Nursing
LMSW
Licensed Master Social Worker(LMSW)

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Question: 1

When a licensed clinical social worker becomes aware that a colleague's substance impairment is jeopardizing client care, what is their primary ethical obligation regarding reporting to ensure compliance with professional licensing standards?

A. Report the impairment solely to the colleague's clinical supervisor for internal resolution.
B. Notify the national professional association ethics committee for peer review.
C. File a formal complaint with the state licensing board responsible for disciplinary action.
D. Confront the colleague directly and only report if the impairment persists after a warning period.

Answer: C

Explanation:
The NASW Code of Ethics (Standard 2.09) mandates that social workers with direct knowledge of a colleague's impairment that poses a risk to clients must take action through appropriate channels. State licensing boards hold statutory authority to investigate, sanction, or revoke licenses, making (C) correct as it directly addresses the regulatory body goveming licensure. Option (A) is insufficient because supervisors lack authority to impose licensing sanctions and internal resolution does not fulfill mandatory reporting obligations to the state- Option (B) is incorrect; professional associations handle ethics violations internally but cannot enforce licensing consequences. Option (D) violates the duty to prioritize client protection over collegial loyalty; waiting for persistence after confrontation delays necessary intervention and fails the ethical requirement for timely reporting to the designated licensing authority. This reflects core licensing principles where public protection supersedes professional courtesy.

Question: 2

A 32-year-old client presents for therapy expressing intense distress over a pattern of failed romantic relationships. She describes a strong desire for intimacy but finds herself becoming "distant and critical" whenever partners attempt to get close, ultimately leading to breakups. During the assessment, she reveals a childhood history of emotional neglect by primary caregivers. In the third session, the clinical social worker focuses on identifying the most appropriate *initial* intervention target to address the core relational dynamic. What should be the primary focus?

A. Developing specific communication techniques to reduce criticism during conflicts with partners_
B. Processing the detailed memories and emotions associated with the childhood neglect immediately.
C. Exploring the connection between her childhood experiences of unmet attachment needs and her current pattern of distancing in adult relationships.
D. Challenging her cognitive distortions about partners' intentions when they seek closeness.

Answer: C

Explanation:
The correct answer (C) directly addresses the core interpersonal dynamic by linking the client's developmental history emotional neglect creating insecure attachment) to her maladaptive adult relational pattern (desire for intimacy paired with distancing behavior when closeness occurs), which is fundamental to understanding and modifying relationship dynamics per attachment theory. Option A focuses only on surface (criticism) without addressing the underlying attachment-driven dynamic, making it insufficient for the core issue. Option B risks premature deep trauma processing without first establishing the therapeutic frame connecting past to present, potentially overwhelming the client and destabilizing the alliance. Option D targets cognitions about partners, which may be relevant later, but neglects the essential developmental link to her own internal working models of attachment formed in childhood, which is the primary driver of her relational pattern according to the salient cues (childhood neglect, distancing when closeness occurs). The scenario requires multistep reasoning: identifying the attachment pattern from the behavioral cues and recognizing that initial intervention should establish insight into the developmental origin of current relational difficulties.

Question: 3

When developing an intervention plan for a client newly diagnosed with Generalized Anxiety Disorder (GAD) where the primary goal is symptom reduction, which psychotherapy approach is *most* strongly supported by empirical evidence as a first-line treatment according to major clinical practice guidelines?

A. Psychodynamic Therapy focusing on unconscious conflicts and early experiences
B. Solution-Focused Brief Therapy (SFBT) emphasizing client strengths and future solutions
C. Cognitive Behavioral Therapy (CBT) targeting maladaptive thoughts and behaviors
D. Humanistic Therapy centered on self-actualization and unconditional positive regard

Answer: C

Explanation:
CBT is unequivocally recommended as a first-line, evidence-based intervention for GAD by authoritative guidelines (e.g. APA, NICE) due to robust empirical validation for reducing anxiety symptoms through structured techniques like cognitive restructuring and exposure. Option A (Psychodynamic) is incorrect because while it addresses underlying conflicts, it lacks the same level of empirical support for rapid symptom reduction in GAD and is typically longer-term. Option B (SFBT) is inappropriate as its brief, solution-oriented model is less effective for chronic, pervasive anxiety like GAD compared to CBTs targeted symptom focus. Option D (Humanistic) is incorrect because its non-directive approach does not provide the specific skill-building or cognitive interventions proven for anxiety management. CBT's superiority lies in its direct alignment with the goal of symptom reduction via measurable behavioral and cognitive change mechanisms, fulfilling evidence-based practice standards.

Question: 4

A clinical social worker at a community mental health center meets with a transgender client who reports avoiding necessary medical care due to past discrimination and the high cost of uninsured services. The client expresses significant distress about an insurance policy exclusion denying coverage

for gender-affirming care, a known barrier contributing to health disparities in transgender populations. The social worker recognizes this as a systemic issue impacting the client's well-being. What is the social worker's *most appropriate* initial action to address the institutional barrier?

A. Develop individual coping strategies with the client to manage distress related to healthcare access.
B. Provide the client with a list of low-cost clinics offering sliding scale fees for uninsured individuals.
C. Collaborate with the client to draft an advocacy letter challenging the insurance policy's discriminatory exclusion.
D. Refer the client to a support group for individuals navigating similar healthcare access challenges.

Answer: C

Explanation:
Option C is correct because it directly addresses the institutional barrier (the insurance policy exclusion) through advocacy, aligning with social work's ethical imperative to pursue social justice and challenge systemic oppression (NASW Code of Ethics Standard 6.04). Option A focuses solely on individual coping, neglecting the institutional cause of distress. Option B offers a temporary workaround but fails to confront the discriminatory policy perpetuating inequity. Option D provides peer support but does not actively challenge the oppressive structure. The scenario cues (policy exclusion causing care avoidance and health disparities) necessitate institutional-level intervention- Advocacy empowers the client to confront the system, promoting long-term change consistent with the social worker's role in addressing institutional impacts on marginalized populations.

Question: 5

A client in ongoing therapy for adjustment disorder with mild anxiety and depression at a private clinical social work practice reports significant improvement in managing symptoms and functioning. They state they feel "ready to stop therapy" and wish to terminate services. The social worker's assessment indicates the client has met most treatment goals but could benefit from further sessions to solidify gains and address mild residual symptoms. What is the social worker's *most* ethically sound initial action?

A. Agree to termination immediately since the client initiated the request and shows progress.
B. Suggest a temporary break from therapy instead of termination, with a plan to reassess in one month.
C. Discuss the client's reasons for wanting to terminate, review progress and remaining concerns, explore referral options, and collaboratively develop a termination plan.
D. Gently challenge the termination request, explaining the clinical assessment indicates a need for continued therapy to prevent relapse.

Answer: C

Explanation:
The NASW Code of Ethics (Section 1.16) mandates that social workers terminate services when they are no longer required or serving the client's needs, avoiding abandonment. While the client shows progress and initiates termination (supporting self-determination), the clinician identifies mild residual symptoms requiring careful handling. Option C is correct because it honors client autonomy by discussing their

reasons, fulfills the duty to avoid abandonment by reviewing concerns and exploring referrals, and ensures continuity of care through collaborative planning. Option A risks abandonment by ignoring the clinician's assessment and failing to provide resources. Option B inappropriately delays termination against the clients expressed wish and lacks immediate planning. Option D disregards the client's self-determination by attempting to override their request based solely on the clinician's perspective, potentially damaging the therapeutic alliance- The correct action balances respecting the client's right to terminate with the clinician's responsibility to ensure safe and ethical closure.

Question: 6

When applying strengths-based and resilience theories to support an adolescent client navigating a significant developmental transition e.g., entering high school), what is the clinical social worker's primary initial focus?

A. Identifying the client's existing personal strengths, coping skills, and supportive environmental resources
B. Teaching the client new coping mechanisms to manage the specific stressors associated with the transition.
C. Conducting a comprehensive assessment of the risks and potential negative outcomes inherent in the transition.
D. Developing a long-term plan focused on achieving optimal developmental milestones post-transition.

Answer: A

Explanation:
Strengths-based practice fundamentally begins with identifying and leveraging the client's inherent capabilities and existing viewing them as the foundation for growth and resilience (Saleebey, 2012). Resilience theory emphasizes that positive adaptation during challenges arises from the interaction of individual assets (like problem-solving skills) and environmental resources (like supportive relationships). Option A correctly prioritizes this discovery phase. Option B, while potentially useful later, prematurely shifts focus to skill-building before fully understanding the client's current resources, violating the core principle of building *from* existing strengths. Option C inverts the approach by prioritizing risk assessment over asset identification, contradicting the strengths-based perspective which minimizes pathologizing. Option D focuses on future outcomes without first establishing the clients present capacities and context, skipping the essential step of recognizing current resilience factors necessary for effective planning. The primary focus remains discovery of existing strengths and resources as the catalyst for empowerment and navigating the transition.

Question: 7

When developing a resource allocation plan for a community-wide initiative addressing homelessness, which community organizing method is MOST appropriate for a clinical social worker to prioritize to ensure the plan reflects existing local capacities and fosters empowerment?

A. Conducting a community forum to gather public opinions on service gaps.
B. Implementing a key informant interview process with agency directors.

C. Performing a comprehensive asset mapping exercise.
D. Administering a statistically representative survey of homeless individuals.

Answer: C

Explanation:
Asset mapping is the most appropriate method as it systematically identifies community strengths, resources, and capacities (e.g., local organizations, skills, physical assets), aligning with core principles of community organizing that emphasize empowerment and building on existing assets rather than deficits. This approach directly informs equitable resource allocation by leveraging indigenous resources and promoting community ownership. Option A (community forum) risks bias toward vocal minorities and lacks systematic data collection. Option B (key informant interviews) prioritizes institutional perspectives over grassroots assets, potentially marginalizing community voices. Option D (survey) focuses narrowly on needs and problems of a specific group, contradicting empowerment goals by overlooking broader community capacities and reinforcing a deficit lens. Asset mapping is uniquely endorsed in community practice literature (e.g., Kretzmann & McKnight) for sustainable, strengths-based planning.

Question: 8

Within the context of human development and factors influencing self-image, which primary developmental mechanism describes the process where individuals, beginning in childhood, internalize racial identity and attitudes primarily through family-mediated transmission of cultural values, beliefs, and coping strategies regarding race?

A. Acculturation
B. Racial Socialization
C. Ethnic Identity Achievement
D. Stereotype Threat

Answer: B

Explanation:
Racial socialization is the correct mechanism, defined as the process by which families transmit information, values, and perspectives about race and ethnicity to children, directly shaping racial identity formation and self-image. This process involves teaching cultural heritage, preparing for bias, and promoting pride, which is fundamental to self-concept development. Option A (Acculturation) describes broader adaptation to a dominant culture, not the specific family-driven transmission of racial identity. Option C (Ethnic Identity Achievement) is a status within identity development models reflecting resolution, not the ongoing transmission process itself Option D (Stereotype Threat) is a situational phenomenon where individuals fear confirming negative stereotypes, impacting performance but not constituting the core developmental mechanism of internalizing racial identity through family. Racial socialization is empirically established as the primary family-mediated process influencing racial self-perception.

Question: 9

A clinical social worker in an outpatient family clinic meets with parents concerned about their 13-year-old daughter, Maya. Maya's 10-ear-old brother, Leo, was recently diagnosed with Type 1 diabetes requiring intensive management. Since the diagnosis, Maya's grades have dropped, and her teacher reports increased irritability and withdrawal in class. The parents, visibly stressed, state they are 'completely focused on keeping Leo healthy" and feel guilty they haven't had time for Maya. The school counselor referred Maya due to academic concerns. What is the social worker's BEST initial intervention focus?

A. Facilitate sessions with Maya and her parents to address Maya's feelings of neglect and re-establish her role within the family system.
B. Initiate individual play therapy with Maya to help her express her emotions about her brother's illness.
C. Provide supportive counseling for the parents to manage their stress and guilt about the situation.
D. Conduct a family psychoeducation session about the impact of chronic illness on sibling relationships.

Answer: A

Explanation:
The best initial focus is addressing the disrupted family dynamics directly with Maya and her parents (A). Maya's behavioral changes (dropping grades, irritability, withdrawal) and the parents' admission of exclusive focus on Leo and guilt indicate a significant shift in family roles and potential neglect of Maya's needs, consistent with family systems theory. Directly involving Maya and her parents targets the core relational disruption and secondary gains impacting her development. Individual play therapy (B) addresses Maya's symptoms but neglects the systemic cause and parental involvement crucial for change. Parental counseling alone (C) is important but delays addressing Maya's expressed needs and the parent-child subsystem rupture. While psychoeducation (D) is valuable, it is premature before actively addressing the specific emotional and relational consequences Maya is experiencing within the family context revealed by the cues. Option A prioritizes restructuring interactions to restore balance, directly responding to the presenting problem's systemic roots.

Question: 10

When initiating engagement with an involuntary client mandated to treatment due to a court order for substance use, which strategy is most effective for establishing a collaborative working relationship?

A. Emphasizing the legal consequences of non-compliance to motivate participation.
B. Collaboratively identifying a specific, client-valued goal unrelated to the mandate as an initial focus.
C. Immediately outlining the treatment plan and required steps to satisfy the court.
D. Focusing primarily on building rapport by avoiding discussion of the mandated issue.

Answer: B

Explanation:
The correct answer (B) aligns with evidence-based engagement principles for involuntary clients, which prioritize reducing resistance by fostering autonomy and self-determination- Collaboratively identifying

a client-centered goal (e.g., improving family relationships or employment) builds trust and demonstrates respect for the client's priorities, creating a foundation to later address mandated concerns. Option A is incorrect because emphasizing legal threats often increases defensiveness and undermines therapeutic alliance. Option C is ineffective as imposing a predefined plan disregards the client's perspective, reinforcing power imbalances. Option D avoids the core issue, eroding credibility and delaying necessary interventions. The strategy in B adheres to motivational interviewing tenets and self-determination theory, which are consensus approaches for engaging involuntary clients by validating their agency while acknowledging external pressures.

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