, even if the content is true. A dated addendum records what occurred and when it was written. B alters the original record. C leaves a true and relevant fact out of the record. D misrepresents the timing of the plan. Would change if: the note had not yet been signed and the agency allows editing before signature, completing it in place would be acceptable.

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

24. B Immunity from civil and criminal liability for reports made in good faith

State reporting laws grant immunity to people who report in good faith, whether or not the report is substantiated, because the system depends on reports made on suspicion rather than proof. Tying protection to substantiation would discourage reporting in exactly the uncertain cases the law wants reported. Unsubstantiated reports do not by themselves create liability; a reporter acting in good faith is protected even when investigators find no abuse.

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

25. B Accept the greeting, then later discuss greetings comfortable for both

The embrace is a customary greeting, not a request for intimacy. Accepting it avoids shaming him, and a later conversation sets a mutually comfortable boundary, consistent with the duty to set culturally sensitive boundaries around touch. A responds to a cultural norm with a rebuke. C respects the custom but leaves the worker's discomfort unaddressed, which may affect the work. D treats one colleague as a spokesperson for a whole culture instead of talking with the client.

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

26. A Motivational interviewing to explore both sides of his ambivalence

He states both sides at once: he knows he should take it and he dislikes the side effect. That is ambivalence, and MI is designed for medication adherence problems like this one. CBT assumes his thinking is distorted, but his concern about frequent urination is accurate. Psychoeducation about risks tells him what he says he already knows and tends to prompt defense of his choice. MI can also open a conversation about practical options, such as discussing dose timing with his physician.

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

27. B Fair to good insight and poor judgment

Insight is the client's understanding of his own condition and its causes; Lamar recognizes that his drinking is a problem and links it to anxiety, which shows fair to good insight. Judgment is the ability to make sound decisions about actions; driving after eight drinks shows poor judgment. Rating his insight as poor ignores his accurate self-assessment. Calling his judgment good disregards a dangerous choice. Impulse control is a related but separate observation, and noting it does not make his judgment sound.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

28. C The Montreal Cognitive Assessment (MoCA)

The MoCA is a 30-point screen with tasks for executive function, attention, and delayed recall, and it is more sensitive to mild cognitive impairment than the MMSE. The Mini-Cog, three-word recall plus clock drawing, is quick and useful in primary care but gives a less detailed picture than the MoCA. The Geriatric Depression Scale screens mood, not cognition. The Vanderbilt scale screens children for ADHD symptoms.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

29. B Interview Kwabena with the core CFI and his mother with the informant version

The core CFI is meant for the person receiving care, and Kwabena can now give his own account, which may differ from his mother's. With his consent, the informant version captures her view, which matters because she is part of his support system. Interviewing only his mother lets her explanation stand in for his. Skipping the CFI because he is U.S.-born and speaks English assumes culture matters only for immigrants, which DSM-5-TR does not support. Would change if: he were still too disorganized to take part, making the informant version the main source until he could.

Diversity, Culture & Social Justice · Review: Chapter 5

30. A Specific learning disorder, with impairment in reading

Lucia's decoding problems have persisted more than 6 months despite targeted intervention, with normal vision and hearing, average intellect, and consistent schooling, which rules out the main alternative explanations. That is specific learning disorder with impairment in reading; dyslexia is an accepted alternative term. Her attention is age-appropriate, so ADHD lacks support. Average intellectual testing rules out intellectual developmental disorder. Her good understanding of stories read aloud argues against a language disorder, which affects spoken language as well.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

31. B Explain hospice's six-month prognosis guideline and explore palliative care

The Medicare hospice benefit generally requires certification of a terminal prognosis of six months or less if the illness runs its normal course. With a two-to-three-year estimate, palliative care and home services better match his needs now. Starting enrollment ignores the eligibility rule and sets up a denial. Hospice serves people with many terminal illnesses, including COPD, so describing it as mainly for cancer is inaccurate.

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

32. B Developing the trauma narrative

TF-CBT follows the PRACTICE sequence: psychoeducation and parenting, relaxation, affective modulation, cognitive coping, then trauma narrative and processing, in vivo mastery, conjoint sessions, and enhancing safety. Kayla has completed the coping skills, so the trauma narrative comes next. Conjoint sessions usually follow the narrative, when the child shares it with a prepared caregiver. Enhancing safety typically comes at the end, although safety skills can be taught earlier when needed.

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

33. A Respect Jonah's refusal and do not enroll him in the study

Research with children needs parental permission and the child's assent. In a study offering no direct benefit, a child's refusal (dissent) should generally be respected, consistent with the Belmont principle of respect for persons. Enrolling Jonah on his mother's permission alone overrides a clear refusal. Changing the recording terms still enrolls a child who said no. Asking his mother to persuade him adds pressure that undermines voluntariness. Would change if: the study offered a treatment with direct benefit unavailable elsewhere, where a parent's decision can sometimes override a child's dissent.

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

34. B Schizotypal personality disorder

Wendell shows long-standing magical thinking, odd beliefs, eccentric appearance, vague speech, and social anxiety that does not lessen with familiarity, without sustained psychosis. That fits schizotypal personality disorder in Cluster A. Schizophrenia requires psychotic symptoms such as delusions or hallucinations with functional decline, and his beliefs fall short of full delusions. Schizoid personality disorder involves emotional detachment without odd beliefs or eccentric behavior. In avoidant personality disorder, anxiety stems from fear of rejection and usually eases as people become familiar.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 8

35. C Check whether Wisconsin's rules permit sessions with a client located there before next week

Licensure for telehealth generally depends on where the client is located during the session, so the worker needs to check Wisconsin's rules, which may or may not allow temporary practice, before meeting. Lorna's residence does not settle the question. Phone sessions are still practice in the state where the client is located. Would change if: Wisconsin permitted temporary practice for out-of-state clinicians, the session could go ahead with the usual location and emergency check.

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

36. D Call 911 and give naloxone following the program's protocol

Unresponsiveness, slow and shallow breathing, bluish lips, and pinpoint pupils are signs of opioid overdose, a life-threatening emergency. Calling 911 and giving naloxone, which reverses opioid effects, responds to the threat to his life right away, and trained staff follow the program's protocol. Watching and waiting leaves a person who is not breathing adequately without treatment (Underreaction). Learning what he used can help responders later, but asking first delays care (True but not now). Recovery positioning is part of overdose response, but a five-minute wait before acting delays naloxone and emergency help.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 9

37. D Ordinal

Likert-type responses are ranked, so strongly agree is more agreement than agree, but the distance between categories is not known to be equal. That makes a single item ordinal. Nominal data are categories without order, such as referral source. Interval data have equal spacing without a true zero, and ratio data have equal spacing with a true zero, such as number of sessions. Summed multi-item scales are often analyzed as interval, but a single item is ordinal.

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

38. B Explain that without her consent attendance cannot be confirmed, and discuss the consequences

Federal confidentiality rules for substance use programs require the client's written consent before the program confirms attendance to a court. A court order to attend does not authorize disclosure. The worker's job is to make sure Jolene understands the consequences of her choice so her decision is informed. Sending records without consent violates those rules. Discharging her is an overreaction that removes treatment. Seeking a disclosure order on the program's own initiative works against the client's stated choice.

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

39. D Treat his report as warning signs and reassess her today

Goodbye messages and searching for hidden pills are warning signs, and a credible collateral report of them carries more weight than a denial given while asking for fewer sessions. The response is a same-day reassessment with Helene, telling her what her husband shared. Favoring her self-report because she is the client ignores evidence that changes the formulation. Her signed release already allows the conversation. Waiting for the next session is underreaction to active warning signs. Would change if: the husband said she had found the pills, or Helene could not be reached, making an emergency response the first step.

Assessment, Diagnosis & Treatment Planning · Review: Chapter 7

40. C Explain that crawling is not on the CDC checklists and his skills look on track

The CDC's 2022 checklists removed crawling because many children skip it or move in other ways. Pulling up to stand, waving bye-bye, and calling a parent 'dada' are listed for 12 months, so Luis is on track at 11 months, and his well-child visits continue. Requesting an early intervention evaluation over crawling alone is an overreaction. Daily crawling practice targets a skill that is not a milestone and implies a problem that is not there. Encouraging her to keep sharing questions with the pediatrician remains reasonable.

Human Development & Behavior · Review: Chapter 6

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.