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**To:** Board Members

**Date:** May 13, 2008

**From:** Paul Riches  
Executive Officer

**Telephone:** (916) 574-7840

**Subject:** Association of Social Work Boards Licensure Examination

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### Background

In February 2006, the Board of Behavioral Sciences (Board) received a letter from Roger A. Kryzanek, MSW, LCSW and President of the Association of Social Work Boards (ASWB). The purpose of Mr. Kryzanek's letter is to ask the Board to consider rejoining the ASWB and to require candidates for clinical social work licensure to take ASWB's national examination.

In February of 2007, Mr. Kryzanek made a presentation to the Board and the Board decided to audit the ASWB exam. Subsequently, the board engaged Applied Measurement Services, LLC to perform a psychometric audit of the ASWB exam for licensure as a clinical social worker and produce a report to the board to assess whether the examination meets California legal requirements for licensure examinations. Board members Renee Lonner and Joan Walmsley were assigned to assist in the audit process. Weather prevented the Board's team from completing its site visit with ASWB's exam vendor in Iowa; however, we are presently working to have both board members review the current examination in an alternate venue. Applied Measurement Services, LLC has completed its review and Dr. Tracy Montez will be presenting the results of the audit at this board meeting.

In February of 2008, the Board formed the Examination Committee to engage in a holistic review of the board's examination program that is expected to begin this summer. The Committee will conduct a comprehensive review of our examination program (from subject matter, types and timing of examination(s), etc.) in a public meeting process designed to solicit input from the public and professional communities. The Committee will address cross-cutting issues for all examinations but also allocate time specifically for each of the three examination programs (marriage and family therapy, clinical social work, educational psychology).

### Staff Recommendation

Staff recommends that the board take three specific actions at this time.

- First, the Board should direct staff to work with ASWB to ensure that a significant sample of California LCSWs participate in the ASWB occupational analysis process that it is scheduled to begin this year.

- Second, the Board should specifically direct the Examination Committee to consider the ASWB examination in its work as it relates to licensure for clinical social work. Both of these processes are likely to conclude in the next 12-18 months. These two items are recommended because, taken together, they address the most significant issues presented by the audit report and the larger policy question regarding the structure of our examination programs.
- Third, the Board should direct staff to engage ASWB in discussions regarding the following items identified in the audit report:
  1. Update ASWB materials -- The ASWB should take steps to update association- and examination-related materials to better reflect current policies and practices. These steps should be reasonable given practical and fiscal constraints.
  2. Use more and diverse subject matter experts -- The ASWB should make every effort to use a variety of subject matter experts as participants in the practice analysis, as item writers, as passing score study participants, members of the examination committee and board of directors. The ASWB should discourage individuals from being too closely tied to all phases of the ASWB examination program (i.e., other than ASWB administrative staff).
  3. Explore, and implement as needed, additional security strategies at computer-based testing centers -- The ASWB should explore additional security strategies to protect the integrity of the examination process. Strategies determined to be practical and fiscally responsible should be implemented to prevent (or, at the minimum, discourage) both minor and major security breaches.
  4. Development and use of task and knowledge statements -- The ASWB and ACT should consider writing task and knowledge statements in greater detail to provide depth and specificity. Further, ASWB and ACT should release the knowledge statements as part of the Clinical exam content outline, and the linkage to the task statements. One of the purposes of an examination plan or content outline is to provide information about a profession. Specifically, the purposes of the LCSW examination plan include revising or establishing regulatory policies, assisting with curriculum development, preparing candidates for the examination, and developing the licensure examination. The BBS would expect to use the ASWB clinical exam content outline to meet similar purposes.
  5. Availability of examination data -- The ASWB should release confidential examination data to the BBS upon request, given parameters are established to maintain the confidentiality and security of the data. Examples of requested data would be *monthly* cumulative examination statistics for California candidates and *annual* technical reports reviewed by a qualified psychometrician representing the BBS.

## History

The Board was a member of ASWB from October 1991 through March 1999, and required the ASWB Clinical level examination, along with a state-constructed oral examination for licensure of clinical social workers. However, around 1998, the Board and the Department of Consumer Affairs, Office of Examination Resources (OER) began having concerns regarding the ASWB examination. These concerns included:

- The practice analysis conducted by ASWB did not include a representative number of licensees in California, just 16 participants.
- The sampling of participants in the practice analysis did not include demographics representative of California's population.
- The pass rate for California's first-time examination participants was very high at 89%.

Based on these concerns, and the results of a new California occupational analysis, the Board determined that there was a need for a state-constructed written examination. The new California written examination was administered beginning in late Spring 1999.

### About ASWB

Currently, ASWB is comprised of social work regulatory boards in 49 states, the District of Columbia, the Virgin Islands, and seven Canadian provinces. Presently, California is the only U.S. state that is not a member of ASWB and not participating in its examination program. ASWB contracts with ACT, Inc. to administer its examinations at test centers on or near college campuses, and also for psychometric and other support services.

ASWB last completed a practice analysis in 2003 which included 75 surveys returned by California social workers, for 2.1% of the total responses. ASWB has five examination categories for social work, each consisting of 170 items (including 20 pre-test items). All examinations are administered over a four-hour period and cost the candidate \$175, and are as follows:

- *Associate* – Appropriate for paraprofessional social workers. This level uses the Bachelor's examination with a lower pass point.
  - *Bachelors* – Appropriate for those who hold a Bachelor's degree in Social Work.
  - *Masters* – Appropriate for those who hold a Master's degree in Social Work (MSW).
  - *Advanced Generalist* – Appropriate for those who hold a MSW with a minimum of two years of post-degree experience in non-clinical practice.
  - *Clinical* – Appropriate for those who hold an MSW with a minimum of two years of post-degree experience in clinical practice. This would be the examination evaluated for possible use in California for LCSWs.
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## **Congratulations**

You completed all of the pre-licensure requirements, and you are now ready to take your licensing examination(s). The road to licensure for you is nearly complete. Stay informed and think one step ahead.

## **Examination Cycle Timelines**

In order to remain in the testing cycle and keep your hours “locked in,” you must take an examination at least once a year until you pass all required examinations. Once the Board approves you for entry in to the examination process, you **MUST TAKE** the test within one year of the stated eligibility date. If you take and fail an examination, you must re-take it no later than one year from the date of failure. Also, after failing an examination, you must wait a minimum of 160 days from the date of failure before the Board can approve you again to take the examination. You must submit an application for re-examination with the required fee in order to retake a test. The processing time for a re-examination application is 60 days. You can find the re-examination application in the “Forms and Publications” section of the website.

**Example:** Steve passes his LCSW Standard Written Examination on 2/14/2006. He must take the Clinical Vignette Examination no later than 2/14/2007.

**Example:** Wendy failed her MFT Standard Written Examination on 1/31/2006. She must retake her Standard Written Examination no later than 1/31/2007.

**Example:** Chandra received her notice of eligibility to take the LEP Written Examination. Her eligibility notice stated an eligibility date of 4/27/2006. She must take her exam no later than 4/27/2007.

## **Facts and Strategies to Help You Through the Testing Experience**

Examinations test your knowledge and professional skills as well as your ability to make judgments about appropriate techniques and methods as applicable to the MFT/LCSW/LEP Scope of Practice.

### ***Studying for the Examination***

The examination plans contained within the examination handbooks are official study guides for the material tested on the examination. All candidate handbooks can be downloaded from the “Forms and Publications” section of the Board website. Trust in your clinical education and experience when responding to the examination items.

### ***A Word About Examination Prep Courses***

Some entities offer examination preparation courses. These preparation courses do not guarantee a passing score and are no substitute for education and experience.

Before selecting an examination preparation course, educate yourself about the different course providers and consider the harm of taking a preparation course that offers inaccurate information.

**The Board does not recommend or endorse any examination preparation courses.**

### ***Helpful Strategies for a Smooth Examination Day***

Research the location of your testing center before the day of your test. Map out a route and travel the route prior to the test date if time permits. Be sure to leave early. You should plan on arriving at the testing center **AT LEAST 15 minutes** prior to your examination. Remember, you cannot be penalized for arriving too early.

**You must bring valid photo identification with you to the test site center.**

Proper forms of identification include:

- Driver’s license
- State issued identification
- Military identification

Also, the form of identification must contain your signature, photo, and the name must match the name used to register for the examination, including designations such as “Jr.” or “III.” The Psychological Services (PSI) test site center will not accept expired identification. **Per the Board’s contract with PSI, employees at the test site center will disregard the middle name on any form of identification.**

### ***Examination Results***

You will receive the results of the examination at the test site center once the examination is complete. Please refer to the Testing Accommodations section of this brochure for information on paper and pencil examination results.

In the event you fail an examination, you will receive a re-examination application at the test site center. Applications for re-examination are also available on the “Forms and Publications” section of the Board website.

When you pass the LCSW or MFT Standard Written Examination, you will need to obtain an application to apply for the LCSW or MFT Clinical Vignette Examination. The appropriate form is the Examination/Re-Examination Form available at the test site center and on the website.

When you pass the LCSW or MFT Clinical Vignette Examination or the LEP Written Examination, you will receive an application for initial licensure.

### ***Save Your Candidate Handbooks***

The initial license fee chart is in the Clinical Vignette Handbook. LEP candidates will find the initial license fee chart on the back of the initial license application.

### **Testing Accommodations**

In recognition of the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act, the Board and PSI provide fair and reasonable test accommodations to candidates who substantiate a need due to physical or mental disability or qualified medical condition. Candidates whose primary language is not English can also request accommodations.

Candidates seeking accommodations should apply early and allow the Board sixty days for processing of a request.

Request for Accommodations forms are available in the "Forms and Publications" section of the Board website under "Examination Materials."

Candidates who receive testing accommodations to take a paper and pencil examination will receive the results of the

examination 14 business days from the completion of the examination.

### **For Questions...**

While in the examination process, you can call your evaluator for any questions you might have regarding eligibility or other concerns. For questions regarding examination accommodations, you should call the Board's Testing Accommodations Coordinator.

LCSW Evaluator	(916) 574-7851
LCSW Evaluator	(916) 574-7852
MFT Evaluator (A-K)	(916) 574-7854
MFT Evaluator (L-Z)	(916) 574-7853
LEP Evaluator	(916) 574-7851

Testing Accom	(916) 574-7862
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### **Scheduling an Examination**

To schedule an examination, you must call PSI. You should call approximately thirty days prior to your preferred testing date.

**PSI:** (877) 392-6422

**This brochure is supplemental and is not intended to replace your examination handbook. Please thoroughly read your examination handbook.**

*MFT,  
LCSW,&  
LEP*

# Examination Information



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# Marriage & Family Therapist Examination Study Guide

## PLEASE NOTE

*This study guide does not replace the MFT Standard Written Examination Candidate Handbook or the MFT Clinical Vignette Examination Candidate Handbook. Please thoroughly read your examination candidate handbooks as they contain important information relating to test administration.*

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## Introduction

The Board of Behavioral Sciences developed this study guide to assist candidates, Interns, and students in preparing for the Marriage and Family Therapist (MFT) Standard and Written Clinical Vignette examinations. Candidates should use the information in this handbook to focus and prepare effectively for the examination, but it should not be the only study resource used.

## When Should I Begin to Prepare for the Examinations?

### An Overview

Preparation for the licensing examination begins when you take the first class in your qualifying degree program. For some, thinking about a licensing examination that is years away while still in graduate school may seem premature. However, examination preparation evolves as you complete your licensing requirements. Your education serves as the foundation from which you will build your clinical experience. The supervised work experience gives you the opportunity to apply the knowledge you gained in graduate school and to strengthen your skills as a clinician.

By reading this study guide, you are taking another step in preparing yourself for the MFT licensing examinations. Because these examinations relate to your profession and your career, it is

reasonable for you to feel some anxiety. You can reduce this anxiety, however, through practical examination preparation. While working under the supervision of a licensed mental health professional, take advantage of your supervisor's experience in the field. Remember, these examinations measure your skills as a clinician to meet minimum competency standards. There are no trick questions.

## Identifying Personal Strengths and Areas Needing Improvement

The MFT examinations test a broad spectrum of minimum competencies. Ideally, your clinical experience provides you with a broad base of knowledge working with different populations and in a variety of settings, but in reality, you may be specializing within particular theoretical frameworks or with particular demographics. Developing a specialization does not reflect poorly on a candidate; however, to succeed, you will need to acknowledge that the examinations test a general scope. If you do not have professional experience working with particular theoretical frameworks, disorders, or populations, you may need extra preparation.

Take a proactive approach towards developing your clinical skills. If you develop your skills and knowledge through your education and experience, you can succeed on these examinations.

## Test Preparation Strategy

Every candidate will develop a unique strategy to prepare for the examinations. The Board suggests the following.

### Start by Developing a Plan

To put together a useful plan, you will need to focus on the tested tasks and knowledge. This information is available to you in the MFT Standard Written Examination Plan and MFT Clinical Vignette Examination Plan. The examination plans reflect the broad base of knowledge tested on each examination. The plans may seem intimidating, but try approaching the outlines one content area at a time to make them more manageable. Also, while the MFT Standard Written Examination Plan and MFT Clinical Vignette Examination Plan may differ, they share many common tasks and required knowledge.

### Use Your Supervisor as a Resource

The role of supervision is to assist you in becoming a better and more well-rounded clinician. Since your supervisor will be aware of your clients and work, he or she can give you objective feedback on any area needing improvement. Consider taking the examination plans to your supervision meeting and discussing how your workload/caseload is preparing you for the examinations.

Additionally, your supervisor has most likely supervised other examination candidates. Ask for feedback on how other candidates prepared for the examinations. Discuss what worked and what did not work for other candidates.

## Framing Your Education and Experience

Remember, you are not approaching this examination with a blank slate. Your graduate program and supervised experience will provide you with a significant amount of information you can use for examination preparation. Take time to correlate how your education and experience apply to the subject matter of this examination. (See Appendix A for examination content outlines.)

## Peer Study Groups

Some candidates find studying with peers to be an effective way to prepare for the examinations. Peer study groups offer the opportunity to share experiences and draw on the knowledge of your colleagues. For example, you may not have much experience working with older adults, but studying with someone who has a familiarity with that population will benefit you. Consider discussing the sample examination items and the examination content outlines with your peer study group.

How do you find/organize a peer study group? Start by asking at your agency to see if any co-workers are interested in forming a study group. If this does not help, try contacting the local chapter of your professional association. Typically, local chapters have monthly meetings which are excellent opportunities to meet and network with fellow professionals in your area.

## Sample Examination Items

The following are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires you to select the correct answer from the four options provided. The incorrect answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no trick questions on the examination.

### Sample MF T Standard Written Examination Questions

#### Clinical Evaluation

1. A client who has recently immigrated to the United States seeks therapy to adjust to the client's culturally different spouse. To assess the client's level of acculturation, which of the following concerns should the therapist take into consideration?

- A. Newly immigrated individuals are often hesitant to challenge cultural traditions in their marital relationships.
- B. Newly immigrated individuals are resistant to learning the rules of a new country.
- C. Gender differences cause more discomfort than acculturation issues.
- D. The pace of acculturation may vary from group to group.

2. An unemployed 18-year-old client who has a history of fighting, running away from home, and stealing cars while in high school is court-ordered to therapy. At present, the client deals in marijuana, has a reckless driving charge, owes the therapist money, and reports not caring. Which of the following diagnoses should the therapist make?

- A. Attention-deficit/hyperactivity disorder.
- B. Antisocial personality disorder.
- C. Substance abuse disorder.
- D. Conduct disorder.

#### Crisis Management

3. During the early phase of family therapy, a single mother and her 14-year-old daughter are in crisis because the adolescent recently attempted suicide. How should a structural family therapist initially proceed?

- A. Unbalance the family so that the mother is put in charge.
- B. Restructure the family so that the family system is balanced.
- C. Join with the family so that they can later lead themselves out of the crisis.
- D. Reframe the suicide attempt so that the therapist can lead the family out of the crisis.

4. In their session, a couple talks about their "bad physical fight" last weekend. The therapist notices bruises and abrasions on the wife's legs. How should the therapist proceed to stop the violence?

- A. Refer the husband to a batterers' group; ask the wife to describe what he does to her; and work with the couple conjointly.
- B. Refer the husband to a batterers' group; work with them conjointly to own their individual responsibility; and increase their understanding of the choices.
- C. Refer each to individual therapy to give them a safe place to explore their feelings and continue couples therapy.
- D. Refer the husband to a batterers' group and individual therapy and refer the wife to the local women's shelter and individual therapy.

## Ethics

5. A client diagnosed with schizophrenia has been given a prescription for medication by a psychiatrist. The client has stopped the medication, complaining of unpleasant side effects. The therapist does not notice any improvement in the client's affect, mood, or cognitions. Which of the following actions should the therapist take?

- A. Refer the client back to the psychiatrist.
- B. Contact the client's psychiatrist to report client's noncompliance with medication.
- C. Explain that the client cannot be seen unless the client is taking the prescribed medication.
- D. Continue to work with the client since the absence of medication appears not to have had a negative effect.

6. A client diagnosed with an aggressive and painful cancer discloses his wish to end his life because of his terminal illness. How should a therapist with strong beliefs and opinions on this issue manage ethical responsibilities toward this client?

- A. Refer the client to a therapist who has expertise working with terminal illness.
- B. Encourage the client to discover a new commitment to living with illness.
- C. Discuss the different moral values between the therapist and the client.
- D. Seek consultation to provide treatment within the client's value system.

## Law

7. A 12-year-old child is brought to therapy by a single father who claims that the child has been acting differently since he and the child's mother divorced. He tells the therapist that his former wife has full legal custody because he had been wrongfully accused of mistreating the child, but that the child called him and wanted to see him. Upon meeting the child at an agreed upon time and place, the child tells his father that he is very sad and does not want to live anymore. What responsibility does the therapist have in this situation?

- A. Agree to treat the child because of the severity of the symptoms.
- B. Agree to treat the child only after the father agrees to get permission from the mother.
- C. Refuse to treat the child because the law requires that both parents sign consent before treatment begins.

D. Refuse to treat the child because only the parent with legal custody can consent to the child's treatment.

8. An 84-year-old client calls her therapist because she cannot make it to the session. She has been financially and physically dependent upon her daughter who moved out last week. The client does not know where her daughter has gone and has not heard from her. Which of the following actions must the therapist take to assist the client?

- A. Determine alternative support person(s).
- B. Refer the client to a social services support agency.
- C. Report possible elder abuse to the appropriate authorities.
- D. Offer to see the client in her home.

### Treatment Planning

9. A 53-year-old military veteran is experiencing a great deal of frustration and anger in his relationship with his 12-year-old son. He complains, "My son doesn't listen to me. I know my wife is turning him against me." How would a solution-focused therapist intervene to assist this client?

- A. Directly realign the executive subsystems with expectations for change.
- B. Devise strategies to eliminate symptoms, thereby leading to change.
- C. Collaboratively design a situation with expectations for change.
- D. Rewrite the problem for the client, thereby leading to change.

10. A client is referred for treatment by her obstetrician following the birth of her third child. According to the doctor, the client has a history of postpartum depression. The doctor started her on antidepressants. In the past the client was stable as long as she remained on her medication. The client reports that her symptoms seem to be getting worse. How should the therapist address the client's deterioration?

- A. Obtain a release to consult with the obstetrician, assess for compliance with antidepressants, and refer the client for psychological testing.
- B. Obtain a release to consult with the obstetrician, assess for compliance with antidepressants, and continue psychotherapy.
- C. Invite the client's husband to participate in treatment, assess for suicidality, and refer the client for psychological testing.
- D. Invite the client's husband to participate in treatment, assess for suicidality, and continue psychotherapy.

### Treatment

11. A client is ready to terminate therapy. Which of the following questions would the therapist answer to determine the client's readiness to terminate?

- A. "Have the troublesome behaviors in the relationship been stabilized?"
- B. "Have all the referrals been attempted, discussed, and eliminated?"
- C. "Is the client able to use what has been learned in treatment?"
- D. "Is the client willing to interpret self-generated behaviors?"

12. After seeing a therapist for three sessions, a family thanks the therapist for teaching them how to better communicate with their teenager. The family announces that they will not be returning for

further sessions. Which of the following interventions would appropriately assess the termination process?

- A. Suggest that improving communication is only the first step in helping the family and encourage them to make another appointment.
- B. Compliment the family on having been very responsive to treatment but predict that they will probably relapse within a week or two.
- C. Open a discussion of the presenting problem and encourage the family to explore how their interactions affected any change.
- D. Point out other areas of dysfunction and recommend that the family come back once they are ready to address those issues.

## **Sample MFT Clinical Vignette Questions**

### **Vignette 1**

*Tom, age 41, and Geri, age 23, a Caucasian couple are referred by Tom's health insurance. Geri tearfully tells of Tom's lack of affection over the past six months. He can't control the amount of time he spends on the Internet at work and at home. Tom nervously states, "I don't know what I'll do if my employer finds out about my problem." Geri's voice breaks as she says, "I can't keep living like this! He is spending all our money on porn sites. We can't pay our bills, and today we can't even pay our \$10 co-pay. Can we defer that until you cure Tom?"*

### **Crisis Management**

13. What crisis issues and psychosocial stressors are presented in the case described in the vignette?

- A. Geri's possibility of suicide.  
Health concerns of possible STDs.  
Lack of intimacy in the relationship.  
Consent for Internet access at work.
- B. Serious financial concerns.  
Geri's possibility of suicide.  
Lack of intimacy in the relationship.  
Tom's addiction to Internet pornography.
- C. Health concerns of possible STDs.  
Consent for Internet access at work.  
Involuntary hospitalization for Geri.  
Tom's escalating sexual behavior outside the relationship.
- D. Serious financial concerns.  
Involuntary hospitalization for Geri.  
Tom's addiction to Internet pornography.  
Tom's escalating sexual behavior outside the relationship.

## Clinical Evaluation

14. Using an addiction model, how would a therapist gather additional information to develop a clinical assessment for the case provided in the vignette?

A. Administer Beck's Depression Inventory.  
Discuss co-dependent behavior with Geri.  
Explore the frequency of Tom's Internet use.  
Explore the couple's concern for their intimacy.

B. Assess for other addictions.  
Consult with Tom's employer.  
Discuss co-dependent behavior with Geri.  
Assess Tom's addiction by administering an addiction scale inventory.

C. Assess for other addictions.  
Administer Beck's Depression Inventory.  
Explore Tom's other recreational interests.  
Assess Tom's addiction by administering an addiction scale inventory.

D. Assess for other addictions.  
Explore the frequency of Tom's Internet use.  
Explore the couple's concern for their intimacy.  
Assess Tom's addiction by administering an addiction scale inventory.

## Treatment Planning

15. How would Cognitive-Behavioral Therapy be used in the case presented in the vignette?

A. Assign homework on active listening to improve communication.  
Explore his belief system about sexual addiction relating to shame.  
Learn what automatic thoughts are triggered by those underlying assumptions.  
Identify Tom's underlying assumptions about his sense of self, the world, and his future.

B. Discuss Tom's and Geri's beliefs about their body images.  
Explore the underlying assumptions that come from Tom's parents.  
Explore his belief system about sexual addiction relating to shame.  
Learn what automatic thoughts are triggered by those underlying assumptions.

C. Explore Tom's payment for emotional gratification.  
Assign homework on active listening to improve communication.  
Identify Tom's underlying assumptions about his sense of self, the world, and his future.  
Clarify Tom and Geri's sexual needs and how they communicate those needs to each other.

D. Explore Tom's payment for emotional gratification.  
Discuss Tom's and Geri's beliefs about their body images.  
Explore the underlying assumptions that come from Tom's parents.  
Clarify Tom's and Geri's sexual needs and how they communicate those needs to each other.

## Treatment

16. How should the therapist proceed if using a three-column log fails to work in the case described in the vignette?

A. Use a psycho-educational approach to increase the couple's intimacy.  
Reframe Tom's sexual behavior as his expression of a fear of intimacy.  
Use a Bowenian approach that identifies pornography as triangulation.

B. Refer Tom and Geri to a surrogate.  
Use empty chair technique to role-play Tom's sexual ambivalence.  
Use a Bowenian approach that identifies pornography as triangulation.

C. Encourage Geri to seek her own sexual gratification.  
Use empty chair technique to role-play Tom's sexual ambivalence.  
Use a psycho-educational approach to increase the couple's intimacy.

D. Refer Tom and Geri to a surrogate.  
Encourage Geri to seek her own sexual gratification.  
Reframe Tom's sexual behavior as his expression of a fear of intimacy.

#### Ethics

17. What ethical responsibilities does the therapist have based on the case provided in the vignette?

A. Manage the fee.  
Assess for Geri's suicide ideation.;  
Obtain consent to treat from the EAP.  
Refer clients to a low-fee or no-fee provider.

B. Manage the fee.  
Assess for Geri's suicide ideation.  
Manage confidentiality with insurance carrier.  
Identify expectations of treatment for both Tom and Geri.

C. Manage the fee.  
Assess for Geri's suicide ideation.  
Duty to warn Tom's employer about Internet abuse.  
Consult with case manager of insurance company concerning Internet use.

D. Refer clients to a low-fee or no-fee provider.  
Manage confidentiality with insurance carrier.  
Duty to warn Tom's employer about Internet abuse.  
Identify expectations of treatment for both Tom and Geri.

#### Law

18. What legal obligations does the therapist have based on the case provided in the vignette?

A. Set fees prior to first session.  
Inform clients of scope of practice.  
Obtain releases for referral resources.  
Inform clients on limits of confidentiality.

B. Manage counter transference.  
Inform clients of scope of practice.  
Inform clients on limits of confidentiality.  
Explain therapist's obligation to report domestic violence.

C. Manage fees.  
Set fees prior to first session.  
Manage counter transference.  
Obtain releases for referral resources.

D. Manage fees.  
Inform clients of scope of practice.  
Refer Tom to a sexual addiction group.  
Inform clients on limits of confidentiality.

## Vignette 2

*Brian, a 42-year-old Caucasian, and Nicole, a 43-year-old African-American, are referred by Nicole's physician. In order to keep his job, Brian recently completed a 30-day drug and alcohol residential treatment program. Nicole states that while Brian was away, she felt safe for the first time in years. She was able to attend church and see her friends. Her situation has changed since Brian returned home. She reports feeling nervous and complains of insomnia, nightmares, and difficulty concentrating at work. She fears that they both might lose their jobs. Brian states, "I'm done drinking! What's the problem? Nicole should just see you alone. I don't need any more therapy."*

## Crisis Management

19. What crisis issues and psychosocial stressors are presented in the case described in the vignette?

A. Nicole's fear of job loss.  
Brian's risk of substance abuse relapse.  
Domestic violence between Brian and Nicole.

B. Nicole's fear of job loss.  
Brian's refusal to participate in therapy.  
Nicole's inadequate social support system.

C. Brian's refusal to participate in therapy.  
Nicole's inadequate social support system.  
Domestic violence between Brian and Nicole.

D. Brian's risk of substance abuse relapse.  
Domestic violence between Brian and Nicole.  
Nicole's hope to maintain her spiritual affiliation.

## Clinical Evaluation

20. What human diversity issues should be considered based on the case provided in the vignette?

A. Health concerns, based on Brian's substance abuse history.  
Brian's possible involvement in drug and alcohol culture.  
Ethnic diversity, based on Brian's and Nicole's racial differences.

B. Brian's possible involvement in drug and alcohol culture.  
Ethnic diversity, based on Brian's and Nicole's racial differences.  
Religious and spiritual beliefs, based on Nicole's church attendance.

C. Marital status, based on threat of divorce due to couple conflict.  
Occupational concerns due to participation in rehabilitation program.  
Religious and spiritual beliefs, based on Nicole's church attendance.

D. Health concerns, based on Brian's substance abuse history.  
Occupational concerns due to participation in rehabilitation program.  
Marital status, based on threat of divorce due to couple conflict.

## Treatment Planning

21. Why should Cognitive-Behavioral Therapy be used to develop a treatment plan in the vignette?

A. To develop Brian's skills in recognizing triggers for his drinking behavior.  
To enable Brian to challenge his denial system.  
To increase Nicole's anxiety management skills.  
To enable Nicole to develop a safety plan.

B. To increase Brian's insight into his drinking behavior.  
To increase Nicole's understanding of Brian's anger.  
To enable Brian to challenge his denial system.  
To enable Nicole to develop a safety plan.

C. To develop Brian's skills in recognizing triggers for his drinking behavior.  
To provide Brian with the opportunity to develop alternative defenses.  
To increase Nicole's understanding of Brian's anger.  
To increase Nicole's anxiety management skills.

D. To provide Brian with the opportunity to develop alternative defenses.  
To provide Nicole with the structure to externalize her nightmares.  
To enable Brian to challenge his denial system.  
To enable Nicole to develop a safety plan.

## Treatment

22. Using Cognitive-Behavioral Therapy, which of the following interventions would achieve Nicole's goal of increasing her self-care skills based on the case provided in the vignette?

A. Teach Nicole relaxation techniques to use when she awakens from a nightmare.  
Teach Nicole thought-stopping techniques regarding Brian's drinking.  
Evaluate Nicole's beliefs that she is powerless in her relationship.  
Enable Nicole to challenge her isolation as a result of not seeing friends.

B. Encourage Nicole to monitor her thoughts when she is feeling nervous.  
Enable Nicole to identify the origins of her self-defeating thoughts.  
Teach Nicole thought-stopping techniques regarding Brian's drinking.  
Test Nicole's assumptions that she might lose her job.

C. Teach Nicole relaxation techniques to use when she awakens from a nightmare.  
Enable Nicole to identify the origins of her self-defeating thoughts.  
Enable Nicole to challenge her isolation as a result of not seeing friends.  
Teach Nicole to extinguish her fears about seeing her friends.

D. Teach Nicole relaxation techniques to use when she awakens from a nightmare.  
Encourage Nicole to monitor her thoughts when she is feeling nervous.  
Enable Nicole to challenge her isolation as a result of not seeing friends.  
Test Nicole's assumptions that she might lose her job.

## Ethics

23. What ethical responsibilities does the therapist have based on the case provided in the vignette?

A. Review with Brian his relapse prevention plan.  
Monitor Nicole's safety since Brian has returned home.  
Explore Brian's thoughts about participating in therapy.  
Discuss fee structure that addresses potential job loss.

B. Review with Brian his relapse prevention plan.  
Monitor Nicole's safety since Brian has returned home.  
Provide two appropriate referrals if clients lose their jobs.  
Inform the couple that the therapist will not keep "secrets."

C. Explore Brian's thoughts about participating in therapy.  
Discuss fee structure that addresses potential job loss.  
Encourage Brian to attend Nicole's church for spiritual support.  
Discuss the limits of confidentiality regarding domestic violence.

D. Explore Brian's thoughts about participating in therapy.  
Discuss fee structure that addresses potential job loss.  
Inform the couple that the therapist will not keep "secrets."  
Discuss the limits of confidentiality regarding domestic violence.

## Law

24. How should the therapist handle the legal requirements regarding the potential for danger to others if Brian states in session, "I will do whatever it takes to keep Nicole from leaving"?

A. Identify Brian's prior history of violent behavior.  
Explore what Brian means by "whatever it takes."  
Initiate Tarasoff if Brian reveals a plan to harm Nicole.

B. Explore what Brian means by "whatever it takes."  
Consider 5150 since Brian presents a danger to others.  
Provide Nicole with a safety plan to escape Brian's violence.

C. Identify Brian's prior history of violent behavior.  
Consider 5150 since Brian presents a danger to others.  
Contact Brian's residential treatment program to evaluate his level of risk.

D. Initiate Tarasoff if Brian reveals a plan to harm Nicole.  
Provide Nicole with a safety plan to escape Brian's violence.  
Contact Brian's residential treatment program to evaluate his level of risk.

## Answer Key

1. D
2. B
3. C
4. D
5. A
6. D
7. A
8. C
9. C
10. B
11. C
12. C
13. B
14. D
15. A
16. A
17. B
18. A
19. A
20. B
21. A
22. D
23. A
24. A

## Examination Results

Meeting educational and experience requirements and passing the examinations are challenging experiences. The entire process takes years of dedication. The purpose of the licensing examinations is to protect consumers and ensure that MFTs are minimally competent to provide independent psychotherapy in the State of California. While it seems self-evident that well-rounded clinicians will perform well on the examination, many candidates will begin studying two to four months in advance of the examination, take a preparation course, and expect to pass both examinations on the first attempt. This may work for some, but two to four months of studying is no compensation for polished clinical skills and knowledge.

Use this study guide as a resource and to assist you in becoming the best therapist that you can be. Doing so results in success not only on the licensing examination, but also in your career.

## Passing Notices

You will need to pass the Standard Written Examination before you can apply to take the Clinical Vignette Examination using the *MFT Request for Examination/Re-Examination* form.

Passing both examinations means you are ready to receive your license. Congratulations, and remember to submit your *Request for MFT Initial License Issuance* form and appropriate fee to the Board. You should receive the *Request for MFT Initial License Issuance* form at the testing center once you pass the Clinical Vignette Examination.

## **Failure Notices**

Failing will undoubtedly disappoint any examination candidate; however, if you do fail, treat it as an opportunity to improve. Failure notices provide you with a breakdown of how you performed in each content area. This information will assist you in preparing to re-take the examination. You must wait six months and must submit an *MFT Request for Examination/Re-Examination* application to the Board to be eligible to retake the exam.

## **Appendix A**

### *MFT Standard Written Examination Content Outline*

- I. **Clinical Evaluation**
  - A. **Initial Assessment**
  - B. **Clinical Assessment**
    - I. **Developmental History**
    - II. **Physical Condition**
    - III. **Psychological Condition**
    - IV. **Family/Personal History**
    - V. **Social Factors**
  - C. **Diagnosis**
- II. **Crisis Management**
  - A. **Assessment**
  - B. **Strategies**
- III. **Treatment Planning**
  - A. **Goal Setting**
  - B. **Formulation of Treatment Plan**
    - I. **Theoretical Orientation**
    - II. **Clinical Factors**
- IV. **Treatment**
  - A. **Therapeutic Relationship**
  - B. **Interventions**
    - I. **Theoretical Orientations**
    - II. **Clinical Factors**
- V. **Ethics**
  - A. **Informed Consent**
  - B. **Therapeutic Boundaries**
  - C. **Management of Ethical Issues**
- VI. **Law**
  - A. **Confidentiality and Privilege**
  - B. **Exceptions**
  - C. **Professional Conduct**

The following pages contain detailed information regarding examination content. A description of each content area, sub-area and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the

examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

## I. CLINICAL EVALUATION

**Definition:** This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.

### A. INITIAL ASSESSMENT

#### Tasks

- Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy
- Identify unit of treatment (e.g., individual, couple, family) to determine a strategy for therapy.
- Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.
- Evaluate client's previous therapy experience to determine impact on current therapeutic process.
- Identify human diversity factors to determine how to proceed with client's treatment.
- Assess for indicators of substance use, abuse, and dependency to plan for client's treatment.
- Assess the impact of client's substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.

#### Knowledge of

- Therapeutic questioning methods
- Active listening techniques
- Procedures to gather initial intake information
- Observation techniques to evaluate verbal and nonverbal cues.
- Factors influencing the choice of unit of treatment
- Impact of cultural context on family structure and values
- Role of client motivation in therapeutic change
- Techniques to facilitate engagement of the therapeutic process with involuntary clients
- Effects of previous therapy on current therapeutic process
- Effects of human diversity factors on the therapeutic process
- Cultural beliefs regarding therapy and mental health
- Impact of cultural context on family structures and values
- Criteria for classifying substance use, abuse, and dependency
- Effects of substance use, abuse, and dependency on psychosocial functioning and family relationships
- Impact of substance use, abuse, and dependency on affective, behavioral, cognitive, and physical functioning

## **B. CLINICAL ASSESSMENT**

### **1. Developmental History**

#### **Tasks**

- Gather information regarding developmental history to determine impact on client's functioning.

#### **Knowledge of**

- Developmental processes of individual growth and change
- Behavioral and psychological indicators of developmental disorders
- Stages of family life-cycle development

### **2. Physical Condition**

#### **Tasks**

- Gather information regarding physical conditions or symptoms to determine impact on client's presenting problems.
- Evaluate client's medical history and current complaints to determine need for medical referral.

#### **Knowledge of**

- Effects of physical condition on psychosocial functioning
- Relationship between medical conditions and psychosocial functioning
- Effects of physical condition on psychosocial functioning
- Psychological features or symptoms that indicate need for a medical evaluation

### **3. Psychological Condition**

#### **Tasks**

- Administer mental status exam to identify client's mood and levels of affective and cognitive functioning.
- Identify client's thought processes and behaviors that indicate a need for psychiatric referral.
- Identify client's affective, behavioral, and cognitive functioning that indicates a need for referral for testing.

#### **Knowledge of**

- Administration and application of informal mental status examinations
- Psychological features or behaviors that indicate need for a psychiatric evaluation
- Affective, behavioral, and cognitive factors that indicate need for further testing

#### **4. Family/Personal History Tasks**

- Explore human diversity issues to determine impact on client functioning.
- Gather information regarding family history to assess impact of significant relationships and events on client's presenting problems.
- Gather information about family structure by evaluating impact of significant relationships and events.
- Gather information from other involved parties to contribute to development of a clinical impression of client.

#### **Knowledge of**

- Implications of human diversity issues on client relationships
- Transitional stages of acculturation
- Techniques to collect family history
- Methods to assess impact of family history on family relationships
- Effects of family structure and dynamics on development of identity
- Impact of cultural context on family structure and values
- Methods to gather information from professionals and other involved parties

#### **5. Social Factors Tasks**

- Gather information regarding client's employment history to determine how patterns of behavior manifest in occupational settings.
- Gather information regarding client's educational history to determine how patterns of behavior manifest in educational settings.
- Assess primary caregiver's willingness and ability to support dependent client's therapy.
- Gather information regarding social relationships to identify client's support systems.
- Identify differences in degrees of acculturation to determine potential source of conflicts among client and family members.
- Assess economic, political, and social climate to determine the impact on client's presenting problems and treatment.

#### **Knowledge of**

- Relationship between behavior and the work environment
- Relationship between behavior and the educational setting
- Techniques to identify the primary caregiver's level of involvement in therapy
- Techniques to identify support systems within social network
- Effects of acculturation on family structure and values
- Transitional stages of acculturation
- Impact of economic factors and stressors on presenting problems and treatment
- Impact of the sociopolitical climate on the therapeutic process
- Impact of psychosocial stressors on presenting problems and current functioning

## **C. DIAGNOSIS**

### **Tasks**

- Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.
- Identify precipitating events related to client's presenting problems to determine contributing factors.
- Assess impact of medication on client's current functioning to develop a diagnostic impression.
- Compare clinical information with diagnostic criteria to differentiate between closely related disorders.

### **Knowledge of**

- Diagnostic and Statistical Manual criteria for determining diagnoses
- Procedures to integrate assessment information with diagnostic categories
- The impact of psychosocial stressors on presenting problems and current functioning
- The impact associated with onset, intensity, and duration of symptoms for developing a diagnostic impression
- The impact of medication on physical and psychological functioning
- Procedures to develop a differential diagnosis

## **II. CRISIS MANAGEMENT**

**Definition:** This area assesses the candidate's ability to identify, evaluate, and manage crisis situations.

### **A. ASSESSMENT**

#### **Tasks**

- Identify nature of client's crises to determine what immediate intervention is needed.
- Evaluate severity of crisis situation by assessing the level of impairment in client's life.
- Identify type of abuse by assessing client to determine level of intervention.
- Assess trauma history to determine impact on client's current crisis.
- Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.
- Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.
- Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).

#### **Knowledge of**

- Techniques to identify crisis situations
- Principles of crisis management
- Methods to assess strengths and coping skills

- Methods to evaluate severity of symptoms
- Techniques to assess for grave disability of client
- Criteria to determine situations that constitute high risk for abuse
- Indicators of abuse
- Indicators of neglect
- Indicators of endangerment
- Indicators of domestic violence
- Effects of prior trauma on current functioning
- Risk factors that indicate potential for suicide within age, gender, and cultural groups
- Physical and psychological indicators of suicidality
- Effects of precipitating events on suicide potential
- Physical and psychological indicators of self-destructive and/or self-injurious behavior
- Risk factors that indicate potential for self-destructive behavior
- Methods to evaluate severity of symptoms
- Risk factors that indicate client's potential for causing harm to others

## **B. STRATEGIES**

### **Tasks**

- Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.
- Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.
- Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.
- Identify resources (e.g., referrals, collateral services) to assist with management of client's crisis.

### **Knowledge of**

- Procedures to manage client's suicidal ideation that do not require hospitalization
- Techniques to provide suicide intervention in emergency situations
- Strategies to reduce incidence of self-destructive/self-injurious behavior
- Techniques (e.g., contract) to manage suicidality
- Strategies to deal with dangerous clients
- Strategies for anger management
- Strategies to manage situations dangerous to therapists
- Strategies to address safety in situations of abuse
- Support systems to manage crisis
- Referral sources to manage crisis
- Methods to coordinate collateral services

## **III. TREATMENT PLANNING**

**Definition:** This area assesses the candidate's ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model.

## **A. GOAL SETTING**

### **Tasks**

- Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.
- Prioritize treatment goals to determine client's course of treatment.
- Identify evaluation criteria to monitor client's progress toward treatment goals and objectives.

### **Knowledge of**

- Means to integrate client and therapist understanding of the goals in treatment planning
- Techniques for establishing a therapeutic framework within diverse populations
- Factors influencing the frequency of therapy sessions
- Stages of treatment
- Strategies to prioritize treatment goals
- Methods to formulate short and long-term treatment goals
- Third party specifications (e.g., managed care, court mandated, EAP) impacting treatment planning
- Criteria to monitor therapeutic progress
- Procedures to measure qualitative and quantitative therapeutic changes

## **B. FORMULATION OF TREATMENT PLAN**

### **1. Theoretical Orientation**

#### **Tasks**

- Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.

#### **Knowledge of**

- Theoretical modalities to formulate a treatment plan
- Assumptions, concepts, and methodology associated with a cognitive-behavior approach
- Assumptions, concepts, and methodology associated with a humanistic-existential approach
- Assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused)
- Assumptions, concepts, and methodology associated with a psychodynamic approach
- Assumptions, concepts, and methodology associated with a systems approach
- Assumptions, concepts, and methodology associated with group therapy

### **2. Clinical Factors**

#### **Tasks**

- Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.
- Determine the need for referral for adjunctive services to augment client's treatment
- Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.
- Integrate information obtained from collateral consultations (e.g., educational, vocational) to formulate treatment plan.
- Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP).
- Coordinate mental health services to formulate a multidisciplinary treatment plan.

#### **Knowledge of**

- Means to integrate client and therapist understanding of the goals in treatment planning
- Techniques for establishing a therapeutic framework within diverse populations
- Methods to assess client's ability to access resources
- Methods to identify need for adjunctive services
- Adjunctive services within community/culture to augment therapy
- Methods to integrate information obtained from physician/psychiatrist
- Methods to integrate information obtained from collateral sources (e.g., educational, vocational).
- Issues related to the process of termination
- Techniques to assess when to initiate termination
- Impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination
- Impact of combining treatment modalities in treating problems or disorders
- Factors associated with use of a multidisciplinary team approach to treatment

#### **IV. TREATMENT**

**Definition:** This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with treatment plan and theoretical model.

##### **A. THERAPEUTIC RELATIONSHIP**

###### **Tasks**

- Establish a therapeutic relationship with client to facilitate treatment.
- Provide feedback to client throughout the therapeutic process to demonstrate treatment progress.

###### **Knowledge of**

- Components (e.g., safety, rapport) needed to develop the therapeutic relationship
- Strategies to develop a therapeutic relationship
- Impact of value differences between therapist and client on the therapeutic process
- Strategies to acknowledge treatment progress

##### **B. INTERVENTIONS**

###### **2. Theoretical Orientations**

## **Tasks**

- Develop strategies consistent with systems theories to facilitate client's treatment.
- Develop strategies consistent with cognitive-behavioral theories to facilitate client's treatment.
- Develop strategies consistent with psychodynamic theories to facilitate client's treatment.
- Develop strategies consistent with humanistic-existential theories to facilitate client's treatment.

## **Knowledge of**

- Theory of change and the role of therapist from a systems approach
- Use of interventions associated with systems theories
- Theory of change and the role of therapist from a cognitive-behavioral approach
- Use of interventions associated with cognitive-behavioral theories
- Impact of transference and countertransference dynamics
- Theory of change and the role of therapist from a psychodynamic approach
- Use of interventions associated with psychodynamic theories
- Theory of change and the role of therapist from a humanistic-existential approach
- Use of interventions associated with humanistic-existential theories

## **3. Clinical Factors**

### **Tasks**

- Develop strategies to include the impact of crisis issues on client's treatment.
- Develop strategies consistent with developmental theories to facilitate client's treatment.
- Develop strategies to address client issues regarding lifestyle into treatment.

### **Knowledge of**

- Intervention methods for treating substance abuse • Intervention methods for treating abuse (e.g., child, elder) within families
- Intervention methods for treating the impact of violence (e.g., rape, terrorism, Tarasoff)
- Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty)
- Use of interventions associated with developmental processes (e.g., cognitive, moral, psychosocial)
- Techniques to assist client to adjust to cognitive, emotional, and physical changes associated with the life cycle (e.g., children, adolescents, elders)
- Techniques to address variations in the life cycle process (e.g., divorce, blended families, grief/loss)
- Impact of value differences between therapist and client on the therapeutic process
- Approaches to address issues associated with variations in lifestyles (e.g., gay, lesbian, bisexual, transgender)

## **C. TERMINIATION**

## **Tasks**

- Determine client's readiness for termination by evaluating whether treatment goals have been met.
- Develop a termination plan with client to maintain gains after treatment has ended.
- Integrate community resources to provide ongoing support to the client following termination of treatment.

## **Knowledge of**

- Changes in functioning that indicates readiness to terminate therapy
- Issues related to the process of termination
- Techniques to assess when to initiate termination
- Techniques to maintain therapeutic gains outside therapy
- Relapse prevention techniques
- Methods to integrate available community resources into treatment planning

## **V. ETHICS**

**Definition:** This area assesses the candidate's ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client.

### **A. INFORMED CONSENT**

#### **Tasks**

- Address client's expectations about therapy to promote understanding of the therapeutic process.
- Discuss management of fees and office policies to promote client's understanding of treatment process.
- Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.
- Inform parent/legal guardian and minor client about confidentiality issues and exceptions.

#### **Knowledge of**

- Approaches to address expectations of the therapeutic process
- Cultural differences which may affect the therapeutic alliance
- Methods to explain management of fees and office policies
- Methods to explain confidentiality parameters
- Methods to explain mandated reporting
- Minor client's right to confidentiality and associated limitations

### **B. THERAPEUTIC BOUNDARIES**

#### **Tasks**

- Manage countertransference to maintain integrity of the therapeutic relationship.
- Manage potential dual relationship to avoid loss of therapist objectivity or exploitation of client.
- Manage client's overt/covert sexual feelings toward the therapist to maintain integrity of the therapeutic relationship.

### **Knowledge of**

- Strategies to manage countertransference issues
- Impact of gift giving and receiving on the therapeutic relationship
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship
- Implications of sexual feelings/contact within the context of therapy
- Implications of physical contact within the context of therapy
- Strategies to maintain therapeutic boundaries

## **C. MANAGEMENT OF ETHICAL ISSUES**

### **Tasks**

- Manage confidentiality issues to maintain integrity of the therapeutic contract.
- Manage client's concurrent relationships with other therapists to evaluate impact on treatment.
- Manage clinical issues outside therapist's scope of competence in order to meet client needs.
- Assist client to obtain alternate treatment when therapist is unable to continue therapeutic relationship.
- Determine competency to provide professional services by identifying therapist's cognitive, emotional, or physical impairments.

### **Knowledge of**

- Confidentiality issues in therapy
- Effects of concurrent therapeutic relationships on treatment process
- Criteria to identify limits of therapist's scope of competence
- Areas of practice requiring specialized training
- Ethical considerations for interrupting or terminating therapy
- Alternative referrals to provide continuity of treatment
- Effects of therapist's cognitive, emotional, or physical limitations on the therapeutic process

## **VI. LAW**

**Definition:** This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice.

## **A. CONFIDENTIALITY AND PRIVILEGE**

### **Tasks**

- Maintain client confidentiality within limitations as defined by mandated reporting requirements.
- Obtain client's authorization for release to disclose or obtain confidential information.
- Comply with client's requests for records as mandated by law.
- Comply with legal standards regarding guidelines for consent to treat a minor.
- Assert client privilege regarding requests for confidential information within legal parameters.

### **Knowledge of**

- Exceptions to confidentiality pertaining to mandated reporting requirements
- Conditions and requirements to disclose or obtain confidential information
- Laws regarding client's requests for records
- Laws regarding consent to treat a minor
- Custody issues of minor client to determine source of consent
- Laws regarding privileged communication
- Laws regarding holder of privilege
- Laws regarding therapist response to subpoenas

## **B. EXCEPTIONS**

### **Tasks**

- Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).
- Report expressions of intent to harm by client to others as defined by mandated reporting requirements.
- Assess client's level of danger to self or others to determine need for involuntary hospitalization.

### **Knowledge of**

- Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder)
- Laws pertaining to mandated reporting of client's intent to harm others
- Techniques to evaluate client's plan, means, and intent for dangerous behavior
- Legal criteria for determining involuntary hospitalization

## **C. PROFESSIONAL CONDUCT**

### **Tasks**

- Provide information associated with provision of therapeutic services to client as mandated by law.
- Maintain security of client's records as mandated by law.

- Maintain documentation of clinical services as mandated by law.
- Comply with legal standards regarding sexual contact, conduct, and relations with client.
- Comply with legal standards regarding scope of practice in the provision of services.
- Comply with legal standards regarding advertising to inform public of therapist's qualifications and services provided.

### **Knowledge of**

- Laws regarding disclosing fees for professional services
- Situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled, "Professional Therapy Never Includes Sex"
- Laws regarding security of client records
- Laws regarding documentation of clinical services
- Laws regarding sexual conduct between therapist and client
- Laws which define scope of practice
- Laws regarding advertisement and dissemination of information pertaining to professional qualifications and services

## *MFT Written Clinical Vignette Examination Content Outline*

- I. Crisis Management**
- II. Clinical Evaluation**
- III. Treatment Planning**
- IV. Treatment**
- V. Ethics**
- VI. Law**

A definition and description of each content area, as well as the associated tasks and knowledge statements, are included in the content outline. The description provides an overall description of the content area – that is, what the questions for that content area are designed to assess. Examination candidates should be able to perform the tasks identified in the content outline. Candidates should also be familiar with the topics identified in the knowledge statements.

### **I. CRISIS MANAGEMENT**

**Description:** This area assesses the candidate's ability to identify, evaluate, and clinically manage crisis situations and psychosocial stressors specific to the vignette presented.

**Definition:** The candidate may be required to:

Identify crises and psychosocial stressors

Recognize the severity of crises and psychosocial stressors

Evaluate plans to clinically manage crises and psychosocial stressors

#### **Tasks**

- Evaluate severity of crisis situation by assessing the level of impairment in client's life.
- Assess trauma history to determine impact on client's current crisis.
- Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.
- Identify type of abuse by assessing client to determine level of intervention.
- Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).
- Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.
- Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.
- Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.

#### **Knowledge of**

- Methods to assess strengths and coping skills.

- Methods to evaluate severity of symptoms.
- The effects of prior trauma on current functioning.
- Risk factors that indicate potential for suicide within age, gender, and cultural groups.
- Physical and psychological indicators of self-destructive and/or self-injurious behavior.
- Risk factors that indicate potential for self-destructive behavior.
- Criteria to determine situations that constitute high risk for abuse.
- Indicators of abuse.
- Indicators of neglect.
- Indicators of endangerment.
- Indicators of domestic violence.
- Methods to evaluate severity of symptoms.
- Risk factors that indicate client's potential for causing harm to others.
- Strategies to reduce incidence of self-destructive/self-injurious behavior.
- Techniques (e.g., contract) to manage suicidality.
- Strategies to deal with dangerous clients.
- Strategies for anger management.
- Strategies to address safety in situations of abuse.

## II. CLINICAL EVALUATION

**Description:** This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context specific to the vignette presented.

**Definition:** The candidate may be required to:

- Identify human diversity issues
- Evaluate clinical issues and assessment information from theoretical frameworks
- Evaluate diagnostic impressions including those consistent with DSM-IV-TR

### Tasks

- Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy.
- Identify unit of treatment (e.g., individual, couple, or family) to determine a strategy for therapy.
- Assess primary caregiver's willingness and ability to support dependent client's therapy.
- Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.
- Gather information regarding history, relationships, and other involved parties to develop a clinical impression of the client.
- Explore human diversity issues to determine impact on client functioning.
- Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.

## Knowledge of

- Therapeutic questioning methods.
- Active listening techniques.
- Procedures to gather initial intake information.
- Observation techniques to evaluate verbal and nonverbal cues.
- The impact of psychosocial stressors on presenting problems and current functioning.
- Factors influencing the choice of unit of treatment.
- The role of client motivation in therapeutic change.
- Techniques to facilitate engagement of the therapeutic process with involuntary clients.
- The effects of human diversity factors on the therapeutic process.
- The implications of human diversity issues on client relationships.
- Methods to assess impact of family history on family relationships.
- The effects of family structure and dynamics on development of identity.
- The impact of cultural context on family structure and values.
- Methods to gather information from professionals and other involved parties.
- Techniques to identify support systems within social network.
- Techniques to identify the primary caregiver's level of involvement in therapy.
- Diagnostic and Statistical Manual criteria for determining diagnoses.
- Procedures to integrate assessment information with diagnostic categories.

## III. TREATMENT PLANNING

**Description:** This area assesses the candidate's ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and theoretical framework specific to the vignette presented.

**Definition:** The candidate may be required to:

- Apply theoretical frameworks to a vignette
- Evaluate treatment plans with beginning, middle and end stages
- Evaluate and prioritize treatment goals
- Evaluate the incorporation of human diversity into the treatment plan

### Tasks

- Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.
- Integrate information obtained from collateral consultations (e.g., educational, vocational and medical) to formulate treatment plans.
- Prioritize treatment goals to determine client's course of treatment.
- Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.
- Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.

## **Knowledge of**

- Means to integrate client and therapist understanding of the goals in treatment planning.
- Factors influencing the frequency of therapy sessions
- Stages of treatment.
- Strategies to prioritize treatment goals.
- Methods to formulate short- and long-term treatment goals.
- Theoretical modalities to formulate a treatment plan.
- The assumptions, concepts, and methodology associated with a theoretical framework (e.g., cognitive-behavioral, humanistic-existential, postmodern, psychodynamic, systems).
- Means to integrate client and therapist understanding of the goals in treatment planning.
- Techniques for establishing a therapeutic framework within diverse populations.
- Methods to integrate information obtained from collateral sources (e.g., educational, vocational, and medical).

## **IV. TREATMENT**

**Description:** This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical frameworks specific to the vignette presented.

**Definition:** The candidate may be required to:

- Select theoretically consistent and client-specific clinical interventions
- Evaluate the progress of treatment
- Consider alternative interventions

## **Tasks**

- Establish a therapeutic relationship with client to facilitate treatment.
- Develop strategies consistent with a theoretical model to facilitate a client's treatment.
- Develop strategies to include the impact of crisis issues on client's treatment.
- Develop strategies to address client issues regarding lifestyle into treatment.
- Develop a termination plan with client to maintain gains after treatment has ended.

## **Knowledge of**

- The components (e.g., safety, rapport) needed to develop the therapeutic relationship.
- Strategies to develop a therapeutic relationship.
- The use of interventions associated with a theoretical model.
- The theory of change and the role of therapist from a theoretical approach.
- Intervention methods for treating substance abuse.
- Intervention methods for treating abuse (e.g., domestic, child, and elder) within families.
- Intervention methods for treating the impact of violence.
- Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty).
- The impact of value differences between therapist and client on the therapeutic process.

- Approaches to address issues associated with variations in lifestyles.
- Techniques to maintain therapeutic gains outside therapy.
- Relapse prevention techniques.

## V. ETHICS

**Description:** This area assesses the candidate's ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client specific to the vignette presented.

**Definition:** The candidate may be required to:

- Recognize professional ethical responsibilities specific to the case
- Apply ethical standards and principles throughout the treatment process
- Identify the clinical impact of ethical responsibilities on treatment

### Tasks

- Address client's expectations about therapy to promote understanding of the therapeutic process.
- Discuss management of fees and office policies to promote client's understanding of treatment process.
- Manage countertransference to maintain integrity of the therapeutic relationship.
- Manage potential dual relationship to avoid possible loss of therapist objectivity or exploitation of client.
- Manage confidentiality issues to maintain integrity of the therapeutic contract.

### Knowledge of

- Approaches to address expectations of the therapeutic process.
- Cultural differences which may affect the therapeutic alliance.
- Methods to explain management of fees and office policies.
- Strategies to manage countertransference issues.
- The impact of gift giving and receiving on the therapeutic relationship.
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- The implications of sexual feeling/contact within the context of therapy.
- Strategies to maintain therapeutic boundaries.
- Confidentiality issues in therapy.

## VI. LAW

**Description:** This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice specific to the vignette presented.

**Definition:** The candidate may be required to:

- Recognize legal obligations specific to the case
- Apply legal obligations throughout the treatment process
- Identify the clinical impact of legal obligations on treatment

### **Tasks**

- Comply with legal standards regarding guidelines for consent to treat a minor.
- Report cases of abuse to authorities as defined by mandated reporting requirements (e.g., child, dependent adult, elder).
- Report expressions of intent to harm others by client as defined by mandated reporting requirements.
- Assess client's level of danger to self or others to determine need for involuntary hospitalization.
- Assert client privilege regarding requests for confidential information within legal parameters.

### **Knowledge of**

- Laws regarding consent to treat a minor.
- Custody issues of minor client to determine source of consent.
- Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).
- Laws pertaining to mandated reporting of client's intent to harm others.
- Techniques to evaluate client's plan, means, and intent for dangerous behavior (i.e., harm others).
- Legal criteria for determining involuntary hospitalization.
- Laws regarding privileged communication.
- Laws regarding holder of privilege.
- Laws regarding therapist response to subpoenas.

## **Appendix B**

### ***How is an Examination Created?***

The development of an examination program begins with an occupational analysis. An occupational analysis is a method for surveying and identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job. The Board uses a questionnaire sent to MFTs practicing in California to assist in determining what skills, tasks, and knowledge are currently used in the field. MFTs serving as subject matter experts (SME) then analyze the results of the questionnaire. The results of an occupational analysis form an examination plan.

An examination plan consists of content areas. In each content area, the examination plan describes examination content in terms of the task statements and knowledge gathered during the occupational analysis.

MFT examinations, both the Standard Written and the Written Clinical Vignette, are developed and maintained by the Office of Examination Resources (OER). Test validation and development specialists at OER work with MFT SMEs to develop test questions and licensure examinations that are valid and legally defensible.

To establish pass and fail standards for each examination version, a criterion-referenced passing score methodology is used. The passing score is based on a minimum competence criterion that is defined in terms of the actual behavior that qualified MFTs would perform if they possessed the knowledge necessary to perform job duties. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate.

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California Board of Behavioral Science  
1625 North Market Boulevard, Suite S200  
Sacramento, CA 95834  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

Marriage and Family Therapist  
Standard Written Examination

CANDIDATE HANDBOOK

FOR EXAMINATIONS JANUARY 1, 2008 OR LATER



PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
[www.psiexams.com](http://www.psiexams.com)

## CONTENT OUTLINE

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## FOR MORE INFORMATION

All questions about examination scheduling should be directed to:

**PSI licensure:certification**  
3210 E Tropicana  
Las Vegas, NV 89121  
(877) 392-6422 • TTY (800) 735-2929  
[www.psiexams.com](http://www.psiexams.com)

Questions about examination content or licensing should be directed to:

**Board of Behavioral Sciences**  
1625 North Market Blvd., Ste. S200  
Sacramento, CA 95834  
(916) 574.7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

## SCHEDULING INFORMATION

Date Scheduled: \_\_\_\_\_

Name of Scheduler: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Time of Exam: \_\_\_\_\_

Test Site Location: \_\_\_\_\_



## PURPOSE

This handbook serves as your notice of eligibility and is designed to provide you with general information regarding the California Marriage and Family Therapist (MFT) examination processes and content.

## EXAMINATIONS BY PSI

The State has contracted with PSI to conduct its examination program. PSI provides examinations through a network of computer examination centers in California.

All questions regarding the scheduling and administration of examinations should be directed to PSI.

PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
(800) 733-9267 • Fax (702) 932-2666  
[www.psiexams.com](http://www.psiexams.com)

All other questions about examinations should be directed to the BBS.

Board of Behavioral Sciences  
1625 North Market Blvd., Suite S-200,  
Sacramento, CA 95834  
(916) 574-7830 \*\* FAX (916) 574-8625  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

## EXAMINATION SCHEDULING PROCEDURES

Once you have been approved by BBS, you are responsible for contacting PSI to schedule an appointment to take the examination. You may do so via the Internet at [www.psiexams.com](http://www.psiexams.com), or schedule over the telephone at (800) 733-9267.

- **FIRST TIME EXAMINEES:** Examination eligibility expires, and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.
- **RE-EXAMINATION APPLICANTS:** Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

In most California testing centers, testing does not take place on the following major holidays:

Memorial Day	Closed May 26, 2008
Independence Day	Closed July 4, 2008
Labor Day	Closed September 1, 2008
Thanksgiving	Closed November 27-28, 2008
Christmas	Closed December 25, 2008

## INTERNET SCHEDULING

You may schedule your test by completing the online Test Registration Form. The Test Registration Form is available at PSI's website, [www.psiexams.com](http://www.psiexams.com). You may schedule for a test via the Internet 24 hours a day.

1. Complete the registration form online and submit your information to PSI via the Internet.
2. Upon completion of the online registration form, you will be given the available dates for scheduling your test.
3. You will need to choose a date to complete your registration.
4. Upon successful registration, you will receive a traceable confirmation number.

## TELEPHONE SCHEDULING

PSI has two scheduling methods available if you wish to schedule by telephone. First, call PSI at (877) 392-6422, 24 hours a day and schedule using the Automated Registration System. Second, if you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to schedule your appointment for the test.

## CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee *if your cancellation notice is received 2 days prior to the scheduled examination date*. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (800) 733-9267. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

**Note:** A voice mail message is not an acceptable form of cancellation. Please use the internet, automated telephone system, or call PSI and speak to a Customer Service Representative.

## MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if:

- You do not cancel your appointment 2 days before the scheduled examination date;
- You do not appear for your examination appointment;
- You arrive after examination start time;
- You do not present proper identification when you arrive for the examination.

## RE-EXAMINATION

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with the score report at the test center, or may be obtained by contacting the BBS.



To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 180 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Sample Scenarios:

- Maria passes her Written Examination on 5/31/07. She must take the Clinical Vignette Examination no later than 5/31/08.
- Arnold failed his Standard Written Examination on 4/22/07. He must retake his Standard Written Examination no later than 4/22/08.
- Danny received notice of eligibility to take the Standard Written Examination on 1/18/07. He must take this Examination no later than 1/18/08.

#### EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (800) 733-9267. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

## EXAMINATION SITE LOCATIONS

The California examinations are administered at the PSI examination centers in California as listed below:

### ANAHEIM

2301 W. LINCOLN AVE, SUITE 252  
ANAHEIM, CA 92801  
(714) 254-1453

TAKE I-5 SOUTH TO SANTA ANA. EXIT ON BROOKHURST ST. AND MAKE A RIGHT GOING SOUTH. TURN RIGHT (WEST) ON LINCOLN AVE. RIGHT AFTER MONTEREY LN. GO HALF A BLOCK AND ENTER ON THE FIRST OR SECOND DRIVEWAY ON 2301 LINCOLN. SUITE 252 IS LOCATED ON THE SECOND FLOOR.

### ATASCADERO

7305 MORRO RD, SUITE 201A  
ATASCADERO, CA 93422  
(805) 462-8983

FROM US-101 N, TAKE THE CA-41 EXIT- EXIT 219-TOWARD MORRO RD. TURN LEFT ONTO EL CAMINO REAL. Turn LEFT onto CA-41/MORRO RD.

FROM US-101 S, TAKE THE MORRO RD/CA-41 EXIT- EXIT 219, TURN RIGHT ONTO CA-41/MORRO RD.

### BAKERSFIELD

5405 STOCKDALE HIGHWAY, SUITE 206  
BAKERSFIELD, CA 93309  
(661) 398-9354

FROM I-5 S, TAKE THE STOCKDALE HWY EXIT (253). TURN LEFT ONTO STOCKDALE HWY.

FROM I-5 N TOWARD BAKERSFIELD, KEEP LEFT TO TAKE CA-99 N VIA EXIT (221) TOWARD BAKERSFIELD/FRESNO. TAKE THE CA-58 E EXIT

TOWARD TEHACHAPI/MOJAVE. TAKE THE EXIT ON THE LEFT TOWARD CAL STATE UNIV/STOCKDALE HWY/BRUNDAGE LANE. TURN LEFT ONTO WIBLE RD. TURN SLIGHT LEFT ONTO STOCKDALE HWY.

### CARSON

17420 S. AVALON BLVD, SUITE 205  
CARSON, CA 90746  
(310) 217-1066

FROM CA-91 E/GARDENA FWY TAKE THE AVALON EXIT. OFF RAMP WILL LEAD YOU ONTO ALBERTONI ST. MAKE A RIGHT ONTO AVALON BLVD AND WE ARE LOCATED ON THE RIGHT HANDSIDE (SAME PARKING LOT AS CARL'S JR).

FROM CA-91 W TAKE THE AVALON EXIT. MAKE A LEFT ONTO AVALON BLVD. MAKE A U-TURN ON AVALON BLVD AND ALBERTONI ST. WE ARE LOCATED ON THE RIGHT HAND SIDE. (SAME PARKING LOT AS CARL'S JR).

### EL MONTE

9420 TELSTAR, SUITE 138  
EL MONTE, CA 91731  
(626) 442-4112

FROM I-10 E TOWARD SAN BERNARDINO, MERGE ONTO ROSEMEAD/CA 19 S TOWARD LONG BEACH. TURN LEFT ONTO E. TELSTAR AVE.

FROM I-10 W TOWARD LOS ANGELES, TAKE THE ROSEMEAD BLVD/CA-19 EXIT TOWARD PASADENA. TAKE THE ROSEMEAD BLVD RAMP TOWARD LONG BEACH. MERGE ONTO ROSEMEAD BLVD/CA-19 S. TAKE A LEFT ONTO E. TELSTAR AVE.

### FRESNO

351 E. BARSTOW, SUITE 101  
FRESNO, CA 93710  
(559) 221-9006

FROM CA-41 S, TAKE THE BULLARD AVE EXIT. TURN LEFT ONTO E BULLARD AVE. TURN RIGHT ONTO N FRESNO ST. PASS THROUGH THE INTERSECTION OF FRESNO AND BARSTOW AVE. TAKE THE FIRST DRIVEWAY ON THE RIGHT HAND SIDE.

FROM CA-41 N, TAKE THE SHAW AVE EXIT TOWARD CLOVIS. TURN RIGHT ONTO E SHAW AVE. TURN LEFT ONTO N FRESNO ST. TURN LEFT INTO THE LAST DRIVEWAY BEFORE BARSTOW AVE.

TESTING CENTER IS IN THE OFFICE COMPLEX ON THE SW CORNER OF BARSTOW AND FRESNO ST.

### HAYWARD

24301 SOUTHLAND DRIVE, SUITE B-1  
HAYWARD, CA 94545  
(510) 784-1114

FROM I-880 N TOWARD OAKLAND, TAKE THE WINTON AVENUE EXIT. MERGE ONTO W WINTON AVE TOWARD HEALD COLLEGE. TURN LEFT ONTO SOUTHLAND DR.

FROM I-880 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVE WEST EXIT TOWARD HEALD COLLEGE. MERGE ONTO W WINTON AVE. TURN LEFT ONTO SOUTHLAND DR.

### REDDING

2861 CHURN CREEK, UNIT C  
REDDING, CA 96002  
(530) 221-0945

ON 299 FROM EAST TAKE RAMP ONTO I-5 S. TAKE EXIT #677/REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.

ON 299 FROM WEST TURN RIGHT ON MARKET ST (CA-273 S). TURN LEFT ON TEHEMA ST (CA-299 E). CONTINUE TO FOLLOW CA-299 E. TAKE EXIT #2A/RED BLUFF/SACRAMENTO ONTO I-5 S. TAKE EXIT #677/REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.



ON I-5 FROM NORTH TAKE EXIT #677/ REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD ON I-5 FROM SOUTH TAKE EXIT #677/ REDDING/CYPRESS AVE. TURN RIGHT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD

ON HWY 44 FROM EAST TAKE RAMP TOWARD VICTOR AVE. TURN LEFT ON VICTOR AVE. TURN RIGHT ON E CYPRESS AVE. TURN LEFT ON CHURN CREEK RD.

FROM ALL DIRECTIONS, FRONT BUILDING IS 2881 CHURN CREEK, DRIVEWAY INTO COMPLEX IS DIRECTLY ACROSS FROM MAJOR MUFFLER ON EAST SIDE OF CHURN CREEK. 2861 IS FIRST BUILDING ON THE LEFT.

#### RIVERSIDE

RIVERSIDE TECHNOLOGY BUSINESS PARK  
1660 CHICAGO AVE, SUITE M-15  
RIVERSIDE, CA 92507  
(951) 680-9720

FROM I-215 N TOWARD RIVERSIDE/SAN BERNARDINO, TAKE THE COLUMBIA AVENUE EXIT. TURN RIGHT ONTO E LA CADENA DR. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE AND END AT 1660 CHICAGO AVENUE.

FROM I-215 S TOWARD SAN BERNARDINO/RIVERSIDE, TAKE THE EXIT TOWARD COLUMBIA AVENUE. TURN SLIGHT RIGHT ONTO INTERCHANGE DR. TURN LEFT ONTO PRIMER ST. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE AND END AT 1660 CHICAGO AVENUE.

#### SACRAMENTO

9719 LINCOLN VILLAGE DR.  
BUILDING 100, SUITE 100  
SACRAMENTO, CA 95827  
(916) 363-6455

FROM SAN FRANCISCO/VALLEJO ON I-80 E, TAKE US-50 E TOWARD SACRAMENTO/SOUTH LAKE TAHOE. TAKE BRADSHAW ROAD, EXIT 13, TURN RIGHT ONTO BRADSHAW ROAD. TURN IMMEDIATE LEFT ONTO LINCOLN VILLAGE DR.

#### SAN DIEGO

5440 MOREHOUSE DRIVE, SUITE 3300  
SAN DIEGO, CA 92121  
(858) 658-0786

FROM I-805 S, TAKE THE SORRENTO VALLEY RD/MIRA MESA BLVD EXIT. TURN LEFT ONTO MIRA MESA BLVD, TURN LEFT ONTO SCRANTON ROAD. TURN RIGHT ONTO MOREHOUSE DRIVE.

FROM I-805 N TOWARD LOS ANGELES, TAKE THE MIRA MESA BLVD/VISTA SORRENTO PKWY EXIT. TURN RIGHT ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.

ADDITIONAL PARKING CAN BE FOUND (on top of the AT&T building) BY CONTINUING ON MOREHOUSE PAST OUR BUILDING AND TURNING LEFT AT THE NEXT DRIVEWAY UP THE HILL

#### SANTA ROSA

160 WIKIUP DRIVE, SUITE 105  
SANTA ROSA, CA 95403  
(707) 544-6723

FROM US-101 N, MERGE ONTO FULTON RD. TURN RIGHT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

FROM US-101 S, TAKE THE AIRPORT BLVD EXIT. TAKE THE RAMP TOWARD MARK WEST AREA/LARKFIELD WIKIUP. TURN LEFT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

#### SANTA CLARA

2936 SCOTT BLVD  
SANTA CLARA, CA 95054  
(408) 844-0004

FROM US-101 N, TAKE THE SAN TOMAS EXPWY/MONTAGUE EXPWY EXIT- EXIT 392. TAKE THE SAN TOMAS EXPWY RAMP. MERGE ONTO SAN TOMAS EXPY/CR-G4. TURN LEFT ONTO SCOTT BLVD.

FROM I-880 S TOWARD SAN JOSE, TAKE THE MONTAGUE EXPWY EXIT (7). TAKE THE MONTAGUE EXPWY WEST RAMP. MERGE ONTO MONTAGUE EXPY/CR-G4 E. TURN LEFT ONTO E TRIMBLE RD. E TRIMBLE RD BECOMES DE LA CRUZ BLVD. TURN SLIGHT RIGHT ONTO CENTRAL EXPY/CR-G6 W. TURN SLIGHT RIGHT ONTO SCOTT BLVD.

## SPECIAL ACCOMMODATIONS AVAILABLE

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

The Board and PSI recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodations.

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at [www.bbs.ca.gov/bbsforms.htm](http://www.bbs.ca.gov/bbsforms.htm).

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

## REPORTING TO THE EXAMINATION SITE

On the day of the examination, you must arrive at least 30 minutes prior to your scheduled appointment time. This allows time for check-in and identification verification and provides time to familiarize yourself with the examination process. If you arrive late, you may not be admitted to the examination site and you may forfeit your examination registration fee. Even though candidates will be thumb printed, you are still required to comply with any identification requirements established by the appropriate regulatory entity.

### REQUIRED IDENTIFICATION AT EXAMINATION SITE

You must provide one of the following valid forms of government-issued identification before you may examine:

- A photographic Driver's License (any state)
- State identification card (any state)
- U.S. military identification



- Valid passport - any country (valid foreign passport with valid record of arrival/departure - Form I-94 or processed for I-551 stamped in a valid foreign passport)

*All photographs must be recognizable as the person to whom the identification card was issued. The name on the application must match the photographic I.D. card. If you have recently changed your name with the BBS, you may want to contact PSI to verify that they have the correct same name on file.*

If you cannot provide the required identification, you must call (800) 733-9267 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. *Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.*

### CALIFORNIA LAW SECURITY PROCEDURES

Section 123 of the California Business and Professions Code states: It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination, including, but not limited to:

- Conduct which violates the security of the examination materials;
- Removing from the examination room any examination materials without authorization;
- The unauthorized reproduction by any means of any portion of the actual licensing examination;
- Aiding by any means the unauthorized reproduction of any portion of the licensing examination;
- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the licensing examination;
- Obtaining examination questions or other examination material, except by specific authorization either before, during, or after an examination; or
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing examination.
- Communicating with any other examinee during the administration of a licensing examination.
- Copying answers from another examinee or permitting one's answers to be copied by another examinee.
- Having in one's possession during the administration of the licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than the examination materials distributed, or otherwise authorized to be in one's possession during the examination.
- Impersonating any examinee or having an impersonator take the licensing examination on one's behalf.

Nothing in this section shall preclude prosecution under authority provided for in any other provision of law. In addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

### IMPORTANT INFORMATION ABOUT TAKING AN EXAMINATION

- All candidates will have their thumbprint taken during examination check-in and re-entry into the testing room after an approved absence. If a candidate passes the examination, the thumbprint record will be destroyed. If a candidate abandons his or her application for licensure, as determined by the appropriate regulatory authority, the thumbprint will also be destroyed. If a candidate is unsuccessful, the thumbprint record will be retained by PSI to ensure proper identification on any subsequent examination attempts. If the thumbprint doesn't match upon exit and re-entry, the candidate shall be disqualified from the examination, his or her test results invalidated, and the appropriate regulatory entity will be notified of the occurrence. The taking of the thumbprint is an additional measure to enhance examination security. The Department's Office of Examination Resources shall ensure that the appropriate safeguards for the storage and destruction of the thumbprint records are in place.
- The temperature in the testing room is maintained at a moderate level. Candidates are advised to layer clothing. Acceptable layered clothing includes lightweight shirts, sweaters, and pullovers without pockets. These items must be worn upon check-in, while you wait to enter the testing room, and during your initial seating for the examination.
- There are timing mechanisms available at the test site and on the computer console to help candidates keep track of time during the test administration. Watches or other timekeeping devices are not permitted in the examination rooms.
- Only one candidate will be allowed to take a restroom break at a time. Candidates are required to sign out when you leave the room and when you return. If a candidate's restroom break takes longer than 5 (five) minutes, a proctor will check on the candidate and will notify the applicable regulatory entity of the occurrence, which will take appropriate action.
- The following items are not permitted in the examination rooms:
  - Cellular telephones, personal digital assistants (PDAs), recording devices, cameras, pagers, purses, notebooks, notebook computers, reference or readings material, music players, radios, electronic games, calculators, or briefcases.
  - Personal items including watches, backpacks, wallets, pens, pencils, or other writing devices, food, drinks (unless prior approval is obtained by your regulatory entity) and good-luck items.
  - Hats, baseball caps, or visors (with the exception of religious apparel), coats, shawls, hooded clothing, heavy jackets or overcoats.

During the check-in process, all candidates will be asked if they possess any of the prohibited items and all candidates will be asked to empty their pockets. If prohibited items are found during check-in, candidates shall return these items to their vehicle or other place

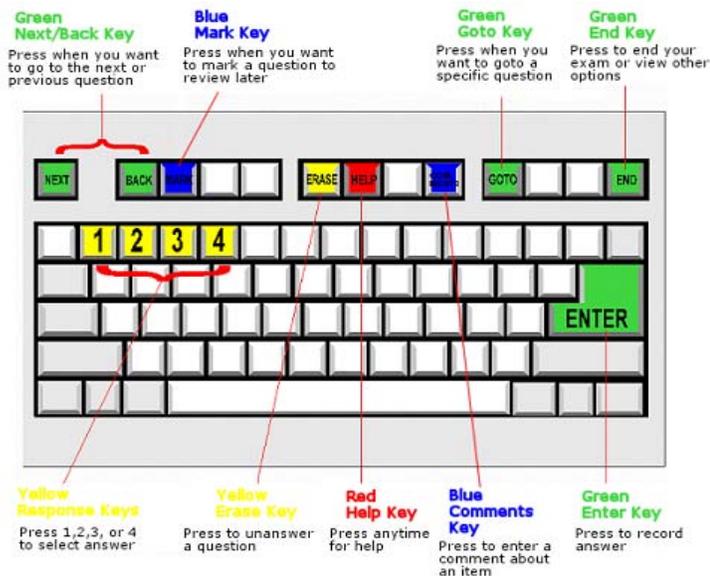


of safekeeping. Neither PSI, nor the Department of Consumer Affairs, shall be responsible for the items. Any candidate possessing the prohibited items in the examination room shall have his or her test results invalidated, and PSI shall notify the appropriate regulatory entity of the occurrence.

- Copying or communicating examination content is a violation of PSI security policy and existing law. Either one shall result in the disqualification or invalidation of examination results, the denial of your license, and may subject the candidate to criminal prosecution.

## TAKING THE EXAMINATION BY COMPUTER

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.



### IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

### TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

### EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer. You should then press "ENTER" to record your answer and move on to the next question. A sample question display follows:



## EXAMINATION RESULTS

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

### FAILING SCORE REPORTS

The score report will indicate the candidate's overall score and grade, including the number of items answered correctly. It also reveals how the candidate performed on each major section of the test as defined by the MFT Examination Plan. The number correct in each content area is displayed. The primary purpose in providing a subscore for each part of the examination is to guide candidates in areas requiring additional preparation for re-testing.

## ABANDONMENT OF APPLICATION/INELIGIBILITY

FIRST TIME EXAMINEES: Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one year after being notified of eligibility." To re-open an abandoned application the candidate must submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: Title 16, California Code of Regulations Section 1833.3 states, "An applicant who fails any examination may within one year from the date of that failure retake that examination as regularly scheduled without further application upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees are paid."

## AFTER PASSING THE EXAMINATION

Candidates are eligible to apply to take the Written Clinical Vignette examination after passing the Standard Written examination.

To apply, candidates must submit a "Request for Examination" (Clinical Vignette) and the required fee to the BBS. Request for Examination forms are provided with candidate result notices, are also available by contacting the Board, and online at [www.bbs.ca.gov](http://www.bbs.ca.gov).

Allow three weeks for processing of your Request for Examination and fee.

You will receive notification of eligibility to take the Written Clinical Vignette examination which will include the Written Clinical Vignette Examination Candidate Handbook. Candidate Handbooks will also be available online at [www.bbs.ca.gov](http://www.bbs.ca.gov).

## STUDY MATERIAL AND COURSES

The MFT Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at [www.bbs.ca.gov](http://www.bbs.ca.gov).

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination, and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have on your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone.

## OBJECTIVE OF THE BOARD OF BEHAVIORAL SCIENCES (BBS)

State licensing boards are mandated to protect the public by developing licensing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with California Business and Professions Code Section 4980.40, each applicant for the MFT license who meets the educational and experience requirements must successfully complete a Board-administered written examination. An applicant who successfully passes the initial "Standard" Written examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods as applicable to the MFT scope of practice. Business and Professions Code section 4980.02, defines the MFT scope of practice as: "...that service performed with individuals, couples, or groups, wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling. The applications of marriage, family, and child counseling principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable the individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspect of relationships."

## MFT EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for MFTs in 2002. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs' Examination Validation Policy requires an occupational analysis be performed every three to seven years.

Last performed in 2002, the analysis began with interviews of licensees to gather information about the tasks that are performed in independent practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task, the task frequency, and knowledge area associated with their own practice.

The questionnaires were mailed to 2,000 MFTs throughout California. Several panels of MFTs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and

knowledge areas determined critical to practice, forming a valid MFT examination plan.

The MFT Standard Written examination plan consists of six content areas; clinical evaluation, crisis management, treatment planning, treatment, ethics, and law. In each content area, the examination plan describes examination content in terms of task statements and knowledge areas resulting from the occupational analysis. It is **important that candidates prepare for the examination by studying the examination plan.**

## EXAMINATION DEVELOPMENT

The MFT examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists trained to develop and analyze occupational licensing examinations.

MFTs who participate in examination development and review workshops are referred to as “Subject Matter Experts” (SMEs). SMEs write and review multiple-choice items for the examination. SMEs are trained by OER staff in established examination development processes and measurement methodologies. The cooperative efforts among these members of the MFT profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

## ESTABLISHING THE PASSING STANDARDS

The MFT written examinations measure knowledge and skills required for MFT practice, and represents a standard of performance that MFT SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Standard Written examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on minimum competence criterion that are defined in terms of the actual behaviors that qualified MFTs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of MFT SMEs also consider other factors that would contribute to minimum acceptable competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple-choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new examination version is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

## EXAMINATION ITEMS

The MFT Standard Written examination contains no fewer than 175 multiple-choice items. The examination may contain additional items for the purpose of pre-testing (up to 25 nonscoreable items). Pre-testing allows performance data to be gathered and evaluated before the items are scoreable in an examination. These pre-test (“experimental”) items, distributed throughout the examination, WILL NOT be counted for or against you in your examination score and will not be identified to you.

All of the scoreable items in the Standard Written examination have been written and reviewed by MFTs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

There is only one correct answer for each item. The ‘incorrect’ answers are typically common errors and misconceptions, true but not relevant statements or incorrect statements. There are no ‘trick’ questions in the examination.

You will have 4 hours to take this examination.

### EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS

Following are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. A client begins arriving early for sessions, dressing more stylishly and asking questions about the therapist’s personal life. What action should the therapist take?
  - a. Stay focused on treatment goals.
  - b. Discuss therapeutic relationship with client.
  - c. Advise that these behaviors are inappropriate.
  - d. Consult with colleague regarding countertransference.
2. A 36-year-old woman who was involved in an auto accident 5 months ago is referred by her physician. She is unable to sleep, has headaches and nightmares and has lost her appetite. What diagnosis characterizes the symptoms?
  - a. Adjustment disorder
  - b. Major depression
  - c. Generalized anxiety disorder
  - d. Post traumatic stress disorder
3. A couple presents with a history of conflict. They accuse each other of behaving like their respective parents. Which of the following interventions could the therapist use to help the couple understand the impact of their parents on their present situation?
  - a. Create an enactment of one of their arguments
  - b. Construct a genogram of at least two of their generations
  - c. Reframe their conflict as each attempting to control the other
  - d. Interpret their conflict as an expression of abandonment anxiety

## MARRIAGE AND FAMILY THERAPIST

### Standard Written Examination Plan (Outline)

<b>I. CLINICAL EVALUATION</b>	<b>28%</b>
A. INITIAL ASSESSMENT	
B. CLINICAL ASSESSMENT	
1. Developmental History	
2. Physical Condition	
3. Psychological Condition	
4. Family/Personal History	
5. Social Factors	
C. DIAGNOSIS	
<b>II. CRISIS MANAGEMENT</b>	<b>13%</b>
A. ASSESSMENT	
B. STRATEGIES	
<b>III. TREATMENT PLANNING</b>	<b>10%</b>
A. GOAL SETTING	
B. FORMULATION OF TREATMENT PLAN	
1. Theoretical Orientation	
2. Clinical Factors	
<b>IV. TREATMENT</b>	<b>19%</b>
A. THERAPEUTIC RELATIONSHIP	
B. INTERVENTIONS	
1. Theoretical Orientations	
2. Clinical Factors	
C. TERMINATION	
<b>V. ETHICS</b>	<b>13%</b>
A. INFORMED CONSENT	
B. THERAPEUTIC BOUNDARIES	
C. MANAGEMENT OF ETHICAL ISSUES	
<b>VI. LAW</b>	<b>17%</b>
A. CONFIDENTIALITY AND PRIVILEGE	
B. EXCEPTIONS	
C. PROFESSIONAL CONDUCT	

4. A client is in therapy because of problems at work and an inability to concentrate. During the fourth session, she begins to cry uncontrollably. She reveals that her husband has been physically abusive towards her for several years. Which of the following steps should the therapist take to assist the client?
  - a. Explore family patterns of past abuse
  - b. Explore high risk factors of leaving the relationship
  - c. Help the client establish a plan of action to escape the abuse
  - d. Create a narrative to help the client detach from the abusive relationship
  
5. A therapist finds herself overwhelmed by disturbing images of her sister's death each time a particular client begins to describe her own bereavement. How should the therapist manage the situation?
  - a. By discontinuing treatment because the therapeutic neutrality has been compromised
  - b. By focusing the therapy on the therapist's own experiences with death
  - c. By encouraging the client to discuss less emotionally reactive material
  - d. By seeking professional help to address unresolved issues
  
6. An older couple comes to therapy. The husband reports that since he retired one year ago, he spends much of his time completing his wife's daily chores. He does not understand why she is so upset all the time. "I feel so useless," she says. What intervention would address their dilemma?
  - a. Help them set more adaptive boundaries so they can shape new roles for themselves
  - b. Reframe her uselessness as an attempt to distract her husband from his feelings of loss
  - c. Encourage the wife to involve herself in volunteer activities so she will feel more useful
  - d. Encourage the husband to obtain part-time employment to divert his attention from his wife

Correct Answers: 1-B; 2-D; 3-B; 4-C; 5-D; 6-A.

## MFT STANDARD WRITTEN EXAMINATION PLAN

The following pages contain detailed information regarding examination content. A description of each content area, subarea and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

### I. CLINICAL EVALUATION

*Definition: This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context.*

#### A. INITIAL ASSESSMENT

##### Tasks

- Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy
- Identify unit of treatment (e.g., individual, couple, family) to determine a strategy for therapy.
- Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.
- Evaluate client's previous therapy experience to determine impact on current therapeutic process.
- Identify human diversity factors to determine how to proceed with client's treatment.
- Assess for indicators of substance use, abuse, and dependency to plan for client's treatment.



- Assess the impact of client's substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.

Knowledge of

- Therapeutic questioning methods
- Active listening techniques
- Procedures to gather initial intake information
- Observation techniques to evaluate verbal and nonverbal cues.
- Factors influencing the choice of unit of treatment
- Impact of cultural context on family structure and values
- Role of client motivation in therapeutic change
- Techniques to facilitate engagement of the therapeutic process with involuntary clients
- Effects of previous therapy on current therapeutic process
- Effects of human diversity factors on the therapeutic process
- Cultural beliefs regarding therapy and mental health
- Impact of cultural context on family structures and values
- Criteria for classifying substance use, abuse, and dependency
- Effects of substance use, abuse, and dependency on psychosocial functioning and family relationships
- Impact of substance use, abuse, and dependency on affective, behavioral, cognitive, and physical functioning

B. CLINICAL ASSESSMENT

1. Developmental History

Tasks

- Gather information regarding developmental history to determine impact on client's functioning.

Knowledge of

- Developmental processes of individual growth and change
- Behavioral and psychological indicators of developmental disorders
- Stages of family life-cycle development

2. Physical Condition

Tasks

- Gather information regarding physical conditions or symptoms to determine impact on client's presenting problems.
- Evaluate client's medical history and current complaints to determine need for medical referral.

Knowledge of

- Effects of physical condition on psychosocial functioning
- Relationship between medical conditions and psychosocial functioning
- Effects of physical condition on psychosocial functioning
- Psychological features or symptoms that indicate need for a medical evaluation

3. Psychological Condition

Tasks

- Administer mental status exam to identify client's mood and levels of affective and cognitive functioning.
- Identify client's thought processes and behaviors that indicate a need for psychiatric referral.
- Identify client's affective, behavioral, and cognitive functioning that indicates a need for referral for testing.

Knowledge of

- Administration and application of informal mental status examinations
- Psychological features or behaviors that indicate need for a psychiatric evaluation
- Affective, behavioral, and cognitive factors that indicate need for further testing

4. Family/Personal History

Tasks

- Explore human diversity issues to determine impact on client functioning.
- Gather information regarding family history to assess impact of significant relationships and events on client's presenting problems.
- Gather information about family structure by evaluating impact of significant relationships and events.
- Gather information from other involved parties to contribute to development of a clinical impression of client.

Knowledge of

- Implications of human diversity issues on client relationships
- Transitional stages of acculturation
- Techniques to collect family history
- Methods to assess impact of family history on family relationships
- Effects of family structure and dynamics on development of identity
- Impact of cultural context on family structure and values
- Methods to gather information from professionals and other involved parties

5. Social Factors

Tasks

- Gather information regarding client's employment history to determine how patterns of behavior manifest in occupational settings.
- Gather information regarding client's educational history to determine how patterns of behavior manifest in educational settings.
- Assess primary caregiver's willingness and ability to support dependent client's therapy.
- Gather information regarding social relationships to identify client's support systems.
- Identify differences in degrees of acculturation to determine potential source of conflicts among client and family members.
- Assess economic, political, and social climate to determine the impact on client's presenting problems and treatment.

#### Knowledge of

- Relationship between behavior and the work environment
- Relationship between behavior and the educational setting
- Techniques to identify the primary caregiver's level of involvement in therapy
- Techniques to identify support systems within social network
- Effects of acculturation on family structure and values
- Transitional stages of acculturation
- Impact of economic factors and stressors on presenting problems and treatment
- Impact of the sociopolitical climate on the therapeutic process
- Impact of psychosocial stressors on presenting problems and current functioning

### C. DIAGNOSIS

#### Tasks

- Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.
- Identify precipitating events related to client's presenting problems to determine contributing factors.
- Assess impact of medication on client's current functioning to develop a diagnostic impression.
- Compare clinical information with diagnostic criteria to differentiate between closely related disorders.

#### Knowledge of

- Diagnostic and Statistical Manual criteria for determining diagnoses
- Procedures to integrate assessment information with diagnostic categories
- The impact of psychosocial stressors on presenting problems and current functioning
- The impact associated with onset, intensity, and duration of symptoms for developing a diagnostic impression
- The impact of medication on physical and psychological functioning
- Procedures to develop a differential diagnosis

## II. CRISIS MANAGEMENT

**Definition:** This area assesses the candidate's ability to identify, evaluate, and manage crisis situations.

### A. ASSESSMENT

#### Tasks

- Identify nature of client's crises to determine what immediate intervention is needed.
- Evaluate severity of crisis situation by assessing the level of impairment in client's life.
- Identify type of abuse by assessing client to determine level of intervention.
- Assess trauma history to determine impact on client's current crisis.
- Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.
- Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.
- Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).

#### Knowledge of

- Techniques to identify crisis situations
- Principles of crisis management
- Methods to assess strengths and coping skills
- Methods to evaluate severity of symptoms
- Techniques to assess for grave disability of client
- Criteria to determine situations that constitute high risk for abuse
- Indicators of abuse
- Indicators of neglect
- Indicators of endangerment
- Indicators of domestic violence
- Effects of prior trauma on current functioning
- Risk factors that indicate potential for suicide within age, gender, and cultural groups
- Physical and psychological indicators of suicidality
- Effects of precipitating events on suicide potential
- Physical and psychological indicators of self-destructive and/or self-injurious behavior
- Risk factors that indicate potential for self-destructive behavior
- Methods to evaluate severity of symptoms

- Risk factors that indicate client's potential for causing harm to others
- B. STRATEGIES**
- Tasks
- Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.
  - Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.
  - Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.
  - Identify resources (e.g., referrals, collateral services) to assist with management of client's crisis.
- Knowledge of
- Procedures to manage client's suicidal ideation that do not require hospitalization
  - Techniques to provide suicide intervention in emergency situations
  - Strategies to reduce incidence of self-destructive/self-injurious behavior
  - Techniques (e.g., contract) to manage suicidality
  - Strategies to deal with dangerous clients
  - Strategies for anger management
  - Strategies to manage situations dangerous to therapists
  - Strategies to address safety in situations of abuse
  - Support systems to manage crisis
  - Referral sources to manage crisis
  - Methods to coordinate collateral services

### III. TREATMENT PLANNING

Definition: This area assesses the candidate's ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and a theoretical model.

#### A. GOAL SETTING

##### Tasks

- Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.
- Prioritize treatment goals to determine client's course of treatment.
- Identify evaluation criteria to monitor client's progress toward treatment goals and objectives.

##### Knowledge of

- Means to integrate client and therapist understanding of the goals in treatment planning
- Techniques for establishing a therapeutic framework within diverse populations
- Factors influencing the frequency of therapy sessions
- Stages of treatment
- Strategies to prioritize treatment goals
- Methods to formulate short and long-term treatment goals
- Third party specifications (e.g., managed care, court mandated, EAP) impacting treatment planning
- Criteria to monitor therapeutic progress
- Procedures to measure qualitative and quantitative therapeutic changes

#### B. FORMULATION OF TREATMENT PLAN

##### 1. Theoretical Orientation

##### Tasks

- Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.

##### Knowledge of

- Theoretical modalities to formulate a treatment plan
- Assumptions, concepts, and methodology associated with a cognitive-behavior approach
- Assumptions, concepts, and methodology associated with a humanistic-existential approach
- Assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused)
- Assumptions, concepts, and methodology associated with a psychodynamic approach
- Assumptions, concepts, and methodology associated with a systems approach
- Assumptions, concepts, and methodology associated with group therapy

##### 2. Clinical Factors

##### Tasks

- Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.
- Determine the need for referral for adjunctive services to augment client's treatment
- Integrate medical information obtained from physician/psychiatrist to formulate treatment plan.
- Integrate information obtained from collateral consultations (e.g., educational, vocational) to formulate treatment plan.
- Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP).
- Coordinate mental health services to formulate a multidisciplinary treatment plan.

##### Knowledge of

- Means to integrate client and therapist understanding of the goals in treatment planning
- Techniques for establishing a therapeutic framework within diverse populations
- Methods to assess client's ability to access resources
- Methods to identify need for adjunctive services
- Adjunctive services within community/culture to augment therapy
- Methods to integrate information obtained from physician/psychiatrist
- Methods to integrate information obtained from collateral sources (e.g., educational, vocational).
- Issues related to the process of termination
- Techniques to assess when to initiate termination
- Impact of third-party specifications (e.g., managed care, court-mandated, EAP) on termination
- Impact of combining treatment modalities in treating problems or disorders
- Factors associated with use of a multidisciplinary team approach to treatment

#### IV. TREATMENT

**Definition:** This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with treatment plan and theoretical model.

##### A. THERAPEUTIC RELATIONSHIP

###### Tasks

- Establish a therapeutic relationship with client to facilitate treatment.
- Provide feedback to client throughout the therapeutic process to demonstrate treatment progress.

###### Knowledge of

- Components (e.g., safety, rapport) needed to develop the therapeutic relationship
- Strategies to develop a therapeutic relationship
- Impact of value differences between therapist and client on the therapeutic process
- Strategies to acknowledge treatment progress

##### B. INTERVENTIONS

###### 1. Theoretical Orientations

###### Tasks

- Develop strategies consistent with systems theories to facilitate client's treatment.
- Develop strategies consistent with cognitive-behavioral theories to facilitate client's treatment.
- Develop strategies consistent with psychodynamic theories to facilitate client's treatment.
- Develop strategies consistent with humanistic-existential theories to facilitate client's treatment.

###### Knowledge of

- Theory of change and the role of therapist from a systems approach
- Use of interventions associated with systems theories
- Theory of change and the role of therapist from a cognitive-behavioral approach
- Use of interventions associated with cognitive-behavioral theories
- Impact of transference and countertransference dynamics
- Theory of change and the role of therapist from a psychodynamic approach
- Use of interventions associated with psychodynamic theories
- Theory of change and the role of therapist from a humanistic-existential approach
- Use of interventions associated with humanistic-existential theories

###### 2. Clinical Factors

###### Tasks

- Develop strategies to include the impact of crisis issues on client's treatment.
- Develop strategies consistent with developmental theories to facilitate client's treatment.
- Develop strategies to address client issues regarding lifestyle into treatment.

###### Knowledge of

- Intervention methods for treating substance abuse • Intervention methods for treating abuse (e.g., child, elder) within families
- Intervention methods for treating the impact of violence (e.g., rape, terrorism, Tarasoff)
- Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty)
- Use of interventions associated with developmental processes (e.g., cognitive, moral, psychosocial)
- Techniques to assist client to adjust to cognitive, emotional, and physical changes associated with the life cycle (e.g., children, adolescents, elders)
- Techniques to address variations in the life cycle process (e.g., divorce, blended families, grief/loss)
- Impact of value differences between therapist and client on the therapeutic process
- Approaches to address issues associated with variations in lifestyles (e.g., gay, lesbian, bisexual, transgender)

##### C. TERMINIATION

###### Tasks

- Determine client's readiness for termination by evaluating whether treatment goals have been met.
- Develop a termination plan with client to maintain gains after treatment has ended.
- Integrate community resources to provide ongoing support to the client following termination of treatment.

###### Knowledge of

- Changes in functioning that indicates readiness to terminate therapy

- Issues related to the process of termination
- Techniques to assess when to initiate termination
- Techniques to maintain therapeutic gains outside therapy
- Relapse prevention techniques
- Methods to integrate available community resources into treatment planning

## V. ETHICS

**Definition:** This area assesses the candidate's ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client.

### A. INFORMED CONSENT

#### Tasks

- Address client's expectations about therapy to promote understanding of the therapeutic process.
- Discuss management of fees and office policies to promote client's understanding of treatment process.
- Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility.
- Inform parent/legal guardian and minor client about confidentiality issues and exceptions.

#### Knowledge of

- Approaches to address expectations of the therapeutic process
- Cultural differences which may affect the therapeutic alliance
- Methods to explain management of fees and office policies
- Methods to explain confidentiality parameters
- Methods to explain mandated reporting
- Minor client's right to confidentiality and associated limitations

### B. THERAPEUTIC BOUNDARIES

#### Tasks

- Manage countertransference to maintain integrity of the therapeutic relationship.
- Manage potential dual relationship to avoid loss of therapist objectivity or exploitation of client.
- Manage client's overt/covert sexual feelings toward the therapist to maintain integrity of the therapeutic relationship.

#### Knowledge of

- Strategies to manage countertransference issues
- Impact of gift giving and receiving on the therapeutic relationship
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship
- Implications of sexual feelings/contact within the context of therapy
- Implications of physical contact within the context of therapy
- Strategies to maintain therapeutic boundaries

### C. MANAGEMENT OF ETHICAL ISSUES

#### Tasks

- Manage confidentiality issues to maintain integrity of the therapeutic contract.
- Manage client's concurrent relationships with other therapists to evaluate impact on treatment.
- Manage clinical issues outside therapist's scope of competence in order to meet client needs.
- Assist client to obtain alternate treatment when therapist is unable to continue therapeutic relationship.
- Determine competency to provide professional services by identifying therapist's cognitive, emotional, or physical impairments.

#### Knowledge of

- Confidentiality issues in therapy
- Effects of concurrent therapeutic relationships on treatment process
- Criteria to identify limits of therapist's scope of competence
- Areas of practice requiring specialized training
- Ethical considerations for interrupting or terminating therapy
- Alternative referrals to provide continuity of treatment
- Effects of therapist's cognitive, emotional, or physical limitations on the therapeutic process

## VI. LAW

**Definition:** This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice.

### A. CONFIDENTIALITY AND PRIVILEGE

#### Tasks

- Maintain client confidentiality within limitations as defined by mandated reporting requirements.
- Obtain client's authorization for release to disclose or obtain confidential information.
- Comply with client's requests for records as mandated by law.
- Comply with legal standards regarding guidelines for consent to treat a minor.
- Assert client privilege regarding requests for confidential information within legal parameters.

#### Knowledge of

- Exceptions to confidentiality pertaining to mandated reporting requirements
- Conditions and requirements to disclose or obtain confidential information
- Laws regarding client's requests for records

- Laws regarding consent to treat a minor
- Custody issues of minor client to determine source of consent
- Laws regarding privileged communication
- Laws regarding holder of privilege
- Laws regarding therapist response to subpoenas

## B. EXCEPTIONS

### Tasks

- Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).
- Report expressions of intent to harm by client to others as defined by mandated reporting requirements.
- Assess client's level of danger to self or others to determine need for involuntary hospitalization.

### Knowledge of

- Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder)
- Laws pertaining to mandated reporting of client's intent to harm others
- Techniques to evaluate client's plan, means, and intent for dangerous behavior
- Legal criteria for determining involuntary hospitalization

## C. PROFESSIONAL CONDUCT

### Tasks

- Provide information associated with provision of therapeutic services to client as mandated by law.
- Maintain security of client's records as mandated by law.
- Maintain documentation of clinical services as mandated by law.
- Comply with legal standards regarding sexual contact, conduct, and relations with client.
- Comply with legal standards regarding scope of practice in the provision of services.
- Comply with legal standards regarding advertising to inform public of therapist's qualifications and services provided.

### Knowledge of

- Laws regarding disclosing fees for professional services
- Situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled, "Professional Therapy Never Includes Sex"
- Laws regarding security of client records
- Laws regarding documentation of clinical services
- Laws regarding sexual conduct between therapist and client
- Laws which define scope of practice
- Laws regarding advertisement and dissemination of information pertaining to professional qualifications and services

## STATE OF CALIFORNIA NOTICE OF ELIGIBILITY

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You are eligible to participate in the Standard Written examination for licensure as a Marriage and Family Therapist. This is the ONLY notice of eligibility you will receive from the BBS for this examination. Your address label below contains important date information. In the upper left corner of the address label (above your name) is the date your application for examination was approved; following that is the date by which you must take your examination. You must take the Standard Written examination by the date specified on the label, or you will be required to reapply (see *Abandonment of Application/Ineligibility* in this handbook).

This handbook provides important information regarding Standard Written examination procedures and content. To schedule your examination, please refer to the instructions in this handbook.

Upon passing the Standard Written examination, you are eligible to apply to take the Written Clinical Vignette examination. Instructions for applying are included in this handbook.

---

California Board of Behavioral Sciences  
1625 North Market Blvd. Suite S200  
Sacramento, CA 95834  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

FIRST CLASS MAIL



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California Board of Behavioral Science  
1625 North Market Boulevard, Suite S200  
Sacramento, CA 95834  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

Marriage and Family Therapist  
Written Clinical Vignette Examination

**CANDIDATE HANDBOOK**

**FOR EXAMINATIONS JANUARY 1, 2008 OR LATER**



PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
[www.psiexams.com](http://www.psiexams.com)

## CONTENT OUTLINE

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## FOR MORE INFORMATION

All questions about examination scheduling should be directed to:

**PSI licensure:certification**  
3210 E Tropicana  
Las Vegas, NV 89121  
(877) 392-6422 • TTY (800) 735-2929  
[www.psiexams.com](http://www.psiexams.com)

Questions about examination content or licensing should be directed to:

**Board of Behavioral Sciences**  
1625 North Market Blvd., Ste. S200  
Sacramento, CA 95834  
(916) 574.7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

## SCHEDULING INFORMATION

Date Scheduled: \_\_\_\_\_

Name of Scheduler: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Time of Exam: \_\_\_\_\_

Test Site Location: \_\_\_\_\_



## PURPOSE

This handbook serves as your notice of eligibility and is designed to provide you with general information regarding the California Marriage and Family Therapist (MFT) Written Clinical Vignette examination process and content.

## EXAMINATIONS BY PSI

The State has contracted with PSI to conduct its examination program. PSI provides examinations through a network of computer examination centers in California.

All questions regarding the scheduling and administration of examinations should be directed to PSI.

PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
(800) 733-9267 • Fax (702) 932-2666  
[www.psiexams.com](http://www.psiexams.com)

All other questions about examinations should be directed to the BBS.

1625 North Market Blvd., Suite S-200,  
Sacramento, CA 95834  
(916) 574-7830 \*\* FAX (916) 574-8625  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

## EXAMINATION SCHEDULING PROCEDURES

Once you have been approved by BBS, you are responsible for contacting PSI to schedule an appointment to take the examination. You may do so via the Internet at [www.psiexams.com](http://www.psiexams.com), or schedule over the telephone at (800) 733-9267.

- **FIRST TIME EXAMINEES:** Examination eligibility expires, and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.
- **RE-EXAMINATION APPLICANTS:** Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

In most California testing centers, testing does not take place on the following major holidays:

Memorial Day	Closed May 26, 2008
Independence Day	Closed July 4, 2008
Labor Day	Closed September 1, 2008
Thanksgiving	Closed November 27-28, 2008
Christmas	Closed December 25, 2008

## INTERNET SCHEDULING

You may schedule your test by completing the online Test Registration Form. The Test Registration Form is available at PSI's website, [www.psiexams.com](http://www.psiexams.com). You may schedule for a test via the Internet 24 hours a day.

1. Complete the registration form online and submit your information to PSI via the Internet.
2. Upon completion of the online registration form, you will be given the available dates for scheduling your test.
3. You will need to choose a date to complete your registration.
4. Upon successful registration, you will receive a traceable confirmation number.

## TELEPHONE SCHEDULING

PSI has two scheduling methods available if you wish to schedule by telephone. First, call PSI at (877) 392-6422, 24 hours a day and schedule using the Automated Registration System. Second, if you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to schedule your appointment for the test.

## CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee *if your cancellation notice is received 2 days prior to the scheduled examination date*. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (800) 733-9267. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

**Note:** A voice mail message is not an acceptable form of cancellation. Please use the internet, automated telephone system, or call PSI and speak to a Customer Service Representative.

## MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if:

- You do not cancel your appointment 2 days before the scheduled examination date;
- You do not appear for your examination appointment;
- You arrive after examination start time;
- You do not present proper identification when you arrive for the examination.

## RE-EXAMINATION

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with the score report at the test center, or may be obtained by contacting the BBS.



To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 180 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period .

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Sample Scenarios:

- Arnold failed his Written Clinical Vignette Examination on 4/22/07. He must retake his Written Clinical Vignette Examination no later than 4/22/08.
- Danny received notice of eligibility to take the Written Clinical Vignette Examination on 1/18/07. He must take this Examination no later than 1/18/08.

#### EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (800) 733-9267. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

## EXAMINATION SITE LOCATIONS

The California examinations are administered at the PSI examination centers in California as listed below:

### ANAHEIM

2301 W. LINCOLN AVE, SUITE 252  
ANAHEIM, CA 92801  
(714) 254-1453

*TAKE I-5 SOUTH TO SANTA ANA. EXIT ON BROOKHURST ST. AND MAKE A RIGHT GOING SOUTH. TURN RIGHT (WEST) ON LINCOLN AVE. RIGHT AFTER MONTEREY LN. GO HALF A BLOCK AND ENTER ON THE FIRST OR SECOND DRIVEWAY ON 2301 LINCOLN. SUITE 252 IS LOCATED ON THE SECOND FLOOR.*

### ATASCADERO

7305 MORRO RD, SUITE 201A  
ATASCADERO, CA 93422  
(805) 462-8983

*FROM US-101 N, TAKE THE CA-41 EXIT- EXIT 219-TOWARD MORRO RD. TURN LEFT ONTO EL CAMINO REAL. Turn LEFT onto CA-41/MORRO RD.*

*FROM US-101 S, TAKE THE MORRO RD/CA-41 EXIT- EXIT 219, TURN RIGHT ONTO CA-41/MORRO RD.*

### BAKERSFIELD

5405 STOCKDALE HIGHWAY, SUITE 206  
BAKERSFIELD, CA 93309  
(661) 398-9354

*FROM I-5 S, TAKE THE STOCKDALE HWY EXIT (253). TURN LEFT ONTO STOCKDALE HWY.*

*FROM I-5 N TOWARD BAKERSFIELD, KEEP LEFT TO TAKE CA-99 N VIA EXIT (221) TOWARD BAKERSFIELD/FRESNO. TAKE THE CA-58 E EXIT TOWARD TEHACHAPI/MOJAVE. TAKE THE EXIT ON THE LEFT TOWARD*

*CAL STATE UNIV/STOCKDALE HWY/BRUNDAGE LANE. TURN LEFT ONTO WIBLE RD. TURN SLIGHT LEFT ONTO STOCKDALE HWY.*

### CARSON

17420 S. AVALON BLVD, SUITE 205  
CARSON, CA 90746  
(310) 217-1066

*FROM CA-91 E/GARDENA FWY TAKE THE AVALON EXIT. OFF RAMP WILL LEAD YOU ONTO ALBERTONI ST. MAKE A RIGHT ONTO AVALON BLVD AND WE ARE LOCATED ON THE RIGHT HANDSIDE (SAME PARKING LOT AS CARL'S JR).*

*FROM CA-91 W TAKE THE AVALON EXIT. MAKE A LEFT ONTO AVALON BLVD. MAKE A U-TURN ON AVALON BLVD AND ALBERTONI ST. WE ARE LOCATED ON THE RIGHT HAND SIDE. (SAME PARKING LOT AS CARL'S JR).*

### EL MONTE

9420 TELSTAR, SUITE 138  
EL MONTE, CA 91731  
(626) 442-4112

*FROM I-10 E TOWARD SAN BERNARDINO, MERGE ONTO ROSEMEAD/CA 19 S TOWARD LONG BEACH. TURN LEFT ONTO E. TELSTAR AVE.*

*FROM I-10 W TOWARD LOS ANGELES, TAKE THE ROSEMEAD BLVD/CA-19 EXIT TOWARD PASADENA. TAKE THE ROSEMEAD BLVD RAMP TOWARD LONG BEACH. MERGE ONTO ROSEMEAD BLVD/CA-19 S. TAKE A LEFT ONTO E. TELSTAR AVE.*

### FRESNO

351 E. BARSTOW, SUITE 101  
FRESNO, CA 93710  
(559) 221-9006

*FROM CA-41 S, TAKE THE BULLARD AVE EXIT. TURN LEFT ONTO E BULLARD AVE. TURN RIGHT ONTO N FRESNO ST. PASS THROUGH THE INTERSECTION OF FRESNO AND BASTOW AVE. TAKE THE FIRST DRIVEWAY ON THE RIGHT HAND SIDE.*

*FROM CA-41 N, TAKE THE SHAW AVE EXIT TOWARD CLOVIS. TURN RIGHT ONTO E SHAW AVE. TURN LEFT ONTO N FRESNO ST. TURN LEFT INTO THE LAST DRIVEWAY BEFORE BARSTOW AVE.*

*TESTING CENTER IS IN THE OFFICE COMPLEX ON THE SW CORNER OF BARSTOW AND FRESNO ST.*

### HAYWARD

24301 SOUTHLAND DRIVE, SUITE B-1  
HAYWARD, CA 94545  
(510) 784-1114

*FROM I-880 N TOWARD OAKLAND, TAKE THE WINTON AVENUE EXIT. MERGE ONTO W WINTON AVE TOWARD HEALD COLLEGE. TURN LEFT ONTO SOUTHLAND DR.*

*FROM I-880 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVE WEST EXIT TOWARD HEALD COLLEGE. MERGE ONTO W WINTON AVE. TURN LEFT ONTO SOUTHLAND DR.*

### REDDING

2861 CHURN CREEK, UNIT C  
REDDING, CA 96002  
(530) 221-0945

*ON 299 FROM EAST TAKE RAMP ONTO I-5 S. TAKE EXIT #677/REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.*

*ON 299 FROM WEST TURN RIGHT ON MARKET ST (CA-273 S). TURN LEFT ON TEHEMA ST (CA-299 E). CONTINUE TO FOLLOW CA-299 E. TAKE EXIT #2A/RED BLUFF/SACRAMENTO ONTO I-5 S. TAKE EXIT #677/REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.*

*ON I-5 FROM NORTH TAKE EXIT #677/ REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD*



ON I-5 FROM SOUTH TAKE EXIT #677/ REDDING/CYPRESS AVE. TURN RIGHT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD

ON HWY 44 FROM EAST TAKE RAMP TOWARD VICTOR AVE. TURN LEFT ON VICTOR AVE. TURN RIGHT ON E CYPRESS AVE. TURN LEFT ON CHURN CREEK RD.

FROM ALL DIRECTIONS, FRONT BUILDING IS 2881 CHURN CREEK, DRIVEWAY INTO COMPLEX IS DIRECTLY ACROSS FROM MAJOR MUFFLER ON EAST SIDE OF CHURN CREEK. 2861 IS FIRST BUILDING ON THE LEFT.

## RIVERSIDE

RIVERSIDE TECHNOLOGY BUSINESS PARK  
1660 CHICAGO AVE, SUITE M-15  
RIVERSIDE, CA 92507  
(951) 680-9720

FROM I-215 N TOWARD RIVERSIDE/SAN BERNARDINO, TAKE THE COLUMBIA AVENUE EXIT. TURN RIGHT ONTO E LA CADENA DR. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE AND END AT 1660 CHICAGO AVENUE.

FROM I-215 S TOWARD SAN BERNARDINO/RIVERSIDE, TAKE THE EXIT TOWARD COLUMBIA AVENUE. TURN SLIGHT RIGHT ONTO INTERCHANGE DR. TURN LEFT ONTO PRIMER ST. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE AND END AT 1660 CHICAGO AVENUE.

## SACRAMENTO

9719 LINCOLN VILLAGE DR.  
BUILDING 100, SUITE 100  
SACRAMENTO, CA 95827  
(916) 363-6455

FROM SAN FRANCISCO/VALLEJO ON I-80 E, TAKE US-50 E TOWARD SACRAMENTO/SOUTH LAKE TAHOE. TAKE BRADSHAW ROAD, EXIT 13, TURN RIGHT ONTO BRADSHAW ROAD. TURN IMMEDIATE LEFT ONTO LINCOLN VILLAGE DR.

## SAN DIEGO

5440 MOREHOUSE DRIVE, SUITE 3300  
SAN DIEGO, CA 92121  
(858) 658-0786

FROM I-805 S, TAKE THE SORRENTO VALLEY RD/MIRA MESA BLVD EXIT. TURN LEFT ONTO MIRA MESA BLVD, TURN LEFT ONTO SCRANTON ROAD. TURN RIGHT ONTO MOREHOUSE DRIVE.

FROM I-805 N TOWARD LOS ANGELES, TAKE THE MIRA MESA BLVD/VISTA SORRENTO PKWY EXIT. TURN RIGHT ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.

ADDITIONAL PARKING CAN BE FOUND (on top of the AT&T building) BY CONTINUING ON MOREHOUSE PAST OUR BUILDING AND TURNING LEFT AT THE NEXT DRIVEWAY UP THE HILL

## SANTA ROSA

160 WIKIUP DRIVE, SUITE 105  
SANTA ROSA, CA 95403  
(707) 544-6723

FROM US-101 N, MERGE ONTO FULTON RD. TURN RIGHT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

FROM US-101 S, TAKE THE AIRPORT BLVD EXIT. TAKE THE RAMP TOWARD MARK WEST AREA/LARKFIELD WIKIUP. TURN LEFT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

## SANTA CLARA

2936 SCOTT BLVD  
SANTA CLARA, CA 95054  
(408) 844-0004

FROM US-101 N, TAKE THE SAN TOMAS EXPWY/MONTAGUE EXPWY EXIT- EXIT 392. TAKE THE SAN TOMAS EXPWY RAMP. MERGE ONTO SAN TOMAS EXPY/CR-G4. TURN LEFT ONTO SCOTT BLVD.

FROM I-880 S TOWARD SAN JOSE, TAKE THE MONTAGUE EXPWY EXIT (7). TAKE THE MONTAGUE EXPWY WEST RAMP. MERGE ONTO MONTAGUE EXPY/CR-G4 E. TURN LEFT ONTO E TRIMBLE RD. E TRIMBLE RD BECOMES DE LA CRUZ BLVD. TURN SLIGHT RIGHT ONTO CENTRAL EXPY/CR-G6 W. TURN SLIGHT RIGHT ONTO SCOTT BLVD.

## SPECIAL ACCOMMODATIONS AVAILABLE

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

The Board and PSI recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodations.

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at [www.bbs.ca.gov/bbsforms.htm](http://www.bbs.ca.gov/bbsforms.htm).

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

## REPORTING TO THE EXAMINATION SITE

On the day of the examination, you must arrive at least 30 minutes prior to your scheduled appointment time. This allows time for check-in and identification verification and provides time to familiarize yourself with the examination process. If you arrive late, you may not be admitted to the examination site and you may forfeit your examination registration fee. Even though candidates will be thumb printed, you are still required to comply with any identification requirements established by the appropriate regulatory entity.

### REQUIRED IDENTIFICATION AT EXAMINATION SITE

You must provide one of the following valid forms of government-issued identification before you may examine:

- A photographic Driver's License (any state)
- State identification card (any state)



- U.S. military identification
- Valid passport - any country (valid foreign passport with valid record of arrival/departure - Form I-94 or processed for I-551 stamped in a valid foreign passport)

*All photographs must be recognizable as the person to whom the identification card was issued. The name on the application must match the photographic I.D. card. If you have recently changed your name with the BBS, you may want to contact PSI to verify that they have the correct same name on file.*

If you cannot provide the required identification, you must call (800) 733-9267 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. *Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.*

### CALIFORNIA LAW SECURITY PROCEDURES

Section 123 of the California Business and Professions Code states: It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination, including, but not limited to:

- Conduct which violates the security of the examination materials;
- Removing from the examination room any examination materials without authorization;
- The unauthorized reproduction by any means of any portion of the actual licensing examination;
- Aiding by any means the unauthorized reproduction of any portion of the licensing examination;
- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the licensing examination;
- Obtaining examination questions or other examination material, except by specific authorization either before, during, or after an examination; or
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing examination.
- Communicating with any other examinee during the administration of a licensing examination.
- Copying answers from another examinee or permitting one's answers to be copied by another examinee.
- Having in one's possession during the administration of the licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than the examination materials distributed, or otherwise authorized to be in one's possession during the examination.
- Impersonating any examinee or having an impersonator take the licensing examination on one's behalf.

Nothing in this section shall preclude prosecution under authority provided for in any other provision of law. In addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

### IMPORTANT INFORMATION ABOUT TAKING AN EXAMINATION

1. All candidates will have their thumbprint taken during examination check-in and re-entry into the testing room after an approved absence. If a candidate passes the examination, the thumbprint record will be destroyed. If a candidate abandons his or her application for licensure, as determined by the appropriate regulatory authority, the thumbprint will also be destroyed. If a candidate is unsuccessful, the thumbprint record will be retained by PSI to ensure proper identification on any subsequent examination attempts. If the thumbprint doesn't match upon exit and re-entry, the candidate shall be disqualified from the examination, his or her test results invalidated, and the appropriate regulatory entity will be notified of the occurrence. The taking of the thumbprint is an additional measure to enhance examination security. The Department's Office of Examination Resources shall ensure that the appropriate safeguards for the storage and destruction of the thumbprint records are in place.
2. The temperature in the testing room is maintained at a moderate level. Candidates are advised to layer clothing. Acceptable layered clothing includes lightweight shirts, sweaters, and pullovers without pockets. These items must be worn upon check-in, while you wait to enter the testing room, and during your initial seating for the examination.
3. There are timing mechanisms available at the test site and on the computer console to help candidates keep track of time during the test administration. Watches or other timekeeping devices are not permitted in the examination rooms.
4. Only one candidate will be allowed to take a restroom break at a time. Candidates are required to sign out when you leave the room and when you return. If a candidate's restroom break takes longer than 5 (five) minutes, a proctor will check on the candidate and will notify the applicable regulatory entity of the occurrence, which will take appropriate action.
5. The following items are not permitted in the examination rooms:
  - Cellular telephones, personal digital assistants (PDAs), recording devices, cameras, pagers, purses, notebooks, notebook computers, reference or readings material, music players, radios, electronic games, calculators, or briefcases.
  - Personal items including watches, backpacks, wallets, pens, pencils, or other writing devices, food, drinks (unless prior approval is obtained by your regulatory entity) and good-luck items.
  - Hats, baseball caps, or visors (with the exception of religious apparel), coats, shawls, hooded clothing, heavy jackets or overcoats.

During the check-in process, all candidates will be asked if they possess any of the prohibited items and all candidates will be asked to empty their pockets. If prohibited items are found during check-in, candidates

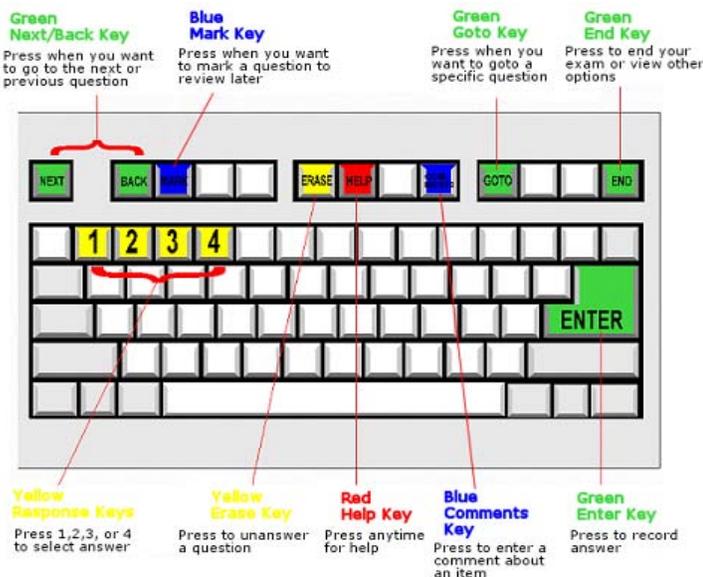


shall return these items to their vehicle or other place of safekeeping. Neither PSI, nor the Department of Consumer Affairs, shall be responsible for the items. Any candidate possessing the prohibited items in the examination room shall have his or her test results invalidated, and PSI shall notify the appropriate regulatory entity of the occurrence.

6. Copying or communicating examination content is a violation of PSI security policy and existing law. Either one shall result in the disqualification or invalidation of examination results, the denial of your license, and may subject the candidate to criminal prosecution.

## TAKING THE EXAMINATION BY COMPUTER

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.



### IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

### TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

### EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer. You should then press "ENTER" to record your answer and move on to the next question. A sample question display follows:



## EXAMINATION RESULTS

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

### FAILING SCORE REPORTS

The score report will indicate the candidate's overall score and result, including the total number of items answered correctly. An asterisk will be provided in each section in which a candidate is deficient. This is intended to guide candidates in areas requiring additional preparation for re-testing.

## ABANDONMENT OF APPLICATION/INELIGIBILITY

**FIRST TIME EXAMINEES:** Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one year after being notified of eligibility." To re-open an abandoned application the candidate must submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

**RE-EXAMINATION APPLICANTS:** Title 16, California Code of Regulations Section 1833.3 states, "An applicant who fails any

examination may within one year from the date of that failure retake that examination as regularly scheduled without further application upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees are paid."

## AFTER PASSING THE EXAMINATION

Candidates are eligible to apply for licensure after passing the Written Clinical Vignette examination.

To apply, candidates must submit a Request for Initial License Issuance and the required fee to the BBS. Request for Initial License Issuance forms are provided with candidate result notices, are also available by contacting the BBS, and online at [www.bbs.ca.gov](http://www.bbs.ca.gov).

When your license number is issued it will be available on the BBS' Web site. Your license certificate will be mailed within 30 working days of issuance.

### INSTRUCTIONS FOR DETERMINING AMOUNT OF INITIAL LICENSE FEE

The amount of the initial license fee will be prorated and established according to the month of issuance (month fee received by the BBS) and expiration date of the license (candidate's birth month).

Please refer to the Fee Chart to determine the amount you should submit with your Request for MFT Initial License Issuance.

Example 1: If your birth month is March and the BBS received your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$130.00. Your license would be valid for approximately 24 months.

Example 2: If your birth month is April and the BBS received your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$70.00. Your license would be valid for approximately 13 months.

Your application shall be deemed abandoned if you fail to pay the initial license fee within one year after notification by the BBS of successful completion of the examination requirements.

## STUDY MATERIAL AND COURSES

The MFT Written Clinical Vignette Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at [www.bbs.ca.gov](http://www.bbs.ca.gov).

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses

are not necessary for success in the examination, and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have on your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone.

## OBJECTIVE OF THE BOARD OF BEHAVIORAL SCIENCES (BBS)

State licensing boards are mandated to protect the public by developing licensing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with California Business and Professions Code Section 4980.40, each applicant for the MFT license who meets the educational and experience requirements must successfully complete a Board-administered written examination. An applicant who successfully passes the initial "Standard" Written examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods as applicable to the MFT scope of practice. Business and Professions Code section 4980.02, defines the MFT scope of practice as: "...that service performed with individuals, couples, or groups, wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive marriage and family adjustments. This practice includes relationship and premarriage counseling. The applications of marriage, family, and child counseling principles and methods includes, but is not limited to, the use of applied psychotherapeutic techniques, to enable the individuals to mature and grow within marriage and the family, and the provision of explanations and interpretations of the psychosexual and psychosocial aspect of relationships."

## MFT EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for MFTs in 2002. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs' Examination Validation Policy requires an occupational analysis be performed every three to seven years.



Last performed in 2002, the analysis began with interviews of licensees to gather information about the tasks that are performed in independent practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task, task frequency, and knowledge area associated with their own practice.

The questionnaires were mailed to 2,000 MFTs throughout California. Several panels of MFTs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid MFT examination plan.

The MFT Written Clinical Vignette examination plan consists of six content areas: crisis management, clinical evaluation, treatment planning, ethics, and law. In each content area, the examination plan describes examination content in terms of task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

The Written Clinical Vignette examination is directly related to clinical practice situations. Therefore, supervised clinical experience increases the likelihood of success in the examination. The types of clients and the overall presentation of the clinical situations and issues in the clinical vignettes are consistent with mainstream practice for entry-level MFTs.

## EXAMINATION DEVELOPMENT

The MFT examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists trained to develop and analyze occupational licensing examinations.

MFTs who participate in examination development and review workshops are referred to as “Subject Matter Experts” (SMEs). SMEs write and review multiple-choice items for the examination. SMEs are trained by OER staff in established examination development processes and measurement methodologies. The cooperative efforts among these members of the MFT profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

## ESTABLISHING THE PASSING STANDARDS

The MFT written examinations measure knowledge and skills required for MFT practice, and represents a standard of performance that MFT SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Written Clinical Vignette examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure

candidate. The passing score is based on minimum competence criterion that are defined in terms of the actual behaviors that qualified MFTs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of MFT SMEs also consider other factors that would contribute to minimum acceptable competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple-choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new examination version is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

## EXAMINATION ITEMS

The MFT Written Clinical Vignette examination consists, on the average, of 5 to 7 clinical vignettes with typically 4 to 7 multiple-choice questions associated with each vignette for a total of 30 multiple-choice questions.

The examination may contain additional items for the purpose of pre-testing (up to 10 nonscoreable items). Pre-testing allows performance data to be gathered and evaluated before the items are scoreable in an examination. These pre-test (“experimental”) items, distributed throughout the examination, WILL NOT be counted for or against you in your examination score and will not be identified to you.

All of the scoreable items in the Written Clinical Vignette examination have been written and reviewed by MFTs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

The multiple-choice items evaluate candidate knowledge, skills, and abilities in the following content areas: Crisis Management, Clinical Evaluation, Treatment Planning, Treatment, Ethics, and Law.

The clinical vignettes describe clinical cases reflective of the types of clients and presenting problems consistent with entry-level practice. Clinical vignettes provide candidates with the opportunity to demonstrate their ability to integrate and apply professional knowledge and clinical skills.

The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

The main differences between a clinical vignette item and a standard multiple-choice item found on the MFT Standard Written examination is that a clinical vignette may contain a series of items related to the same vignette, and the possible answers are longer and more complex, listing a sequence of actions or describing a process of applying knowledge.

You will have 2 hours to take this examination.

### THEORETICAL FRAMEWORK

Candidates should have an entry-level understanding of the primary theoretical orientations used in the field of marriage and family therapy (e.g., Cognitive-Behavioral, Humanistic-Existential, Postmodern, Psychodynamic, Systems).

Candidates will be required to evaluate the information presented in the clinical vignette and select the best treatment plan and goals presented (for example) based on the theoretical orientation provided in the question.

If the question is specific to a theoretical orientation, the clinical vignette will have enough context for a qualified candidate to answer it correctly. That is, the degree of difficulty will be reasonable, allowing measurement of minimally acceptable competence criteria (i.e., entry level).

### EXAMPLE CLINICAL VIGNETTE

To follow is an example of the format and structure of items you may encounter during the examination. The following "Exhibit (Vignette)" item is an example of the type of clinical vignettes candidates may encounter in the examination.

This clinical vignette has two corresponding multiple-choice items. Each multiple-choice item requires the examinee to select the correct answer from among the four options (A-D) provided. There is only one correct answer for each multiple-choice item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no 'trick' questions in the examination.

### EXHIBIT (Vignette)

Anne, a recently divorced 40-year-old minister, and her 14-year-old daughter, Julie, are self-referred. Anne complains that Julie stays out past curfew and "sneaks" her 17-year-old boyfriend into the house. Anne states, "It's tough enough to raise a daughter alone. I can't even get her to go to school." Julie says, "You and your religion make a big deal out of everything. Just back off!" After the session, Julie calls the therapist and reports that she is two months pregnant and is considering having an abortion. Julie asks that her mother not be told about the pregnancy.

1. How should the therapist clinically manage the crisis of Julie's pregnancy as described in the EXHIBIT?

- a. Maintain Julie's confidentiality; Refer Julie to a physician; Obtain a release from Julie to speak with her physician.
- b. Include mother in treatment; Refer Julie to a physician; Obtain a release from Julie to speak with her physician.
- c. Maintain Julie's confidentiality; Refer Julie to a physician for prenatal care; Work toward disclosure of pregnancy to mother.
- d. Obtain consent to treat minor; Include boyfriend in treatment; Refer Julie to a physician for prenatal care

2. What legal obligations does the therapist have in the case described in the EXHIBIT?

- a. Obtain consent from Anne to treat minor if seeing mother and daughter together; Obtain releases for medical provider from Julie if seen alone for pregnancy; Assert privilege for Julie if mother asks for records; File report with a child protective services agency.
- b. Obtain a consent from Anne to see Julie individually regarding pregnancy; Obtain releases from Anne if seeing mother and daughter together; Negotiate a fee with Julie if seen individually for the pregnancy; Assert privilege for Julie if mother asks for records.
- c. Obtain releases for medical provider from Julie if seen alone for pregnancy; Obtain releases from Anne if seeing mother and daughter together; Maintain Julie's confidentiality regarding the phone call; Determine need for consent to treat a minor.
- d. Obtain releases for medical provider from Julie if seen alone for pregnancy; Maintain Julie's confidentiality regarding the phone call; File report with a child protective services agency; Determine need for consent to treat a minor.

Correct Answers: 1-a, 2-c

## MFT INITIAL LICENSE FEE CHART

→ Month Fee Received by Board of Behavioral Sciences →

↓Birth Month↓	January	February	March	April	May	June	July	August	September	October	November	December
January	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76
February	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81
March	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87
April	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92
May	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103	\$98
June	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108	\$103
July	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114	\$108
August	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119	\$114
September	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125	\$119
October	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130	\$125
November	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70	\$130
December	\$130	\$125	\$119	\$114	\$108	\$103	\$98	\$92	\$87	\$81	\$76	\$70

## MFT WRITTEN CLINICAL VIGNETTE EXAMINATION PLAN

### Written Clinical Vignette Examination Outline

I. CRISIS MANAGEMENT
II. CLINICAL EVALUATION
III. TREATMENT PLANNING
IV. TREATMENT
V. ETHICS
VI. LAW

The following pages contain detailed information regarding examination content. A Definition and Description of each content area, and the associated task and knowledge statements are provided.

The DESCRIPTION provides an overall description of the content area - that is, what the questions for that content area are designed to assess.

The DEFINITION provides the key components of the questions the candidate may be presented with, specific to the vignette.

It is important for candidates to use this section as a study guide because each item in the Written Clinical Vignette examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

#### I. CRISIS MANAGEMENT

**Description:** This area assesses the candidate's ability to identify, evaluate, and clinically manage crisis situations and psychosocial stressors specific to the vignette presented.

**Definition:** The candidate may be required to:

- Identify crises and psychosocial stressors
- Recognize the severity of crises and psychosocial stressors
- Evaluate plans to clinically manage crises and psychosocial stressors



### Tasks

- Evaluate severity of crisis situation by assessing the level of impairment in client's life.
- Assess trauma history to determine impact on client's current crisis.
- Evaluate potential for self-destructive and/or self-injurious behavior to determine level of intervention.
- Identify type of abuse by assessing client to determine level of intervention.
- Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).
- Develop a plan with client who has indicated thoughts of causing harm to self to reduce potential for danger.
- Develop a plan for a client who has indicated thoughts of causing harm to others to reduce potential for danger.
- Develop a plan with client in a potentially abusive situation to provide for safety of client and family members.

### Knowledge of

- Methods to assess strengths and coping skills.
- Methods to evaluate severity of symptoms.
- The effects of prior trauma on current functioning.
- Risk factors that indicate potential for suicide within age, gender, and cultural groups.
- Physical and psychological indicators of self-destructive and/or self-injurious behavior.
- Risk factors that indicate potential for self-destructive behavior.
- Criteria to determine situations that constitute high risk for abuse.
- Indicators of abuse.
- Indicators of neglect.
- Indicators of endangerment.
- Indicators of domestic violence.
- Methods to evaluate severity of symptoms.
- Risk factors that indicate client's potential for causing harm to others.
- Strategies to reduce incidence of self-destructive/self-injurious behavior.
- Techniques (e.g., contract) to manage suicidality.
- Strategies to deal with dangerous clients.
- Strategies for anger management.
- Strategies to address safety in situations of abuse.

## II. CLINICAL EVALUATION

**Description:** This area assesses the candidate's ability to identify presenting problems and collect information to assess clinical issues and formulate a diagnostic impression within the client's interpersonal and cultural context specific to the vignette presented.

**Definition:** The candidate may be required to:

- Identify human diversity issues
- Evaluate clinical issues and assessment information from theoretical frameworks
- Evaluate diagnostic impressions including those consistent with DSM-IV-TR

### Tasks

- Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy.
- Identify unit of treatment (e.g., individual, couple, or family) to determine a strategy for therapy.
- Assess primary caregiver's willingness and ability to support dependent client's therapy.
- Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.
- Gather information regarding history, relationships, and other involved parties to develop a clinical impression of the client.
- Explore human diversity issues to determine impact on client functioning.
- Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.

### Knowledge of

- Therapeutic questioning methods.
- Active listening techniques.
- Procedures to gather initial intake information.
- Observation techniques to evaluate verbal and nonverbal cues.
- The impact of psychosocial stressors on presenting problems and current functioning.
- Factors influencing the choice of unit of treatment.
- The role of client motivation in therapeutic change.
- Techniques to facilitate engagement of the therapeutic process with involuntary clients.
- The effects of human diversity factors on the therapeutic process.
- The implications of human diversity issues on client relationships.
- Methods to assess impact of family history on family relationships.
- The effects of family structure and dynamics on development of identity.
- The impact of cultural context on family structure and values.
- Methods to gather information from professionals and other involved parties.
- Techniques to identify support systems within social network.
- Techniques to identify the primary caregiver's level of involvement in therapy.
- Diagnostic and Statistical Manual criteria for determining diagnoses.
- Procedures to integrate assessment information with diagnostic categories.

### III. TREATMENT PLANNING

**Description:** This area assesses the candidate's ability to develop a complete treatment plan and prioritize treatment goals based on assessment, diagnoses, and theoretical framework specific to the vignette presented.

**Definition:** The candidate may be required to:

- Apply theoretical frameworks to a vignette
- Evaluate treatment plans with beginning, middle and end stages
- Evaluate and prioritize treatment goals
- Evaluate the incorporation of human diversity into the treatment plan

#### Tasks

- Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals.
- Integrate information obtained from collateral consultations (e.g., educational, vocational and medical) to formulate treatment plans.
- Prioritize treatment goals to determine client's course of treatment.
- Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.
- Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs.

#### Knowledge of

- Means to integrate client and therapist understanding of the goals in treatment planning.
- Factors influencing the frequency of therapy sessions
- Stages of treatment.
- Strategies to prioritize treatment goals.
- Methods to formulate short- and long-term treatment goals.
- Theoretical modalities to formulate a treatment plan.
- The assumptions, concepts, and methodology associated with a theoretical framework (e.g., cognitive-behavioral, humanistic-existential, postmodern, psychodynamic, systems).
- Means to integrate client and therapist understanding of the goals in treatment planning.
- Techniques for establishing a therapeutic framework within diverse populations.
- Methods to integrate information obtained from collateral sources (e.g., educational, vocational, and medical).

### IV. TREATMENT

**Description:** This area assesses the candidate's ability to implement, evaluate, and modify clinical interventions consistent with the treatment plan and theoretical frameworks specific to the vignette presented.

**Definition:** The candidate may be required to:

- Select theoretically consistent and client-specific clinical interventions
- Evaluate the progress of treatment
- Consider alternative interventions

#### Tasks

- Establish a therapeutic relationship with client to facilitate treatment.
- Develop strategies consistent with a theoretical model to facilitate a client's treatment.
- Develop strategies to include the impact of crisis issues on client's treatment.
- Develop strategies to address client issues regarding lifestyle into treatment.
- Develop a termination plan with client to maintain gains after treatment has ended.

#### Knowledge of

- The components (e.g., safety, rapport) needed to develop the therapeutic relationship.
- Strategies to develop a therapeutic relationship.
- The use of interventions associated with a theoretical model.
- The theory of change and the role of therapist from a theoretical approach.
- Intervention methods for treating substance abuse.
- Intervention methods for treating abuse (e.g., domestic, child, and elder) within families.
- Intervention methods for treating the impact of violence.
- Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty).
- The impact of value differences between therapist and client on the therapeutic process.
- Approaches to address issues associated with variations in lifestyles.
- Techniques to maintain therapeutic gains outside therapy.
- Relapse prevention techniques.

### V. ETHICS

**Description:** This area assesses the candidate's ability to apply and manage ethical standards and principles in clinical practice to advance the welfare of the client specific to the vignette presented.

**Definition:** The candidate may be required to:

- Recognize professional ethical responsibilities specific to the case
- Apply ethical standards and principles throughout the treatment process
- Identify the clinical impact of ethical responsibilities on treatment

#### Tasks

- Address client's expectations about therapy to promote understanding of the therapeutic process.
- Discuss management of fees and office policies to promote client's understanding of treatment process.
- Manage countertransference to maintain integrity of the therapeutic relationship.

- Manage potential dual relationship to avoid possible loss of therapist objectivity or exploitation of client.
- Manage confidentiality issues to maintain integrity of the therapeutic contract.

**Knowledge of**

- Approaches to address expectations of the therapeutic process.
- Cultural differences which may affect the therapeutic alliance.
- Methods to explain management of fees and office policies.
- Strategies to manage countertransference issues.
- The impact of gift giving and receiving on the therapeutic relationship.
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- The implications of sexual feeling/contact within the context of therapy.
- Strategies to maintain therapeutic boundaries.
- Confidentiality issues in therapy.

**VI. LAW**

**Description:** This area assesses the candidate's ability to apply and manage legal standards and mandates in clinical practice specific to the vignette presented.

**Definition:** The candidate may be required to:

- Recognize legal obligations specific to the case
- Apply legal obligations throughout the treatment process
- Identify the clinical impact of legal obligations on treatment

**Tasks**

- Comply with legal standards regarding guidelines for consent to treat a minor.
- Report cases of abuse to authorities as defined by mandated reporting requirements (e.g., child, dependent adult, elder).
- Report expressions of intent to harm others by client as defined by mandated reporting requirements.
- Assess client's level of danger to self or others to determine need for involuntary hospitalization.
- Assert client privilege regarding requests for confidential information within legal parameters.

**Knowledge of**

- Laws regarding consent to treat a minor.
- Custody issues of minor client to determine source of consent.
- Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder).
- Laws pertaining to mandated reporting of client's intent to harm others.
- Techniques to evaluate client's plan, means, and intent for dangerous behavior (i.e., harm others).
- Legal criteria for determining involuntary hospitalization.
- Laws regarding privileged communication.
- Laws regarding holder of privilege.
- Laws regarding therapist response to subpoenas.

## STATE OF CALIFORNIA NOTICE OF ELIGIBILITY

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You are eligible to participate in the Written Clinical Vignette examination for licensure as a Marriage and Family Therapist. This is the **ONLY** notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label below contains important date information. In the upper left corner of the address label (above your name) is the date your application for this examination was approved; following that is the date by which you must take your examination. **You must take the Written Clinical Vignette examination by the date specified on the label or you will be required to reapply** (see *Abandonment of Application/Ineligibility* in this handbook).

This handbook provides important information regarding Written Clinical Vignette examination procedures and content. To schedule your examination, please refer to the instructions in this handbook.

Upon passing the Written Clinical Vignette examination, you are eligible to apply for licensure! Please see the instructions in this handbook.

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California Board of Behavioral Sciences  
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Sacramento, CA 95834  
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FIRST CLASS MAIL



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# Licensed Clinical Social Worker Examination Study Guide

## **PLEASE NOTE**

*This study guide does not replace the LCSW Standard Written Examination Candidate Handbook or the LCSW Clinical Vignette Examination Candidate Handbook. Please thoroughly read your examination candidate handbooks as they contain important information relating to test administration*

## **Table of Contents**

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Passing Notices

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### **Appendix A**

LCSW Standard Written Examination Content Outline

LCSW Standard Written Clinical Vignette Examination Content Outline

### **Appendix B**

How is an Examination Created?

## **Introduction**

The Board of Behavioral Sciences developed this study guide to assist candidates, Associates, and students in preparing for the Licensed Clinical Social Worker (LCSW) Standard and Written Clinical Vignette examinations. Candidates should use the information in this handbook to focus and prepare effectively for the examination, but it should not be the only study resource used.

## **When Should I Begin to Prepare for the Examinations?**

### **An Overview**

Preparation for the licensing examination begins when you take the first class in your qualifying degree program. For some, thinking about a licensing examination that is years away while still in graduate school may seem premature. However, examination preparation evolves as you complete your licensing requirements. Your education serves as the foundation from which you will build your clinical experience. The supervised work experience gives you the opportunity to apply the knowledge you gained in graduate school and to strengthen your skills as a clinician.

By reading this study guide, you are taking another step in preparing yourself for the LCSW licensing examinations. Because these examinations relate to your profession and your career, it is reasonable for you to feel some anxiety. You can reduce this anxiety, however, through practical examination preparation. While working under the supervision of a licensed mental health professional, take advantage of your supervisor's experience in the field. Remember, these examinations measure your skills as a clinician to meet minimum competency standards. There are no trick questions.

## Identifying Personal Strengths and Areas Needing Improvement

The LCSW examinations test a broad spectrum of minimum competencies. Ideally, your clinical experience provides you with a broad base of knowledge working with different populations and in a variety of settings, but in reality, you may be specializing within particular theoretical frameworks or with particular demographics. Developing a specialization does not reflect poorly on a candidate; however, to succeed, you will need to acknowledge that the examinations test a general scope. If you do not have professional experience working with particular theoretical frameworks, disorders, or populations, you may need extra preparation. Take a proactive approach towards developing your clinical skills. If you develop your skills and knowledge through your education and experience, you can succeed on these examinations.

## Test Preparation Strategy

Every candidate will develop a unique strategy to prepare for the examinations. The Board suggests the following.

### Start by Developing a Plan

To put together a useful plan, you will need to focus on the tested tasks and knowledge. This information is available to you in the LCSW Standard Written Examination Plan and LCSW Clinical Vignette Examination Plan. The examination plans reflect the broad base of knowledge tested on each examination. The plans may seem intimidating, but try approaching the outlines one content area at a time to make them more manageable. Also, while the LCSW Standard Written Examination Plan and LCSW Clinical Vignette Examination Plan differ, they share many common tasks and required knowledge.

### Use Your Supervisor as a Resource

The role of supervision is to assist you in becoming a better and more well-rounded clinician. Since your supervisor will be aware of your clients and work, he or she can give you objective feedback on any area needing improvement. Consider taking the examination plans to your supervision meeting and discussing how your workload/caseload is preparing you for the examinations.

Additionally, your supervisor has most likely supervised other examination candidates. Ask for feedback on how other candidates prepared for the examinations. Discuss what worked and what did not work for other candidates.

## Framing Your Education and Experience

Remember, you are not approaching this examination with a blank slate. Your graduate program and supervised experience will provide you with a significant amount of information you can use for examination preparation. Take time to correlate how your education and experience apply to the subject matter of this examination. (See Appendix A for examination content outlines.)

Framing your experience and asking questions will help you identify the tasks and knowledge you encounter every day that will be tested on the examinations. It will also help you identify those tasks or knowledge with which you do not have a high degree of familiarity. You can do this with the help of your supervisor. If you work in several different settings, you may find the duties at each setting are unique in how they fit with the examination content outline.

## **Studying Vignettes**

The LCSW Clinical Vignette Examination differs from a traditional multiple-choice examination. This examination will provide you with a vignette and four to seven multiple-choice questions relating to the vignette. The answers are often longer and more complex, listing a sequence of actions or describing a process of applying knowledge.

Especially in the case of the Clinical Vignette Examination, reviewing past cases and your assessments, diagnosis, and treatment plan development in those cases will be valuable to you.

You can make your own vignettes out of past cases and analyze your work on them. Here are some questions to ask yourself as you review past cases: What factors helped you arrive at a diagnosis? How did you develop a treatment plan? How might you have approached this case from a theoretical orientation other than your own? What legal or ethical issues were raised?

## **Peer Study Groups**

Some candidates find studying with peers to be an effective way to prepare for the examinations. Peer study groups offer the opportunity to share experiences and draw on the knowledge of your colleagues. For example, you may not have much experience working with older adults, but studying with someone who has a familiarity with that population will benefit you. Consider discussing the sample examination items and the examination content outlines with your peer study group.

How do you find/organize a peer study group? Start by asking at your agency to see if any co-workers are interested in forming a study group. If this does not help, try contacting the local chapter of your professional association. Typically, local chapters have monthly meetings which are excellent opportunities to meet and network with fellow professionals in your area.

## **Sample Examination Items**

The following are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires you to select the correct answer from the four options provided.

The incorrect answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no trick questions on the examination.

## **Sample LCSW Standard Written Examination Questions**

## Bio-psychosocial Assessment

1. A couple reports increased marital conflicts. The husband notes that his wife has become irritable, isolative, and lethargic since she was laid off from her job three months ago. The wife states she is tired of her husband's constant nagging for her to be more helpful around the house. Both report a lack of physical and emotional intimacy but express a desire to resolve their problems. Which of the following areas should the therapist assess first to identify the degree to which current stressors are impacting the relationship?

- A. The wife's work history and her prognosis for re-employment.
- B. The couple's styles of coping and their degree of effectiveness.
- C. The effect of socio-economic factors on the couple's problems.
- D. The effect of dysfunctional patterns in the couple's communication.

2. Which of the following elements should be included in a bio-psychosocial assessment of a new client?

- A. Baseline functioning, social support systems, information from adjunctive resources.
- B. Baseline functioning, social support systems, assessment of risk.
- C. Client history, mental status examination, information from adjunctive resources.
- D. Client history, mental status examination, assessment of risk.

## Diagnostic Formulation

3. A 55-year-old man presents for treatment six weeks after the death of his dog. Prior to this incident, he worked full time and enjoyed many hobbies. Since then, he has stayed at home and isolated himself, stating that he feels hopeless and cannot sleep. What initial diagnosis should the therapist make?

- A. Bereavement.
- B. Depressive Disorder NOS.
- C. Major Depressive Disorder.
- D. Adjustment Disorder with Depressed Mood, Severe.

4. A couple brings their 11-year-old child to therapy stating the child is withdrawn and has trouble sleeping. The child has had several recurring health problems. The mother states she had a difficult pregnancy and delivered early. In addition, the family has moved five times since the child was born. Which of the following diagnostic conclusions should the therapist make based on this assessment information?

- A. The symptoms are a sign of anxiety resulting from internal family conflicts.
- B. The symptoms are a sign of anxiety resulting from environmental influences.
- C. The symptoms are a sign of depression resulting from a genetic predisposition.
- D. The symptoms are a sign of depression resulting from intergenerational family dynamics.

## Treatment Plan Development

5. A 42-year-old woman has been in therapy for two years for depression. She has met the mutually agreed-upon goals. She requests ongoing therapy because she does not want her life to go back to the way it was. What course of treatment is most indicated at this point?

- A. Discuss termination issues and maintain regularly scheduled sessions.
- B. Discuss termination issues and gradually decrease the frequency of contact.
- C. Reformulate goals and address anxiety inhibiting client autonomy.

D. Reformulate goals and normalize client's fears of independent living.

6. A young man enters an outpatient clinic complaining of noises in his head. Which of the following treatment plans should be implemented to provide safe and effective care at the least restrictive level?

- A. Outpatient treatment with medication evaluation.
- B. Brief inpatient treatment with medication evaluation.
- C. Board and care placement without medication evaluation.
- D. Intensive outpatient treatment without medication evaluation.

### Therapeutic Interventions

7. A 20-year-old student presents for therapy to address feelings of anxiety and confusion. He indicates that he is in an intimate relationship with another male student, and his parents are coming to visit this weekend. He states, "I don't know what to do. They will disown me if they find out." What interventions are indicated to treat this client?

- A. Present a nonjudgmental stance regarding the student's sexual orientation and encourage the student to be open with his parents.
- B. Assist the student to problem-solve the immediate concern and work over the longer term to explore issues of sexual identity.
- C. Normalize the student's internal conflict regarding sexual dysphoria and develop a plan to safely meet with his parents.
- D. Schedule a family therapy session and allow disclosure of sexual orientation in a safe and supportive environment.

8. A 39-year-old, professional woman presents for treatment due to work stress and anger. She states that she is an exemplary employee and has received numerous commendations. After telling her supervisor that she will be adopting a child, she was passed over for a promotion. How should the therapist begin treatment?

- A. Explore the client's alternative career options.
- B. Help the client to process her feelings regarding the loss.
- C. Validate the client's experience that this action feels discriminatory.
- D. Explain to the client the difficulty of raising a child while working full time.

### Resource Coordination

9. A client diagnosed with a bipolar disorder who is currently stabilized on medication seeks therapy for relationship issues. The client's managed care company considers treatment for this diagnosis medically unnecessary and denies the claim. The therapist disagrees with the company's decision. Which of the following actions should the therapist take in this situation?

- A. Modify the diagnosis and plan.
- B. Terminate treatment for the denied services.
- C. Appeal the managed care company's decision.
- D. Advise the client to sue the managed care company.

10. A 58-year-old woman is referred for clinical case management by the staff at the hotel where the woman resides. The client has a history of chronic alcoholism and a diagnosis of bipolar disorder. She is often found intoxicated and asleep in the hotel hallways. In addition, she can be very

demanding and critical toward staff. The hotel service providers are frustrated and are considering eviction. How should the therapist approach this case?

- A. Develop a care plan with both the client and hotel staff.
- B. Refer the client to intensive adjunctive health care services.
- C. Meet with the hotel staff to provide them support in their work with this client.
- D. Provide the client with alternative living arrangements in the event she loses her housing.

### Legal Mandates

11. What action should a therapist take when a client reports intentions to steal from a store?

- A. Maintain the client's confidentiality.
- B. Notify the store manager of the client's intent.
- C. Request that the client's family monitor the client.
- D. Report the client to a local law enforcement agency.

12. In which of the following situations does a licensed clinical social worker have a duty to warn?

- A. A depressed adult client discusses taking revenge on a sibling who lives next door for abuse that occurred during childhood.
- B. A client with bipolar disorder describes feeling out of control during manic episodes and fears hurting a family member.
- C. A client with HIV discusses having unprotected sexual relations with a partner without disclosure.
- D. A client with a history of physical violence describes a plan to use force to get an ex-spouse back.

### Ethical Standards

13. A 53-year-old female, married for 25 years, self-refers to therapy as she has been losing weight and not sleeping. She states that her husband screams and yells when he gets very angry and has hit her in the past. How should the therapist initially respond to the client's disclosure?

- A. Assist the client in locating appropriate shelters and contact the police.
- B. Refer the client to a doctor for a medical evaluation and contact the police.
- C. Assist the client in developing a safety plan and file a report with an adult protective services agency.
- D. Refer the client to a doctor for a medical evaluation and assist the client in developing a safety plan.

14. A former client who owns a travel agency offers a therapist a free trip for successful treatment and assistance in negotiations with his insurance company. How should the therapist respond to the client's offer?

- A. Refuse the trip as a conflict of interest.
- B. Refuse the trip as an illegal barter for services.
- C. Accept the trip as an expression of a gratitude.
- D. Accept the trip as a payment for losses from the insurance.

## Sample LCSW Written Clinical Vignette Examination Questions

Vignette 1

Lois, a 59-year-old woman referred by her physician, recently had a below-the-knee amputation due to complications from diabetes. Her doctor indicates that Lois has elevated blood sugars and inconsistently follows her diet plan and insulin prescription. Initially, Lois is very animated, speaking rapidly and using expansive gestures. She becomes irritable when asked how she is feeling but admits that she has lost her appetite and is having difficulty sleeping. Upon further discussion of her medical condition, Lois becomes tearful and states, "I won't go through another surgery; it's just too much!"

### Bio-psychosocial Assessment

15. Which of the following issues presented in this case require immediate assessment?

A. Lois' noncompliance with medical treatment.

Socio-economic stressors affecting Lois.

Lois' social isolation.

Lois' mental status.

B. Lois' noncompliance with medical treatment.

Lois' understanding of her medical issues.

Suicide potential for Lois.

Lois' mental status.

C. Lois' preoccupation with physical challenges and limitations.

Lois' understanding of her medical issues.

Socio-economic stressors affecting Lois.

Lois' mental status.

D. Lois' preoccupation with physical challenges and limitations.

Lois' noncompliance with medical treatment.

Suicide potential for Lois.

Lois' social isolation.

### Diagnostic Formulation

16. What diagnoses should be considered based on Lois' presenting symptoms?

A. Major Depressive Disorder.

V Code Noncompliance with Treatment.

Adjustment Disorder with Depressed Mood.

Mood Disorder due to a General Medical Condition.

B. Bipolar Disorder.

Major Depressive Disorder.

Generalized Anxiety Disorder.

Adjustment Disorder with Depressed Mood.

C. Acute Stress Disorder.

V Code Noncompliance with Treatment.

Adjustment Disorder with Depressed Mood.

Mood Disorder due to a General Medical Condition.

D. Bipolar Disorder.

Major Depressive Disorder.

Posttraumatic Stress Disorder.

Mood Disorder due to a General Medical Condition.

## Treatment Plan Development

17. What factors require primary consideration by the therapist in formulating the initial treatment plan?

A. Premorbid coping skills.  
Lois' psychiatric history.  
Lois' dependency issues.  
Accessibility of social support system.

B. Lois' feelings of self-blame.  
Severity of Lois' depression.  
Lois' motivation for treatment.  
Accessibility of social support system.

C. Premorbid coping skills.  
Severity of Lois' depression.  
Lois' motivation for treatment.  
Lois' understanding of the relationship between diabetes and her emotional state.

D. Lois' dependency issues.  
Severity of Lois' depression.  
Lois' adaptation with activities of daily living.  
Lois' understanding of the relationship between diabetes and her emotional state.

## Therapeutic Interventions

18. The initial interventions should focus on which of the following areas?

A. Grief and loss.  
Crisis stabilization.  
Symptom stabilization.  
Diabetes education and support.

B. Grief and loss.  
Crisis stabilization.  
Increasing social supports.  
Diabetes education and support.

C. Stress management.  
Self-defeating cognitions.  
Increasing social supports.  
Diabetes education and support.

D. Stress management.  
Anger management.  
Self-defeating cognitions.  
Diabetes education and support.

## Resource Coordination

19. Which of the following initial resources should the therapist consider presenting to Lois?

A. Referral to psychiatrist for medication evaluation.  
Evaluation for durable medical equipment.  
Referral to therapy group for depression.  
Options for home health care.

B. Referral to support group for diabetes education.  
Evaluation for durable medical equipment.  
Referral to support group for amputees.  
Options for home health care.

C. Collaboration with physician regarding treatment plan.  
Community-based options for socialization.  
Referral to nutritionist for dietary support.  
Referral to therapy group for depression.

D. Collaboration with physician regarding treatment plan.  
Referral to psychiatrist for medication evaluation.  
Referral to support group for diabetes education.  
Referral to support group for amputees.

## Legal Mandates and Obligations

20. What legal obligations are presented by this case?

A. Assess Lois' potential for self-harm.  
Communicate limits of confidentiality.  
Disclose fees for professional services.  
Obtain written consent to collaborate with medical providers.

B. Assess Lois' potential for self-harm.  
Communicate limits of confidentiality.  
Consult with physician regarding in-home support needs.  
Obtain written consent to collaborate with medical providers.

C. Explore transference issues with Lois.  
Disclose fees for professional services.  
Obtain client's informed consent for treatment.  
Review need for durable power of attorney for health care.

D. Initiate a "No Harm" contract.  
Manage issues of confidentiality.  
Maintain privacy and security of client records.  
Obtain written consent to collaborate with medical providers.

## Ethical Standards

21. What ethical responsibilities does the therapist have in this case?

A. Consultation with physician regarding physical rehabilitation and prognosis.

Consultation with colleague if problematic countertransference issues arise.  
Maintenance of therapeutic boundaries to avoid rescuing behaviors.  
Promotion of client's self-reliance.

B. Consultation with colleague if countertransference issues arise.  
Limitation of services to permissible scope of practice.  
Discussion of phase of life issues with client.  
Management of fees.

C. Reinforcement of client's responsibility to adhere to diabetic dietary restrictions.  
Consultation with physician regarding physical rehabilitation and prognosis.  
Establishment of therapeutic boundaries.  
Management of fees.

D. Reinforcement of client's responsibility to adhere to diabetic dietary restrictions.  
Maintenance of therapeutic boundaries to avoid rescuing behaviors.  
Limitation of services to permissible scope of practice.  
Promotion of client's self-reliance.

## Vignette 2

*Janet, a 42-year-old accountant, presents for therapy on the advice of her husband. Janet states that for the past year she has suffered from headaches, irritability, frequent tearful episodes, and insomnia. She sometimes sleeps during the day, missing work due to tiredness. Subsequently, Janet has started drinking. She admits to having four or five drinks most nights to help her fall asleep and to taking supplements during the day to stay alert. At work, Janet has been reprimanded by her supervisor for her arguments with co-workers and tearful outbursts. Janet sobs, "My husband can't stand me this way, and I can't stand to go on this way, either. I've even thought about separating until things can get better." Continuing, she adds, "What would my friends and co-workers think if they knew I came in for help?"*

## Diagnostic Formulation

22. What diagnoses should be considered for Janet?

A. Alcohol abuse.  
Acute Stress Disorder.  
Depressive Disorder NOS.  
V Code Partner Relational Problem.

B. Dysthymic Disorder.  
V Code Relational Problem NOS.  
Substance-Induced Mood Disorder.  
Adjustment Disorder with Depressed Mood, Chronic.

C. Alcohol Abuse.  
Major Depressive Disorder.  
Substance-Induced Mood Disorder.  
V Code Partner Relational Problem.

D. Substance abuse.  
Bipolar II Disorder.  
V Code Partner Relational Problem.  
Mood Disorder due to General Medical Condition.

## Therapeutic Intervention

23. What initial interventions should the therapist present to Janet?

- A. Referral to psychiatrist for a medication evaluation.  
Cognitive-behavioral therapy to address depressive symptoms.  
Support group with other clients recovering from substance use.  
Including husband in treatment to address substance abuse issues affecting the couple.
- B. Couples therapy to address relational issues  
Cognitive-behavioral therapy to address depressive symptoms.  
Support group with other clients recovering from substance use.  
Referral to medical doctor to evaluate effects of polysubstance use.
- C. Structured individual therapy focusing on mood disturbance.  
Referral to medical doctor to evaluate interaction of substances.  
Referral to Employee Assistance Program to address workplace issues.  
Including husband in treatment to address substance abuse issues affecting the couple.
- D. Couples therapy to address relational issues.  
Referral to psychiatrist for a medication evaluation.  
Outpatient substance abuse treatment to address client's substance use.  
Referral to Employee Assistance Program to address workplace issues.

## Treatment Plan Development

24. What client factors must the therapist consider in planning Janet's initial treatment?

- A. The couple's expectations for Janet's treatment outcome.  
The psychological stressors underlying Janet's substance abuse.  
Impairments to Janet's judgment as demonstrated by her substance use.  
Janet's poor impulse control as demonstrated by her use of multiple substances.
- B. Familial attitudes towards self-medication.  
Janet's feelings of shame regarding her mental illness.  
The couple's expectations for Janet's treatment outcome.  
Risk of lethality from combining supplements and alcohol.
- C. Janet's motivation for seeking treatment.  
Janet's prior history of using substances and supplements.  
Risk of lethality from combining supplements and alcohol.  
The psychological stressors underlying Janet's substance abuse.
- D. Janet's motivation for seeking treatment.  
Janet's reasons for engaging in self-medication.  
Janet's feelings regarding her loss of control and need for help.  
Impairments to Janet's judgment as demonstrated by her substance use.

## Answer Key

1. C
2. D
3. A
4. B
5. B
6. A
7. B
8. C
9. C
10. A
11. A
12. D
13. D
14. A
15. B
16. A
17. C
18. A
19. D
20. A
21. A
22. C
23. D
24. B

## Examination Results

Meeting educational and experience requirements and passing the examinations are challenging experiences. The entire process takes years of dedication. The purpose of the licensing examinations is to protect consumers and ensure that LCSWs are minimally competent to provide independent psychotherapy in the State of California. While it seems self-evident that well rounded clinicians will perform well on the examination, many candidates will begin studying two to four months in advance of the examination, take a preparation course, and expect to pass both examinations on the first attempt. This may work for some, but two to four months of studying is no compensation for polished clinical skills and knowledge.

Use this study guide as a resource and to assist you in becoming the best clinician that you can be. Doing so results not only in success on the licensing examination, but success in your career.

## Passing Notices

You will need to pass the Standard Written Examination before you can apply to take the Clinical Vignette Examination using the *LCSW Request for Examination/Re-Examination* form.

Passing both examinations means you are ready to receive your license. Congratulations, and remember to submit your *Request for LCSW Initial License Issuance* form and appropriate fee to the Board. You should receive the *Request for LCSW Initial License Issuance* form at the testing center once you pass the Clinical Vignette Examination.

## Failure Notices

Failing will undoubtedly disappoint any examination candidate; however, if you do fail, treat it as an opportunity to improve.

Failure notices provide you with a breakdown of how you performed within each of the content areas. This information will assist you in preparing to re-take the examination. You must wait six months and must submit a *LCSW Request for Examination/Re-Examination* application to the Board to be eligible to retake the exam.

## **Appendix A**

### *LCSW Standard Written Examination Plan Content Outline*

- I. Bio-psychosocial Assessment**
  - a. Assessing for Risk
  - b. Assessment of Client Readiness and Appropriateness for Treatment
  - c. In depth Assessment
    - i. Comprehensive exploration of symptoms
      1. Psychological factors
      2. Cultural/Personal factors
    - ii. Comprehensive Evaluation of Problem
      1. Social-environment history
      2. Medical and developmental history
      3. History of substance use/abuse
    - iii. Comprehensive Evaluation of Inter- and Intra-personal resources
- II. Diagnostic Formulation**
- III. Treatment Plan Development**
  - a. Identify Identify/Prioritize Objectives, Goals and Methods of Treatment
  - b. Integrate/Coordinate Concurrent Treatment Modalities and Adjunctive Resources
  - c. Monitoring, Evaluation and Revision of Treatment Plan
- IV. Resource Coordination**
  - a. Service Identification and Coordination
  - b. Client Advocacy and Support
- V. Therapeutic Interventions**
  - a. Crisis Intervention
  - b. Short-Term Therapy
  - c. Therapy for Children and Adolescents
  - d. Therapy for Adults (Individual and Group)
  - e. Therapy for Couples
  - f. Therapy for Families
  - g. Managing the Therapeutic Process
- VI. Legal Mandates**
  - a. Protective Issues/Mandated Reporting
  - b. Professional Conduct
- VII. Ethical Standards**

The following pages contain detailed information regarding examination content. A description of each content area, sub area and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

## I. **BIOPSYCHOSOCIAL ASSESSMENT**

*This area assesses the candidate's ability to identify and assess the biopsychosocial aspects of the presenting problem.*

### A. ASSESSING FOR RISK

#### Tasks

- Evaluate client's level of distress to assess the impact of the presenting problem on the person in the situation.
- Assess for suicide potential by evaluating client's intent, means, and history to determine need for immediate intervention.
- Evaluate level of danger client presents to self and others to determine need for immediate intervention.
- Evaluate client for grave disability to determine need for immediate intervention.
- Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency.
- Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman.
- Evaluate degree of risk by identifying the client's immediate support systems and the client's ability to access them.
- Identify precipitating events to determine the need for crisis intervention.
- Identify presenting complaint to determine client's understanding of the problem.

#### Knowledge of

- Psychological, physical, and behavioral indicators of abuse and neglect.
- Socio-cultural factors that affect the assessment of client risk.
- Risk factors that indicate a high potential for suicide within age, gender, and cultural groups.
- Legal criteria for identifying clients who require involuntary treatment or detention.
- Methods for assessing the risk of decompensation and hospitalization.
- Criteria for evaluating the safety of a child's environment.
- Physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.
- Knowledge of criteria for determining whether client's living situation constitutes high risk for abuse.
- Knowledge of methods and techniques for eliciting client's perception of presenting complaint.
- risk factors that indicate a client's potential for causing harm to others.
- criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults.
- risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.

## B. ASSESSMENT OF CLIENT READINESS AND APPROPRIATENESS OF TREATMENT

### Tasks

- Assess for language barriers that will impede the therapeutic process to determine whether treatment can be provided or referral is indicated.
- Assess for cultural factors that will influence or impact the therapeutic process to determine whether treatment can be provided or referral is indicated.
- Identify client's presenting problem and goals for therapy to determine whether treatment can be provided or referral is indicated.

### Knowledge of

- The effect of language differences on the therapeutic process.
- The role of client motivation in therapeutic change.
- Cultural beliefs regarding therapy and mental health.
- Developmentally appropriate techniques for eliciting information about the client's thoughts and feelings during the interview process.
- Methods and techniques for facilitating the client's ability to communicate thoughts and feelings during the interview process.
- Techniques for evaluating the congruence between the client's nonverbal and verbal communications.
- How cultural factors impact the ways a client seeks assistance for psychosocial problems.

## C. IN-DEPTH ASSESSMENT

### 1. Comprehensive Exploration of Symptoms

#### a. Psychological Factors

### Tasks

- Gather information regarding the mental health history of the client and the client's family to assist in developing a comprehensive assessment.
- Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning.
- Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral.
- Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments.
- Evaluate effects of client and family's spiritual beliefs on presenting problem.
- Gather collateral information pertaining to client and client's presenting problem to formulate a differential diagnosis.
- Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing.
- Gather information regarding perception and cognition to identify symptoms of psychopathology.
- Assess client's mood, affective responses, and impulse regulation identify patterns of emotional functioning.
- Identify symptoms of perceptual, cognitive, and learning disorders that require referral for educational testing.
- Identify perceptual and cognitive functions that require referral for psychological testing.

### Knowledge of

- The effects of aging on client's independent functioning.
- Methods for assessing the client's degree of acculturation.
- Behavioral, physiological, and psychological indicators of emotional distress in assessing client's psychosocial functioning.
- Behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation.
- Methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem.
- Methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues.
- Methods and techniques for assessing the client's ability to provide for self-care needs.
- Types of information available in employment, medical, psychological, and school records to provide assessment and diagnostic information.
- The effects of mood disturbance on psychosocial functioning.
- Strategies for gathering information from adjunctive resources.
- Psychological, cognitive, and behavioral factors that indicate a need for psychological and vocational testing.
- The effect of mental disorders on psychosocial functioning.
- Methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.

b. Cultural/Personal Factors

Tasks

- Assess client's degree of acculturation to determine impact on presenting problem.
- Identify impact of client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.
- Assess nature of client's familial relationships by evaluating the family structure within the client's cultural identity.
- Gather information regarding role identification within context of client's race, culture, and country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.
- Identify impact of client's culture on client's presentation of psychological or physical problems.

Knowledge of

- Methods and techniques for assessing the impact of other peoples' values, culture, and life experiences on the client's presenting problem.
- Methods and techniques for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem.
- Methods and techniques for assessing how the client's values, personal preferences, and cultural identity impact the presenting problem.

2. Comprehensive Evaluation of Problem

a. Social-Environmental History

Tasks

- Gather information about client's interpersonal relationships to identify patterns of behavior in different life settings.
- Assess history of trauma and abuse to determine impact on current functioning.

- Evaluate impact of psychosocial and environmental stressors on client's symptomatology.
- Identify events precipitating current problem through interviews with client and collateral sources.
- Gather information regarding client's family history to determine the impact of significant relationships and events on current problems.
- Assess impact of familial patterns of interaction on client's current problem through interviews with client and collateral sources.
- Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.

#### Knowledge of

- Methods for assessing the impact of family history on client functioning.
- Methods for assessing the effects of the client's physical condition on past and current psychosocial functioning.
- The cycle of abuse that perpetuates intergenerational violence and trauma.
- How cultural influences affect the client's perception of life events as traumatic.
- The effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.
- The interrelationship between client's behavior in social and work environments and behavior in other areas of client's life.
- How to assess the relationship between life events and the stressors the client experiences.
- The effects of socio-cultural factors on the client's presenting problem.

#### b. Medical and Developmental History

##### Tasks

- Gather information regarding the developmental history of the client and client's family members to determine course of developmental progression.
- Identify possible deficits in client's developmental level to determine need for further evaluation.
- Gather information regarding client's use of complementary and alternative treatments to evaluate client's approach to medical problems.
- Gather information regarding client's personal and familial medical history to determine impact of the person in the situation.
- Assess client's perception of the impact of physical limitations on adaptive functioning.
- Assess how client's medical conditions affect past and current adaptive functioning.
- Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness.

#### Knowledge of

- Theories of aging and development that explain biological and cognitive changes.
- The relationship between medical conditions and psychosocial functioning.
- The relationship between level of functioning and normative developmental stages throughout the life span.
- Symptoms of medical conditions that may impact client psychosocial functioning.
- Common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.
- The effects of medications and their impact on the client's adaptive functioning.

- Developmental processes of individual growth and change.
- Methods and techniques for assessing the impact of client's family medical history on current problems and issues.
- The effects of social, cultural, and environmental influences on aging and health.
- The effect of biological and environmental influences on specific developmental and life phases.
- Theories of stages of cognitive development.

### c. History of Substance Use/Abuse

#### Tasks

- Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services.
- Assess social and familial factors associated with or contributing to the client's substance use.
- Assess types and patterns of use to determine substance abuse and/or dependence.

#### Knowledge of

- The impact of substance use or abuse on family and social relationships and role functioning.
- The effect of substance use and abuse on psychosocial functioning.
- Physical and behavioral signs indicating current substance intoxication and/or withdrawal.
- Physical and behavioral indicators associated with substance abuse.
- The impact of social, cultural, and familial factors on substance use and abuse.
- Physical and behavioral indicators associated with substance dependence.

### 3. Comprehensive Evaluation of Inter- and Intra-personal Resources

#### Tasks

- Evaluate effectiveness of client's coping strategies and strengths by identifying patterns of reactions and responses to life stressors.
- Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem.
- Assess client's ability and willingness to access personal and community resources.
- Gather information regarding family members' coping strategies and strengths to assist in treatment planning.
- Gather information regarding interpersonal relationships to evaluate and assess client's ability to access and utilize support systems.
- Assess current living conditions to determine impact of the environment on the person in the situation.
- Collect information from collateral sources to assist in developing clinical assessment and intervention strategies.
- Assess impact of the client's family and social network on the presenting problem.
- Assess socioeconomic factors to determine the impact of financial stressors on current problem.
- Assess ability and willingness of the client's family and social network to support client's treatment.

## Knowledge of

- Methods for assessing adaptive and maladaptive coping mechanisms in dealing with life stressors.
- How to obtain and integrate relevant clinical information from collateral sources to increase an understanding of the client in the environment.
- Affective reactions to life stressors or situations that impact psychosocial functioning.
- The effect of economic factors and stressors on psychosocial functioning.
- Theories of coping and adaptive responses to life events.
- The relationship between social supports and adaptive functioning.
- Methods for assessing client's ability to access personal and community resources.

## II. **DIAGNOSTIC FORMULATION**

*This area assesses the candidate's ability use assessment information to formulate an accurate differential diagnosis for developing a treatment plan and interventions within the client's socio-cultural context.*

## Tasks

- Integrate information about the client's premorbid functioning in developing a differential diagnosis problem formulation.
- Compare assessment information with diagnostic criteria in formulating differential diagnoses.
- Incorporate information about the client physiological status in formulating differential diagnoses.
- Integrate information regarding the impact of the client's cultural/ethnic background and beliefs on the experience and presentation symptoms in formulating a differential diagnosis.
- Integrate results of mental status examination in developing a differential diagnosis or problem formulation.
- Integrate collateral information from referral sources in developing a differential diagnosis or problem formulation.
- Identify persistence of symptoms to determine if problem is acute or chronic.
- Develop clinical diagnosis or problem formulation to provide basis for interventions.
- Identify onset or initial presentation of symptoms to determine duration of the problem.
- Identify extent of impairment and its impact on the client's level of functioning to develop a diagnostic impression.
- Integrate assessment information to determine depth and breadth of impairment on adaptive functioning.
- Integrate information about the precipitating events in developing a differential diagnosis or problem formulation.
- Identify psychological and environmental stressors to determine impact on symptomatology.

## Knowledge of

- Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders.
- The clinical process of developing a diagnosis or problem description to clarify therapeutic issues.

- How to evaluate and integrate information about the client's premorbid condition and precipitating events into the formulation of a differential diagnosis.
- Criteria for classifying complex levels of addiction (cross addiction).
- Situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client's culture and beliefs.
- The relationship between biochemistry and psychiatric disorders.
- How to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.
- Situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation.
- Methods for integrating assessment information to identify areas and level of impairment in client's functioning.
- The defining characteristics of symptoms that indicate provisional diagnoses.
- The psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment.
- The social work diagnostic framework for identifying and evaluating presenting symptoms.
- The impact of cultural factors on the formulation of a differential diagnosis.
- The relationship between psychosocial and environmental factors and symptom development.
- The relationship between onset of signs and symptoms and duration of the problem.
- Behavioral, physiological, and psychological indicators of developmental disorders.
- The relationship between persistence of symptoms and the course of the problem.
- Methods for differentiating between disorders that share common symptoms.
- Criteria for classifying substance use, abuse, and dependency.
- The short and long-term side effects of medications and their effect on the client's presenting symptoms.

### III. **TREATMENT PLAN DEVELOPMENT**

*This area assesses the candidate's ability to develop a culturally relevant treatment plan based on assessment and diagnostic information. The treatment plan includes a definition of the problem, measurable goals and objectives, and clinical interventions consistent with the client's readiness for, and ability to engage in treatment, and relevant to the phases of therapy.*

#### A. **IDENTIFY/PRIORITIZE OBJECTIVES, GOALS AND METHODS OF TREATMENT**

##### Tasks

- Incorporate interventions in to the treatment plan that address the needs associated with client's clinical diagnosis.
- Identify level of intervention required to address the client's areas and degree of impairment in developing the treatment plan.
- Develop mutually agreed upon treatment goals based on assessment and diagnostic information.
- Integrate aspects of client's value and belief systems into the development of the treatment plan.
- Develop measurable objectives to facilitate treatment goals.
- Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals.

- Identify client and therapist values that impact the therapeutic process to direct the treatment approach.
- Select treatment modalities based on client needs, diagnosis, and assessment.
- Develop preliminary termination plan to provide a structure for treatment.
- Develop preliminary termination plan with client to maintain therapeutic progress after treatment has ended.
- Provide client education about the therapeutic process to promote client's self-determination.
- Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.

#### Knowledge of

- Methods and techniques for enhancing client motivation in treatment.
- Methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process.
- Client characteristics that affect client adaptation in different therapeutic modalities or treatment settings.
- Methods and techniques for educating client about the therapeutic process.
- The components of a treatment or service plan for each phase of the therapeutic process.
- Methods for determining service priorities by evaluating level of impairment in areas of client functioning.
- Methods for determining the timing of interventions according to phase of therapy.
- Methods for prioritizing symptoms to determine target areas for improving client functioning.
- Techniques and procedures for engaging the client in the mutual development of treatment goals objectives.
- Culturally competent interventions to provide services to diverse populations.
- Procedures for determining how to manage aspects of the therapist's value system that potentially impacts therapy.
- Strategies for determining therapeutic goals to direct treatment.
- Techniques for integrating client's current experiences, values, and belief systems into the treatment plan.
- The differential use of psychotherapeutic techniques in treating problems or disorders.
- Techniques for determining compatibility of treatment modalities with specific problems or disorders.
- Methods for developing short-and long-term treatment objectives to address therapeutic problems.
- Methods for determining length of therapy based on diagnosis and client's goals for treatment.
- The components of individual treatment plans to provide for clients with special needs.
- Techniques and procedures for engaging client's on-going participation in the therapeutic process.

#### B. INTEGRATE/COORDINATE CONCURRENT TREATMENT MODALITIES AND ADJUNCTIVE RESOURCES

##### Tasks

- Collaborate with physician/psychiatrist regarding the effects and contraindications of psychotropic drugs to maximize therapeutic effectiveness with clients.

- Coordinate with other care providers in the development of an individual treatment plan.
- Determine need for referral to adjunctive treatment resources to support the treatment plan.
- Evaluate need for a treatment program based on severity of substance abuse and impairment to client functioning.
- Evaluate efficacy of collateral support systems for inclusion in treatment plan.
- Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status, or level of ability to provide treatment.

#### Knowledge of

- The dynamics of working across disciplines in developing comprehensive and integrated treatment.
- Methods for accessing and coordinating multiple interventions across disciplines.
- Methods for incorporating collateral support systems in therapy.
- Techniques for combining treatment modalities in treating specific problems or disorders.
- The effect of psychotropic medications on therapeutic interventions.
- Methods for integrating mainstream, complimentary, and alternative treatment modalities that are consistent within the framework of the client's cultural identity, beliefs, and values into treatment.

### C. MONITORING, EVALUATION AND REVISION OF TREATMENT PLAN

#### Tasks

- Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives.
- Prepare for termination with client by reviewing progress attained.
- Develop termination plan with client to maintain therapeutic progress after treatment has ended.
- Elicit information from collateral resources to assist in evaluating treatment efficacy.
- Adjust treatment plan and interventions as indicated by client's changing needs and goals.
- Establish collaborative alliance with agencies, caregivers, placement settings, and other community resources to develop support services commensurate with client needs.
- Conduct initial and on-going review of therapeutic alliance to assist client engagement in therapy.
- Determine evaluation criteria to monitor progress toward goals and objectives.

#### Knowledge of

- Techniques for re-engaging mandated, resistant, and noncompliant clients in treatment.
- Methods and procedures for formulating an after-care plan.
- Methods for assessing qualitative and quantitative therapeutic change.
- Methods for consolidating therapeutic gains to facilitate and maintain client's achievements outside therapy.
- Methods for evaluating and monitoring treatment plan to ensure consistency with changing client goals and needs.
- Methods for formulating behavioral indicators to measure and evaluate therapeutic change.
- Changes in client functioning that indicate readiness to terminate therapy.
- Procedures for evaluating therapeutic change in preparation for termination.
- Methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.

#### IV. **RESOURCE COORDINATION**

*This area assesses the candidate's ability to coordinate linkages and provide access to resources, and to evaluate the efficacy of the referrals.*

##### A. **SERVICE IDENTIFICATION AND COORDINATION**

###### Tasks

- Coordinate with community sources to facilitate outreach to transient and homeless clients.
- Evaluate suitability of community resources to provide supportive services commensurate with client needs.
- Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs.
- Coordinate with other professionals, service providers, and other community resources to establish linkages for outreach services.
- Gather information regarding cultural community networks to identify resources and sources of support.
- Coordinate access to therapeutic or community programs to facilitate client's transition into the community.
- Evaluate client's current needs and prognosis for change to assist in determining least restrictive placement environment.
- Collaborate with other providers and community specialists to identify resources.
- Determine need for outreach and/or field visits in order to evaluate how health, safety, and welfare issues are affecting treatment.
- Coordinate linkages with support systems and services to facilitate access by client.

###### Knowledge of

- Criteria for determining least restrictive environment to provide for care and safety of client.
- Methods for identifying and incorporating community support systems and resources that are consistent with client's beliefs and values.
- Types of placements available for the short- and long-term care of clients of differing levels of care.
- Methods for evaluating conditions in the home to determine need for additional services.
- Methods and procedures for facilitating client's transition to a less restrictive setting.
- Methods for identifying community support services that meet client needs.
- Methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client's current or prospective needs.
- Methods for identifying and incorporating community support systems and resources relevant to the client's culture, background, beliefs, and values.
- The methods involved in establishing a liaison with community resource providers.
- Methods for evaluating client's ability to access support services and treatment sources.
- Federal, state, local, and public and private social services that provide assistance with meeting client's basic needs.
- Methods for identifying and incorporating community support systems and resources for transient and homeless clients.
- Criteria for evaluating the level of care of a prospective or current placement to meet client's needs.
- Methods for incorporating a multidisciplinary team approach to treatment.

## B. CLIENT ADVOCACY AND SUPPORT

### Tasks

- Advocate within the community for the creation or enhancement of support services to meet client needs.
- Educate community resources about how to best meet client needs within the framework of the individual needs, culture, beliefs, and values of the client.
- Facilitate integration of client back into the community by providing psychoeducation to service providers and community members.
- Advocate with institutions and organizations, including within the legal or judicial system and within medical and healthcare institutions, to improve service delivery and to protect client rights.
- Educate client about how to access support services including access to legal advocacy to support client's rights.
- Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs.
- Consult with other professionals and referral sources to discuss the client's progress and to evaluate the on-going effectiveness and accessibility of resources.
- Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect client rights.
- Engage client in the mutual exploration and identification of future resources as the client's needs change.
- Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met.
- Advocate for protective placement to assist client with leaving a dangerous or unsafe environment.
- Engage client the mutual evaluation of the on-going effectiveness and accessibility of resources.

### Knowledge of

- Methods and procedures for enhancing or developing new services within the community.
- Methods for increasing client's ability for self-advocacy.
- Methods for evaluating the usage and efficacy of referral sources.
- Standards, laws, and regulations regarding housing, accessibility, employment, and equal opportunity to protect client's rights.
- Criteria for evaluating safety of client placement.
- Laws, statutes, and regulations relating to residential placement.
- Advocacy methods for increasing client's access to needed resources.
- Methods for providing psychoeducational services to the client.
- The benefits of psychosocial education to clients and their families about the nature of mental disorders.
- Methods for providing psychoeducational services to community service providers.

## V. THERAPEUTIC INTERVENTIONS

*This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client needs consistent with the client's socio-cultural context.*

### A. CRISIS INTERVENTION

## Tasks

- Implement techniques to assist client's exploration of options to increase adaptive functioning.
- Assist client to modify environment to promote stabilization.
- Evaluate nature and severity of current crisis to determine intervention strategy.
- Implement techniques to assist client to verbalize source of crisis.
- Assist client to manage emotions associated with traumatic event to facilitate client's resolution of crisis.
- Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.
- Develop a stabilization plan with client in crisis to prevent further decompensation.

## Knowledge of

- Methods for implementing strategies and interventions with clients in emergency situations.
- The effect of crisis on emotional and psychological equilibrium.
- Counseling techniques to assist client in crisis to regain emotional balance.
- Transitional crises created by immigration and acculturation.
- Intervention strategies to reduce self-destructive and/or self-injurious behavior.
- Crisis intervention techniques to provide immediate assistance to client.
- The psychological characteristics and emotional reactions to crisis events or trauma.
- Therapeutic techniques for improving adaptive functioning of client in crisis.

## B. SHORT-TERM THERAPY

### Tasks

- Apply a problem-solving approach in therapy for treating the problem as it impacts the client's current functioning.
- Instruct client in techniques for increasing rational thought processes to enhance client's problem-solving and decision-making ability.
- Implement interventions for facilitating the client's ability to identify the interrelationship between past events and current behaviors.
- Provide psychoeducation about loss and stages of grieving process to facilitate client's normalization of feelings and experiences.
- Assist client with identifying and expressing feelings to move through the stages of grief and loss.
- Provide psychoeducation about normal reactions to stress to assist client with managing transitional life issues.
- Facilitate client's coping and planning strategies for addressing issues associated with major life events/potentially life-changing events.
- Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.
- Apply a treatment plan for accomplishing symptom reduction using a brief therapy model.

## Knowledge of

- Methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances.
- The intervention models for Brief Therapy and their indications and contraindications for use.
- Techniques and procedures for implementing interventions using a Brief Therapy model.
- The effect of client's prior coping patterns and life experiences on adjustment to trauma.
- The stages of loss and grief.
- Counseling techniques to assist survivor of trauma work through feelings associated with the experience.
- The effect of patterns of interpersonal relations on ability to maintain social relationships.

## C. THERAPY FOR CHILDREN AND ADOLESCENTS

### Tasks

- Determine baseline levels of maladaptive behaviors to measure therapeutic change.
- Implement interview techniques consistent with child's cognitive development.
- Select age-appropriate interventions to facilitate child's understanding of the presenting problem.
- Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy.
- Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances.
- Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies.
- Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood.
- Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships.
- Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.
- Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings.
- Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior.
- Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others.
- Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity.
- Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood.
- Address adolescent's body image distortions to develop a reality-based perception of the physical self.
- Provide supportive therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial adjustment.
- Provide assertiveness training to promote client's self-esteem and self-confidence.
- Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses.

- Provide therapy involving structured task completion to improve child's ability to focus on specific tasks.
- Provide parenting skills training to improve parents/caregivers' ability to care for children.
- Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions.
- Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage

#### Knowledge of

- Methods for preventing relapse with child/adolescent client in recovery.
- Common psychological reactions related to biological changes of adolescence and young adulthood.
- Counseling techniques for dealing with physical, emotional and psychological issues that contribute to substance use and abuse.
- Methods and techniques to identify source of resistance to treatment.
- Methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development.
- Counseling techniques to facilitate client's recognition of emotional and psychological sources of anger.
- Counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues.
- Behavior management interventions which reduce disruptive behavior in a variety of environments.
- The principles of learning theory to explain the acquisition of behaviors.
- Intervention methods for treating substance dependency.
- Behavioral and emotional responses in children resulting from parental separation or divorce.
- Developmental theories and their application to children and adolescents in a clinical setting.
- Techniques for increasing attention span by modifying child's environment.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents.
- Factors that affect client adjustment during emancipation process.
- Developmentally appropriate therapeutic techniques for treating children and adolescents.
- Therapeutic techniques to decrease violent or aggressive behavior.
- The effect of gender role expectations and stereotypes on child and adolescent development.
- The developmental stages of defining sexual identity and preference.
- The physical and psychosocial effects of substance use on children and adolescents.
- Methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients.
- Types of learning disabilities that impede academic performance.
- Effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents.
- The effects of racism and discrimination on development of self-concept.

## D. THERAPY FOR ADULTS (INDIVIDUAL AND GROUP)

### Tasks

- Facilitate group process so clients can derive the maximum benefit from the experiences of peers.
- Apply nondirective approach to therapy by following the client's lead to permit change to occur at client's pace.
- Apply therapeutic techniques to integrate thoughts, feelings, and actions to assist client to achieve congruence of self.
- Provide psychotherapy to survivor of abuse to reduce the impact of the experience.
- Teach client anger management techniques to increase client's ability to manage aggressive impulses.
- Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse.
- Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s).
- Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors.
- Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning.
- Provide psychoeducation for family members to facilitate treatment compliance of client.
- Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.
- Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness.
- Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.
- Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors.
- Implement techniques for motivating client to attend substance treatment programs.
- Assist client to identify cognitions that maintain maladaptive behavior.
- Provide supportive therapy to psychiatric client to increase compliance with medical and pharmacological interventions.
- Confront client's inappropriate and/or antisocial behavior to provide opportunities for change.
- Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences.
- Teach client relaxation skills to increase client's ability to manage symptoms of anxiety.

### Knowledge of

- The relationship of the positive effects of physical and cognitive activity on functioning in later adulthood.
- Theories of group dynamics.
- Cognitive restructuring techniques to change maladaptive thought patterns.
- The relationship between interpersonal interactions and social functioning.
- The effect of cognition on interpretation of behavioral responses.
- The biological, social, and psychological aspects of mental illness and emotional functioning.

- Sexual dysfunctions that indicate need for specialized services.
- Methods and techniques for conducting group psychotherapy.
- The biological, social, and psychological aspects of aggression.
- Methods and techniques for providing psychoeducation to individual clients and groups.
- The effect of gender role expectations and stereotypes on adult psychosocial functioning.
- Stress management techniques to reduce anxiety or fearful reactions.
- Interventions and techniques for assisting client with managing own anger and aggression.
- Therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination.
- Psychodynamic techniques for resolving emotional conflict or trauma.
- Methods for implementing desensitization techniques to reduce client symptoms.
- Techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process.
- The effects of unconscious processes on behavior.
- The protective function defense mechanisms against anxiety.
- The application of experiential techniques to assist client to achieve treatment goals.
- Methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process.
- The concept of insight in successful resolution of past trauma or conflict.
- Knowledge the biological, social, and psychological aspects of substance use and addiction.
- Therapeutic techniques for increasing client's feelings of self-worth.
- Methods for assessing maladaptive functioning in interpersonal relationships.
- The impact of cultural, racial, and ethnic values and beliefs on adult behavior.
- The effect of events in client's past on current experiences.

## E. THERAPY FOR COUPLES

### Tasks

- Implement communication techniques with couples to promote mutual disclosure and discussion.
- Identify strategies couples can implement to balance external responsibilities with personal relationship.
- Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.
- Provide counseling to couples considering separation or divorce to address issues of loss.
- Provide premarital counseling to assist couple's transition to new family system.
- Educate clients about the stages of development of the couple relationship to normalize changes and transitions.
- Provide therapy and psychoeducation to couples to address issues of a blended family.
- Implement strategies to increase the safety the couple feels in the relationship.
- Assist couple to identify the relationship strengths on which effective coping strategies may be based.
- Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on relationship.
- Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes.
- Determine goal of couple's therapy by evaluating each individual's motivation.

- Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies.
- Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems.
- Assist clients to restructure interactions by reframing the couple's perception of power structure within the system.
- Provide education regarding values identification clarification to develop mutual acceptance, tolerance, and cohesion in relationship.
- Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships.

#### Knowledge of

- The effect of incongruent goals of couples on therapeutic process.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in couples.
- Techniques to increase intimacy within couple relationships.
- The aspects of relationships that result in problems or conflicts for couples.
- Methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns.
- Techniques to assist client to develop individual roles and identities within the couple relationship.
- The impact of communication and interactional styles on couple relationships.
- Techniques for teaching conflict resolution and problem-solving skills with individuals in a couple.
- Counseling techniques to assist couples with psychological adjustment to sexuality issues.
- Methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs.
- The effect of gender role expectations and stereotypes on communication and partner expectations in couples.
- Methods for identifying and implementing interventions for treating maladaptive functioning in couple relationships.
- Issues resulting from dissolution of couple relationships.
- Therapeutic methods to establish individual and system boundaries.
- The effect of unrealistic role assignments on couple relationships.
- The dynamics of the marriage/partner relationships that shape and change the relationship.
- Methods and techniques for teaching couples how to improve their communication.

#### F. THERAPY FOR FAMILIES

##### Tasks

- Provide information to clients regarding developmental stages of the family to facilitate understanding of family change.
- Implement strategies for changing disruptive interaction styles to strengthen family cohesion.

- Identify separation issues in parent-child relationship to promote age-appropriate individuation.
- Identify transitional issues in parent-child relationship to promote age-appropriate differentiation.
- Mediate conflict regarding couple's parenting styles to effect consistency in child's environment.
- Provide information and resources to parents regarding growth and development of children to increase understanding of child's needs and progress.
- Model adaptive methods for relating to peers and siblings to improve child's social functioning.
- Identify differences in multigenerational acculturation to determine source of value conflicts between family members.
- Provide family therapy to achieve reunification goals.
- Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce.
- Develop family reunification goals by identifying changes that must be made to improve family functioning.
- Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure.
- Provide psychosocial information to families regarding environmental and biological components that impact development.
- Identify patterns of interaction among family members to determine sources of conflict.
- Identify family of origin influences to understand impact on present family functioning.
- Identify family structure to clarify roles and boundaries of the family unit.

#### Knowledge of

- Behaviors or reactions that indicate problematic separation or attachment issues.
- How cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members.
- The effect of conflicting or inconsistent parenting styles on child's level of functioning.
- Methods for identifying interconnections and interdependence within social systems.
- The impact of the family's communication and interactional styles on the family members interpersonal dynamics and relationships.
- Parenting skills necessary to provide for care of children.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups.
- The impact of cultural views regarding family structure and values.
- The aspects of interpersonal relationships that result in problems or conflicts within family groups.
- Therapy techniques to strengthen or reestablish family roles.
- Behavioral and emotional responses of family members resulting from parental separation or divorce.
- The effect of differences in multigenerational acculturation on family structure and values.
- Techniques to identify multigenerational transmission of patterns and interactions that impact client functioning.
- Techniques to educate children regarding the relationship between behavior and consequences.

- The implications of family history for understanding its influence on current family functioning.
- Techniques to identify and clarify roles and expectations in blended family structures.
- Different types of supportive services to strengthen family system.
- Therapeutic interventions to improve family transactions.
- Therapeutic techniques to increase individuation within existing system structures.
- The stages of developmental changes that occur within the family system.
- Group process methods for improving patterns of communication between family members.
- The concept of feedback as it relates to the adjustment of a system.
- The family life cycle that results in transitions and changes in status.
- Techniques to identify different power bases within family structure.
- The concept of homeostasis in maintaining system structure and balance of power.

## G. MANAGING THE THERAPEUTIC PROCESS

### Tasks

- Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems.
- Provide unconditional positive regard by demonstrating genuine acceptance to assist client to develop a positive sense of self-worth.
- Implement strategies to address language barriers to facilitate client expression and understanding.
- Establish a supportive environment by providing unconditional positive regard toward client.
- Identify client and therapist values that impact the therapeutic process to direct the treatment approach.
- Identify countertransference to modulate impact on the therapeutic process.
- Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals.
- Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers.
- Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment.
- Implement strategies to facilitate client's awareness of the relationship between self-esteem and current functions.
- Establish therapeutic alliance to assist client engagement in therapy.

### Knowledge of

- The effect of unconditional positive regard in facilitating therapeutic effectiveness.
- The concept of countertransference as therapist's reactions and feelings response to client's therapeutic issues.
- The concept of transference as an expression of unresolved issues.
- Techniques for conveying empathy, interest, and concern within therapeutic context.
- Methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs.
- The stages of the client/therapist relationship and how it progresses over time.
- Techniques for establishing a therapeutic framework with diverse populations.

- Techniques to promote client engagement in therapeutic process.
- Methods and techniques for increasing client's acceptance of self as the agent of change in therapy.
- The effect of differences between therapist and client's values on therapy process.
- The relationship between client sense of self-worth and client functioning.
- Techniques for incorporating therapeutic use of self to maximize therapeutic alliance.

## VI. **LEGAL MANDATES**

*This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.*

### A. **PROTECTIVE ISSUES/MANDATED REPORTING**

#### Tasks

- Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.
- Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled, to initiate protective involuntary hospitalization.
- Evaluate client and the content of therapy to identify holder of privilege.
- Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities.
- Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.

#### Knowledge of

- Criteria for determining abuse, neglect, or exploitation of dependent adults.
- Laws regarding privileged communication to protect client's rights and privacy.
- Laws regarding payment or acceptance of money for referral of services.
- Reporting requirements regarding duty to warn when client indicates intent to harm others.
- Components of a child abuse investigation interview.
- Legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing.
- Laws regarding holder of privilege.
- Legal requirements regarding the mandatory and discretionary reporting have suspected or known abuse.
- Legal requirements for disclosing confidential material to other individuals, agencies, or authorities.

### B. **PROFESSIONAL CONDUCT**

#### Tasks

- Maintain boundaries with client by adhering to legal guidelines regarding sexual relations.
- Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.

- Obtain client's written permission to disclose privileged information to protect client's right to privacy.
- Maintain client records in accordance with state and federal regulations.
- Provide "Professional Therapy Never Involves Sex" brochure to client when client discloses allegations of sexual misconduct in previous therapy.
- Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.

#### Knowledge of

- Laws, which define the boundaries and scope of clinical practice.
- Laws regarding disclosing fees for professional services.
- Laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.
- Laws regarding sexual misconduct between therapist and client.

### VII. **ETHICAL STANDARDS**

*This area assesses the candidate's ability to identify and apply ethical standards to clinical practice.*

#### Tasks

- Provide client with reasonable notification and resources when treatment must be interrupted or terminated.
- Disclose exceptions to confidentiality to inform client of limitations of privileged communication.
- Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.
- Seek consultation before countertransference issues interfere with treatment.
- Collaborate with other professionals when issues arise outside the therapist's expertise.
- Identify clinical issues outside therapist's experience or competence to refer to other professionals for treatment.
- Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment.
- Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals.
- Demonstrate professional competence by providing information to client regarding education, professional qualifications, and professional affiliations.
- Implement policies and therapeutic procedures that enhance client's self-determination by providing services regardless of client's race, culture, country of origin, gender, age, socioeconomic marital orientation, or level of ability.
- Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship.
- Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.
- Identify own physical or cognitive impairments to determine impact on ability to provide professional services.
- Maintain clear and professional boundaries with client to prevent dual/personal relationship that could negatively impact the therapeutic relationship.

## Knowledge of

- Methods and conditions for communicating to client about acceptance of money or other payments for referral of services.
- Criteria for determining competency to practice.
- Methods and conditions for disclosing fees for professional services.
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- Therapist issues and conflicts that interfere with the therapeutic process.
- Ethical responsibility to provide client with information regarding therapeutic process and services.
- The limits of confidentiality within the therapeutic framework.
- Ethical considerations and conditions for interrupting or terminating treatment.
- Knowledge limitations of professional experience, education, and training to determine issues outside therapeutic competence.
- Methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.
- Ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability.
- Ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.

## *LCSW Written Clinical Vignette Examination Content Outline*

- I. Bio-psychosocial Assessment**
- II. Diagnostic Formulation**
- III. Treatment Plan Development**
- IV. Resource Coordination**
- V. Therapeutic Interventions**
- VI. Legal Mandates**
- VII. Ethical Standards for Professional Conduct**

The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted. Human diversity is measured throughout the exam and is not represented as a specific area on the score report. The content areas associated with ethics and legal are merged on the score report.

The following pages contain detailed information regarding examination content. A DEFINITION and DESCRIPTION of each content area, and the associated task and knowledge statements are provided.

The DEFINITION provides a general description of what the questions pertaining to that content area are designed to assess.

The DESCRIPTION provides a summary of the key components that may be presented to the candidate, specific to the vignette.

It is important for candidates to use this section as a study guide because each item in the Written Clinical Vignette examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

## I. BIO-PSYCHOSOCIAL ASSESSMENT

**Definition:** *This area assesses the candidate's ability to evaluate the bio-psychosocial factors relevant to gaining a clinical understanding of the client and the presenting problem.*

**Description:** *The candidate assesses and evaluates the interactions of psychological symptoms, intrapersonal and interpersonal resources, risk factors, and client readiness, within the context of the client's socio-cultural perspective.*

### A. ASSESSING FOR RISK

#### Tasks

- Assess for suicide potential by evaluating client's intent, means, and history to determine need for immediate intervention.
- Evaluate level of danger client presents to self and/or others to determine need for immediate intervention.
- Evaluate client for grave disability to determine need for immediate intervention.
- Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency.
- Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman.

#### Knowledge of

- Psychological, physical, and behavioral indicators of abuse and neglect.
- Sociocultural factors that affect the assessment of client risk.
- Risk factors that indicate a high potential for suicide within age, gender, and cultural groups.
- Legal criteria for identifying clients who require involuntary treatment or detention.
- Methods for assessing the risk of decompensation and hospitalization.
- Criteria for evaluating the safety of a child's environment.
- Physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.
- Criteria for determining whether client's living situation constitutes high risk for abuse.
- Risk factors that indicate a client's potential for causing harm to others.
- Criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults.
- Risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.

## B. IN-DEPTH ASSESSMENT- Comprehensive Exploration of Symptoms (Psychological Factors)

### Tasks

- Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning.
- Assess client's mood, affective responses, and impulse regulation to identify patterns of emotional functioning.
- Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments.
- Identify perceptual and cognitive functions that require referral for psychological testing.
- Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing.
- Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral.
- Identify symptoms of perceptual, cognitive, and learning disorders that require referral for educational testing.

### Knowledge of

- The effects of aging on client's independent functioning.
- Behavioral, physiological, and psychological indicators of emotional distress in assessing client's psychosocial functioning.
- Behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation.
- Methods and techniques for assessing the client's ability to provide for self-care needs.
- The effects of mood disturbance on psychosocial functioning.
- Types of information available employment, medical, psychological, and school records to provide assessment and diagnostic information.
- Psychological, cognitive, and behavioral factors that indicate a need for a psychological and vocational testing.
- Methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues.
- the effect of mental disorders psychosocial functioning.
- Methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.

## C. IN-DEPTH ASSESSMENT- Comprehensive Exploration of Symptoms (Cultural/Personal Factors)

### Tasks

- Evaluate effects of client and family's spiritual beliefs on presenting problem.
- Assess client's degree of acculturation to determine impact on presenting problem.
- Identify impact of client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.
- Assess nature of client's familial relationships by evaluating the family structure within the client's cultural identity.

- Identify impact of client's culture on client's presentation of psychological or physical problems.

Knowledge of

- Methods for assessing the client's degree of acculturation.
- Methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem.
- Methods and techniques for assessing the impact of other peoples' values, culture, and life experiences on the client's presenting problem.
- Methods and techniques for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem.
- Methods and techniques for assessing how the client's values, personal preferences, and cultural identity impact the presenting problem.

#### D. IN-DEPTH ASSESSMENT- Comprehensive Evaluation of Problem (Social-Environmental History)

Tasks

- Assess history of trauma and abuse to determine impact on current functioning.
- Evaluate impact of psychosocial and environmental stressors on client's symptomatology.
- Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.

Knowledge of

- The cycle of abuse that perpetuates intergenerational violence and trauma.
- How cultural influences affect the client's perception of life events as traumatic. .
- The effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.
- The interrelationship between client's behavior in social and work environments and behavior in other areas of client's life.
- How to assess the relationship between life events and the stressors the client experiences.
- The effects of sociocultural factors on the client's presenting problem.

#### E. IN-DEPTH ASSESSMENT- Comprehensive Evaluation of Problem (Medical and Developmental History)

Tasks

- Assess client's perception of the impact of physical limitations on adaptive functioning.
- Assess how client's medical conditions affect past and current adaptive functioning.
- Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness.
- Identify possible deficits in client's developmental level to determine need for further evaluation.

Knowledge of

- The relationship between medical conditions and psychosocial functioning.
- Symptoms of medical conditions that may impact client psychosocial functioning.
- The effects of medications and their impact on the client's adaptive functioning.
- Methods and techniques for assessing the impact of client's family medical history on current problems and issues.
- The effects of social, cultural, and environmental influences on aging and health.
- Theories of aging and development that explain biological and cognitive changes.
- The relationship between level functioning and normative developmental stages throughout the life span.
- Common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.
- Developmental processes of individual growth and change.
- The effect of biological and environmental influences on specific developmental and life phases.
- Theories of stages of cognitive development.

#### F. IN-DEPTH ASSESSMENT- Comprehensive Evaluation of Problem (History of Substance Use/Abuse)

##### Tasks

- Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services.
- Assess social and familial factors associated with or contributing to the client's substance use.
- Assess types and patterns of use to determine substance abuse and/or dependence.

##### Knowledge of

- The effect of substance use and abuse on psychosocial functioning.
- Physical and behavioral indicators associated with substance abuse.
- The impact of substance use or abuse on family and social relationships and role functioning.
- Physical and behavioral indicators associated with substance dependence.
- Physical and behavioral signs indicating current substance intoxication and/or withdrawal.
- The impact of social, cultural, and familial factors on substance use and abuse.

#### G. IN-DEPTH ASSESSMENT- Comprehensive Evaluation of Inter – and Intra-Personal Resources

##### Tasks

- Assess current living conditions to determine impact of the environment on the person in the situation.
- Assess impact of the client's family and social network on the presenting problem.
- Assess socioeconomic factors to determine the impact of financial stressors on current problem.

- Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem.

Knowledge of

- The effect of economic factors and stressors on psychosocial functioning.
- The relationship between social supports and adaptive functioning.
- Affective reactions to life stressors or situations that impact psychosocial functioning.
- Theories of coping and adaptive responses to life events.

## II. DIAGNOSTIC FORMULATION

**Definition:** *This area assesses the candidate's ability to use assessment information to formulate an accurate differential diagnosis within the client's socio-cultural perspective.*

**Description:** *The candidate uses assessment information and knowledge of diagnostic criteria to formulate a differential diagnosis to provide a focus for developing a treatment plan and formulating interventions.*

Tasks

- Integrate information about the client's premorbid functioning in developing a differential diagnosis or problem formulation.
- Compare assessment information with diagnostic criteria in formulating differential diagnoses.
- Incorporate information about the client's physiological status in formulating differential diagnoses.
- Integrate information regarding the impact of the client's cultural/ethnic background and beliefs on the experience and presentation of symptoms in formulating a differential diagnosis.
- Integrate collateral information from referral sources in developing a differential diagnosis or problem formulation.
- Identify persistence of symptoms to determine if problem is acute or chronic.
- Develop clinical diagnosis or problem formulation to provide basis for interventions.
- Identify extent of impairment and its impact on the client's level of functioning to develop a diagnostic impression.
- Integrate assessment information to determine depth and breadth of impairment on adaptive functioning.
- Integrate information about the precipitating events in developing a differential diagnosis or problem formulation.
- Identify psychological and environmental stressors to determine impact on symptomatology.

Knowledge of

- Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders.
- How to evaluate and integrate information about the client's premorbid condition and precipitating events into the formulation of a differential diagnosis.

- Situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client's culture and beliefs.
- The relationship between biochemistry and psychiatric disorders.
- How to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.
- Situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation.
- The defining characteristics of symptoms that indicate provisional diagnoses.
- The psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment.
- The social work diagnostic framework for identifying and evaluating presenting symptoms.
- The impact of cultural factors on the formulation of a differential diagnosis.
- The relationship between psychosocial and environmental factors and symptom development.
- The relationship between onset of signs and symptoms and duration of the problem.
- Behavioral, physiological, and psychological indicators of developmental disorders.
- The relationship between persistence of symptoms and the course of the problem.
- Methods for differentiating between disorders that share common symptoms.
- Criteria for classifying substance use, abuse, and dependency.
- The short- and long-term side effects of medications and their effect on the client's presenting symptoms.

### III. TREATMENT PLAN DEVELOPMENT

**Definition:** *This area assesses the candidate's ability to develop a treatment plan consistent with assessment and diagnostic information.*

**Description:** *In the treatment plan the candidate identifies and prioritizes objectives, goals and methods of treatment, and integrates and coordinates concurrent treatment modalities and adjunctive resources relevant to the phases of therapy. The candidate's plan develops strategies to monitor the impact of collateral resources and progress toward treatment outcomes, the need for revisions, and includes a plan for termination.*

#### A. IDENTIFY/PRIORTIZE OBJECTIVES, GOALS, AND METHODS OF TREATMENT

##### Tasks

- Identify level of intervention required to address the client's areas and degree of impairment in developing the treatment plan.
- Integrate aspects of client's value and belief systems into the development of the treatment plan.
- Develop measurable objectives to facilitate treatment goals.
- Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals.
- Select treatment modalities based on client needs, diagnosis, and assessment.
- Develop preliminary termination plan to provide a structure for treatment.

- Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.
- Incorporate interventions into the treatment plan that address the needs associated with client's clinical diagnosis.

#### Knowledge of

- Methods and techniques for enhancing client motivation in treatment.
- Methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process.
- Client characteristics that affect client adaptation in different therapeutic modalities or treatment settings.
- The components of a treatment or service plan for each phase of the therapeutic process.
- Methods for determining service priorities by evaluating level of impairment in areas of client functioning.
- Methods for determining the timing of interventions according to phase of therapy.
- Methods for prioritizing symptoms to determine target areas for improving client functioning.
- Culturally competent interventions to provide services to diverse populations.
- Strategies for determining therapeutic goals to direct treatment.
- Techniques for integrating client's current experiences, values, and belief systems into the treatment plan.
- The differential use of psychotherapeutic techniques in treating problems or disorders.
- Techniques for determining compatibility of treatment modalities with specific problems or disorders.
- Methods for developing short- and long-term treatment objectives to address therapeutic problems.
- Methods for determining length of therapy based on diagnosis and client's goals for treatment.
- The components of individual treatment plans to provide for clients with special needs.

## B. INTEGRATE/COORDINATE CONCURRENT TREATMENT MODALITIES AND ADJUNCTIVE RESOURCES

### Tasks

- Determine need for referral to adjunctive treatment resources to support the treatment plan.
- Evaluate need for a treatment program based on severity of substance abuse and impairment to client functioning.
- Evaluate efficacy of collateral support systems for inclusion in treatment plan.
- Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status, or level of ability to provide treatment.

### Knowledge of

- The dynamics of working across disciplines in developing comprehensive and integrated treatment.
- Methods for accessing and coordinating multiple interventions across disciplines.
- Methods for incorporating collateral support systems in therapy.
- Techniques for combining treatment modalities in treating specific problems or disorders.
- The effect of psychotropic medications on therapeutic interventions.

- Methods for integrating mainstream, complimentary, and alternative treatment modalities that are consistent within the framework of the client's cultural identity, beliefs, and values into treatment.

### C. MONITORING, EVALUATION AND REVISION OF TREATMENT PLAN

#### Tasks

- Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives.
- Adjust treatment plan and interventions as indicated by client's changing needs and goals.
- Determine evaluation criteria to monitor progress toward goals and objectives.

#### Knowledge of

- Techniques for re-engaging mandated, resistant, and noncompliant clients in treatment.
- Methods and procedures for formulating an after-care plan.
- Methods for assessing qualitative and quantitative therapeutic change.
- Methods for consolidating therapeutic gains to facilitate and maintain client's achievements outside therapy.
- Methods for evaluating and monitoring treatment plan to ensure consistency with changing client goals and needs.
- Methods for formulating behavioral indicators to measure and evaluate therapeutic change.
- Changes in client functioning that indicate readiness to terminate therapy.
- Procedures for evaluating therapeutic change in preparation for termination.
- Methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.

## IV. RESOURCE COORDINATION

**Definition:** *This area assesses the candidate's ability to coordinate and provide access to resources, and to evaluate the efficacy of the referrals.*

**Description** *The candidate collaborates with the client and others to increase the client's access to relevant resources, evaluates these resources for meeting the client's needs, and provides psychoeducation to service providers as an advocate for improving client services and supporting client's rights.*

### A. SERVICE IDENTIFICATION AND COORDINATION

#### Tasks

- Evaluate suitability of community resources to provide supportive services commensurate with client needs.
- Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs.
- Evaluate client's current needs and prognosis for change to assist in determining least restrictive placement environment.
- Coordinate linkages with support systems and services to facilitate access by client.

## Knowledge of

- Criteria for determining least restrictive environment to provide for care and safety of client.
- Methods for identifying and incorporating community support systems and resources that are consistent with client's beliefs and values.
- Types of placements available for the short- and long-term care of client's of differing levels of care.
- Methods for evaluating conditions in the home to determine need for additional services.
- Methods and procedures for facilitating client's transition to a less restrictive setting.
- Methods for identifying community support services that meet client needs.
- Methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client's current or prospective needs.
- Methods for identifying and incorporating community support systems and resources relevant to the client's culture, background, beliefs, and values.
- Methods for evaluating client's ability to access support services and treatment sources.
- Federal, state, and local, public, and private social services that provide assistance with meeting client's basic needs.
- Methods for identifying and incorporating community support systems and resources for transient and homeless clients.
- Criteria for evaluating the level of care of a prospective or current placement to meet client's needs.

## B. CLIENT ADVOCACY AND SUPPORT

### Tasks

- Educate client about how to access support services including access to legal advocacy to support client's rights.
- Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs.
- Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met.
- Advocate for protective placement to assist client with leaving a dangerous or unsafe environment.
- Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect client rights.

### Knowledge of

- Methods for increasing client's ability for self-advocacy.
- Methods for evaluating the usage and efficacy of referral sources.
- Standards, laws, and regulations regarding housing, accessibility, employment, and equal opportunity to protect client's rights.
- Criteria for evaluating safety of client placement.
- Laws, statutes, and regulations relating to residential placement.
- Advocacy methods for increasing client's access to needed resources.
- Methods for providing psychoeducational services to the client.
- The benefits of psychosocial education to clients and their families about the nature of mental disorders.

- Methods for providing psychoeducational services to community service providers.

## V. THERAPEUTIC INTERVENTIONS

**Definition:** *This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client needs and consistent with the client's socio-cultural context.*

**Description** *The candidate selects and implements interventions based on assessment, diagnosis, and the treatment plan, and manages the therapeutic process.*

### A. CRISIS INTERVENTION

#### Tasks

- Implement techniques to assist client's exploration of options to increase adaptive functioning.
- Evaluate nature and severity of current crisis to determine intervention strategy.
- Implement techniques to assist client to verbalize source of crisis.
- Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.
- Develop a stabilization plan with client in crisis to prevent further decompensation.

#### Knowledge of

- Methods for implementing strategies and interventions with clients in emergency situations.
- The effect of crisis on emotional and psychological equilibrium.
- Counseling techniques to assist client in crisis to regain emotional balance.
- Transitional crises created by immigration and acculturation.
- Intervention strategies to reduce self-destructive and/or self-injurious behavior.
- Crisis intervention techniques to provide immediate assistance to client.
- The psychological characteristics and emotional reactions to crisis events or trauma.
- Therapeutic techniques for improving adaptive functioning of client in crisis.

### B. SHORT-TERM THERAPY

#### Tasks

- Apply a problem-solving approach in therapy for treating the problem as it impacts the client's current functioning.
- Instruct client in techniques for increasing rational thought processes to enhance client's problem-solving and decision-making ability.
- Implement interventions for facilitating the client's ability to identify the interrelationship between past events and current behaviors.
- Provide psychoeducation about loss and stages of grieving process to facilitate client's normalization of feelings and experiences.
- Provide psychoeducation about normal reactions to stress to assist client with managing transitional life issues.
- Facilitate client's coping and planning strategies for addressing issues associated with major life events/ potentially life-changing events.

- Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.
- Apply a treatment plan for accomplishing symptom reduction using a brief therapy model.

#### Knowledge of

- Methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances.
- The intervention models for Brief Therapy and their indications and contraindications for use.
- Techniques and procedures for implementing interventions using a Brief Therapy model.
- The effect of client's prior coping patterns and life experiences on adjustment to trauma.
- The stages of loss and grief.
- Counseling techniques to assist survivor of trauma to work through feelings associated the experience.
- The effect of patterns of interpersonal relations on ability to maintain social relationships.

### C. THERAPY FOR CHILDREN AND ADOLESCENTS

#### Tasks

- Determine baseline levels of maladaptive behaviors to measure therapeutic change.
- Implement interview techniques consistent with child's cognitive development.
- Select age-appropriate interventions to facilitate child's understanding of the presenting problem.
- Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy.
- Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances.
- Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies.
- Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood.
- Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships.
- Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.
- Provide training to children and adolescents in self initiated strategies for managing the impact of stressors on thoughts and feelings.
- Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior.
- Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others.
- Provide assertiveness training to promote client's self-esteem and self-confidence.
- Determine antecedents of client's maladaptive behaviors by identifying the internal and or external stimuli leading to the undesired responses.
- Provide therapy involving structured task completion to improve child's ability to focus on specific tasks.
- Provide parenting skills training to improve parent's caregivers' ability to care for children.

- Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity.
- Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood.
- Address adolescent's body image distortions to develop a reality-based perception of the physical self.
- Provide supportive therapy to client experiencing gender identity or sexual orientation issues.
- Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions.
- Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage.

#### Knowledge of

- Methods for preventing relapse with child adolescent client in recovery.
- Common psychological reactions related to biological changes of adolescence and young adulthood.
- Counseling techniques for dealing with physical, emotional and psychological issues that contribute to substance use and abuse.
- Methods and techniques to identify source of resistance to treatment
- Methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development.
- Counseling techniques to facilitate client's recognition of emotional and psychological sources of anger.
- Counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues.
- Behavior management interventions that reduce disruptive behavior in a variety of environments.
- The principles of learning theory to explain the acquisition of behaviors intervention methods for treating substance dependency.
- Behavioral and emotional responses in children resulting from parental separation or divorce.
- Developmental theories and their application to children and adolescents in a clinical setting.
- Techniques for increasing attention span by modifying child's environment.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents.
- Developmentally appropriate therapeutic techniques for treating children and adolescents.
- Therapeutic techniques to decrease violent or aggressive behavior.
- The effect of gender role expectations and stereotypes on child and adolescent development.
- The developmental stages of defining sexual identity and preference.
- The physical and psychosocial effects of substance use on children and adolescents.
- Methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients.
- Types of learning disabilities that impede academic performance.
- Effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents.

- The effects of racism and discrimination on development of self-concept.
- Factors that affect client adjustment during emancipation process.

#### D. THERAPY FOR ADULTS (INDIVIDUAL AND GROUP)

##### Tasks

- Apply therapeutic techniques to integrate thoughts, feelings, and actions to client to achieve congruence of self.
- Provide psychotherapy to survivor of abuse to reduce the impact of the experience.
- Teach client anger management techniques to increase client's ability to manage aggressive impulses.
- Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse.
- Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s).
- Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors.
- Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning.
- Provide psychoeducation for family members to facilitate treatment compliance of client.
- Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.
- Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness.
- Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.
- Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors.
- Implement techniques for motivating client to attend substance treatment programs.
- Assist client to identify cognitions that maintain maladaptive behavior.
- Provide supportive therapy to psychiatric client increase compliance with medical and pharmacological interventions.
- Conduct psychoeducational groups for medication education and compliance to facilitate symptom stabilization.
- Implement techniques to assist client to generalize successful behaviors to new situations.
- Implement techniques for increasing client's awareness of how past experiences have influenced present life patterns.
- Apply systems approach in therapy to determine impact of interactions between the person and the environment.
- Confront client's inappropriate and/or antisocial behavior to provide opportunities for change.
- Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences.
- Teach client relaxation skills to increase client's ability to manage symptoms of anxiety.

##### Knowledge of

- The relationship of the positive effects of physical and cognitive activity on functioning in later adulthood.
- Theories of group dynamics.

- Cognitive restructuring techniques to change maladaptive thought patterns.
- The relationship between interpersonal interactions and social functioning.
- The effect of cognition on interpretation of behavioral responses.
- The biological, social, and psychological aspects of mental illness and emotional functioning.
- Sexual dysfunctions that indicate need for specialized services.
- Methods and techniques for conducting group psychotherapy.
- The biological, social, and psychological aspects of aggression.
- Methods and techniques for providing psychoeducation to individual clients and groups.
- The effect of gender role expectations and stereotypes on adult psychosocial functioning.
- Stress management techniques to reduce anxiety or fearful reactions.
- Interventions and techniques for assisting client with managing own anger and aggression.
- Therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination.
- Psychodynamic techniques for resolving emotional conflict or trauma.
- Methods for implementing desensitization techniques to reduce client symptoms.
- Techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process.
- The effects of unconscious processes on behavior.
- The protective function of defense mechanisms against anxiety.
- The application of experiential techniques to assist client to achieve treatment goals.
- Methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process.
- The concept of insight in successful resolution of past trauma or conflict.
- The biological, social, and psychological aspects of substance use and addiction.
- Therapeutic techniques for increasing client's feelings of self-worth.
- Methods for assessing maladaptive functioning in interpersonal relationships.
- The impact of cultural, racial, and ethnic values and beliefs on adult behavior.
- The effect of events in client's past on current experiences.

## E. THERAPY FOR COUPLES

### Tasks

- Implement communication techniques with couples to promote mutual disclosure and discussion.
- Identify strategies couples can implement to balance external responsibilities with personal relationship.
- Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.
- Provide counseling to couples considering separation or divorce to address issues of loss.
- Provide premarital counseling to assist couple's transition to new family system.
- Educate clients about the stages of development of the couple relationship to normalize changes and transitions.
- Provide therapy and psychoeducation to couples to address issues of a blended family.
- Implement strategies to increase the safety the couple feels in the relationship.
- Assist couple to identify the relationship strengths from which effective coping strategies may be based.

- Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on the relationship.
- Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes.
- Determine goal of couple's therapy by evaluating each individual's motivation.
- Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies.
- Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems.
- Provide education regarding values identification and clarification to develop mutual acceptance, tolerance, and cohesion in relationship.
- Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships.

#### Knowledge of

- The effect of incongruent goals of couples on therapeutic process.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in couples.
- Techniques to increase intimacy within couple relationships.
- The aspects of relationships that result in problems or conflicts for couples.
- Methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns.
- Techniques to assist client to develop individual roles and identities within the couple relationship.
- The impact of communication and interactional styles on couple relationships.
- Techniques for teaching conflict resolution and problem-solving skills with individuals in a couple.
- Counseling techniques to assist couples with psychological adjustment to sexuality issues.
- Methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs.
- The effect of gender role expectations and stereotypes on communication and partner expectations in couples.
- Issues resulting from dissolution of couple relationships.
- Therapeutic methods to establish individual and system boundaries.
- The effect of unrealistic role assignments on couple relationships.
- The dynamics of the marriage/partner relationships that shape and change the relationship.
- Methods and techniques for teaching couples how to improve their communication.

## F. THERAPY FOR FAMILIES

### Tasks

- Provide information to clients regarding developmental stages of the family to facilitate understanding of family change.
- Implement strategies for changing disruptive interaction styles to strengthen family cohesion.
- Identify separation issues in parent-child relationship to promote age-appropriate individuation.

- Identify transitional issues in parent-child relationship to promote age-appropriate differentiation.
- Mediate conflict regarding couple's parenting styles to effect consistency in child's environment.
- Provide information and resources to parents regarding growth and development of children to increase understanding of child's needs and progress.
- Identify differences in multigenerational acculturation to determine source of value conflicts between family members.
- Provide family therapy to achieve reunification goals.
- Apply family treatment strategies to strengthen parent child relationships to minimize effect of separation or divorce.
- Develop family reunification goals by identifying changes that must be made to improve family functioning.
- Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure.
- Provide psychosocial information to families regarding environmental and biological components that impact development.
- Identify patterns of interaction among family members to determine sources of conflict.
- Identify family of origin influences to understand impact on present family functioning.
- Identify family structure to clarify roles and boundaries of the family unit.

#### Knowledge of

- Behaviors or reactions that indicate problematic separation or attachment issues.
- How cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members.
- The effect of conflicting or inconsistent parenting styles on child's level of functioning.
- The impact of the family's communication and interactional styles on the family members interpersonal dynamics and relationships.
- Parenting skills necessary to provide for care of children.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups.
- The impact of cultural views regarding family structure and values.
- The aspects of interpersonal relationships that result in problems or conflicts within family groups.
- Therapy techniques to strengthen or reestablish family roles.
- Behavioral and emotional responses in family members resulting from parental separation or divorce.
- The effect of differences in multigenerational acculturation on family structure and values.
- Techniques to identify multigenerational transmission of patterns and interactions that impact client functioning.
- Techniques to educate children regarding the relationship between behavior and consequences.
- The implications of family history for understanding its influence on current family functioning.
- Different types of supportive services to strengthen family system.
- Therapeutic interventions improve family transactions.
- Therapeutic techniques to increase individuation within existing system structures.

- The stages of developmental changes that occur within the family system.
- Group process methods for improving patterns of communication between family members.
- The family life cycle that results in transitions and changes in status.
- Techniques to identify different power bases within family structure.

## G. MANAGING THE THERAPEUTIC PROCESS

### Tasks

- Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems.
- Implement strategies to address language barriers to facilitate client expression and understanding.
- Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals.
- Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers.
- Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment.

### Knowledge of

- Methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs.
- The stages of the client/therapist relationship and how it progresses over time.
- Techniques for establishing a therapeutic framework with diverse populations.
- Techniques to promote client engagement in therapeutic process.
- The relationship between client sense of self-worth and client functioning.

## VI. LEGAL MANDATES

**Definition:** *This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.*

**Description** *The candidate applies knowledge of legal mandates such as scope of practice, privileged communication, confidentiality, reporting requirements, involuntary hospitalization, professional conduct, and other legal mandates.*

### A. PROTECTIVE ISSUES/MANDATED REPORTING

#### Tasks

- Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.
- Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled to initiate protective involuntary hospitalization.
- Evaluate client and the content of therapy to identify holder of privilege.
- Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities.
- Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.

## Knowledge of

- Criteria for determining abuse, neglect, or exploitation of dependent adults.
- Laws regarding privileged communication to protect client's rights and privacy.
- Laws regarding payment or acceptance of money for referral of services.
- Reporting requirements regarding duty to warn when client indicates intent to harm others.
- Legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing. . Knowledge of laws regarding holder of privilege.
- Legal requirements regarding the mandatory and discretionary reporting have suspected or known abuse.
- Legal requirements for disclosing confidential material to other individuals, agencies, or authorities

## B. PROFESSIONAL CONDUCT

### Tasks

- Maintain boundaries with client by adhering to legal guidelines regarding sexual relations.
- Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.
- Obtain client's written permission to disclose privileged information to protect client's right to privacy.
- Maintain client records in accordance with state and federal regulations.
- Provide "Professional Therapy Never Involves Sex" brochure to client when client discloses allegations of sexual misconduct in previous therapy.
- Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.

### Knowledge of

- Laws, which define the boundaries and scope of clinical practice.
- Laws regarding disclosing fees for professional services.
- Laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.
- Laws regarding sexual misconduct between therapist and client.

## VII. ETHICAL STANDARDS FOR PROFESSIONAL CONDUCT

**Definition:** *This area assesses the candidate's ability to identify and apply ethical standards relevant to clinical practice.*

**Description** *The candidate applies knowledge of ethical responsibilities that include conflict of interest, therapeutic boundaries, dual relationships, confidentiality and scope of competence. The candidate also recognizes when to obtain consultation from other professionals.*

## Tasks

- Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated.
- Disclose exceptions to confidentiality to inform client of limitations of privileged communication.
- Seek consultation before countertransference issues interfere with treatment.
- Collaborate with other professionals when issues arise outside the therapist's expertise.
- Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship.
- Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.
- Maintain clear and professional boundaries with client to prevent dual personal relationship that could negatively impact the therapeutic relationship.
- Provide client office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.
- Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment.

## Knowledge of

- Methods and conditions for communicating to client about acceptance of money or other payments for referral of services.
- Criteria for determining competency to practice.
- Methods and conditions for disclosing fees for professional services.
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- Therapist issues and conflicts that interfere with the therapeutic process. the limits of confidentiality within the therapeutic framework.
- Ethical considerations and conditions for interrupting or terminating treatment.
- Limitations of professional experience, education, and training to determine issues outside therapeutic competence. Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.
- Ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation or level of ability.
- Ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.
- Ethical responsibility to provide client with information regarding the therapeutic process and services.

## **Appendix B**

### ***How is an Examination Created?***

The development of an examination program begins with an occupational analysis. An occupational analysis is a method for surveying and identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job. The Board uses a questionnaire sent to LCSWs practicing in California to assist in determining what skills, tasks, and knowledge are currently used in the field. LCSWs serving as subject matter experts (SME) then analyze the results of the questionnaire. The results of an occupational analysis form an examination plan.

An examination plan consists of content areas. In each content area, the examination plan describes examination content in terms of the task statements and knowledge gathered during the occupational analysis.

LCSW examinations, both the Standard Written and the Written Clinical Vignette, are developed and maintained by the Office of Examination Resources (OER). Test validation and development specialists at OER work with LCSW SMEs to develop test questions and licensure examinations that are valid and legally defensible.

To establish pass and fail standards for each examination version, a criterion-referenced passing score methodology is used. The passing score is based on a minimum competence criterion that is defined in terms of the actual behavior that qualified LCSWs would perform if they possessed the knowledge necessary to perform job duties. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate.

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California Board of Behavioral Science  
1625 North Market Boulevard, Suite S200  
Sacramento, CA 95834  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

Licensed Clinical Social Worker  
Standard Written Examination

**CANDIDATE HANDBOOK**  
**FOR EXAMINATIONS DECEMBER 1, 2007 OR LATER**



PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
[www.psiexams.com](http://www.psiexams.com)

## CONTENT OUTLINE

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## FOR MORE INFORMATION

All questions about examination scheduling should be directed to:

PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
(877) 392-6422 • TTY (800) 735-2929  
[www.psiexams.com](http://www.psiexams.com)

Questions about examination content or licensing should be directed to:

Board of Behavioral Sciences  
1625 North Market Blvd., Ste. S200  
Sacramento, CA 95834  
(916) 574.7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

## SCHEDULING INFORMATION

Date Scheduled: \_\_\_\_\_

Name of Scheduler: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Time of Exam: \_\_\_\_\_

Test Site Location: \_\_\_\_\_



## PURPOSE

This handbook serves as your notice of eligibility and is designed to provide you with general information regarding the California Licensed Clinical Social Worker (LCSW) Standard Written examination processes and content.

## EXAMINATIONS BY PSI

The State has contracted with PSI to conduct its examination program. PSI provides examinations through a network of computer examination centers in California.

All questions regarding the scheduling and administration of examinations should be directed to PSI.

PSI licensure:certification (PSI)  
3210 E Tropicana  
Las Vegas, NV 89121  
(877) 392-6422 • Fax (702) 932-2666  
[www.psiexams.com](http://www.psiexams.com)

All other questions about examinations should be directed to the BBS.

Board of Behavioral Sciences  
1625 North Market Blvd., Suite S-200,  
Sacramento, CA 95834  
(916) 574-7830 \*\* FAX (916) 574-8625  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

## EXAMINATION SCHEDULING PROCEDURES

Once you have been approved by BBS, you are responsible for contacting PSI to schedule an appointment to take the examination. You may do so via the Internet at [www.psiexams.com](http://www.psiexams.com), or schedule over the telephone at (877) 392-6422.

- **FIRST TIME EXAMINEES:** Examination eligibility expires, and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.
- **RE-EXAMINATION APPLICANTS:** Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

In most California testing centers, testing does not take place on the following major holidays:

Memorial Day	Closed May 26, 2008
Independence Day	Closed July 4, 2008
Labor Day	Closed September 1, 2008
Thanksgiving	Closed November 27-28, 2008
Christmas	Closed December 25, 2008

### INTERNET SCHEDULING

You may schedule your test by completing the online Test Registration Form. The Test Registration Form is available at

PSI's website, [www.psiexams.com](http://www.psiexams.com). You may schedule for a test via the Internet 24 hours a day.

1. Complete the registration form online and submit your information to PSI via the Internet.
2. Upon completion of the online registration form, you will be given the available dates for scheduling your test.
3. You will need to choose a date to complete your registration.
4. Upon successful registration, you will receive a traceable confirmation number.

### TELEPHONE SCHEDULING

PSI has two scheduling methods available if you wish to schedule by telephone. First, call PSI at (877) 392-6422, 24 hours a day and schedule using the Automated Registration System. Second, if you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to schedule your appointment for the test.

### CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee *if your cancellation notice is received 2 days prior to the scheduled examination date*. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (877) 392-6422. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

**Note:** A voice mail message is not an acceptable form of cancellation. Please use the internet, automated telephone system, or call PSI and speak to a Customer Service Representative.

### MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if:

- You do not cancel your appointment 2 days before the scheduled examination date;
- You do not appear for your examination appointment;
- You arrive after examination start time;
- You do not present proper identification when you arrive for the examination.

### RE-EXAMINATION

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with the score report at the test center, or may be obtained by contacting the BBS.

To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 180 days from the date of the examination.



Candidates are permitted to take the examination two times in a 12-month period.

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Sample Scenarios:

- Maria passes her Standard Written Examination on 5/31/07. She must take the Clinical Vignette Examination no later than 5/31/08.
- Arnold failed his Standard Written Examination on 4/22/07. He must retake his Standard Written Examination no later than 4/22/08.
- Danny received notice of eligibility to take the Standard Written Examination on 1/18/07. He must take this Examination no later than 1/18/08.

**EXAMINATION SITE CLOSING FOR AN EMERGENCY**

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (877) 392-6422. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

**EXAMINATION SITE LOCATIONS**

The California examinations are administered at the PSI examination centers in California as listed below:

**ANAHEIM**

2301 W. LINCOLN AVE, SUITE 252  
ANAHEIM, CA 92801  
(714) 254-1453

*TAKE I-5 SOUTH TO SANTA ANA. EXIT ON BROOKHURST ST. AND MAKE A RIGHT GOING SOUTH. TURN RIGHT (WEST) ON LINCOLN AVE. RIGHT AFTER MONTEREY LN. GO HALF A BLOCK AND ENTER ON THE FIRST OR SECOND DRIVEWAY ON 2301 LINCOLN. SUITE 252 IS LOCATED ON THE SECOND FLOOR.*

**ATASCADERO**

7305 MORRO RD, SUITE 201A  
ATASCADERO, CA 93422  
(805) 462-8983

*FROM US-101 N, TAKE THE CA-41 EXIT- EXIT 219-TOWARD MORRO RD. TURN LEFT ONTO EL CAMINO REAL. Turn LEFT onto CA-41/MORRO RD.*

*FROM US-101 S, TAKE THE MORRO RD/CA-41 EXIT- EXIT 219, TURN RIGHT ONTO CA-41/MORRO RD.*

**BAKERSFIELD**

5405 STOCKDALE HIGHWAY, SUITE 206  
BAKERSFIELD, CA 93309  
(661) 398-9354

*FROM I-5 S, TAKE THE STOCKDALE HWY EXIT (253). TURN LEFT ONTO STOCKDALE HWY.*

*FROM I-5 N TOWARD BAKERSFIELD, KEEP LEFT TO TAKE CA-99 N VIA EXIT (221) TOWARD BAKERSFIELD/FRESNO. TAKE THE CA-58 E EXIT TOWARD TEHACHAPI/MOJAVE. TAKE THE EXIT ON THE LEFT TOWARD*

*CAL STATE UNIV/STOCKDALE HWY/BRUNDAGE LANE. TURN LEFT ONTO WIBLE RD. TURN SLIGHT LEFT ONTO STOCKDALE HWY.*

**CARSON**

17420 S. AVALON BLVD, SUITE 205  
CARSON, CA 90746  
(310) 217-1066

*FROM CA-91 E/GARDENA FWY TAKE THE AVALON EXIT. OFF RAMP WILL LEAD YOU ONTO ALBERTONI ST. MAKE A RIGHT ONTO AVALON BLVD AND WE ARE LOCATED ON THE RIGHT HANDSIDE (SAME PARKING LOT AS CARL'S JR).*

*FROM CA-91 W TAKE THE AVALON EXIT. MAKE A LEFT ONTO AVALON BLVD. MAKE A U-TURN ON AVALON BLVD AND ALBERTONI ST. WE ARE LOCATED ON THE RIGHT HAND SIDE. (SAME PARKING LOT AS CARL'S JR).*

**EL MONTE**

9420 TELSTAR, SUITE 138  
EL MONTE, CA 91731  
(626) 442-4112

*FROM I-10 E TOWARD SAN BERNARDINO, MERGE ONTO ROSEMEAD/CA 19 S TOWARD LONG BEACH. TURN LEFT ONTO E. TELSTAR AVE.*

*FROM I-10 W TOWARD LOS ANGELES, TAKE THE ROSEMEAD BLVD/CA-19 EXIT TOWARD PASADENA. TAKE THE ROSEMEAD BLVD RAMP TOWARD LONG BEACH. MERGE ONTO ROSEMEAD BLVD/CA-19 S. TAKE A LEFT ONTO E. TELSTAR AVE.*

**FRESNO**

351 E. BARSTOW, SUITE 101  
FRESNO, CA 93710  
(559) 221-9006

*FROM CA-41 S, TAKE THE BULLARD AVE EXIT. TURN LEFT ONTO E BULLARD AVE. TURN RIGHT ONTO N FRESNO ST. PASS THROUGH THE INTERSECTION OF FRESNO AND BASTOW AVE. TAKE THE FIRST DRIVEWAY ON THE RIGHT HAND SIDE.*

*FROM CA-41 N, TAKE THE SHAW AVE EXIT TOWARD CLOVIS. TURN RIGHT ONTO E SHAW AVE. TURN LEFT ONTO N FRESNO ST. TURN LEFT INTO THE LAST DRIVEWAY BEFORE BARSTOW AVE.*

*TESTING CENTER IS IN THE OFFICE COMPLEX ON THE SW CORNER OF BARSTOW AND FRESNO ST.*

**HAYWARD**

24301 SOUTHLAND DRIVE, SUITE B-1  
HAYWARD, CA 94545  
(510) 784-1114

*FROM I-880 N TOWARD OAKLAND, TAKE THE WINTON AVENUE EXIT. MERGE ONTO W WINTON AVE TOWARD HEALD COLLEGE. TURN LEFT ONTO SOUTHLAND DR.*

*FROM I-880 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVE WEST EXIT TOWARD HEALD COLLEGE. MERGE ONTO W WINTON AVE. TURN LEFT ONTO SOUTHLAND DR.*

**REDDING**

2861 CHURN CREEK, UNIT C  
REDDING, CA 96002  
(530) 221-0945

*ON 299 FROM EAST TAKE RAMP ONTO I-5 S. TAKE EXIT #677/REDDINGCYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.*

*ON 299 FROM WEST TURN RIGHT ON MARKET ST (CA-273 S). TURN LEFT ON TEHEMA ST (CA-299 E). CONTINUE TO FOLLOW CA-299 E. TAKE EXIT #2A/RED BLUFF/SACRAMENTO ONTO I-5 S. TAKE EXIT #677/REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.*

*ON I-5 FROM NORTH TAKE EXIT #677/ REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD*



ON I-5 FROM SOUTH TAKE EXIT #677/ REDDING/CYPRESS AVE. TURN RIGHT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD

ON HWY 44 FROM EAST TAKE RAMP TOWARD VICTOR AVE. TURN LEFT ON VICTOR AVE. TURN RIGHT ON E CYPRESS AVE. TURN LEFT ON CHURN CREEK RD.

FROM ALL DIRECTIONS, FRONT BUILDING IS 2881 CHURN CREEK, DRIVEWAY INTO COMPLEX IS DIRECTLY ACROSS FROM MAJOR MUFFLER ON EAST SIDE OF CHURN CREEK. 2861 IS FIRST BUILDING ON THE LEFT.

## RIVERSIDE

RIVERSIDE TECHNOLOGY BUSINESS PARK  
1660 CHICAGO AVE, SUITE M-15  
RIVERSIDE, CA 92507  
(951) 680-9720

FROM I-215 N TOWARD RIVERSIDE/SAN BERNARDINO, TAKE THE COLUMBIA AVENUE EXIT. TURN RIGHT ONTO E LA CADENA DR. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE AND END AT 1660 CHICAGO AVENUE.

FROM I-215 S TOWARD SAN BERNARDINO/RIVERSIDE, TAKE THE EXIT TOWARD COLUMBIA AVENUE. TURN SLIGHT RIGHT ONTO INTERCHANGE DR. TURN LEFT ONTO PRIMER ST. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE AND END AT 1660 CHICAGO AVENUE.

## SACRAMENTO

9719 LINCOLN VILLAGE DR.  
BUILDING 100, SUITE 100  
SACRAMENTO, CA 95827  
(916) 363-6455

FROM SAN FRANCISCO/VALLEJO ON I-80 E, TAKE US-50 E TOWARD SACRAMENTO/SOUTH LAKE TAHOE. TAKE BRADSHAW ROAD, EXIT 13, TURN RIGHT ONTO BRADSHAW ROAD. TURN IMMEDIATE LEFT ONTO LINCOLN VILLAGE DR.

## SAN DIEGO

5440 MOREHOUSE DRIVE, SUITE 3300  
SAN DIEGO, CA 92121  
(858) 658-0786

FROM I-805 S, TAKE THE SORRENTO VALLEY RD/MIRA MESA BLVD EXIT. TURN LEFT ONTO MIRA MESA BLVD, TURN LEFT ONTO SCRANTON ROAD. TURN RIGHT ONTO MOREHOUSE DRIVE.

FROM I-805 N TOWARD LOS ANGELES, TAKE THE MIRA MESA BLVD/VISTA SORRENTO PKWY EXIT. TURN RIGHT ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.

ADDITIONAL PARKING CAN BE FOUND (on top of the AT&T building) BY CONTINUING ON MOREHOUSE PAST OUR BUILDING AND TURNING LEFT AT THE NEXT DRIVEWAY UP THE HILL

## SANTA ROSA

160 WIKIUP DRIVE, SUITE 105  
SANTA ROSA, CA 95403  
(707) 544-6723

FROM US-101 N, MERGE ONTO FULTON RD. TURN RIGHT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

FROM US-101 S, TAKE THE AIRPORT BLVD EXIT. TAKE THE RAMP TOWARD MARK WEST AREA/LARKFIELD WIKIUP. TURN LEFT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

## SANTA CLARA

2936 SCOTT BLVD  
SANTA CLARA, CA 95054  
(408) 844-0004

FROM US-101 N, TAKE THE SAN TOMAS EXPWY/MONTAGUE EXPWY EXIT- EXIT 392. TAKE THE SAN TOMAS EXPWY RAMP. MERGE ONTO SAN TOMAS EXPY/CR-G4. TURN LEFT ONTO SCOTT BLVD.

FROM I-880 S TOWARD SAN JOSE, TAKE THE MONTAGUE EXPWY EXIT (7). TAKE THE MONTAGUE EXPWY WEST RAMP. MERGE ONTO MONTAGUE EXPY/CR-G4 E. TURN LEFT ONTO E TRIMBLE RD. E TRIMBLE RD BECOMES DE LA CRUZ BLVD. TURN SLIGHT RIGHT ONTO CENTRAL EXPY/CR-G6 W. TURN SLIGHT RIGHT ONTO SCOTT BLVD.

## SPECIAL ACCOMMODATIONS AVAILABLE

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

The Board and PSI recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodations.

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at [www.bbs.ca.gov/bbsforms.htm](http://www.bbs.ca.gov/bbsforms.htm).

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

Do not call PSI to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

## REPORTING TO THE EXAMINATION SITE

On the day of the examination, you must arrive at least 30 minutes prior to your scheduled appointment time. This allows time for check-in and identification verification and provides time to familiarize yourself with the examination process. If you arrive late, you may not be admitted to the examination site and you may forfeit your examination registration fee. Even though candidates will be thumb printed, you are still required to comply with any identification requirements established by the appropriate regulatory entity.

### REQUIRED IDENTIFICATION AT EXAMINATION SITE

You must provide one of the following valid forms of government-issued identification before you may examine:



- A photographic Driver's License (any state)
- State identification card (any state)
- U.S. military identification
- Valid passport - any country (valid foreign passport with valid record of arrival/departure - Form I-94 or processed for I-551 stamped in a valid foreign passport)

*All photographs must be recognizable as the person to whom the identification card was issued. The name on the application must match the photographic I.D. card. If you have recently changed your name with the BBS, you may want to contact PSI to verify that they have the correct same name on file.*

If you cannot provide the required identification, you must call (877) 392-6422 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. *Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.*

### CALIFORNIA LAW SECURITY PROCEDURES

Section 123 of the California Business and Professions Code states: It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination, including, but not limited to:

- Conduct which violates the security of the examination materials;
- Removing from the examination room any examination materials without authorization;
- The unauthorized reproduction by any means of any portion of the actual licensing examination;
- Aiding by any means the unauthorized reproduction of any portion of the licensing examination;
- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the licensing examination;
- Obtaining examination questions or other examination material, except by specific authorization either before, during, or after an examination; or
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing examination.
- Communicating with any other examinee during the administration of a licensing examination.
- Copying answers from another examinee or permitting one's answers to be copied by another examinee.
- Having in one's possession during the administration of the licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than the examination materials distributed, or otherwise authorized to be in one's possession during the examination.
- Impersonating any examinee or having an impersonator take the licensing examination on one's behalf.

Nothing in this section shall preclude prosecution under authority provided for in any other provision of law. In addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

### IMPORTANT INFORMATION ABOUT TAKING AN EXAMINATION

1. All candidates will have their thumbprint taken during examination check-in and re-entry into the testing room after an approved absence. If a candidate passes the examination, the thumbprint record will be destroyed. If a candidate abandons his or her application for licensure, as determined by the appropriate regulatory authority, the thumbprint will also be destroyed. If a candidate is unsuccessful, the thumbprint record will be retained by PSI to ensure proper identification on any subsequent examination attempts. If the thumbprint doesn't match upon exit and re-entry, the candidate shall be disqualified from the examination, his or her test results invalidated, and the appropriate regulatory entity will be notified of the occurrence. The taking of the thumbprint is an additional measure to enhance examination security. The Department's Office of Examination Resources shall ensure that the appropriate safeguards for the storage and destruction of the thumbprint records are in place.
2. The temperature in the testing room is maintained at a moderate level. Candidates are advised to layer clothing. Acceptable layered clothing includes lightweight shirts, sweaters, and pullovers without pockets. These items must be worn upon check-in, while you wait to enter the testing room, and during your initial seating for the examination.
3. There are timing mechanisms available at the test site and on the computer console to help candidates keep track of time during the test administration. Watches or other timekeeping devices are not permitted in the examination rooms.
4. Only one candidate will be allowed to take a restroom break at a time. Candidates are required to sign out when you leave the room and when you return. If a candidate's restroom break takes longer than 5 (five) minutes, a proctor will check on the candidate and will notify the applicable regulatory entity of the occurrence, which will take appropriate action.
5. The following items are not permitted in the examination rooms:
  - Cellular telephones, personal digital assistants (PDAs), recording devices, cameras, pagers, purses, notebooks, notebook computers, reference or readings material, music players, radios, electronic games, calculators, or briefcases.
  - Personal items including watches, backpacks, wallets, pens, pencils, or other writing devices, food, drinks (unless prior approval is obtained by your regulatory entity) and good-luck items.
  - Hats, baseball caps, or visors (with the exception of religious apparel), coats, shawls, hooded clothing, heavy jackets or overcoats.

During the check-in process, all candidates will be asked if they possess any of the prohibited items and all candidates will be asked to empty their pockets. If prohibited items are found during check-in, candidates shall return these items to their vehicle or other place

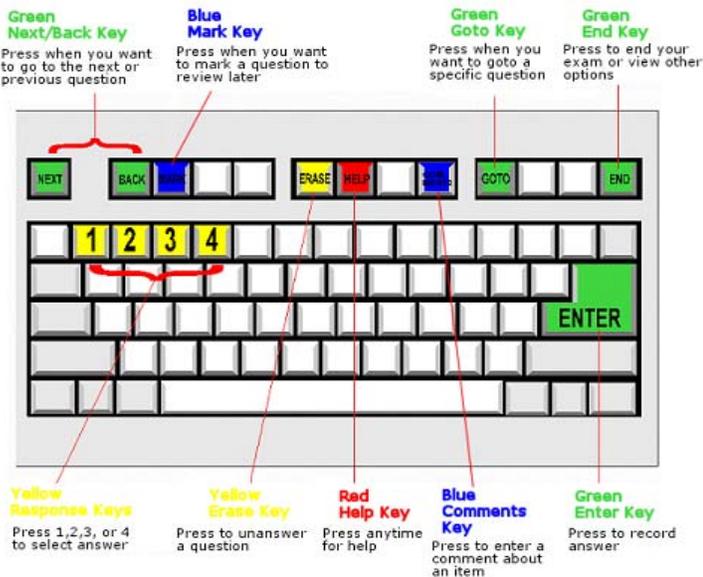


of safekeeping. Neither PSI, nor the Department of Consumer Affairs, shall be responsible for the items. Any candidate possessing the prohibited items in the examination room shall have his or her test results invalidated, and PSI shall notify the appropriate regulatory entity of the occurrence.

6. Copying or communicating examination content is a violation of PSI security policy and existing law. Either one shall result in the disqualification or invalidation of examination results, the denial of your license, and may subject the candidate to criminal prosecution.

## TAKING THE EXAMINATION BY COMPUTER

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.



### IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

### TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

### EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer. You should then press "ENTER" to record your answer and move on to the next question. A sample question display follows:



## EXAMINATION RESULTS

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

### FAILING SCORE REPORTS

The score report will indicate the candidate's overall score and grade, including the number of items answered correctly. It also reveals how the candidate performed on each major section of the test as defined by the LCSW Examination Plan. The number correct in each content area is displayed. The primary purpose in providing a subscore for each part of the examination is to guide candidates in areas requiring additional preparation for re-testing.

## ABANDONMENT OF APPLICATION/INELIGIBILITY

FIRST TIME EXAMINEES: Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one year after being notified of eligibility." To re-open an abandoned application the candidate must submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: Title 16, California Code of Regulations Section 1833.3 states, "An applicant who fails any written or clinical vignette written examination may, within one year from the date of that failure, retake that examination as regularly scheduled without further application upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination unless a new application is filed, meeting all requirements, and required fees are paid."

## AFTER PASSING THE EXAMINATION

Candidates are eligible to apply to take the Written Clinical Vignette examination after passing the Standard Written examination.

To apply, candidates must submit a "Request for Examination" (Clinical Vignette) and the required fee to the BBS. Request for Examination forms are provided with candidate result notices, are also available by contacting the Board, and online at [www.bbs.ca.gov](http://www.bbs.ca.gov).

Allow three weeks for processing of your Request for Examination and fee.

You will receive notification of eligibility to take the Written Clinical Vignette examination which will include the Written Clinical Vignette Examination Candidate Handbook. Candidate Handbooks will also be available online at [www.bbs.ca.gov](http://www.bbs.ca.gov).

## STUDY MATERIAL AND COURSES

The LCSW Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at [www.bbs.ca.gov](http://www.bbs.ca.gov).

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination, and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have on your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone.

## OBJECTIVE OF THE BOARD OF BEHAVIORAL SCIENCES (BBS)

State licensing boards are mandated to protect the public by developing licensing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with Sections 4996.1 and 4996.3 of the California Business and Professions Code, and Section 1877 of the California Code of Regulations, applicants for LCSW licensure must pass a Board-administered written examination. An applicant who passes the initial "Standard Written" examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license. The Board does not currently require an oral examination.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods, as applicable to the LCSW scope of practice. Business and Professions Code section 4996.9, defines the LCSW scope of practice as: "...a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work."

## LCSW EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for LCSWs in 2004. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs' Examination Validation Policy requires an occupational analysis be performed every three to seven years.

Last performed in 2004 for the LCSW profession, the analysis began with interviews of licensees to gather information about the tasks performed in practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task, task frequency, and knowledge area associated with their own practice.

The questionnaires were mailed to 2,680 LCSWs throughout California. Several panels of LCSWs reviewed the results of the questionnaire. The panels then established the content of the



new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid LCSW examination plan.

The LCSW Standard Written examination plan consists of the seven content areas: biophysical assessment, diagnostic formulation, treatment plan and development, resource coordination, therapeutic interventions, legal mandates, ethical standards. . In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

## EXAMINATION DEVELOPMENT

The LCSW examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations. LCSWs who participate in examination development and review workshops are referred to as "Subject Matter Experts" (SMEs). SMEs write and review multiple-choice items for the examinations.

SMEs are trained on established examination development processes and measurement methodologies by the OER. The cooperative efforts among these members of the LCSW profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

## ESTABLISHING THE PASSING STANDARDS

The LCSW written examinations measure knowledge and skills required for LCSW practice, and represents a standard of performance that LCSW SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Standard Written examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on minimum competence criterion that are defined in terms of the actual behaviors that qualified LCSWs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of LCSW SMEs also consider other factors that would contribute to minimum acceptable competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple-choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty

from one examination to another, providing safeguards to both the candidate and the consumer. A new examination version is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

## EXAMINATION ITEMS

The LCSW Standard Written examination contains no fewer than 175 multiple-choice items. The examination may contain additional items for the purpose of pre-testing (up to 25 nonscoreable items). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test ("experimental") items, distributed throughout the examination, WILL NOT be counted for or against you in your score, and will not be identified to you.

All of the scoreable items in the Standard Written examination have been written and reviewed by LCSWs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

There is only one correct answer for each item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no 'trick' questions in the examination.

You will have 4 hours to take this examination.

### EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS

The following are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. A woman seeks counseling after her 19-year-old adolescent was arrested for driving under the influence. The client reports the incident upset her so badly she has been having difficulty sleeping and has not been able to go to work. What strategy should be used in providing treatment for this client?
  - a. Provide the client with an opportunity to discuss feelings about the adolescent's actions.
  - b. Focus on the immediate tasks the client must perform to achieve equilibrium.
  - c. Encourage the client to use social support networks to assist in coping.
  - d. Refer the client to an Al-Anon family support group.
2. Why should role reversal be used in couples counseling?
  - a. To reinforce the autonomy of the two partners.
  - b. To reinforce the established roles of each partner.
  - c. To increase lighthearted interplay between partners.
  - d. To increase empathy and understanding between partners.

3. Which of the following factors should be included in the assessment of a client from a culture that is different from the therapist's?
  - a. Evaluation of socioeconomic variables, determination of any culturally-related issues, and determination of level of acculturation.
  - b. Evaluation of socioeconomic variables, consultation from traditional healers, and administration of psychometric tests.
  - c. Evaluation of mental status, determination of any culturally-related issues, and administration of psychometric tests.
  - d. Evaluation of mental status, consultation from traditional healers, and determination of level of acculturation.
  
4. A middle-aged couple comes to therapy shortly after their last child married. They both share that they are not as close as they used to be and complain of depression and irritability. How should a family therapist treat these clients?
  - a. By recommending clients reevaluate their relationship and consider separation.
  - b. By assisting clients to focus on their relationship and evolve in their new roles.
  - c. By reassuring clients that this is a normal reaction and feelings will resolve naturally.
  - d. By encouraging clients to remain active in their children's lives and enjoy their freedom.
  
5. In which of the following situations should involuntary hospitalization be initiated?
  - a. A person indicates a plan and intent to cause self-harm.
  - b. A person demonstrates failure to provide shelter.
  - c. A person refuses necessary medical treatment.
  - d. A person states an intent to kill his boss.
  
6. Which of the following family members should be identified as the scapegoat using a systems approach?
  - a. Child who mediates negative family processes.
  - b. Child who is identified as the source of the problem.
  - c. Parent who rationalizes spouse's absence from work due to alcohol.
  - d. Parentified child who assumes responsibility for maintaining family functioning.
  
7. An 11-year-old client ran away from home after setting a fire in his parent's garage. In addition, he has been threatening his peers with a knife. What diagnosis is indicated for this client?
  - a. Conduct disorder
  - b. Disruptive behavior disorder
  - c. Oppositional defiant disorder
  - d. Childhood disintegrative disorder
  
8. Which of the following situations would constitute malpractice?
  - a. An HIV-positive client infects a partner and the therapist did not warn.
  - b. An involuntary client disagrees with the treatment plan and the therapist will not make changes.
  - c. An alcoholic client in recovery begins drinking again after the therapist uses confrontation in the therapy session.
  - d. A depressed client following the treatment plan commits suicide when the therapist cancels multiple appointments with no backup plan.
  
9. 42-year-old divorced male client is being seen for depression caused by a recent breakup with his fiancée. During a therapy session, he states he has mailed letters to his daughters telling them that he loves them. He also thanks the therapist for the help, but states he is resigned to his feelings and he will not be returning for any more therapy. How should the therapist proceed?
  - a. Convince the client that treatment is still needed.
  - b. Refer for intensive outpatient treatment to monitor depression.
  - c. Evaluate for plan, intent, and means to carry out suicide attempt.
  - d. Work with the client to resolve the emotional crisis that he is facing.
  
10. A mother brings her 10-year-old daughter to therapy after an unfounded abuse investigation was conducted on the girl's father. Since the investigation, the child has been afraid to sleep in her own room, is very demanding of her parents, and continues to have nightmares that her father is being taken away. What should be the immediate short-term objective of therapy with this client?
  - a. Encourage the client to forget the incident because it was unfounded.
  - b. Assist the client to explore her emotions and fears about the incident.
  - c. Instruct the parents to set firm limits on the client's bedtime behavior.
  - d. Refer the client to a psychiatrist for a medication evaluation.

Correct Answers: 1-B, 2-D, 3-A, 4-B, 5-A, 6-B, 7-A, 8-D, 9-C, 10-B

# LICENSED CLINICAL SOCIALWORKER

## Standard Written Examination Plan (Outline)

Content Area	# of Questions	Area %
<b>I. Biopsychosocial Assessment</b>	<b>40</b>	<b>23</b>
A. Assessing for Risk		
B. Assessment of Client Readiness and Appropriateness of Treatment		
C. In-Depth Assessment		
1. Comprehensive Exploration of Symptoms		
a. psychological factors		
b. cultural/personal factors		
2. Comprehensive Evaluation of Problem		
a. social-environmental history		
b. medical and developmental history		
c. history of substance use/abuse		
3. Comprehensive Evaluation of Inter- and Intra-personal Resources		
<b>II. Diagnostic Formulation</b>	<b>10</b>	<b>6</b>
<b>III. Treatment Plan Development</b>	<b>19</b>	<b>11</b>
A. Identify/Prioritize Objectives, Goals and Methods of Treatment		
B. Integrate/Coordination Concurrent Treatment Modalities and Adjunctive Resources		
C. Monitoring, Evaluation and Revision of Treatment Plan		
<b>IV. Resource Coordination</b>	<b>16</b>	<b>9</b>
A. Service Identification and Coordination		
B. Client Advocacy and Support		
<b>V. Therapeutic Interventions</b>	<b>70</b>	<b>40</b>
A. Crisis Intervention		
B. Short-Term Therapy		
C. Therapy for Children and Adolescents		
D. Therapy for Adults (Individual and Group)		
E. Therapy for Couples		
F. Therapy for Families		
G. Managing the Therapeutic Process		
<b>VI. Legal Mandates</b>	<b>9</b>	<b>5</b>
A. Protective Issues/Mandated Reporting		
B. Professional Conduct		
<b>VII. Ethical Standards</b>	<b>11</b>	<b>6</b>

# LCSW STANDARD WRITTEN EXAMINATION PLAN

The following pages contain detailed information regarding examination content. A description of each content area, subarea and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

## I. BIOPSYCHOSOCIAL ASSESSMENT (23%)

*This area assesses the candidate's ability to identify and assess the biopsychosocial aspects of the presenting problem.*

### A. ASSESSING FOR RISK

#### Tasks

- Evaluate client's level of distress to assess the impact of the presenting problem on the person in the situation.
- Assess for suicide potential by evaluating client's intent, means, and history to determine need for immediate intervention.
- Evaluate level of danger client presents to self and others to determine need for immediate intervention.
- Evaluate client for grave disability to determine need for immediate intervention.
- Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency.
- Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman.
- Evaluate degree of risk by identifying the client's immediate support systems and the client's ability to access them.
- Identify precipitating events to determine the need for crisis intervention.
- Identify presenting complaint to determine client's understanding of the problem.

#### Knowledge of

- Knowledge of psychological, physical, and behavioral indicators of abuse and neglect.
- Knowledge of socio-cultural factors that affect the assessment of client risk.
- Knowledge of risk factors that indicate a high potential for suicide within age, gender, and cultural groups.
- Knowledge of legal criteria for identifying clients who require involuntary treatment or detention.
- Knowledge of methods for assessing the risk of decompensation and hospitalization.
- Knowledge of criteria for evaluating the safety of a child's environment.
- Knowledge physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.
- Knowledge of criteria for determining whether client's living situation constitutes high risk for abuse.
- Knowledge of methods and techniques for eliciting client's perception of presenting complaint.
- Knowledge of risk factors that indicate a client's potential for causing harm to others.
- Knowledge of criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults.
- Knowledge of risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.

### B. ASSESSMENT OF CLIENT READINESS AND APPROPRIATENESS OF TREATMENT

#### Tasks

- Assess for language barriers that will impede the therapeutic process to determine whether treatment can be provided or referral is indicated.
- Assess for cultural factors that will influence or impact the therapeutic process to determine whether treatment can be provided or referral is indicated.
- Identify client's presenting problem and goals for therapy to determine whether treatment can be provided or referral is indicated.

#### Knowledge of

- Knowledge of the effect of language differences on the therapeutic process.
- Knowledge of the role of client motivation in therapeutic change.
- Knowledge of cultural beliefs regarding therapy and mental health.
- Knowledge of developmentally appropriate techniques for eliciting information about the client's thoughts and feelings during the interview process.
- Knowledge of methods and techniques for facilitating the client's ability to communicate thoughts and feelings during the interview process.
- Knowledge of techniques for evaluating the congruence between the client's nonverbal and verbal communications.
- Knowledge of how cultural factors impact the ways a client seeks assistance for psychosocial problems.

### C. IN-DEPTH ASSESSMENT

#### 1. Comprehensive Exploration of Symptoms

##### a. Psychological Factors



## Tasks

- Gather information regarding the mental health history of the client and the client's family to assist in developing a comprehensive assessment.
- Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning.
- Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral.
- Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments.
- Evaluate effects of client and family's spiritual beliefs on presenting problem.
- Gather collateral information pertaining to client and client's presenting problem to formulate a differential diagnosis.
- Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing.
- Gather information regarding perception and cognition to identify symptoms of psychopathology.
- Assess client's mood, affective responses, and impulse regulation identify patterns of emotional functioning.
- Identify symptoms of perceptual, cognitive, and learning disorders that require referral for educational testing.
- Identify perceptual and cognitive functions that require referral for psychological testing.

## Knowledge of

- Knowledge of the effects of aging on client's independent functioning.
- Knowledge of methods for assessing the client's degree of acculturation.
- Knowledge of behavioral, physiological, and psychological indicators of emotional distress in assessing client's psychosocial functioning.
- Knowledge of behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation.
- Knowledge of methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem.
- Knowledge of methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues.
- Knowledge of methods and techniques for assessing the client's ability to provide for self-care needs.
- Knowledge of types of information available in employment, medical, psychological, and school records to provide assessment and diagnostic information.
- Knowledge of the effects of mood disturbance on psychosocial functioning.
- Knowledge of strategies for gathering information from adjunctive resources.
- Knowledge of psychological, cognitive, and behavioral factors that indicate a need for psychological and vocational testing.
- Knowledge of the effect of mental disorders on psychosocial functioning.
- Knowledge of methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.

## b. Cultural/Personal Factors

### Tasks

- Assess client's degree of acculturation to determine impact on presenting problem.
- Identify impact of client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.
- Assess nature of client's familial relationships by evaluating the family structure within the client's cultural identity.
- Gather information regarding role identification within context of client's race, culture, and country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.
- Identify impact of client's culture on client's presentation of psychological or physical problems.

### Knowledge of

- Knowledge of methods and techniques for assessing the impact of other peoples' values, culture, and life experiences on the client's presenting problem.
- Knowledge of methods and techniques for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem.
- Knowledge of methods and techniques for assessing how the client's values, personal preferences, and cultural identity impact the presenting problem.

## 2. Comprehensive Evaluation of Problem

### a. Social-Environmental History

#### Tasks

- Gather information about client's interpersonal relationships to identify patterns of behavior in different life settings.
- Assess history of trauma and abuse to determine impact on current functioning.
- Evaluate impact of psychosocial and environmental stressors on client's symptomatology.
- Identify events precipitating current problem through interviews with client and collateral sources.
- Gather information regarding client's family history to determine the impact of significant relationships and events on current problems.

- Assess impact of familial patterns of interaction on client's current problem through interviews with client and collateral sources.
- Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.

Knowledge of

- Knowledge of methods for assessing the impact of family history on client functioning.
- Knowledge of methods for assessing the effects of the client's physical condition on past and current psychosocial functioning.
- Knowledge of the cycle of abuse that perpetuates intergenerational violence and trauma.
- Knowledge of how cultural influences affect the client's perception of life events as traumatic.
- Knowledge of the effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.
- Knowledge of the interrelationship between client's behavior in social and work environments and behavior in other areas of client's life.
- Knowledge of how to assess the relationship between life events and the stressors the client experiences.
- Knowledge of the effects of socio-cultural factors on the client's presenting problem.

b. Medical and Developmental History

Tasks

- Gather information regarding the developmental history of the client and client's family members to determine course of developmental progression.
- Identify possible deficits in client's developmental level to determine need for further evaluation.
- Gather information regarding client's use of complementary and alternative treatments to evaluate client's approach to medical problems.
- Gather information regarding client's personal and familial medical history to determine impact of the person in the situation.
- Assess client's perception of the impact of physical limitations on adaptive functioning.
- Assess how client's medical conditions affect past and current adaptive functioning.
- Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness.

Knowledge of

- Knowledge of theories of aging and development that explain biological and cognitive changes.
- Knowledge of the relationship between medical conditions and psychosocial functioning.
- Knowledge of the relationship between level of functioning and normative developmental stages throughout the life span.
- Knowledge of symptoms of medical conditions that may impact client psychosocial functioning.
- Knowledge of common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.
- Knowledge of the effects of medications and their impact on the client's adaptive functioning.
- Knowledge of developmental processes of individual growth and change.
- Knowledge of methods and techniques for assessing the impact of client's family medical history on current problems and issues.
- Knowledge of the effects of social, cultural, and environmental influences on aging and health.
- Knowledge of the effect of biological and environmental influences on specific developmental and life phases.
- Knowledge of theories of stages of cognitive development.

c. History of Substance Use/Abuse

Tasks

- Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services.
- Assess social and familial factors associated with or contributing to the client's substance use.
- Assess types and patterns of use to determine substance abuse and/or dependence.

Knowledge of

- Knowledge of the impact of substance use or abuse on family and social relationships and role functioning.
- Knowledge of the effect of substance use and abuse on psychosocial functioning.
- Knowledge of physical and behavioral signs indicating current substance intoxication and/or withdrawal.
- Knowledge of physical and behavioral indicators associated with substance abuse.
- Knowledge of the impact of social, cultural, and familial factors on substance use and abuse.
- Knowledge of physical and behavioral indicators associated with substance dependence.

3. Comprehensive Evaluation of Inter- and Intra-personal Resources

Tasks

- Evaluate effectiveness of client's coping strategies and strengths by identifying patterns of reactions and responses to life stressors.
- Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem.
- Assess client's ability and willingness to access personal and community resources.

- Gather information regarding family members' coping strategies and strengths to assist in treatment planning.
- Gather information regarding interpersonal relationships to evaluate and assess client's ability to access and utilize support systems.
- Assess current living conditions to determine impact of the environment on the person in the situation.
- Collect information from collateral sources to assist in developing clinical assessment and intervention strategies.
- Assess impact of the client's family and social network on the presenting problem.
- Assess socioeconomic factors to determine the impact of financial stressors on current problem.
- Assess ability and willingness of the client's family and social network to support client's treatment.

#### Knowledge of

- Knowledge of methods for assessing adaptive and maladaptive coping mechanisms in dealing with life stressors.
- Knowledge of how to obtain and integrate relevant clinical information from collateral sources to increase an understanding of the client in the environment.
- Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning.
- Knowledge of the effect of economic factors and stressors on psychosocial functioning.
- Knowledge of theories of coping and adaptive responses to life events.
- Knowledge of the relationship between social supports and adaptive functioning.
- Knowledge of methods for assessing client's ability to access personal and community resources.

## II. DIAGNOSTIC FORMULATION (6%)

*This area assesses the candidate's ability use assessment information to formulate an accurate differential diagnosis for developing a treatment plan and interventions within the client's socio-cultural context.*

#### Tasks

- Integrate information about the client's premorbid functioning in developing a differential diagnosis problem formulation.
- Compare assessment information with diagnostic criteria in formulating differential diagnoses.
- Incorporate information about the client physiological status in formulating differential diagnoses.
- Integrate information regarding the impact of the client's cultural/ethnic background and beliefs on the experience and presentation symptoms in formulating a differential diagnosis.
- Integrate results of mental status examination in developing a differential diagnosis or problem formulation.
- Integrate collateral information from referral sources in developing a differential diagnosis or problem formulation.
- Identify persistence of symptoms to determine if problem is acute or chronic.
- Develop clinical diagnosis or problem formulation to provide basis for interventions.
- Identify onset or initial presentation of symptoms to determine duration of the problem.
- Identify extent of impairment and its impact on the client's level of functioning to develop a diagnostic impression.
- Integrate assessment information to determine depth and breadth of impairment on adaptive functioning.
- Integrate information about the precipitating events in developing a differential diagnosis or problem formulation.
- Identify psychological and environmental stressors to determine impact on symptomatology.

#### Knowledge of

- Knowledge of Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders.
- Knowledge of the clinical process of developing a diagnosis or problem description to clarify therapeutic issues.
- Knowledge of how to evaluate and integrate information about the client's premorbid condition and precipitating events into the formulation of a differential diagnosis.
- Knowledge of criteria for classifying complex levels of addiction (cross addiction).
- Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client's culture and beliefs.
- Knowledge of the relationship between biochemistry and psychiatric disorders.
- Knowledge of how to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.
- Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation.
- Knowledge of methods for integrating assessment information to identify areas and level of impairment in client's functioning.
- Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.
- Knowledge of the psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment.
- Knowledge of the social work diagnostic framework for identifying and evaluating presenting symptoms.
- Knowledge of the impact of cultural factors on the formulation of a differential diagnosis.

- Knowledge of the relationship between psychosocial and environmental factors and symptom development.
- Knowledge of the relationship between onset of signs and symptoms and duration of the problem.
- Knowledge of behavioral, physiological, and psychological indicators of developmental disorders.
- Knowledge of the relationship between persistence of symptoms and the course of the problem.
- Knowledge of methods for differentiating between disorders that share common symptoms.
- Knowledge of criteria for classifying substance use, abuse, and dependency.
- Knowledge of the short and long-term side effects of medications and their effect on the client's presenting symptoms.

### III. TREATMENT PLAN DEVELOPMENT (11%)

*This area assesses the candidate's ability to develop a culturally relevant treatment plan based on assessment and diagnostic information. The treatment plan includes a definition of the problem, measurable goals and objectives, and clinical interventions consistent with the client's readiness for, and ability to engage in treatment, and relevant to the phases of therapy.*

#### A. IDENTIFY/PRIORITIZE OBJECTIVES, GOALS AND METHODS OF TREATMENT

##### Tasks

- Incorporate interventions in to the treatment plan that address the needs associated with client's clinical diagnosis.
- Identify level of intervention required to address the client's areas and degree of impairment in developing the treatment plan.
- Develop mutually agreed upon treatment goals based on assessment and diagnostic information.
- Integrate aspects of client's value and belief systems into the development of the treatment plan.
- Develop measurable objectives to facilitate treatment goals.
- Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals.
- Identify client and therapist values that impact the therapeutic process to direct the treatment approach.
- Select treatment modalities based on client needs, diagnosis, and assessment.
- Develop preliminary termination plan to provide a structure for treatment.
- Develop preliminary termination plan with client to maintain therapeutic progress after treatment has ended.
- Provide client education about the therapeutic process to promote client's self-determination.
- Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.

##### Knowledge of

- Knowledge of methods and techniques for enhancing client motivation in treatment.
- Knowledge of methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process.
- Knowledge of client characteristics that affect client adaptation in different therapeutic modalities or treatment settings.
- Knowledge of methods and techniques for educating client about the therapeutic process.
- Knowledge of the components of a treatment or service plan for each phase of the therapeutic process.
- Knowledge of methods for determining service priorities by evaluating level of impairment in areas of client functioning.
- Knowledge of methods for determining the timing of interventions according to phase of therapy.
- Knowledge of methods for prioritizing symptoms to determine target areas for improving client functioning.
- Knowledge of techniques and procedures for engaging the client in the mutual development of treatment goals objectives.
- Knowledge of culturally competent interventions to provide services to diverse populations.
- Knowledge of procedures for determining how to manage aspects of the therapist's value system that potentially impacts therapy.
- Knowledge of strategies for determining therapeutic goals to direct treatment.
- Knowledge of techniques for integrating client's current experiences, values, and belief systems into the treatment plan.
- Knowledge of the differential use of psychotherapeutic techniques in treating problems or disorders.
- Knowledge of techniques for determining compatibility of treatment modalities with specific problems or disorders.
- Knowledge of methods for developing short-and long-term treatment objectives to address therapeutic problems.
- Knowledge of methods for determining length of therapy based on diagnosis and client's goals for treatment.
- Knowledge of the components of individual treatment plans to provide for clients with special needs.
- Knowledge of techniques and procedures for engaging client's on-going participation in the therapeutic process.

#### B. INTEGRATE/COORDINATE CONCURRENT TREATMENT MODALITIES AND ADJUNCTIVE RESOURCES

##### Tasks



- Collaborate with physician/psychiatrist regarding the effects and contraindications of psychotropic drugs to maximize therapeutic effectiveness with clients.
- Coordinate with other care providers in the development of an individual treatment plan.
- Determine need for referral to adjunctive treatment resources to support the treatment plan.
- Evaluate need for a treatment program based on severity of substance abuse and impairment to client functioning.
- Evaluate efficacy of collateral support systems for inclusion in treatment plan.
- Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status, or level of ability to provide treatment.

#### Knowledge of

- Knowledge of the dynamics of working across disciplines in developing comprehensive and integrated treatment.
- Knowledge of methods for accessing and coordinating multiple interventions across disciplines.
- Knowledge of methods for incorporating collateral support systems in therapy.
- Knowledge of techniques for combining treatment modalities in treating specific problems or disorders.
- Knowledge of the effect of psychotropic medications on therapeutic interventions.
- Knowledge of methods for integrating mainstream, complimentary, and alternative treatment modalities that are consistent within the framework of the client's cultural identity, beliefs, and values into treatment.

### C. MONITORING, EVALUATION AND REVISION OF TREATMENT PLAN

#### Tasks

- Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives.
- Prepare for termination with client by reviewing progress attained.
- Develop termination plan with client to maintain therapeutic progress after treatment has ended.
- Elicit information from collateral resources to assist in evaluating treatment efficacy.
- Adjust treatment plan and interventions as indicated by client's changing needs and goals.
- Establish collaborative alliance with agencies, caregivers, placement settings, and other community resources to develop support services commensurate with client needs.
- Conduct initial and on-going review of therapeutic alliance to assist client engagement in therapy.
- Determine evaluation criteria to monitor progress toward goals and objectives.

#### Knowledge of

- Knowledge of techniques for re-engaging mandated, resistant, and noncompliant clients in treatment.
- Knowledge of methods and procedures for formulating an after-care plan.
- Knowledge of methods for assessing qualitative and quantitative therapeutic change.
- Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client's achievements outside therapy.
- Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client goals and needs.
- Knowledge of methods for formulating behavioral indicators to measure and evaluate therapeutic change.
- Knowledge of changes in client functioning that indicate readiness to terminate therapy.
- Knowledge of procedures for evaluating therapeutic change in preparation for termination.
- Knowledge of methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.

## IV. RESOURCE COORDINATION (9%)

*This area assesses the candidate's ability to coordinate linkages and provide access to resources, and to evaluate the efficacy of the referrals.*

### A. SERVICE IDENTIFICATION AND COORDINATION

#### Tasks

- Coordinate with community sources to facilitate outreach to transient and homeless clients.
- Evaluate suitability of community resources to provide supportive services commensurate with client needs.
- Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs.
- Coordinate with other professionals, service providers, and other community resources to establish linkages for outreach services.
- Gather information regarding cultural community networks to identify resources and sources of support.
- Coordinate access to therapeutic or community programs to facilitate client's transition into the community.
- Evaluate client's current needs and prognosis for change to assist in determining least restrictive placement environment.
- Collaborate with other providers and community specialists to identify resources.
- Determine need for outreach and/or field visits in order to evaluate how health, safety, and welfare issues are affecting treatment.
- Coordinate linkages with support systems and services to facilitate access by client.

#### Knowledge of



- Knowledge of criteria for determining least restrictive environment to provide for care and safety of client.
- Knowledge of methods for identifying and incorporating community support systems and resources that are consistent with client's beliefs and values.
- Knowledge of types of placements available for the short- and long-term care of clients of differing levels of care.
- Knowledge of methods for evaluating conditions in the home to determine need for additional services.
- Knowledge of methods and procedures for facilitating client's transition to a less restrictive setting.
- Knowledge of methods for identifying community support services that meet client needs.
- Knowledge of methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client's current or prospective needs.
- Knowledge of methods for identifying and incorporating community support systems and resources relevant to the client's culture, background, beliefs, and values.
- Knowledge of the methods involved in establishing a liaison with community resource providers.
- Knowledge of methods for evaluating client's ability to access support services and treatment sources.
- Knowledge of federal, state, local, and public and private social services that provide assistance with meeting client's basic needs.
- Knowledge of methods for identifying and incorporating community support systems and resources for transient and homeless clients.
- Knowledge of criteria for evaluating the level of care of a prospective or current placement to meet client's needs.
- Knowledge of methods for incorporating a multidisciplinary team approach to treatment.

## B. CLIENT ADVOCACY AND SUPPORT

### Tasks

- Advocate within the community for the creation or enhancement of support services to meet client needs.
- Educate community resources about how to best meet client needs within the framework of the individual needs, culture, beliefs, and values of the client.
- Facilitate integration of client back into the community by providing psychoeducation to service providers and community members.
- Advocate with institutions and organizations, including within the legal or judicial system and within medical and healthcare institutions, to improve service delivery and to protect client rights.
- Educate client about how to access support services including access to legal advocacy to support client's rights.
- Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs.
- Consult with other professionals and referral sources to discuss the client's progress and to evaluate the on-going effectiveness and accessibility of resources.
- Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect client rights.
- Engage client in the mutual exploration and identification of future resources as the client's needs change.
- Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met.
- Advocate for protective placement to assist client with leaving a dangerous or unsafe environment.
- Engage client the mutual evaluation of the on-going effectiveness and accessibility of resources.

### Knowledge of

- Knowledge of methods and procedures for enhancing or developing new services within the community.
- Knowledge of methods for increasing client's ability for self-advocacy.
- Knowledge of methods for evaluating the usage and efficacy of referral sources.
- Knowledge of standards, laws, and regulations regarding housing, accessibility, employment, and equal opportunity to protect client's rights.
- Knowledge of criteria for evaluating safety of client placement.
- Knowledge of laws, statutes, and regulations relating to residential placement.
- Knowledge of advocacy methods for increasing client's access to needed resources.
- Knowledge of methods for providing psychoeducational services to the client.
- Knowledge of the benefits of psychosocial education to clients and their families about the nature of mental disorders.
- Knowledge of methods for providing psychoeducational services to community service providers.

## V. THERAPEUTIC INTERVENTIONS (40%)

*This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client needs consistent with the client's socio-cultural context.*

### A. CRISIS INTERVENTION

#### Tasks

- Implement techniques to assist client's exploration of options to increase adaptive functioning.
- Assist client to modify environment to promote stabilization.



- Evaluate nature and severity of current crisis to determine intervention strategy.
- Implement techniques to assist client to verbalize source of crisis.
- Assist client to manage emotions associated with traumatic event to facilitate client's resolution of crisis.
- Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.
- Develop a stabilization plan with client in crisis to prevent further decompensation.

#### Knowledge of

- Knowledge of methods for implementing strategies and interventions with clients in emergency situations.
- Knowledge of the effect of crisis on emotional and psychological equilibrium.
- Knowledge of counseling techniques to assist client in crisis to regain emotional balance.
- Knowledge of transitional crises created by immigration and acculturation.
- Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior.
- Knowledge of crisis intervention techniques to provide immediate assistance to client.
- Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma.
- Knowledge of therapeutic techniques for improving adaptive functioning of client in crisis.

### B. SHORT-TERM THERAPY

#### Tasks

- Apply a problem-solving approach in therapy for treating the problem as it impacts the client's current functioning.
- Instruct client in techniques for increasing rational thought processes to enhance client's problem-solving and decision-making ability.
- Implement interventions for facilitating the client's ability to identify the interrelationship between past events and current behaviors.
- Provide psychoeducation about loss and stages of grieving process to facilitate client's normalization of feelings and experiences.
- Assist client with identifying and expressing feelings to move through the stages of grief and loss.
- Provide psychoeducation about normal reactions to stress to assist client with managing transitional life issues.
- Facilitate client's coping and planning strategies for addressing issues associated with major life events/potentially life-changing events.
- Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.
- Apply a treatment plan for accomplishing symptom reduction using a brief therapy model.

#### Knowledge of

- Knowledge of methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances.
- Knowledge of the intervention models for Brief Therapy and their indications and contraindications for use.
- Knowledge of techniques and procedures for implementing interventions using a Brief Therapy model.
- Knowledge of the effect of client's prior coping patterns and life experiences on adjustment to trauma.
- Knowledge of the stages of loss and grief.
- Knowledge of counseling techniques to assist survivor of trauma work through feelings associated with the experience.
- Knowledge of the effect of patterns of interpersonal relations on ability to maintain social relationships.

### C. THERAPY FOR CHILDREN AND ADOLESCENTS

#### Tasks

- Determine baseline levels of maladaptive behaviors to measure therapeutic change.
- Implement interview techniques consistent with child's cognitive development.
- Select age-appropriate interventions to facilitate child's understanding of the presenting problem.
- Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy.
- Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances.
- Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies.
- Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood.
- Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships.
- Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.
- Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings.
- Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior.
- Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others.
- Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity.

- Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood.
- Address adolescent's body image distortions to develop a reality-based perception of the physical self.
- Provide supportive therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial adjustment.
- Provide assertiveness training to promote client's self-esteem and self-confidence.
- Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses.
- Provide therapy involving structured task completion to improve child's ability to focus on specific tasks.
- Provide parenting skills training to improve parents/caregivers' ability to care for children.
- Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions.
- Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage

#### Knowledge of

- Knowledge of methods for preventing relapse with child/adolescent client in recovery.
- Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood.
- Knowledge of counseling techniques for dealing with physical, emotional and psychological issues that contribute to substance use and abuse.
- Knowledge of methods and techniques to identify source of resistance to treatment.
- Knowledge of methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development.
- Knowledge of counseling techniques to facilitate client's recognition of emotional and psychological sources of anger.
- Knowledge of counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues.
- Knowledge of behavior management interventions which reduce disruptive behavior in a variety of environments.
- Knowledge of the principles of learning theory to explain the acquisition of behaviors.
- Knowledge of intervention methods for treating substance dependency.
- Knowledge of behavioral and emotional responses in children resulting from parental separation or divorce.
- Knowledge of developmental theories and their application to children and adolescents in a clinical setting.
- Knowledge of techniques for increasing attention span by modifying child's environment.
- Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents.
- Knowledge of factors that affect client adjustment during emancipation process.
- Knowledge of developmentally appropriate therapeutic techniques for treating children and adolescents.
- Knowledge of therapeutic techniques to decrease violent or aggressive behavior.
- Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development.
- Knowledge of the developmental stages of defining sexual identity and preference.
- Knowledge of the physical and psychosocial effects of substance use on children and adolescents.
- Knowledge of methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients.
- Knowledge of types of learning disabilities that impede academic performance.
- Knowledge of effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents.
- Knowledge of the effects of racism and discrimination on development of self-concept.

#### D. THERAPY FOR ADULTS (INDIVIDUAL AND GROUP)

##### Tasks

- Facilitate group process so clients can derive the maximum benefit from the experiences of peers.
- Apply nondirective approach to therapy by following the client's lead to permit change to occur at client's pace.
- Apply therapeutic techniques to integrate thoughts, feelings, and actions to assist client to achieve congruence of self.
- Provide psychotherapy to survivor of abuse to reduce the impact of the experience.
- Teach client anger management techniques to increase client's ability to manage aggressive impulses.
- Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse.
- Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s).
- Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors.
- Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning.
- Provide psychoeducation for family members to facilitate treatment compliance of client.
- Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.

- Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness.
- Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.
- Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors.
- Implement techniques for motivating client to attend substance treatment programs.
- Assist client to identify cognitions that maintain maladaptive behavior.
- Provide supportive therapy to psychiatric client to increase compliance with medical and pharmacological interventions.
- Confront client's inappropriate and/or antisocial behavior to provide opportunities for change.
- Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences.
- Teach client relaxation skills to increase client's ability to manage symptoms of anxiety.

#### Knowledge of

- Knowledge of the relationship of the positive effects of physical and cognitive activity on functioning in later adulthood.
- Knowledge of theories of group dynamics.
- Knowledge of cognitive restructuring techniques to change maladaptive thought patterns.
- Knowledge of the relationship between interpersonal interactions and social functioning.
- Knowledge of the effect of cognition on interpretation of behavioral responses.
- Knowledge of the biological, social, and psychological aspects of mental illness and emotional functioning.
- Knowledge of sexual dysfunctions that indicate need for specialized services.
- Knowledge of methods and techniques for conducting group psychotherapy.
- Knowledge of the biological, social, and psychological aspects of aggression.
- Knowledge of methods and techniques for providing psychoeducation to individual clients and groups.
- Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning.
- Knowledge of stress management techniques to reduce anxiety or fearful reactions.
- Knowledge of interventions and techniques for assisting client with managing own anger and aggression.
- Knowledge of therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination.
- Knowledge of psychodynamic techniques for resolving emotional conflict or trauma.
- Knowledge of methods for implementing desensitization techniques to reduce client symptoms.
- Knowledge of techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process.
- Knowledge of the effects of unconscious processes on behavior.
- Knowledge of the protective function defense mechanisms against anxiety.
- Knowledge of the application of experiential techniques to assist client to achieve treatment goals.
- Knowledge of methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process.
- Knowledge of the concept of insight in successful resolution of past trauma or conflict.
- Knowledge the biological, social, and psychological aspects of substance use and addiction.
- Knowledge of therapeutic techniques for increasing client's feelings of self-worth.
- Knowledge of methods for assessing maladaptive functioning in interpersonal relationships.
- Knowledge of the impact of cultural, racial, and ethnic values and beliefs on adult behavior.
- Knowledge of the effect of events in client's past on current experiences.

#### E. THERAPY FOR COUPLES

##### Tasks

- Implement communication techniques with couples to promote mutual disclosure and discussion.
- Identify strategies couples can implement to balance external responsibilities with personal relationship.
- Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.
- Provide counseling to couples considering separation or divorce to address issues of loss.
- Provide premarital counseling to assist couple's transition to new family system.
- Educate clients about the stages of development of the couple relationship to normalize changes and transitions.
- Provide therapy and psychoeducation to couples to address issues of a blended family.
- Implement strategies to increase the safety the couple feels in the relationship.
- Assist couple to identify the relationship strengths on which effective coping strategies may be based.
- Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on relationship.
- Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes.
- Determine goal of couple's therapy by evaluating each individual's motivation.
- Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies.
- Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems.

- Assist clients to restructure interactions by reframing the couple's perception of power structure within the system.
- Provide education regarding values identification clarification to develop mutual acceptance, tolerance, and cohesion in relationship.
- Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships.

#### Knowledge of

- Knowledge of the effect of incongruent goals of couples on therapeutic process.
- Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in couples.
- Knowledge of techniques to increase intimacy within couple relationships.
- Knowledge of the aspects of relationships that result in problems or conflicts for couples.
- Knowledge of methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns.
- Knowledge of techniques to assist client to develop individual roles and identities within the couple relationship.
- Knowledge of the impact of communication and interactional styles on couple relationships.
- Knowledge of techniques for teaching conflict resolution and problem-solving skills with individuals in a couple.
- Knowledge of counseling techniques to assist couples with psychological adjustment to sexuality issues.
- Knowledge of methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs.
- Knowledge of the effect of gender role expectations and stereotypes on communication and partner expectations in couples.
- Knowledge of methods for identifying and implementing interventions for treating maladaptive functioning in couple relationships.
- Knowledge of issues resulting from dissolution of couple relationships.
- Knowledge of therapeutic methods to establish individual and system boundaries.
- Knowledge of the effect of unrealistic role assignments on couple relationships.
- Knowledge of the dynamics of the marriage/partner relationships that shape and change the relationship.
- Knowledge of methods and techniques for teaching couples how to improve their communication.

## F. THERAPY FOR FAMILIES

### Tasks

- Provide information to clients regarding developmental stages of the family to facilitate understanding of family change.
- Implement strategies for changing disruptive interaction styles to strengthen family cohesion.
- Identify separation issues in parent-child relationship to promote age-appropriate individuation.
- Identify transitional issues in parent-child relationship to promote age-appropriate differentiation.
- Mediate conflict regarding couple's parenting styles to effect consistency in child's environment.
- Provide information and resources to parents regarding growth and development of children to increase understanding of child's needs and progress.
- Model adaptive methods for relating to peers and siblings to improve child's social functioning.
- Identify differences in multigenerational acculturation to determine source of value conflicts between family members.
- Provide family therapy to achieve reunification goals.
- Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce.
- Develop family reunification goals by identifying changes that must be made to improve family functioning.
- Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure.
- Provide psychosocial information to families regarding environmental and biological components that impact development.
- Identify patterns of interaction among family members to determine sources of conflict.
- Identify family of origin influences to understand impact on present family functioning.
- Identify family structure to clarify roles and boundaries of the family unit.

### Knowledge of

- Knowledge of behaviors or reactions that indicate problematic separation or attachment issues.
- Knowledge of how cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members.
- Knowledge of the effect of conflicting or inconsistent parenting styles on child's level of functioning.
- Knowledge of methods for identifying interconnections and interdependence within social systems.
- Knowledge of the impact of the family's communication and interactional styles on the family members interpersonal dynamics and relationships.
- Knowledge of parenting skills necessary to provide for care of children.
- Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups.
- Knowledge of the impact of cultural views regarding family structure and values.

- Knowledge of the aspects of interpersonal relationships that result in problems or conflicts within family groups.
- Knowledge of therapy techniques to strengthen or reestablish family roles.
- Knowledge of behavioral and emotional responses of family members resulting from parental separation or divorce.
- Knowledge of the effect of differences in multigenerational acculturation on family structure and values.
- Knowledge of techniques to identify multigenerational transmission of patterns and interactions that impact client functioning.
- Knowledge of techniques to educate children regarding the relationship between behavior and consequences.
- Knowledge of the implications of family history for understanding its influence on current family functioning.
- Knowledge of techniques to identify and clarify roles and expectations in blended family structures.
- Knowledge of different types of supportive services to strengthen family system.
- Knowledge of therapeutic interventions to improve family transactions.
- Knowledge of therapeutic techniques to increase individuation within existing system structures.
- Knowledge of the stages of developmental changes that occur within the family system.
- Knowledge of group process methods for improving patterns of communication between family members.
- Knowledge of the concept of feedback as it relates to the adjustment of a system.
- Knowledge of the family life cycle that results in transitions and changes in status.
- Knowledge of techniques to identify different power bases within family structure.
- Knowledge of the concept of homeostasis in maintaining system structure and balance of power.

#### G. MANAGING THE THERAPEUTIC PROCESS

##### Tasks

- Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems.
- Provide unconditional positive regard by demonstrating genuine acceptance to assist client to develop a positive sense of self-worth.
- Implement strategies to address language barriers to facilitate client expression and understanding.
- Establish a supportive environment by providing unconditional positive regard toward client.
- Identify client and therapist values that impact the therapeutic process to direct the treatment approach.
- Identify countertransference to modulate impact on the therapeutic process.
- Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals.
- Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers.
- Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment.
- Implement strategies to facilitate client's awareness of the relationship between self-esteem and current functions.
- Establish therapeutic alliance to assist client engagement in therapy.

##### Knowledge of

- Knowledge of the effect of unconditional positive regard in facilitating therapeutic effectiveness.
- Knowledge of the concept of countertransference as therapist's reactions and feelings response to client's therapeutic issues.
- Knowledge of the concept of transference as an expression of unresolved issues.
- Knowledge of techniques for conveying empathy, interest, and concern within therapeutic context.
- Knowledge methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs.
- Knowledge of the stages of the client/therapist relationship and how it progresses over time.
- Knowledge of techniques for establishing a therapeutic framework with diverse populations.
- Knowledge of techniques to promote client engagement in therapeutic process.
- Knowledge of methods and techniques for increasing client's acceptance of self as the agent of change in therapy.
- Knowledge of the effect of differences between therapist and client's values on therapy process.
- Knowledge of the relationship between client sense of self-worth and client functioning.
- Knowledge of techniques for incorporating therapeutic use of self to maximize therapeutic alliance.

#### VI. LEGAL MANDATES (5%)

*This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.*

##### A. PROTECTIVE ISSUES/MANDATED REPORTING

##### Tasks

- Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.
- Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled, to initiate protective involuntary hospitalization.

- Evaluate client and the content of therapy to identify holder of privilege.
- Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities.
- Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.

Knowledge of

- Knowledge of criteria for determining abuse, neglect, or exploitation of dependent adults.
- Knowledge of laws regarding privileged communication to protect client's rights and privacy.
- Knowledge of laws regarding payment or acceptance of money for referral of services.
- Knowledge of reporting requirements regarding duty to warn when client indicates intent to harm others.
- Knowledge of components of a child abuse investigation interview.
- Knowledge of legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing.
- Knowledge of laws regarding holder of privilege.
- Knowledge of legal requirements regarding the mandatory and discretionary reporting of suspected or known abuse.
- Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities.

B. PROFESSIONAL CONDUCT

Tasks

- Maintain boundaries with client by adhering to legal guidelines regarding sexual relations.
- Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.
- Obtain client's written permission to disclose privileged information to protect client's right to privacy.
- Maintain client records in accordance with state and federal regulations.
- Provide "Professional Therapy Never Involves Sex" brochure to client when client discloses allegations of sexual misconduct in previous therapy.
- Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.

Knowledge of

- Knowledge of laws which define the boundaries and scope of clinical practice.
- Knowledge of laws regarding disclosing fees for professional services.
- Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.
- Knowledge of laws regarding sexual misconduct between therapist and client.

VII. ETHICAL STANDARDS (6%)

*This area assesses the candidate's ability to identify and apply ethical standards to clinical practice.*

Tasks

- Provide client with reasonable notification and resources when treatment must be interrupted or terminated.
- Disclose exceptions to confidentiality to inform client of limitations of privileged communication.
- Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.
- Seek consultation before countertransference issues interfere with treatment.
- Collaborate with other professionals when issues arise outside the therapist's expertise.
- Identify clinical issues outside therapist's experience or competence to refer to other professionals for treatment.
- Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment.
- Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals.
- Demonstrate professional competence by providing information to client regarding education, professional qualifications, and professional affiliations.
- Implement policies and therapeutic procedures that enhance client's self-determination by providing services regardless of client's race, culture, country of origin, gender, age, socioeconomic marital orientation, or level of ability.
- Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship.
- Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.
- Identify own physical or cognitive impairments to determine impact on ability to provide professional services.
- Maintain clear and professional boundaries with client to prevent dual/personal relationship that could negatively impact the therapeutic relationship.

#### Knowledge of

- Knowledge of methods and conditions for communicating to client about acceptance of money or other payments for referral of services.
- Knowledge of criteria for determining competency to practice.
- Knowledge of methods and conditions for disclosing fees for professional services.
- Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- Knowledge of therapist issues and conflicts that interfere with the therapeutic process.
- Knowledge of ethical responsibility to provide client with information regarding therapeutic process and services.
- Knowledge of the limits of confidentiality within the therapeutic framework.
- Knowledge of ethical considerations and conditions for interrupting or terminating treatment.
- Knowledge limitations of professional experience, education, and training to determine issues outside therapeutic competence.
- Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.
- Knowledge of ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability.
- Knowledge of ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.

## STATE OF CALIFORNIA NOTICE OF ELIGIBILITY

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You are eligible to participate in the Standard Written examination for licensure as a Licensed Clinical Social Worker. This is the ONLY notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label below contains important date information. In the upper-left corner of the address label (above your name) is the date your application for examination was approved; following that is the date by which you must take your examination. **You must take the Standard Written examination by the date specified on the label or you will be required to reapply** (see *Abandonment of Application/Ineligibility* in this handbook).

This handbook provides important information regarding Standard Written examination procedures and content. To schedule your examination, please refer to the instructions in this handbook.

Upon passing the Standard Written examination, you are eligible to apply to take the Written Clinical Vignette examination. Please see more information in this handbook for Written Clinical Vignette examination information.

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California Board of Behavioral Sciences  
1625 North Market Blvd. Suite S200  
Sacramento, CA 95834  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

FIRST CLASS MAIL





California Board of Behavioral Science  
1625 North Market Boulevard, Suite S200  
Sacramento, CA 95834  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

Licensed Clinical Social Worker  
Written Clinical Vignette Examination

CANDIDATE HANDBOOK

FOR EXAMINATIONS DECEMBER 1, 2007 OR LATER



PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
[www.psiexams.com](http://www.psiexams.com)

## CONTENT OUTLINE

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## FOR MORE INFORMATION

All questions about examination scheduling should be directed to:

**PSI licensure:certification**  
3210 E Tropicana  
Las Vegas, NV 89121  
(877) 392-6422 • TTY (800) 735-2929  
[www.psiexams.com](http://www.psiexams.com)

Questions about examination content or licensing should be directed to:

**Board of Behavioral Sciences**  
1625 North Market Blvd., Ste. S200  
Sacramento, CA 95834  
(916) 574.7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

## SCHEDULING INFORMATION

Date Scheduled: \_\_\_\_\_

Name of Scheduler: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Time of Exam: \_\_\_\_\_

Test Site Location: \_\_\_\_\_



## PURPOSE

This handbook serves as your notice of eligibility and is designed to provide you with general information regarding the California Licensed Clinical Social Worker (LCSW) Written Clinical Vignette examination processes and content.

## EXAMINATIONS BY PSI

The State has contracted with PSI to conduct its examination program. PSI provides examinations through a network of computer examination centers in California.

All questions regarding the scheduling and administration of examinations should be directed to PSI.

PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
(800) 733-9267 • Fax (702) 932-2666  
[www.psiexams.com](http://www.psiexams.com)

All other questions about examinations should be directed to the BBS.

Board of Behavioral Sciences  
1625 North Market Blvd., Suite S-200,  
Sacramento, CA 95834  
(916) 574-7830 \*\* FAX (916) 574-8625  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

## EXAMINATION SCHEDULING PROCEDURES

Once you have been approved by BBS, you are responsible for contacting PSI to schedule an appointment to take the examination. You may do so via the Internet at [www.psiexams.com](http://www.psiexams.com), or schedule over the telephone at (800) 733-9267.

- **FIRST TIME EXAMINEES:** Examination eligibility expires, and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.
- **RE-EXAMINATION APPLICANTS:** Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

In most California testing centers, testing does not take place on the following major holidays:

Memorial Day	Closed May 26, 2008
Independence Day	Closed July 4, 2008
Labor Day	Closed September 1, 2008
Thanksgiving	Closed November 27-28, 2008
Christmas	Closed December 25, 2008

## INTERNET SCHEDULING

You may schedule your test by completing the online Test Registration Form. The Test Registration Form is available at PSI's website, [www.psiexams.com](http://www.psiexams.com). You may schedule for a test via the Internet 24 hours a day.

1. Complete the registration form online and submit your information to PSI via the Internet.
2. Upon completion of the online registration form, you will be given the available dates for scheduling your test.
3. You will need to choose a date to complete your registration.
4. Upon successful registration, you will receive a traceable confirmation number.

## TELEPHONE SCHEDULING

PSI has two scheduling methods available if you wish to schedule by telephone. First, call PSI at (877) 392-6422, 24 hours a day and schedule using the Automated Registration System. Second, if you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to schedule your appointment for the test.

## CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee *if your cancellation notice is received 2 days prior to the scheduled examination date*. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (800) 733-9267. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

**Note:** A voice mail message is not an acceptable form of cancellation. Please use the internet, automated telephone system, or call PSI and speak to a Customer Service Representative.

## MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if:

- You do not cancel your appointment 2 days before the scheduled examination date;
- You do not appear for your examination appointment;
- You arrive after examination start time;
- You do not present proper identification when you arrive for the examination.

## RE-EXAMINATION

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with the score report at the test center, or may be obtained by contacting the BBS.



To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 180 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Sample Scenarios:

- Arnold failed his Exam on 4/22/07. He must retake his Exam no later than 4/22/08.
- Danny received notice of eligibility to take the Written Clinical Vignette Exam on 1/18/07. He must take this Exam no later than 1/18/08.

#### EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (800) 733-9267. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

### EXAMINATION SITE LOCATIONS

The California examinations are administered at the PSI examination centers in California as listed below:

#### **ANAHEIM**

2301 W. LINCOLN AVE, SUITE 252  
ANAHEIM, CA 92801  
(714) 254-1453

*TAKE I-5 SOUTH TO SANTA ANA. EXIT ON BROOKHURST ST. AND MAKE A RIGHT GOING SOUTH. TURN RIGHT (WEST) ON LINCOLN AVE. RIGHT AFTER MONTEREY LN. GO HALF A BLOCK AND ENTER ON THE FIRST OR SECOND DRIVEWAY ON 2301 LINCOLN. SUITE 252 IS LOCATED ON THE SECOND FLOOR.*

#### **ATASCADERO**

7305 MORRO RD, SUITE 201A  
ATASCADERO, CA 93422  
(805) 462-8983

*FROM US-101 N, TAKE THE CA-41 EXIT- EXIT 219-TOWARD MORRO RD. TURN LEFT ONTO EL CAMINO REAL. Turn LEFT onto CA-41/MORRO RD.*

*FROM US-101 S, TAKE THE MORRO RD/CA-41 EXIT- EXIT 219, TURN RIGHT ONTO CA-41/MORRO RD.*

#### **BAKERSFIELD**

5405 STOCKDALE HIGHWAY, SUITE 206  
BAKERSFIELD, CA 93309  
(661) 398-9354

*FROM I-5 S, TAKE THE STOCKDALE HWY EXIT (253). TURN LEFT ONTO STOCKDALE HWY.*

*FROM I-5 N TOWARD BAKERSFIELD, KEEP LEFT TO TAKE CA-99 N VIA EXIT (221) TOWARD BAKERSFIELD/FRESNO. TAKE THE CA-58 E EXIT TOWARD TEHACHAPI/MOJAVE. TAKE THE EXIT ON THE LEFT TOWARD*

*CAL STATE UNIV/STOCKDALE HWY/BRUNDAGE LANE. TURN LEFT ONTO WIBLE RD. TURN SLIGHT LEFT ONTO STOCKDALE HWY.*

#### **CARSON**

17420 S. AVALON BLVD, SUITE 205  
CARSON, CA 90746  
(310) 217-1066

*FROM CA-91 E/GARDENA FWY TAKE THE AVALON EXIT. OFF RAMP WILL LEAD YOU ONTO ALBERTONI ST. MAKE A RIGHT ONTO AVALON BLVD AND WE ARE LOCATED ON THE RIGHT HANDSIDE (SAME PARKING LOT AS CARL'S JR).*

*FROM CA-91 W TAKE THE AVALON EXIT. MAKE A LEFT ONTO AVALON BLVD. MAKE A U-TURN ON AVALON BLVD AND ALBERTONI ST. WE ARE LOCATED ON THE RIGHT HAND SIDE. (SAME PARKING LOT AS CARL'S JR).*

#### **EL MONTE**

9420 TELSTAR, SUITE 138  
EL MONTE, CA 91731  
(626) 442-4112

*FROM I-10 E TOWARD SAN BERNARDINO, MERGE ONTO ROSEMEAD/CA 19 S TOWARD LONG BEACH. TURN LEFT ONTO E. TELSTAR AVE.*

*FROM I-10 W TOWARD LOS ANGELES, TAKE THE ROSEMEAD BLVD/CA-19 EXIT TOWARD PASADENA. TAKE THE ROSEMEAD BLVD RAMP TOWARD LONG BEACH. MERGE ONTO ROSEMEAD BLVD/CA-19 S. TAKE A LEFT ONTO E. TELSTAR AVE.*

#### **FRESNO**

351 E. BARSTOW, SUITE 101  
FRESNO, CA 93710  
(559) 221-9006

*FROM CA-41 S, TAKE THE BULLARD AVE EXIT. TURN LEFT ONTO E BULLARD AVE. TURN RIGHT ONTO N FRESNO ST. PASS THROUGH THE INTERSECTION OF FRESNO AND BASTOW AVE. TAKE THE FIRST DRIVEWAY ON THE RIGHT HAND SIDE.*

*FROM CA-41 N, TAKE THE SHAW AVE EXIT TOWARD CLOVIS. TURN RIGHT ONTO E SHAW AVE. TURN LEFT ONTO N FRESNO ST. TURN LEFT INTO THE LAST DRIVEWAY BEFORE BARSTOW AVE.*

*TESTING CENTER IS IN THE OFFICE COMPLEX ON THE SW CORNER OF BARSTOW AND FRESNO ST.*

#### **HAYWARD**

24301 SOUTHLAND DRIVE, SUITE B-1  
HAYWARD, CA 94545  
(510) 784-1114

*FROM I-880 N TOWARD OAKLAND, TAKE THE WINTON AVENUE EXIT. MERGE ONTO W WINTON AVE TOWARD HEALD COLLEGE. TURN LEFT ONTO SOUTHLAND DR.*

*FROM I-880 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVE WEST EXIT TOWARD HEALD COLLEGE. MERGE ONTO W WINTON AVE. TURN LEFT ONTO SOUTHLAND DR.*

#### **REDDING**

2861 CHURN CREEK, UNIT C  
REDDING, CA 96002  
(530) 221-0945

*ON 299 FROM EAST TAKE RAMP ONTO I-5 S. TAKE EXIT #677/REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.*

*ON 299 FROM WEST TURN RIGHT ON MARKET ST (CA-273 S). TURN LEFT ON TEHEMA ST (CA-299 E). CONTINUE TO FOLLOW CA-299 E. TAKE EXIT #2A/RED BLUFF/SACRAMENTO ONTO I-5 S. TAKE EXIT #677/REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.*

*ON I-5 FROM NORTH TAKE EXIT #677/ REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD*



ON I-5 FROM SOUTH TAKE EXIT #677/ REDDING/CYPRESS AVE. TURN RIGHT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD

ON HWY 44 FROM EAST TAKE RAMP TOWARD VICTOR AVE. TURN LEFT ON VICTOR AVE. TURN RIGHT ON E CYPRESS AVE. TURN LEFT ON CHURN CREEK RD.

FROM ALL DIRECTIONS, FRONT BUILDING IS 2881 CHURN CREEK, DRIVEWAY INTO COMPLEX IS DIRECTLY ACROSS FROM MAJOR MUFFLER ON EAST SIDE OF CHURN CREEK. 2861 IS FIRST BUILDING ON THE LEFT.

## RIVERSIDE

RIVERSIDE TECHNOLOGY BUSINESS PARK  
1660 CHICAGO AVE, SUITE M-15  
RIVERSIDE, CA 92507  
(951) 680-9720

FROM I-215 N TOWARD RIVERSIDE/SAN BERNARDINO, TAKE THE COLUMBIA AVENUE EXIT. TURN RIGHT ONTO E LA CADENA DR. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE AND END AT 1660 CHICAGO AVENUE.

FROM I-215 S TOWARD SAN BERNARDINO/RIVERSIDE, TAKE THE EXIT TOWARD COLUMBIA AVENUE. TURN SLIGHT RIGHT ONTO INTERCHANGE DR. TURN LEFT ONTO PRIMER ST. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE AND END AT 1660 CHICAGO AVENUE.

## SACRAMENTO

9719 LINCOLN VILLAGE DR.  
BUILDING 100, SUITE 100  
SACRAMENTO, CA 95827  
(916) 363-6455

FROM SAN FRANCISCO/VALLEJO ON I-80 E, TAKE US-50 E TOWARD SACRAMENTO/SOUTH LAKE TAHOE. TAKE BRADSHAW ROAD, EXIT 13, TURN RIGHT ONTO BRADSHAW ROAD. TURN IMMEDIATE LEFT ONTO LINCOLN VILLAGE DR.

## SAN DIEGO

5440 MOREHOUSE DRIVE, SUITE 3300  
SAN DIEGO, CA 92121  
(858) 658-0786

FROM I-805 S, TAKE THE SORRENTO VALLEY RD/MIRA MESA BLVD EXIT. TURN LEFT ONTO MIRA MESA BLVD, TURN LEFT ONTO SCRANTON ROAD. TURN RIGHT ONTO MOREHOUSE DRIVE.

FROM I-805 N TOWARD LOS ANGELES, TAKE THE MIRA MESA BLVD/VISTA SORRENTO PKWY EXIT. TURN RIGHT ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.

ADDITIONAL PARKING CAN BE FOUND (on top of the AT&T building) BY CONTINUING ON MOREHOUSE PAST OUR BUILDING AND TURNING LEFT AT THE NEXT DRIVEWAY UP THE HILL

## SANTA ROSA

160 WIKIUP DRIVE, SUITE 105  
SANTA ROSA, CA 95403  
(707) 544-6723

FROM US-101 N, MERGE ONTO FULTON RD. TURN RIGHT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

FROM US-101 S, TAKE THE AIRPORT BLVD EXIT. TAKE THE RAMP TOWARD MARK WEST AREA/LARKFIELD WIKIUP. TURN LEFT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.

## SANTA CLARA

2936 SCOTT BLVD  
SANTA CLARA, CA 95054  
(408) 844-0004

FROM US-101 N, TAKE THE SAN TOMAS EXPWY/MONTAGUE EXPWY EXIT- EXIT 392. TAKE THE SAN TOMAS EXPWY RAMP. MERGE ONTO SAN TOMAS EXPY/CR-G4. TURN LEFT ONTO SCOTT BLVD.

FROM I-880 S TOWARD SAN JOSE, TAKE THE MONTAGUE EXPWY EXIT (7). TAKE THE MONTAGUE EXPWY WEST RAMP. MERGE ONTO MONTAGUE EXPY/CR-G4 E. TURN LEFT ONTO E TRIMBLE RD. E TRIMBLE RD BECOMES DE LA CRUZ BLVD. TURN SLIGHT RIGHT ONTO CENTRAL EXPY/CR-G6 W. TURN SLIGHT RIGHT ONTO SCOTT BLVD.

## SPECIAL ACCOMMODATIONS AVAILABLE

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

The Board and PSI recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodations.

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at [www.bbs.ca.gov/bbsforms.htm](http://www.bbs.ca.gov/bbsforms.htm).

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

Do not call PSI to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

## REPORTING TO THE EXAMINATION SITE

On the day of the examination, you must arrive at least 30 minutes prior to your scheduled appointment time. This allows time for check-in and identification verification and provides time to familiarize yourself with the examination process. If you arrive late, you may not be admitted to the examination site and you may forfeit your examination registration fee. Even though candidates will be thumb printed, you are still required to comply with any identification requirements established by the appropriate regulatory entity.

### REQUIRED IDENTIFICATION AT EXAMINATION SITE

You must provide one of the following valid forms of government-issued identification before you may examine:



- A photographic Driver's License (any state)
- State identification card (any state)
- U.S. military identification
- Valid passport - any country (valid foreign passport with valid record of arrival/departure - Form I-94 or processed for I-551 stamped in a valid foreign passport)

*All photographs must be recognizable as the person to whom the identification card was issued. The name on the application must match the photographic I.D. card. If you have recently changed your name with the BBS, you may want to contact PSI to verify that they have the correct same name on file.*

*If you cannot provide the required identification, you must call (800) 733-9267 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.*

### CALIFORNIA LAW SECURITY PROCEDURES

Section 123 of the California Business and Professions Code states: It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination, including, but not limited to:

- Conduct which violates the security of the examination materials;
- Removing from the examination room any examination materials without authorization;
- The unauthorized reproduction by any means of any portion of the actual licensing examination;
- Aiding by any means the unauthorized reproduction of any portion of the licensing examination;
- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the licensing examination;
- Obtaining examination questions or other examination material, except by specific authorization either before, during, or after an examination; or
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing examination.
- Communicating with any other examinee during the administration of a licensing examination.
- Copying answers from another examinee or permitting one's answers to be copied by another examinee.
- Having in one's possession during the administration of the licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than the examination materials distributed, or otherwise authorized to be in one's possession during the examination.
- Impersonating any examinee or having an impersonator take the licensing examination on one's behalf.

Nothing in this section shall preclude prosecution under authority provided for in any other provision of law. In addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

### IMPORTANT INFORMATION ABOUT TAKING AN EXAMINATION

1. All candidates will have their thumbprint taken during examination check-in and re-entry into the testing room after an approved absence. If a candidate passes the examination, the thumbprint record will be destroyed. If a candidate abandons his or her application for licensure, as determined by the appropriate regulatory authority, the thumbprint will also be destroyed. If a candidate is unsuccessful, the thumbprint record will be retained by PSI to ensure proper identification on any subsequent examination attempts. If the thumbprint doesn't match upon exit and re-entry, the candidate shall be disqualified from the examination, his or her test results invalidated, and the appropriate regulatory entity will be notified of the occurrence. The taking of the thumbprint is an additional measure to enhance examination security. The Department's Office of Examination Resources shall ensure that the appropriate safeguards for the storage and destruction of the thumbprint records are in place.
2. The temperature in the testing room is maintained at a moderate level. Candidates are advised to layer clothing. Acceptable layered clothing includes lightweight shirts, sweaters, and pullovers without pockets. These items must be worn upon check-in, while you wait to enter the testing room, and during your initial seating for the examination.
3. There are timing mechanisms available at the test site and on the computer console to help candidates keep track of time during the test administration. Watches or other timekeeping devices are not permitted in the examination rooms.
4. Only one candidate will be allowed to take a restroom break at a time. Candidates are required to sign out when you leave the room and when you return. If a candidate's restroom break takes longer than 5 (five) minutes, a proctor will check on the candidate and will notify the applicable regulatory entity of the occurrence, which will take appropriate action.
5. The following items are not permitted in the examination rooms:
  - Cellular telephones, personal digital assistants (PDAs), recording devices, cameras, pagers, purses, notebooks, notebook computers, reference or readings material, music players, radios, electronic games, calculators, or briefcases.
  - Personal items including watches, backpacks, wallets, pens, pencils, or other writing devices, food, drinks (unless prior approval is obtained by your regulatory entity) and good-luck items.
  - Hats, baseball caps, or visors (with the exception of religious apparel), coats, shawls, hooded clothing, heavy jackets or overcoats.

During the check-in process, all candidates will be asked if they possess any of the prohibited items and all candidates will be asked to empty their pockets. If prohibited items are found during check-in, candidates

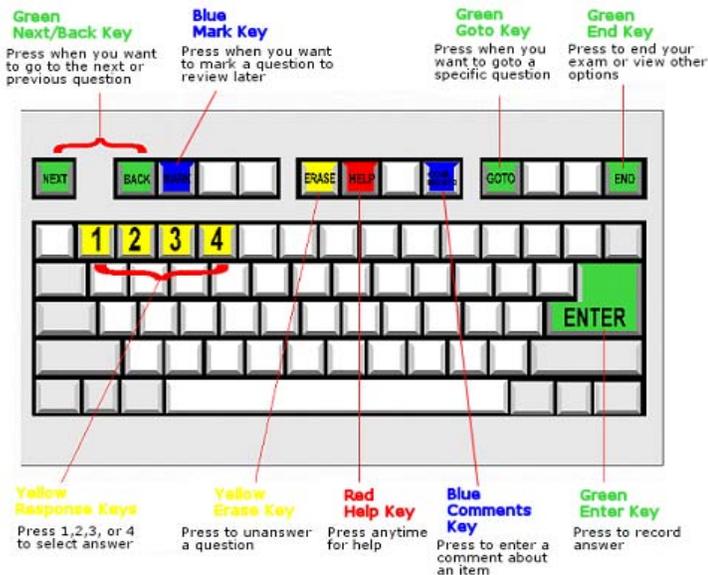


shall return these items to their vehicle or other place of safekeeping. Neither PSI, nor the Department of Consumer Affairs, shall be responsible for the items. Any candidate possessing the prohibited items in the examination room shall have his or her test results invalidated, and PSI shall notify the appropriate regulatory entity of the occurrence.

6. Copying or communicating examination content is a violation of PSI security policy and existing law. Either one shall result in the disqualification or invalidation of examination results, the denial of your license, and may subject the candidate to criminal prosecution.

## TAKING THE EXAMINATION BY COMPUTER

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.



### IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

### TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

### EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer. You should then press "ENTER" to record your answer and move on to the next question. A sample question display follows:



## EXAMINATION RESULTS

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

### FAILING SCORE REPORTS

The score report will indicate the candidate's overall score and result, including the total number of items answered correctly. An asterisk will be provided in each section in which the candidate is deficient. This is intended to guide candidates in areas requiring additional preparation for re-testing.

## ABANDONMENT OF APPLICATION/INELIGIBILITY

FIRST TIME EXAMINEES: Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one year after being notified of eligibility." To re-open an abandoned application the candidate must submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: Business and Professions Code Section 4996.4 states, "An applicant who fails any written or clinical vignette written examination may, within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required. Applicants failing to appear for re-examination, once having been scheduled, shall forfeit any re-examination fees paid."

## AFTER PASSING THE EXAMINATION

Candidates are eligible to apply for licensure after passing the Written Clinical Vignette examination.

To apply, candidates must submit a Request for Initial License Issuance and the required fee to the BBS. Request for Initial License Issuance forms are provided with candidate result notices, are also available by contacting the BBS, and online at [www.bbs.ca.gov](http://www.bbs.ca.gov).

When your license number is issued it will be available on the BBS' Web site. Your license certificate will be mailed within 30 working days of issuance.

### INSTRUCTIONS FOR DETERMINING AMOUNT OF INITIAL LICENSE FEE

The amount of the initial license fee will be prorated and established according to the month of issuance (month fee received by the BBS) and expiration date of the license (candidate's birth month).

Please refer to the Fee Chart to determine the amount you should submit with your Request for LCSW Initial License Issuance.

Example 1: If your birth month is March and the BBS received your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$100.00. Your license would be valid for approximately 24 months.

Example 2: If your birth month is April and the BBS received your Request for Initial License Issuance in April, the fee amount that should be submitted with your request is \$54.00. Your license would be valid for approximately 13 months.

Your application shall be deemed abandoned if you fail to pay the initial license fee within one year after notification by the BBS of successful completion of the examination requirements.

## STUDY MATERIAL AND COURSES

The LCSW Written Clinical Vignette Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be

provided, and updates will be posted on the Board's Web site at [www.bbs.ca.gov](http://www.bbs.ca.gov).

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination, and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have on your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone.

## OBJECTIVE OF THE BOARD OF BEHAVIORAL SCIENCES (BBS)

State licensing boards are mandated to protect the public by developing licensing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with Sections 4996.1 and 4996.3 of the California Business and Professions Code, and Section 1877 of the California Code of Regulations, applicants for LCSW licensure must pass a Board-administered written examination. An applicant who passes the initial "Standard Written" examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods, as applicable to the LCSW scope of practice. Business and Professions Code section 4996.9, defines the LCSW scope of practice as: "...a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work."

## LCSW EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for LCSWs in



2004. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs' Examination Validation Policy requires an occupational analysis be performed every three to seven years. Last performed in 2004 for the LCSW profession, the analysis began with interviews of licensees to gather information about the tasks performed in practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task, task frequency, and knowledge area associated with their own practice.

The questionnaires were mailed to 2,680 LCSWs throughout California. Several panels of LCSWs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid LCSW examination plan.

The LCSW Written Clinical Vignette examination plan consists of seven content areas: bio-physical assessment, diagnostic formulation, treatment plan development, resource coordination, therapeutic interventions, legal mandates, and ethical standards for professional conduct. In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

The Written Clinical Vignette examination is directly related to clinical practice situations. Therefore, supervised clinical experience increases the likelihood of success in the examination. The types of clients and the overall presentation of the clinical situations and issues in the clinical vignettes are consistent with mainstream practice for entry-level LCSWs.

## EXAMINATION DEVELOPMENT

The LCSW examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations.

Currently practicing LCSWs who participate in examination development and review workshops are referred to as "Subject Matter Experts" (SMEs). The clinical vignettes and multiple-choice items associated with each clinical vignette are developed and verified by multiple panels of SMEs.

SMEs are trained in established examination development processes and measurement methodologies by the OER. The cooperative efforts among these members of the LCSW profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

## ESTABLISHING THE PASSING STANDARDS

The LCSW written examinations measure knowledge and skills required for LCSW practice, and represents a standard of performance that LCSW SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Written Clinical Vignette examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on minimum competence criterion that are defined in terms of the actual behaviors that qualified LCSWs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of LCSW SMEs also consider other factors that would contribute to minimum acceptable competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple-choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer. A new examination version is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

## EXAMINATION ITEMS

The LCSW Written Clinical Vignette examination consists, on the average, of 5 to 7 clinical vignettes with typically 4 to 7 multiple-choice questions associated with each vignette for a total of 30 multiple-choice questions.

The examination may also contain additional questions for the purpose of "pre-testing" (up to 10 nonscoreable questions). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test questions, distributed throughout the examination, WILL NOT be counted for or against you in your score and will not be identified to you.

All of the scoreable items in the Written Clinical Vignette examination have been written and reviewed by LCSWs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, and have been evaluated to ensure statistical performance standards are met.

The multiple-choice items evaluate candidate knowledge, skills, and abilities in the following content areas: Bio-Psychosocial Assessment; Diagnostic Formulation; Treatment Plan Development; Resource Coordination; Therapeutic Interventions; Legal Mandates; Ethical Standards for



Professional Conduct; and Human Diversity as it impacts the therapeutic process.

The clinical vignettes describe clinical cases reflective of the types of clients and presenting problems consistent with entry-level practice. Clinical vignettes provide candidates with the opportunity to demonstrate their ability to integrate and apply professional knowledge and clinical skills.

The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted.

The main differences between a clinical vignette item and a standard multiple choice item found on the LCSW Standard Written examination is that a clinical vignette may contain a series of items related to the same vignette, and the possible answers are longer and more complex, listing a sequence of actions or describing a process of applying knowledge.

You will have 2 hours to take this examination.

**IT IS IMPORTANT TO FAMILIARIZE YOURSELF WITH THE COMPUTER FUNCTIONS PRIOR TO BEGINNING THE EXAMINATION.**

#### EXAMPLE CLINICAL VIGNETTE

To follow is an example of the format and structure of items you may encounter during the examination. The following "Exhibit (Vignette)" item is an example of the type of clinical vignettes candidates may encounter in the examination.

This clinical vignette has two corresponding multiple-choice items. Each multiple-choice item requires the examinee to select the correct answer from among the four options (A-D) provided.

There is only one correct answer for each multiple-choice item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no 'trick' questions in the examination.

#### EXHIBIT (Vignette)

Roberta is a 61-year-old, single, chief librarian who was recently hospitalized for congestive heart failure. She is referred by her physician due to excessive crying, insomnia, and irritability. Roberta complains of waking up at night in a cold sweat and having chest pain. She states, "I feel very alone and worry about my health and having to retire. I don't know where I would get the money to live on or to pay for medical insurance if I get sick again. I am too old, and it is just too difficult to go on."

1. What diagnoses should be considered in the case presented in the accompanying EXHIBIT?
  - A. Major Depressive Disorder  
V code Phase of Life Problem  
Mood Disorder due to a General Medical Condition  
Adjustment Disorder with Mixed Anxiety and Depressed Mood

- B. Generalized Anxiety Disorder Mood Disorder due to a General Medical Condition Panic Disorder Major Depressive Disorder
- C. Anxiety Disorder due to a Medical Condition Adjustment Disorder with Mixed Anxiety and Depressed
- D. Mood Generalized Anxiety Disorder V code Phase of Life Problem
- E. Major Depressive Disorder Panic Disorder V code Phase of Life Problem Anxiety Disorder due to a Medical Condition

Answer: A

2. Which of the following factors presented in the case in the accompanying EXHIBIT require immediate assessment in order to evaluate risk?
  - A. Coping skills  
Mental status  
Suicide potential  
Social support system
  - B. Mental status  
Medical history  
Suicide potential  
Co-morbid conditions
  - C. Coping skills  
Suicide potential  
Stage of life  
Social support system
  - D. Medical history  
Suicide potential  
Stage of life  
Co-morbid conditions

Answer: A

3. What client factors will have the greatest impact on the initial treatment interventions considered by the therapist in the case presented in the accompanying EXHIBIT?
  - A. Roberta's current and past coping skills  
Roberta's willingness to engage in treatment  
Roberta's acceptance of the need for supportive care services  
Roberta's acceptance of a referral for medication evaluation
  - B. Severity of Roberta's depression  
Roberta's compliance with her medical regimen  
Roberta's ability to engage in activities outside of her job  
Roberta's receptiveness to a referral for disability benefits
  - C. Roberta's degree of social isolation Severity of Roberta's depression  
Roberta's current and past coping skills  
Roberta's willingness to engage in treatment
  - D. Roberta's degree of social isolation  
Roberta's compliance with her medical regimen  
Roberta's acceptance of a referral for medication evaluation  
Roberta's acceptance of the need for supportive care services

Answer: C

## LCSW INITIAL LICENSE FEE CHART

→ Month Fee Received by Board of Behavioral Sciences →

↓Birth Month↓	January	February	March	April	May	June	July	August	September	October	November	December
January	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58
February	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62
March	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67
April	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71
May	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75
June	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79
July	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83
August	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87
September	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92
October	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96
November	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100
December	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54

## LCSW WRITTEN CLINICAL VIGNETTE EXAMINATION PLAN

### Written Clinical Vignette Examination Outline

<b>Content Areas*</b>
I. Bio-Psychosocial Assessment
II. Diagnostic Formulation
III. Treatment Plan Development
IV. Resource Coordination
V. Therapeutic Interventions
VI. Legal Mandates
VII. Ethical Standards for Professional Conduct

\*The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted. Human diversity is measured throughout the exam and is not represented as a specific area on the score report. The content areas associated with ethics and legal are merged on the score report.

The following pages contain detailed information regarding examination content. A DEFINITION and DESCRIPTION of each content area, and the associated task and knowledge statements are provided.

The DEFINITION provides a general description of what the questions pertaining to that content area are designed to assess.

The DESCRIPTION provides a summary of the key components that may be presented to the candidate, specific to the vignette.

It is important for candidates to use this section as a study guide because each item in the Written Clinical Vignette examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

## I. BIO-PSYCHOSOCIAL ASSESSMENT

*Definition: This area assesses the candidate's ability to evaluate the bio-psychosocial factors relevant to gaining a clinical understanding of the client and the presenting problem.*

*Description: The candidate assesses and evaluates the interactions of psychological symptoms, intrapersonal and interpersonal resources, risk factors, and client readiness, within the context of the client's socio-cultural perspective.*

### A. ASSESSING FOR RISK

#### Tasks

- Assess for suicide potential by evaluating client's intent, means, and history to determine need for immediate intervention.
- Evaluate level of danger client presents to self and/or others to determine need for immediate intervention.
- Evaluate client for grave disability to determine need for immediate intervention.
- Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency.
- Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman.

#### Knowledge of

- Knowledge of psychological, physical, and behavioral indicators of abuse and neglect.
- Knowledge of sociocultural factors that affect the assessment of client risk.
- Knowledge of risk factors that indicate a high potential for suicide within age, gender, and cultural groups.
- Knowledge of legal criteria for identifying clients who require involuntary treatment or detention.
- Knowledge of methods for assessing the risk of decompensation and hospitalization.
- Knowledge of criteria for evaluating the safety of a child's environment.
- Knowledge of physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.
- Knowledge of criteria for determining whether client's living situation constitutes high risk for abuse.
- Knowledge of risk factors that indicate a client's potential for causing harm to others.
- Knowledge of criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults.
- Knowledge of risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.

### B. IN-DEPTH ASSESSMENT- Comprehensive Exploration of Symptoms (Psychological Factors)

#### Tasks

- Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning.
- Assess client's mood, affective responses, and impulse regulation to identify patterns of emotional functioning.
- Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments.
- Identify perceptual and cognitive functions that require referral for psychological testing.
- Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing.
- Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral.
- Identify symptoms of perceptual, cognitive, and learning disorders that require referral for educational testing.

#### Knowledge of

- Knowledge of the effects of aging on client's independent functioning.
- Knowledge of behavioral, physiological, and psychological indicators of emotional distress in assessing client's psychosocial functioning.
- Knowledge of behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation.
- Knowledge of methods and techniques for assessing the client's ability to provide for self-care needs.
- Knowledge of the effects of mood disturbance on psychosocial functioning.
- Knowledge of types of information available employment, medical, psychological, and school records to provide assessment and diagnostic information.
- Knowledge of psychological, cognitive, and behavioral factors that indicate a need for a psychological and vocational testing.
- Knowledge of methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues.
- Knowledge of the effect of mental disorders psychosocial functioning.
- Knowledge of methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.

### C. IN-DEPTH ASSESSMENT- Comprehensive Exploration of Symptoms (Cultural/Personal Factors)



#### Tasks

- Evaluate effects of client and family's spiritual beliefs on presenting problem.
- Assess client's degree of acculturation to determine impact on presenting problem.
- Identify impact of client's experience of life stressors within context of client's race, culture, country of origin, age, gender, religion, sexual orientation, marital status, and level of ability.
- Assess nature of client's familial relationships by evaluating the family structure within the client's cultural identity.
- Identify impact of client's culture on client's presentation of psychological or physical problems.

#### Knowledge of

- Knowledge of methods for assessing the client's degree of acculturation.
- Knowledge of methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem.
- Knowledge of methods and techniques for assessing the impact of other peoples' values, culture, and life experiences on the client's presenting problem.
- Knowledge of methods and techniques for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem.
- Knowledge of methods and techniques for assessing how the client's values, personal preferences, and cultural identity impact the presenting problem.

#### D. IN-DEPTH ASSESSMENT- Comprehensive Evaluation of Problem (Social-Environmental History)

##### Tasks

- Assess history of trauma and abuse to determine impact on current functioning.
- Evaluate impact of psychosocial and environmental stressors on client's symptomatology.
- Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.

##### Knowledge of

- Knowledge of the cycle of abuse that perpetuates intergenerational violence and trauma.
- Knowledge of how cultural influences affect the client's perception of life events as traumatic.
- Knowledge of the effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.
- Knowledge of the interrelationship between client's behavior in social and work environments and behavior in other areas of client's life.
- Knowledge of how to assess the relationship between life events and the stressors the client experiences.
- Knowledge of the effects of sociocultural factors on the client's presenting problem.

#### E. IN-DEPTH ASSESSMENT- Comprehensive Evaluation of Problem (Medical and Developmental History)

##### Tasks

- Assess client's perception of the impact of physical limitations on adaptive functioning.
- Assess how client's medical conditions affect past and current adaptive functioning.
- Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness.
- Identify possible deficits in client's developmental level to determine need for further evaluation.

##### Knowledge of

- Knowledge of the relationship between medical conditions and psychosocial functioning.
- Knowledge of symptoms of medical conditions that may impact client psychosocial functioning.
- Knowledge of the effects of medications and their impact on the client's adaptive functioning.
- Knowledge of methods and techniques for assessing the impact of client's family medical history on current problems and issues.
- Knowledge of the effects of social, cultural, and environmental influences on aging and health.
- Knowledge of theories of aging and development that explain biological and cognitive changes.
- Knowledge of the relationship between level functioning and normative developmental stages throughout the life span.
- Knowledge of common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.
- Knowledge of developmental processes of individual growth and change.
- Knowledge of the effect of biological and environmental influences on specific developmental and life phases.
- Knowledge of theories of stages of cognitive development.

#### F. IN-DEPTH ASSESSMENT- Comprehensive Evaluation of Problem (History of Substance Use/Abuse)

##### Tasks

- Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services.
- Assess social and familial factors associated with or contributing to the client's substance use.
- Assess types and patterns of use to determine substance abuse and/or dependence.

##### Knowledge of

- Knowledge of the effect of substance use and abuse on psychosocial functioning.
- Knowledge of physical and behavioral indicators associated with substance abuse.
- Knowledge of the impact of substance use or abuse on family and social relationships and role functioning.

- Knowledge of physical and behavioral indicators associated with substance dependence.
- Knowledge of physical and behavioral signs indicating current substance intoxication and/or withdrawal.
- Knowledge of the impact of social, cultural, and familial factors on substance use and abuse.

G. IN-DEPTH ASSESSMENT- Comprehensive Evaluation of Inter - and Intra-Personal Resources

Tasks

- Assess current living conditions to determine impact of the environment on the person in the situation.
- Assess impact of the client's family and social network on the presenting problem.
- Assess socioeconomic factors to determine the impact of financial stressors on current problem.
- Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem.

Knowledge of

- Knowledge of the effect of economic factors and stressors on psychosocial functioning.
- Knowledge of the relationship between social supports and adaptive functioning.
- Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning.
- Knowledge of theories of coping and adaptive responses to life events.

II. DIAGNOSTIC FORMULATION

*Definition: This area assesses the candidate's ability to use assessment information to formulate an accurate differential diagnosis within the client's socio-cultural perspective.*

*Description: The candidate uses assessment information and knowledge of diagnostic criteria to formulate a differential diagnosis to provide a focus for developing a treatment plan and formulating interventions.*

Tasks

- Integrate information about the client's premorbid functioning in developing a differential diagnosis or problem formulation.
- Compare assessment information with diagnostic criteria in formulating differential diagnoses.
- Incorporate information about the client's physiological status in formulating differential diagnoses.
- Integrate information regarding the impact of the client's cultural/ethnic background and beliefs on the experience and presentation of symptoms in formulating a differential diagnosis.
- Integrate collateral information from referral sources in developing a differential diagnosis or problem formulation.
- Identify persistence of symptoms to determine if problem is acute or chronic.
- Develop clinical diagnosis or problem formulation to provide basis for interventions.
- Identify extent of impairment and its impact on the client's level of functioning to develop a diagnostic impression.
- Integrate assessment information to determine depth and breadth of impairment on adaptive functioning.
- Integrate information about the precipitating events in developing a differential diagnosis or problem formulation.
- Identify psychological and environmental stressors to determine impact on symptomatology.

Knowledge of

- Knowledge of Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders.
- Knowledge of how to evaluate and integrate information about the client's premorbid condition and precipitating events into the formulation of a differential diagnosis.
- Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client's culture and beliefs.
- Knowledge of the relationship between biochemistry and psychiatric disorders.
- Knowledge of how to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.
- Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation.
- Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.
- Knowledge of the psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment.
- Knowledge of the social work diagnostic framework for identifying and evaluating presenting symptoms.
- Knowledge of the impact of cultural factors on the formulation of a differential diagnosis.
- Knowledge of the relationship between psychosocial and environmental factors and symptom development.
- Knowledge of the relationship between onset of signs and symptoms and duration of the problem.
- Knowledge of behavioral, physiological, and psychological indicators of developmental disorders.
- Knowledge of the relationship between persistence of symptoms and the course of the problem.
- Knowledge of methods for differentiating between disorders that share common symptoms.
- Knowledge of criteria for classifying substance use, abuse, and dependency.
- Knowledge of the short- and long-term side effects of medications and their effect on the client's presenting symptoms.

### III. TREATMENT PLAN DEVELOPMENT

*Definition: This area assesses the candidate's ability to develop a treatment plan consistent with assessment and diagnostic information.*

*Description: In the treatment plan the candidate identifies and prioritizes objectives, goals and methods of treatment, and integrates and coordinates concurrent treatment modalities and adjunctive resources relevant to the phases of therapy. The candidate's plan develops strategies to monitor the impact of collateral resources and progress toward treatment outcomes, the need for revisions, and includes a plan for termination.*

#### A. IDENTIFY/PRIORITIZE OBJECTIVES, GOALS, AND METHODS OF TREATMENT

##### Tasks

- Identify level of intervention required to address the client's areas and degree of impairment in developing the treatment plan.
- Integrate aspects of client's value and belief systems into the development of the treatment plan.
- Develop measurable objectives to facilitate treatment goals.
- Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals.
- Select treatment modalities based on client needs, diagnosis, and assessment.
- Develop preliminary termination plan to provide a structure for treatment.
- Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.
- Incorporate interventions into the treatment plan that address the needs associated with client's clinical diagnosis.

##### Knowledge of

- Knowledge of methods and techniques for enhancing client motivation in treatment.
- Knowledge of methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process.
- Knowledge of client characteristics that affect client adaptation in different therapeutic modalities or treatment settings.
- Knowledge of the components of a treatment or service plan for each phase of the therapeutic process.
- Knowledge of methods for determining service priorities by evaluating level of impairment in areas of client functioning.
- Knowledge of methods for determining the timing of interventions according to phase of therapy.
- Knowledge of methods for prioritizing symptoms to determine target areas for improving client functioning.
- Knowledge of culturally competent interventions to provide services to diverse populations.
- Knowledge of strategies for determining therapeutic goals to direct treatment.
- Knowledge of techniques for integrating client's current experiences, values, and belief systems into the treatment plan.
- Knowledge of the differential use of psychotherapeutic techniques in treating problems or disorders.
- Knowledge of techniques for determining compatibility of treatment modalities with specific problems or disorders.
- Knowledge of methods for developing short- and long-term treatment objectives to address therapeutic problems.
- Knowledge of methods for determining length of therapy based on diagnosis and client's goals for treatment.
- Knowledge of the components of individual treatment plans to provide for clients with special needs.

#### B. INTEGRATE/COORDINATE CONCURRENT TREATMENT MODALITIES AND ADJUNCTIVE RESOURCES

##### Tasks

- Determine need for referral to adjunctive treatment resources to support the treatment plan.
- Evaluate need for a treatment program based on severity of substance abuse and impairment to client functioning.
- Evaluate efficacy of collateral support systems for inclusion in treatment plan.
- Implement therapeutic techniques congruent with client's racial, cultural, country of origin, gender, sexual orientation, marital status, or level of ability to provide treatment.

##### Knowledge of

- Knowledge of the dynamics of working across disciplines in developing comprehensive and integrated treatment.
- Knowledge of methods for accessing and coordinating multiple interventions across disciplines.
- Knowledge of methods for incorporating collateral support systems in therapy.
- Knowledge of techniques for combining treatment modalities in treating specific problems or disorders.
- Knowledge of the effect of psychotropic medications on therapeutic interventions.
- Knowledge of methods for integrating mainstream, complimentary, and alternative treatment modalities that are consistent within the framework of the client's cultural identity, beliefs, and values into treatment.

#### C. MONITORING, EVALUATION AND REVISION OF TREATMENT PLAN

##### Tasks

- Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives.
- Adjust treatment plan and interventions as indicated by client's changing needs and goals.

- Determine evaluation criteria to monitor progress toward goals and objectives.
- Knowledge of
- Knowledge of techniques for re-engaging mandated, resistant, and noncompliant clients in treatment.
  - Knowledge of methods and procedures for formulating an after-care plan.
  - Knowledge of methods for assessing qualitative and quantitative therapeutic change.
  - Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client's achievements outside therapy.
  - Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client goals and needs.
  - Knowledge of methods for formulating behavioral indicators to measure and evaluate therapeutic change.
  - Knowledge of changes in client functioning that indicate readiness to terminate therapy.
  - Knowledge of procedures for evaluating therapeutic change in preparation for termination.
  - Knowledge of methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.

#### IV. RESOURCE COORDINATION

*Definition: This area assesses the candidate's ability to coordinate and provide access to resources, and to evaluate the efficacy of the referrals.*

*Description The candidate collaborates with the client and others to increase the client's access to relevant resources, evaluates these resources for meeting the client's needs, and provides psychoeducation to service providers as an advocate for improving client services and supporting client's rights.*

##### A. SERVICE IDENTIFICATION AND COORDINATION

###### Tasks

- Evaluate suitability of community resources to provide supportive services commensurate with client needs.
- Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs.
- Evaluate client's current needs and prognosis for change to assist in determining least restrictive placement environment.
- Coordinate linkages with support systems and services to facilitate access by client.

###### Knowledge of

- Knowledge of criteria for determining least restrictive environment to provide for care and safety of client.
- Knowledge of methods for identifying and incorporating community support systems and resources that are consistent with client's beliefs and values.
- Knowledge of types of placements available for the short- and long-term care of client's of differing levels of care.
- Knowledge of methods for evaluating conditions in the home to determine need for additional services.
- Knowledge of methods and procedures for facilitating client's transition to a less restrictive setting.
- Knowledge of methods for identifying community support services that meet client needs.
- Knowledge of methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client's current or prospective needs.
- Knowledge of methods for identifying and incorporating community support systems and resources relevant to the client's culture, background, beliefs, and values.
- Knowledge of methods for evaluating client's ability to access support services and treatment sources.
- Knowledge of federal, state, and local, public, and private social services that provide assistance with meeting client's basic needs.
- Knowledge of methods for identifying and incorporating community support systems and resources for transient and homeless clients.
- Knowledge of criteria for evaluating the level of care of a prospective or current placement to meet client's needs.

##### B. CLIENT ADVOCACY AND SUPPORT

###### Tasks

- Educate client about how to access support services including access to legal advocacy to support client's rights.
- Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs.
- Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met.
- Advocate for protective placement to assist client with leaving a dangerous or unsafe environment.
- Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect client rights.

###### Knowledge of

- Knowledge of methods for increasing client's ability for self-advocacy.
- Knowledge of methods for evaluating the usage and efficacy of referral sources.

- Knowledge of standards, laws, and regulations regarding housing, accessibility, employment, and equal opportunity to protect client's rights.
- Knowledge of criteria for evaluating safety of client placement.
- Knowledge of laws, statutes, and regulations relating to residential placement.
- Knowledge of advocacy methods for increasing client's access to needed resources.
- Knowledge of methods for providing psychoeducational services to the client.
- Knowledge of the benefits of psychosocial education to clients and their families about the nature of mental disorders.
- Knowledge of methods for providing psychoeducational services to community service providers.

## V. THERAPEUTIC INTERVENTIONS

*Definition: This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client needs and consistent with the client's socio-cultural context.*

*Description The candidate selects and implements interventions based on assessment, diagnosis, and the treatment plan, and manages the therapeutic process.*

### A. CRISIS INTERVENTION

#### Tasks

- Implement techniques to assist client's exploration of options to increase adaptive functioning.
- Evaluate nature and severity of current crisis to determine intervention strategy.
- Implement techniques to assist client to verbalize source of crisis.
- Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.
- Develop a stabilization plan with client in crisis to prevent further decompensation.

#### Knowledge of

- Knowledge of methods for implementing strategies and interventions with clients in emergency situations.
- Knowledge of the effect of crisis on emotional and psychological equilibrium.
- Knowledge of counseling techniques to assist client in crisis to regain emotional balance.
- Knowledge of transitional crises created by immigration and acculturation.
- Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior.
- Knowledge of crisis intervention techniques to provide immediate assistance to client.
- Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma.
- Knowledge of therapeutic techniques for improving adaptive functioning of client in crisis.

### B. SHORT-TERM THERAPY

#### Tasks

- Apply a problem-solving approach in therapy for treating the problem as it impacts the client's current functioning.
- Instruct client in techniques for increasing rational thought processes to enhance client's problem-solving and decision-making ability.
- Implement interventions for facilitating the client's ability to identify the interrelationship between past events and current behaviors.
- Provide psychoeducation about loss and stages of grieving process to facilitate client's normalization of feelings and experiences.
- Provide psychoeducation about normal reactions to stress to assist client with managing transitional life issues.
- Facilitate client's coping and planning strategies for addressing issues associated with major life events/potentially life-changing events.
- Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.
- Apply a treatment plan for accomplishing symptom reduction using a brief therapy model.

#### Knowledge of

- Knowledge of methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances.
- Knowledge of the intervention models for Brief Therapy and their indications and contraindications for use.
- Knowledge of techniques and procedures for implementing interventions using a Brief Therapy model.
- Knowledge of the effect of client's prior coping patterns and life experiences on adjustment to trauma.
- Knowledge of the stages of loss and grief.
- Knowledge of counseling techniques to assist survivor of trauma to work through feelings associated the experience.
- Knowledge of the effect of patterns of interpersonal relations on ability to maintain social relationships.

### C. THERAPY FOR CHILDREN AND ADOLESCENTS

#### Tasks

- Determine baseline levels of maladaptive behaviors to measure therapeutic change.
- Implement interview techniques consistent with child's cognitive development.
- Select age-appropriate interventions to facilitate child's understanding of the presenting problem.
- Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy.
- Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances.

- Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies.
- Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood.
- Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships.
- Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.
- Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings.
- Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior.
- Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others.
- Provide assertiveness training to promote client's self-esteem and self-confidence.
- Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses.
- Provide therapy involving structured task completion to improve child's ability to focus on specific tasks.
- Provide parenting skills training to improve parents/caregivers' ability to care for children.
- Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity.
- Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood.
- Address adolescent's body image distortions to develop a reality-based perception of the physical self.
- Provide supportive therapy to client experiencing gender identity or sexual orientation issues.
- Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions.
- Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage.

#### Knowledge of

- Knowledge of methods for preventing relapse with child/adolescent client in recovery.
- Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood.
- Knowledge of counseling techniques for dealing with physical, emotional, and psychological issues that contribute to substance use and abuse.
- Knowledge of methods and techniques to identify source of resistance to treatment.
- Knowledge of methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development.
- Knowledge of counseling techniques to facilitate client's recognition of emotional and psychological sources of anger.
- Knowledge of counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues.
- Knowledge of behavior management interventions that reduce disruptive behavior in a variety of environments.
- Knowledge of the principles of learning theory to explain the acquisition of behaviors. Knowledge of intervention methods for treating substance dependency.
- Knowledge of behavioral and emotional responses in children resulting from parental separation or divorce.
- Knowledge of developmental theories and their application to children and adolescents in a clinical setting.
- Knowledge of techniques for increasing attention span by modifying child's environment.
- Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents.
- Knowledge of developmentally appropriate therapeutic techniques for treating children and adolescents.
- Knowledge of therapeutic techniques to decrease violent or aggressive behavior.
- Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development.
- Knowledge of the developmental stages of defining sexual identity and preference.
- Knowledge of the physical and psychosocial effects of substance use on children and adolescents.
- Knowledge of methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients.
- Knowledge of types of learning disabilities that impede academic performance.
- Knowledge of effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents.
- Knowledge of the effects of racism and discrimination on development of self-concept.
- Knowledge of factors that affect client adjustment during emancipation process.

#### D. THERAPY FOR ADULTS (INDIVIDUAL AND GROUP)

##### Tasks

- Apply therapeutic techniques to integrate thoughts, feelings, and actions to client to achieve congruence of self.
- Provide psychotherapy to survivor of abuse to reduce the impact of the experience.
- Teach client anger management techniques to increase client's ability to manage aggressive impulses.
- Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse.
- Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s).
- Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors.
- Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning.
- Provide psychoeducation for family members to facilitate treatment compliance of client.
- Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.
- Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness.
- Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.
- Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors.
- Implement techniques for motivating client to attend substance treatment programs.
- Assist client to identify cognitions that maintain maladaptive behavior.
- Provide supportive therapy to psychiatric client increase compliance with medical and pharmacological interventions.
- Conduct psychoeducational groups for medication education and compliance to facilitate symptom stabilization.
- Implement techniques to assist client to generalize successful behaviors to new situations.
- Implement techniques for increasing client's awareness of how past experiences have influenced present life patterns.
- Apply systems approach in therapy to determine impact of interactions between the person and the environment.
- Confront client's inappropriate and/or antisocial behavior to provide opportunities for change.
- Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences.
- Teach client relaxation skills to increase client's ability to manage symptoms of anxiety.

Knowledge of

- Knowledge of the relationship of the positive effects of physical and cognitive activity on functioning in later adulthood.
- Knowledge of theories of group dynamics.
- Knowledge of cognitive restructuring techniques to change maladaptive thought patterns.
- Knowledge of the relationship between interpersonal interactions and social functioning.
- Knowledge of the effect of cognition on interpretation of behavioral responses.
- Knowledge of the biological, social, and psychological aspects of mental illness and emotional functioning.
- Knowledge of sexual dysfunctions that indicate need for specialized services.
- Knowledge of methods and techniques for conducting group psychotherapy.
- Knowledge of the biological, social, and psychological aspects of aggression.
- Knowledge of methods and techniques for providing psychoeducation to individual clients and groups.
- Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning.
- Knowledge of stress management techniques to reduce anxiety or fearful reactions.
- Knowledge of interventions and techniques for assisting client with managing own anger and aggression.
- Knowledge of therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination.
- Knowledge of psychodynamic techniques for resolving emotional conflict or trauma.
- Knowledge of methods for implementing desensitization techniques to reduce client symptoms.
- Knowledge of techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process.
- Knowledge of the effects of unconscious processes on behavior.
- Knowledge of the protective function of defense mechanisms against anxiety.
- Knowledge of the application of experiential techniques to assist client to achieve treatment goals.
- Knowledge of methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process.
- Knowledge of the concept of insight in successful resolution of past trauma or conflict.
- Knowledge of the biological, social, and psychological aspects of substance use and addiction.
- Knowledge of therapeutic techniques for increasing client's feelings of self-worth.
- Knowledge of methods for assessing maladaptive functioning in interpersonal relationships.
- Knowledge of the impact of cultural, racial, and ethnic values and beliefs on adult behavior.

- Knowledge of the effect of events in client's past on current experiences.

## E. THERAPY FOR COUPLES

### Tasks

- Implement communication techniques with couples to promote mutual disclosure and discussion.
- Identify strategies couples can implement to balance external responsibilities with personal relationship.
- Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.
- Provide counseling to couples considering separation or divorce to address issues of loss.
- Provide premarital counseling to assist couple's transition to new family system.
- Educate clients about the stages of development of the couple relationship to normalize changes and transitions.
- Provide therapy and psychoeducation to couples to address issues of a blended family.
- Implement strategies to increase the safety the couple feels in the relationship.
- Assist couple to identify the relationship strengths from which effective coping strategies may be based.
- Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on the relationship.
- Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes.
- Determine goal of couple's therapy by evaluating each individual's motivation.
- Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies.
- Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems.
- Provide education regarding values identification and clarification to develop mutual acceptance, tolerance, and cohesion in relationship.
- Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships.

### Knowledge of

- Knowledge of the effect of incongruent goals of couples on therapeutic process.
- Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in couples.
- Knowledge of techniques to increase intimacy within couple relationships.
- Knowledge of the aspects of relationships that result in problems or conflicts for couples.
- Knowledge of methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns.
- Knowledge of techniques to assist client to develop individual roles and identities within the couple relationship.
- Knowledge of the impact of communication and interactional styles on couple relationships.
- Knowledge of techniques for teaching conflict resolution and problem-solving skills with individuals in a couple.
- Knowledge of counseling techniques to assist couples with psychological adjustment to sexuality issues.
- Knowledge of methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs.
- Knowledge of the effect of gender role expectations and stereotypes on communication and partner expectations in couples.
- Knowledge of issues resulting from dissolution of couple relationships.
- Knowledge of therapeutic methods to establish individual and system boundaries.
- Knowledge of the effect of unrealistic role assignments on couple relationships.
- Knowledge of the dynamics of the marriage/partner relationships that shape and change the relationship.
- Knowledge of methods and techniques for teaching couples how to improve their communication.

## F. THERAPY FOR FAMILIES

### Tasks

- Provide information to clients regarding developmental stages of the family to facilitate understanding of family change.
- Implement strategies for changing disruptive interaction styles to strengthen family cohesion.
- Identify separation issues in parent-child relationship to promote age-appropriate individuation.
- Identify transitional issues in parent-child relationship to promote age-appropriate differentiation.
- Mediate conflict regarding couple's parenting styles to effect consistency in child's environment.
- Provide information and resources to parents regarding growth and development of children to increase understanding of child's needs and progress.
- Identify differences in multigenerational acculturation to determine source of value conflicts between family members.
- Provide family therapy to achieve reunification goals.
- Apply family treatment strategies to strengthen parent child relationships to minimize effect of separation or divorce.
- Develop family reunification goals by identifying changes that must be made to improve family functioning.

- Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure.
- Provide psychosocial information to families regarding environmental and biological components that impact development.
- Identify patterns of interaction among family members to determine sources of conflict.
- Identify family of origin influences to understand impact on present family functioning.
- Identify family structure to clarify roles and boundaries of the family unit.

Knowledge of

- Knowledge of behaviors or reactions that indicate problematic separation or attachment issues. Knowledge of how cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members.
- Knowledge of the effect of conflicting or inconsistent parenting styles on child's level of functioning.
- Knowledge of the impact of the family's communication and interactional styles on the family members interpersonal dynamics and relationships.
- Knowledge of parenting skills necessary to provide for care of children.
- Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups.
- Knowledge of the impact of cultural views regarding family structure and values.
- Knowledge of the aspects of interpersonal relationships that result in problems or conflicts within family groups.
- Knowledge of therapy techniques to strengthen or reestablish family roles.
- Knowledge of behavioral and emotional responses in family members resulting from parental separation or divorce.
- Knowledge of the effect of differences in multigenerational acculturation on family structure and values.
- Knowledge of techniques to identify multigenerational transmission of patterns and interactions that impact client functioning.
- Knowledge of techniques to educate children regarding the relationship between behavior and consequences.
- Knowledge of the implications of family history for understanding its influence on current family functioning.
- Knowledge of different types of supportive services to strengthen family system.
- Knowledge of therapeutic interventions improve family transactions.
- Knowledge therapeutic techniques to increase individuation within existing system structures.
- Knowledge of the stages of developmental changes that occur within the family system.
- Knowledge of group process methods for improving patterns of communication between family members.
- Knowledge of the family life cycle that results in transitions and changes in status.
- Knowledge of techniques to identify different power bases within family structure.

G. MANAGING THE THERAPEUTIC PROCESS

Tasks

- Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems.
- Implement strategies to address language barriers to facilitate client expression and understanding.
- Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals.
- Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers.
- Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment.

Knowledge of

- Knowledge of methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs.
- Knowledge of the stages of the client/therapist relationship and how it progresses over time.
- Knowledge of techniques for establishing a therapeutic framework with diverse populations.
- Knowledge of techniques to promote client engagement in therapeutic process.
- Knowledge of the relationship between client sense of self-worth and client functioning.

VI. LEGAL MANDATES

*Definition: This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.*

*Description The candidate applies knowledge of legal mandates such as scope of practice, privileged communication, confidentiality, reporting requirements, involuntary hospitalization, professional conduct, and other legal mandates.*

A. PROTECTIVE ISSUES/MANDATED REPORTING

Tasks

- Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.
- Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled to initiate protective involuntary hospitalization.
- Evaluate client and the content of therapy to identify holder of privilege.

- Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities.
- Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.

Knowledge of

- Knowledge of criteria for determining abuse, neglect, or exploitation of dependent adults.
- Knowledge of laws regarding privileged communication to protect client's rights and privacy.
- Knowledge of laws regarding payment or acceptance of money for referral of services.
- Knowledge of reporting requirements regarding duty to warn when client indicates intent to harm others.
- Knowledge of legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing. . Knowledge of laws regarding holder of privilege.
- Knowledge of legal requirements regarding the mandatory and discretionary reporting of suspected or known abuse.
- Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities

**B. PROFESSIONAL CONDUCT**

Tasks

- Maintain boundaries with client by adhering to legal guidelines regarding sexual relations.
- Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.
- Obtain client's written permission to disclose privileged information to protect client's right to privacy.
- Maintain client records in accordance with state and federal regulations.
- Provide "Professional Therapy Never Involves Sex" brochure to client when client discloses allegations of sexual misconduct in previous therapy.
- Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.

Knowledge of

- Knowledge of laws which define the boundaries and scope of clinical practice.
- Knowledge of laws regarding disclosing fees for professional services.
- Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.
- Knowledge of laws regarding sexual misconduct between therapist and client.

**VII. ETHICAL STANDARDS FOR PROFESSIONAL CONDUCT**

*Definition: This area assesses the candidate's ability to identify and apply ethical standards relevant to clinical practice.*

*Description The candidate applies knowledge of ethical responsibilities that include conflict of interest, therapeutic boundaries, dual relationships, confidentiality and scope of competence. The candidate also recognizes when to obtain consultation from other professionals.*

Tasks

- Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated.
- Disclose exceptions to confidentiality to inform client of limitations of privileged communication.
- Seek consultation before countertransference issues interfere with treatment.
- Collaborate with other professionals when issues arise outside the therapist's expertise.
- Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship.
- Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.
- Maintain clear and professional boundaries with client to prevent dual personal relationship that could negatively impact the therapeutic relationship.
- Provide client office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.
- Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment.

Knowledge of

- Knowledge of methods and conditions for communicating to client about acceptance of money or other payments for referral of services.
- Knowledge of criteria for determining competency to practice.
- Knowledge of methods and conditions for disclosing fees for professional services.
- Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- Knowledge of therapist issues and conflicts that interfere with the therapeutic process. Knowledge of the limits of confidentiality within the therapeutic framework.
- Knowledge of ethical considerations and conditions for interrupting or terminating treatment.
- Knowledge of limitations of professional experience, education, and training to determine issues outside therapeutic competence. Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.

- Knowledge of ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation or level of ability.
- Knowledge of ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.
- Knowledge of ethical responsibility to provide client with information regarding the therapeutic process and services.

## STATE OF CALIFORNIA NOTICE OF ELIGIBILITY

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You are eligible to participate in the Written Clinical Vignette examination for licensure as a Licensed Clinical Social Worker. This is the **ONLY** notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label below contains important date information. In the upper-left corner of the address label (above your name) is the date your application for this examination was approved; following that is the date by which you must take your examination. **You must take the Written Clinical Vignette examination by the date specified on the label or you will be required to reapply** (see *Abandonment of Application/Ineligibility* in this handbook).

This handbook provides important information regarding Written Clinical Vignette examination procedures and content. To schedule your examination, please refer to the instructions in this handbook.

Upon passing the Written Clinical Vignette examination, you are eligible to apply for licensure! Please refer to the instructions in this handbook.

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California Board of Behavioral Sciences  
1625 North Market Blvd. Suite S200  
Sacramento, CA 95834  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

FIRST CLASS MAIL





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Licensed Educational Psychologist  
Written Examination

CANDIDATE HANDBOOK

FOR EXAMINATIONS JUNE 1, 2007 OR LATER



PSI licensure:certification

3210 E Tropicana  
Las Vegas, NV 89121  
[www.psiexams.com](http://www.psiexams.com)

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## FOR MORE INFORMATION

All questions about examination scheduling should be directed to:

PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
(877) 392-6422 • TTY (800) 735-2929  
[www.psiexams.com](http://www.psiexams.com)

Questions about examination content or licensing should be directed to:

Board of Behavioral Sciences  
1625 North Market Blvd., Ste. S200  
Sacramento, CA 95834  
(916) 574.7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

## SCHEDULING INFORMATION

Date Scheduled: \_\_\_\_\_

Name of Scheduler: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Time of Exam: \_\_\_\_\_

Test Site Location: \_\_\_\_\_



## PURPOSE

This handbook serves as your notice of eligibility and is designed to provide you with general information regarding the California Licensed Educational Psychologist (LEP) examination processes and content.

## EXAMINATIONS BY PSI

The State has contracted with PSI to conduct its examination program. PSI provides examinations through a network of computer examination centers in California.

All questions regarding the scheduling and administration of examinations should be directed to PSI.

PSI licensure:certification  
3210 E Tropicana  
Las Vegas, NV 89121  
(800) 733-9267 • Fax (702) 932-2666  
[www.psiexams.com](http://www.psiexams.com)

All other questions about examinations should be directed to the BBS.

Board of Behavioral Sciences  
1625 North Market Blvd., Suite S-200,  
Sacramento, CA 95834  
(916) 574-7830 \*\* FAX (916) 574-8625  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

## EXAMINATION SCHEDULING PROCEDURES

Once you have been approved by BBS, you are responsible for contacting PSI to schedule an appointment to take the examination. You may do so via the Internet at [www.psiexams.com](http://www.psiexams.com), or schedule over the telephone at (800) 733-9267.

- **FIRST TIME EXAMINEES:** Examination eligibility expires, and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.
- **RE-EXAMINATION APPLICANTS:** Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

In most California testing centers, testing does not take place on the following major holidays:

Memorial Day	Closed May 26, 2008
Independence Day	Closed July 4, 2008
Labor Day	Closed September 1, 2008
Thanksgiving	Closed November 27-28, 2008
Christmas	Closed December 25, 2008

## INTERNET SCHEDULING

You may schedule your test by completing the online Test Registration Form. The Test Registration Form is available at PSI's website, [www.psiexams.com](http://www.psiexams.com). You may schedule for a test via the Internet 24 hours a day.

1. Complete the registration form online and submit your information to PSI via the Internet.
2. Upon completion of the online registration form, you will be given the available dates for scheduling your test.
3. You will need to choose a date to complete your registration.
4. Upon successful registration, you will receive a traceable confirmation number.

## TELEPHONE SCHEDULING

PSI has two scheduling methods available if you wish to schedule by telephone. First, call PSI at (877) 392-6422, 24 hours a day and schedule using the Automated Registration System. Second, if you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to schedule your appointment for the test.

## CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee *if your cancellation notice is received 2 days prior to the scheduled examination date*. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (800) 733-9267. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

**Note:** A voice mail message is not an acceptable form of cancellation. Please use the internet, automated telephone system, or call PSI and speak to a Customer Service Representative.

## MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if:

- You do not cancel your appointment 2 days before the scheduled examination date;
- You do not appear for your examination appointment;
- You arrive after examination start time;
- You do not present proper identification when you arrive for the examination.

## RE-EXAMINATION

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with the score report at the test center, or may be obtained by contacting the BBS.



To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 180 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

### EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (800) 733-9267. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

## EXAMINATION SITE LOCATIONS

The California examinations are administered at the PSI examination centers in California as listed below:

### **ANAHEIM**

2301 W. LINCOLN AVE, SUITE 252  
ANAHEIM, CA 92801  
(714) 254-1453

*TAKE I-5 SOUTH TO SANTA ANA. EXIT ON BROOKHURST ST. AND MAKE A RIGHT GOING SOUTH. TURN RIGHT (WEST) ON LINCOLN AVE. RIGHT AFTER MONTEREY LN. GO HALF A BLOCK AND ENTER ON THE FIRST OR SECOND DRIVEWAY ON 2301 LINCOLN. SUITE 252 IS LOCATED ON THE SECOND FLOOR.*

### **ATASCADERO**

7305 MORRO RD, SUITE 201A  
ATASCADERO, CA 93422  
(805) 462-8983

*FROM US-101 N, TAKE THE CA-41 EXIT- EXIT 219-TOWARD MORRO RD. TURN LEFT ONTO EL CAMINO REAL. Turn LEFT onto CA-41/MORRO RD.*

*FROM US-101 S, TAKE THE MORRO RD/CA-41 EXIT- EXIT 219, TURN RIGHT ONTO CA-41/MORRO RD.*

### **BAKERSFIELD**

5405 STOCKDALE HIGHWAY, SUITE 206  
BAKERSFIELD, CA 93309  
(661) 398-9354

*FROM I-5 S, TAKE THE STOCKDALE HWY EXIT (253). TURN LEFT ONTO STOCKDALE HWY.*

*FROM I-5 N TOWARD BAKERSFIELD, KEEP LEFT TO TAKE CA-99 N VIA EXIT (221) TOWARD BAKERSFIELD/FRESNO. TAKE THE CA-58 E EXIT TOWARD TEHACHAPI/MOJAVE. TAKE THE EXIT ON THE LEFT TOWARD CAL STATE UNIV/STOCKDALE HWY/BRUNDAGE LANE. TURN LEFT ONTO WIBLE RD. TURN SLIGHT LEFT ONTO STOCKDALE HWY.*

### **CARSON**

17420 S. AVALON BLVD, SUITE 205  
CARSON, CA 90746  
(310) 217-1066

*FROM CA-91 E/GARDENA FWY TAKE THE AVALON EXIT. OFF RAMP WILL LEAD YOU ONTO ALBERTONI ST. MAKE A RIGHT ONTO AVALON BLVD*

*AND WE ARE LOCATED ON THE RIGHT HANDSIDE (SAME PARKING LOT AS CARL'S JR).*

*FROM CA-91 W TAKE THE AVALON EXIT. MAKE A LEFT ONTO AVALON BLVD. MAKE A U-TURN ON AVALON BLVD AND ALBERTONI ST. WE ARE LOCATED ON THE RIGHT HAND SIDE. (SAME PARKING LOT AS CARL'S JR).*

### **EL MONTE**

9420 TELSTAR, SUITE 138  
EL MONTE, CA 91731  
(626) 442-4112

*FROM I-10 E TOWARD SAN BERNARDINO, MERGE ONTO ROSEMEAD/CA 19 S TOWARD LONG BEACH. TURN LEFT ONTO E. TELSTAR AVE.*

*FROM I-10 W TOWARD LOS ANGELES, TAKE THE ROSEMEAD BLVD/CA-19 EXIT TOWARD PASADENA. TAKE THE ROSEMEAD BLVD RAMP TOWARD LONG BEACH. MERGE ONTO ROSEMEAD BLVD/CA-19 S. TAKE A LEFT ONTO E. TELSTAR AVE.*

### **FRESNO**

351 E. BARSTOW, SUITE 101  
FRESNO, CA 93710  
(559) 221-9006

*FROM CA-41 S, TAKE THE BULLARD AVE EXIT. TURN LEFT ONTO E BULLARD AVE. TURN RIGHT ONTO N FRESNO ST. PASS THROUGH THE INTERSECTION OF FRESNO AND BASTOW AVE. TAKE THE FIRST DRIVEWAY ON THE RIGHT HAND SIDE.*

*FROM CA-41 N, TAKE THE SHAW AVE EXIT TOWARD CLOVIS. TURN RIGHT ONTO E SHAW AVE. TURN LEFT ONTO N FRESNO ST. TURN LEFT INTO THE LAST DRIVEWAY BEFORE BARSTOW AVE.*

*TESTING CENTER IS IN THE OFFICE COMPLEX ON THE SW CORNER OF BARSTOW AND FRESNO ST.*

### **HAYWARD**

24301 SOUTHLAND DRIVE, SUITE B-1  
HAYWARD, CA 94545  
(510) 784-1114

*FROM I-880 N TOWARD OAKLAND, TAKE THE WINTON AVENUE EXIT. MERGE ONTO W WINTON AVE TOWARD HEALD COLLEGE. TURN LEFT ONTO SOUTHLAND DR.*

*FROM I-880 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVE WEST EXIT TOWARD HEALD COLLEGE. MERGE ONTO W WINTON AVE. TURN LEFT ONTO SOUTHLAND DR.*

### **REDDING**

2861 CHURN CREEK, UNIT C  
REDDING, CA 96002  
(530) 221-0945

*ON 299 FROM EAST TAKE RAMP ONTO I-5 S. TAKE EXIT #677/REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.*

*ON 299 FROM WEST TURN RIGHT ON MARKET ST (CA-273 S). TURN LEFT ON TEHEMA ST (CA-299 E). CONTINUE TO FOLLOW CA-299 E. TAKE EXIT #2A/RED BLUFF/SACRAMENTO ONTO I-5 S. TAKE EXIT #677/REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.*

*ON I-5 FROM NORTH TAKE EXIT #677/ REDDING/CYPRESS AVE. TURN LEFT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD  
ON I-5 FROM SOUTH TAKE EXIT #677/ REDDING/CYPRESS AVE. TURN RIGHT ON E CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD*

*ON HWY 44 FROM EAST TAKE RAMP TOWARD VICTOR AVE. TURN LEFT ON VICTOR AVE. TURN RIGHT ON E CYPRESS AVE. TURN LEFT ON CHURN CREEK RD.*

*FROM ALL DIRECTIONS, FRONT BUILDING IS 2881 CHURN CREEK, DRIVEWAY INTO COMPLEX IS DIRECTLY ACROSS FROM MAJOR MUFFLER ON EAST SIDE OF CHURN CREEK. 2861 IS FIRST BUILDING ON THE LEFT.*



## SPECIAL ACCOMMODATIONS AVAILABLE

### RIVERSIDE

RIVERSIDE TECHNOLOGY BUSINESS PARK  
1660 CHICAGO AVE, SUITE M-15  
RIVERSIDE, CA 92507

(951) 680-9720

*FROM I-215 N TOWARD RIVERSIDE/SAN BERNARDINO, TAKE THE COLUMBIA AVENUE EXIT. TURN RIGHT ONTO E LA CADENA DR. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE AND END AT 1660 CHICAGO AVENUE.*

*FROM I-215 S TOWARD SAN BERNARDINO/RIVERSIDE, TAKE THE EXIT TOWARD COLUMBIA AVENUE. TURN SLIGHT RIGHT ONTO INTERCHANGE DR. TURN LEFT ONTO PRIMER ST. TURN LEFT ONTO COLUMBIA AVE. TURN RIGHT ONTO CHICAGO AVE. TURN LEFT ONTO MARLBOROUGH AVE AND END AT 1660 CHICAGO AVENUE.*

### SACRAMENTO

9719 LINCOLN VILLAGE DR.  
BUILDING 100, SUITE 100  
SACRAMENTO, CA 95827

(916) 363-6455

*FROM SAN FRANCISCO/VALLEJO ON I-80 E, TAKE US-50 E TOWARD SACRAMENTO/SOUTH LAKE TAHOE. TAKE BRADSHAW ROAD, EXIT 13, TURN RIGHT ONTO BRADSHAW ROAD. TURN IMMEDIATE LEFT ONTO LINCOLN VILLAGE DR.*

### SAN DIEGO

5440 MOREHOUSE DRIVE, SUITE 3300  
SAN DIEGO, CA 92121

(858) 658-0786

*FROM I-805 S, TAKE THE SORRENTO VALLEY RD/MIRA MESA BLVD EXIT. TURN LEFT ONTO MIRA MESA BLVD, TURN LEFT ONTO SCRANTON ROAD. TURN RIGHT ONTO MOREHOUSE DRIVE.*

*FROM I-805 N TOWARD LOS ANGELES, TAKE THE MIRA MESA BLVD/VISTA SORRENTO PKWY EXIT. TURN RIGHT ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.*

*ADDITIONAL PARKING CAN BE FOUND (on top of the AT&T building) BY CONTINUING ON MOREHOUSE PAST OUR BUILDING AND TURNING LEFT AT THE NEXT DRIVEWAY UP THE HILL*

### SANTA ROSA

160 WIKIUP DRIVE, SUITE 105  
SANTA ROSA, CA 95403

(707) 544-6723

*FROM US-101 N, MERGE ONTO FULTON RD. TURN RIGHT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.*

*FROM US-101 S, TAKE THE AIRPORT BLVD EXIT. TAKE THE RAMP TOWARD MARK WEST AREA/LARKFIELD WIKIUP. TURN LEFT ONTO AIRPORT BLVD. TURN RIGHT ONTO OLD REDWOOD HWY. TURN LEFT ONTO WIKIUP DR.*

### SANTA CLARA

2936 SCOTT BLVD  
SANTA CLARA, CA 95054

(408) 844-0004

*FROM US-101 N, TAKE THE SAN TOMAS EXPWY/MONTAGUE EXPWY EXIT- EXIT 392. TAKE THE SAN TOMAS EXPWY RAMP. MERGE ONTO SAN TOMAS EXPY/CR-G4. TURN LEFT ONTO SCOTT BLVD.*

*FROM I-880 S TOWARD SAN JOSE, TAKE THE MONTAGUE EXPWY EXIT (7). TAKE THE MONTAGUE EXPWY WEST RAMP. MERGE ONTO MONTAGUE EXPY/CR-G4 E. TURN LEFT ONTO E TRIMBLE RD. E TRIMBLE RD BECOMES DE LA CRUZ BLVD. TURN SLIGHT RIGHT ONTO CENTRAL EXPY/CR-G6 W. TURN SLIGHT RIGHT ONTO SCOTT BLVD.*

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

The Board and PSI recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Candidates whose primary language is not English may also qualify for accommodations.

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at [www.bbs.ca.gov/bbsforms.htm](http://www.bbs.ca.gov/bbsforms.htm).

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

Do not call PSI to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

## REPORTING TO THE EXAMINATION SITE

On the day of the examination, you must arrive at least 30 minutes prior to your scheduled appointment time. This allows time for check-in and identification verification and provides time to familiarize yourself with the examination process. If you arrive late, you may not be admitted to the examination site and you may forfeit your examination registration fee. Even though candidates will be thumb printed, you are still required to comply with any identification requirements established by the appropriate regulatory entity.

### REQUIRED IDENTIFICATION AT EXAMINATION SITE

You must provide one of the following valid forms of government-issued identification before you may examine:

- A photographic Driver's License (any state)
- State identification card (any state)
- U.S. military identification
- Valid passport - any country (valid foreign passport with valid record of arrival/departure - Form I-94 or processed for I-551 stamped in a valid foreign passport)

*All photographs must be recognizable as the person to whom the identification card was issued. The name on the*



*application must match the photographic I.D. card. If you have recently changed your name with the BBS, you may want to contact PSI to verify that they have the correct same name on file.*

If you cannot provide the required identification, you must call (800) 733-9267 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. *Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.*

### CALIFORNIA LAW SECURITY PROCEDURES

Section 123 of the California Business and Professions Code states: It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination, including, but not limited to:

- Conduct which violates the security of the examination materials;
- Removing from the examination room any examination materials without authorization;
- The unauthorized reproduction by any means of any portion of the actual licensing examination;
- Aiding by any means the unauthorized reproduction of any portion of the licensing examination;
- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the licensing examination;
- Obtaining examination questions or other examination material, except by specific authorization either before, during, or after an examination; or
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing examination.
- Communicating with any other examinee during the administration of a licensing examination.
- Copying answers from another examinee or permitting one's answers to be copied by another examinee.
- Having in one's possession during the administration of the licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than the examination materials distributed, or otherwise authorized to be in one's possession during the examination.
- Impersonating any examinee or having an impersonator take the licensing examination on one's behalf.

Nothing in this section shall preclude prosecution under authority provided for in any other provision of law. In addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

### IMPORTANT INFORMATION ABOUT TAKING AN EXAMINATION

1. All candidates will have their thumbprint taken during examination check-in and re-entry into the testing room after an approved absence. If a candidate passes the examination, the thumbprint record will be destroyed. If a

candidate abandons his or her application for licensure, as determined by the appropriate regulatory authority, the thumbprint will also be destroyed. If a candidate is unsuccessful, the thumbprint record will be retained by PSI to ensure proper identification on any subsequent examination attempts. If the thumbprint doesn't match upon exit and re-entry, the candidate shall be disqualified from the examination, his or her test results invalidated, and the appropriate regulatory entity will be notified of the occurrence. The taking of the thumbprint is an additional measure to enhance examination security. The Department's Office of Examination Resources shall ensure that the appropriate safeguards for the storage and destruction of the thumbprint records are in place.

2. The temperature in the testing room is maintained at a moderate level. Candidates are advised to layer clothing. Acceptable layered clothing includes lightweight shirts, sweaters, and pullovers without pockets. These items must be worn upon check-in, while you wait to enter the testing room, and during your initial seating for the examination.
3. There are timing mechanisms available at the test site and on the computer console to help candidates keep track of time during the test administration. Watches or other timekeeping devices are not permitted in the examination rooms.
4. Only one candidate will be allowed to take a restroom break at a time. Candidates are required to sign out when you leave the room and when you return. If a candidate's restroom break takes longer than 5 (five) minutes, a proctor will check on the candidate and will notify the applicable regulatory entity of the occurrence, which will take appropriate action.
5. The following items are not permitted in the examination rooms:
  - Cellular telephones, personal digital assistants (PDAs), recording devices, cameras, pagers, purses, notebooks, notebook computers, reference or readings material, music players, radios, electronic games, calculators, or briefcases.
  - Personal items including watches, backpacks, wallets, pens, pencils, or other writing devices, food, drinks (unless prior approval is obtained by your regulatory entity) and good-luck items.
  - Hats, baseball caps, or visors (with the exception of religious apparel), coats, shawls, hooded clothing, heavy jackets or overcoats.

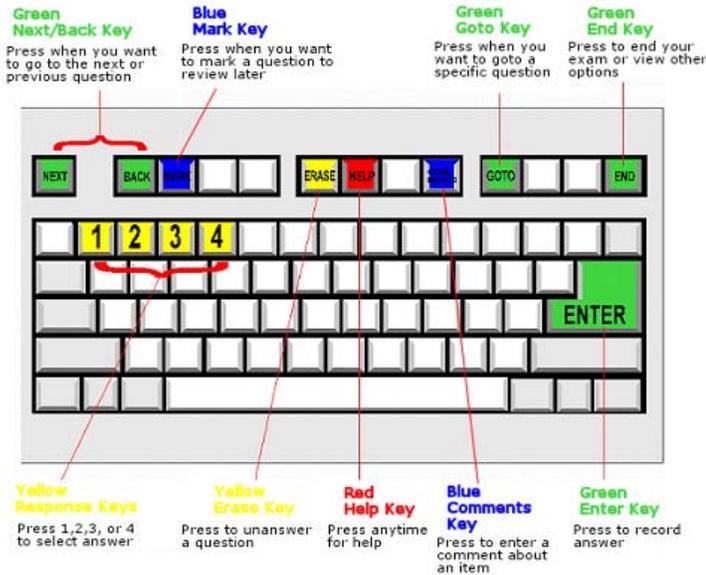
During the check-in process, all candidates will be asked if they possess any of the prohibited items and all candidates will be asked to empty their pockets. If prohibited items are found during check-in, candidates shall return these items to their vehicle or other place of safekeeping. Neither PSI, nor the Department of Consumer Affairs, shall be responsible for the items. Any candidate possessing the prohibited items in the examination room shall have his or her test results invalidated, and PSI shall notify the appropriate regulatory entity of the occurrence.



6. Copying or communicating examination content is a violation of PSI security policy and existing law. Either one shall result in the disqualification or invalidation of examination results, the denial of your license, and may subject the candidate to criminal prosecution.

## TAKING THE EXAMINATION BY COMPUTER

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.



### IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

### TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

### EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer. You should then press "ENTER" to record your answer and move on to the next question. A sample question display follows:



## EXAMINATION RESULTS

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

### FAILING SCORE REPORTS

The score report will indicate the candidate's overall score and grade, including the number of items answered correctly. It also reveals how the candidate performed on each major section of the test as defined by the LEP Examination Plan. The number correct in each content area is displayed. The primary purpose in providing a subscore for each part of the examination is to guide candidates in areas requiring additional preparation for re-testing.

## ABANDONMENT OF APPLICATION/INELIGIBILITY

**FIRST TIME EXAMINEES:** Title 16, California Code of Regulations Section 1806 (c) states, "An application shall be deemed abandoned if the applicant fails to sit for examination within one year after being notified of eligibility." To re-open an abandoned application the candidate must submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted if that candidate wishes to pursue licensure.

**RE-EXAMINATION APPLICANTS:** Business and Professions Code Section 4989.22(b) states, "... An applicant who fails the written examination may, within one year from the notification date of failure, retake that examination as regularly scheduled without further application. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required."

Persons failing to appear for reexamination, once having been scheduled, shall forfeit any reexamination fees paid.

## AFTER PASSING THE EXAMINATION

Candidates are eligible to apply for licensure after passing the examination

To apply, candidates must submit a Request for LEP Initial License Issuance form and the required fee to the BBS. Forms are provided with candidate result notices, or may be obtained by contacting the BBS. A Request for LEP Initial License Issuance form will be mailed to candidates with delayed score reports.

When your license number is issued it will be available on the BBS's Web site at [www.bbs.ca.gov](http://www.bbs.ca.gov). Your license certificate will be mailed within 30 working days of issuance.

### AMOUNT OF INITIAL LICENSE FEE

The amount of the initial LEP license fee will be prorated and established according to the month of issuance (month fee received by BBS) and expiration date of the license (candidate's birth month). Refer to the Fee Chart provided on the Request for LEP Initial License Issuance form to determine the amount required to be submitted.

**Example 1:** If your birth month is *March* and the Board receives your Request for LEP Initial License Issuance in *April*, the fee required to be submitted with your request would be *\$80.00*. Your license would be valid for approximately 24 months.

**Example 2:** If your birth month is *April* and the Board receives your Request for Initial LEP License Issuance in *April*, the fee required to be submitted with your request would be *\$43.00*. Your license would be valid for approximately 13 months.

Title 16, California Code of Regulations section 1806(d), states, "An application shall be deemed abandoned if the applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements. An application submitted subsequent to the abandonment of a prior application shall be treated as a new application."

## STUDY MATERIAL AND COURSES

The LEP Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at [www.bbs.ca.gov](http://www.bbs.ca.gov).

Candidates are encouraged to trust in and use their education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have upon your examination performance.

The Board does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone.

## OBJECTIVE OF THE BOARD OF BEHAVIORAL SCIENCES (BBS)

State licensing boards are mandated to protect the public by developing licensing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to the consumer.

In accordance with Business and Professions Code section 4989.20, each applicant for the LEP license who meets the educational and experience requirements must successfully complete the written examination in California prior to the issuance of a license.

Examinations administered by the BBS test candidates with regard to their knowledge and professional skills, as well as their ability to make judgments about appropriate techniques and methods, as applicable to the LEP scope of practice. This scope of practice is defined in Business and Professions Code section 4989.14 which states, "The practice of educational psychology is the performance of any of the following professional functions pertaining to academic learning processes or the educational system or both: (a) Educational evaluation. (b) Diagnosis of psychological disorders related to academic learning process. (c) Administration of diagnostic tests related to academic learning processes including tests of academic ability, learning patterns, achievement, motivation, and personality factors. (d) Interpretation of diagnostic tests related to academic learning processes including tests of academic ability, learning patterns, achievement, motivation, and personality factors. (e) Providing psychological counseling for individuals, groups, and families. (f) Consultation with other educators and parents on issues of social development and behavioral and academic difficulties. (g) Conducting psychoeducational assessments for the purposes of identifying special needs. (h) Developing treatment programs and strategies to address problems of adjustment. (i) Coordinating intervention strategies for management of individual crises."

## LEP EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for LEPs in 2003. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is



job-related. The Department of Consumer Affairs' Examination Validation Policy requires an occupational analysis be performed every three to seven years. The 2003 LEP occupational analysis began with interviews of licensees to gather information about the tasks performed in practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task and knowledge area associated with their own practice.

The questionnaires were mailed to 1700 California-licensed LEPs. Several panels of LEPs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid LEP examination plan.

The LEP written examination plan consists of the five content areas. In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. It is **important that candidates prepare for the examination by studying the examination plan.**

## EXAMINATION DEVELOPMENT

The LEP examination is developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations. California-licensed LEPs who participate in examination development and review workshops are referred to as "Subject Matter Experts" (SMEs). SMEs write and review multiple-choice items for the examination. SMEs are trained on established examination development processes and measurement methodologies by the OER. The cooperative efforts among these members of the LEP profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

## ESTABLISHING THE PASSING STANDARDS

The LEP written examination measures knowledge and skills required for LEP practice, and represent a standard of performance that LEP SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on a minimum competence criterion that is defined in terms of the actual behaviors that qualified LEPs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of LEP SMEs also consider other factors that would contribute

to minimum competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same minimum competence standards to all licensure candidates. Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty from one examination to another, providing safeguards to both the candidate and the consumer.

## EXAMINATION ITEMS

The LEP examination contains no fewer than 100 multiple-choice items. The examination may contain additional items for the purpose of pre-testing (up to 25 non-scoreable items). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test ("experimental") items, distributed throughout the examination, WILL NOT be counted for or against you in your score, and will not be identified to you. You will have 2 ½ hours to complete this examination.

All of the scoreable items in the examination have been written and reviewed by LEPs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

There is only one correct answer for each item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no 'trick' questions in the examination.

### EXAMPLE EXAMINATION ITEMS

To follow are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. What test should be used to obtain a standard score of the intellectual functioning of an 8-year-old who is unable to talk and has limited hand movements?
  - A. Raven's Progressive Matrices
  - B. Leiter International Performance Scale
  - C. Kaufman Assessment Battery for Children
  - D. McCarthy Scales of Children's Abilities
2. Why should parents be given detailed feedback following the completion of a psychological assessment of their child?
  - A. To provide the rationale for a special education placement decision.
  - B. To encourage parents to take a more active role in their child's education in the future.
  - C. To explain how social and emotional functioning is related to academic achievement.
  - D. To maximize intervention success through increasing participation with recommendations.

3. A right-handed 14-year-old student with a seizure disorder and no other health problems recently had a neuropsychological evaluation. The student's school asked an LEP to review the evaluation report and help them utilize the information. The report indicates impaired right-hand performance. An IQ test was not administered; however, all other evaluation results were within normal limits. What academic implications are inferred by these results?

- A. The student has impaired language functioning and will primarily require extensive academic assistance with reading, spelling, writing, and note-taking.
- B. The student has impaired visual-spatial functioning and will primarily require extensive academic assistance with reading, spelling, writing, and note-taking.
- C. The student has impaired language functioning, and will primarily require extensive academic assistance with math, nonverbal communication, science, and note-taking.
- D. The student has impaired visual-spatial functioning and will primarily require extensive academic assistance with math, nonverbal communication, science, and note-taking.

4. Which of the following treatments are recommended for managing Attention-Deficit/Hyperactivity Disorder?

- A. EEG biofeedback, sensory integration training, and parent counseling
- B. EEG biofeedback, sensory integration training, and removal of sugar and food additives
- C. Behavior management methods, stimulant medication, and parent counseling

D. Behavior management methods, stimulant medication, and removal of sugar and food additives

Correct Answers: 1-A, 2-D, 3-A, 4-C

## LICENSED EDUCATIONAL PSYCHOLOGIST

### Written Examination Outline

<b>I. ASSESSMENT</b>	<b>32%</b>
A. INTAKE	
B. ASSESSMENT PLAN DEVELOPMENT	
C. TEST ASSESSMENT	
D. INTERPRETATION AND RECOMMENDATIONS	
<b>II. INTERVENTION</b>	<b>20%</b>
A. INTERVENTION PLAN DEVELOPMENT	
B. IMPLEMENTATION	
C. MONITORING	
<b>III. CONSULTATION</b>	<b>21%</b>
A. COMMUNICATION OF RESULTS	
B. OUTREACH	
C. COMMUNITY RESOURCES	
D. TRANSITION PLANNING	
<b>IV. LAW</b>	<b>11%</b>
<b>V. ETHICS</b>	<b>16%</b>
A. CONFIDENTIALITY	
B. PROFESSIONAL CONDUCT	

## LEP WRITTEN EXAMINATION PLAN

The following pages contain detailed information regarding examination content. A definition of each content area and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide, because each item in the examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

Knowledge statements indicated with an asterisk (\*) are associated with more than one task and repeat. Note that knowledges repeat only within the overall content area, and never within the same sub-content area.

### I. ASSESSMENT (32%)

*Definition: This area assesses the candidate's ability to evaluate the client's cognition, information processing, academic achievement, personality, and social-emotional status to determine level of educational functioning through standardized test administration as well as alternative measures.*

#### A. INTAKE

##### Tasks

- Assess history by reviewing client's records (e.g. medical, school, developmental, psychological) to assist in determining diagnosis.
- Conduct intake interviews with client and others to identify concerns related to educational needs and diagnosis.
- Gather information about client's level of functioning from parents, client, and others through interviews, observations, and questionnaires

##### Knowledge of

- Knowledge of medical conditions that affect learning and behavior.\*
- Knowledge of disorders that have a physiological basis for learning and behavior.
- Knowledge of developmental ranges of the life span.
- Knowledge of developmental milestones of normal cognitive development.\*
- Knowledge of common sensory and motoric disorders of infancy/childhood.\*
- Knowledge of common sensory and motoric disorders of adolescent/adults.\*
- Knowledge of nutrition and other health related issues as related to learning and behavior.
- Knowledge of indicators of developmental delays that affect learning and behavior.\*



- Knowledge of techniques used to elicit information regarding client's history.
- Knowledge of techniques used to elicit information identifying client concerns.
- Knowledge of techniques used to elicit mental health information from client.
- Knowledge of techniques used to elicit physical health information from client.
- Knowledge of observational techniques to gather information to assist in formulating assessment plans and to measure progress.\*

#### B. ASSESSMENT PLAN DEVELOPMENT

##### Tasks

- Determine whether learning, behavior problems, or medical conditions indicate the need for administration of test/assessment instrument(s).
- Select test/assessment instruments for client, based on presenting problem and intake information.
- Develop hypothesis(es) regarding client problem(s) in order to develop an assessment plan.
- Determine a psychoeducational battery to accommodate clients with disabilities to obtain reliable and valid results.
- Determine methods to evaluate diverse client populations to provide an unbiased assessment.

##### Knowledge of

- Knowledge of learning problems that require assessment.
- Knowledge of behavior problems that require assessment.\*
- Knowledge of developmental milestones of normal cognitive development.\*
- Knowledge of indicators of developmental delays that affect learning and behavior.\*
- Knowledge of the purposes of different test/assessment instrument(s) of academic functioning.
- Knowledge of the purposes of different test/assessment instrument(s) of cognitive functioning.
- Knowledge of the purposes of different test/assessment instrument(s) of social/emotional functioning.
- Knowledge of the purposes of different test/assessment instrument(s) of adaptive functioning.
- Knowledge of purposes of different test/assessment instrument(s) of personality functioning.\*
- Knowledge of medical conditions that affect learning and behavior.\*
- Knowledge of the effect of neurological factors that impact learning and behavior.\*
- Knowledge of the effect of substance abuse on learning and behavior.
- Knowledge of the principles of norms for interpretation of test/assessment instrument results.\*
- Knowledge of principles of psychometrics pertaining to reliability and validity of test/assessment instruments.\*
- Knowledge of the effect of human diversity factors on assessment process.\*

#### C. TEST ASSESSMENT

##### Tasks

- Assess cognitive ability, academic achievement, processing, adaptive, and social/emotional status by administering test/assessment instrument(s) to determine level of functioning.
- Assess levels of development by administering test/assessment instrument(s) to determine range of functioning.
- Administer test/assessment instrument(s) to prove or disprove initial hypotheses and develop a client diagnosis/plan.
- Assess client's social interaction across settings (e.g. home, school, playground) to formulate an intervention plan.
- Assess personality factors related to academic learning problems by administering test/assessment instrument(s).
- Assess client's motor skills and coordination to determine level of functioning for educational/vocational planning.
- Assess client with brain injury, neurological disorders, or psychological trauma to evaluate level of functioning.

##### Knowledge of

- Knowledge of methods to assess cognitive functioning.
- Knowledge of methods to assess social/emotional functioning.
- Knowledge of methods to assess adaptive functioning.
- Knowledge of methods to assess behavioral functioning.\*
- Knowledge of methods to assess fine and gross motor skills.
- Knowledge of the effect of human diversity factors on assessment process.\*
- Knowledge of developmental milestones of normal cognitive development.\*
- Knowledge of indicators of developmental delays that affect learning and behavior.\*
- Knowledge of observational techniques to gather information to assist in formulating assessment plans and to measure progress.\*
- Knowledge of personality theory pertaining to formulating intervention.
- Knowledge of purposes of different test/assessment instrument(s) of personality functioning.\*
- Knowledge of common sensory and motoric disorders of infancy/childhood.\*
- Knowledge of common sensory and motoric disorders of adolescent/adults.\*
- Knowledge of the relationship of neurological development and motor ability.
- Knowledge of the effect of motor coordination on educational performance.
- Knowledge of medical conditions that affect learning and behavior.\*
- Knowledge of the effect of childhood diseases on learning and behavior.\*
- Knowledge of the effect of neurological factors that impact learning and behavior.\*
- Knowledge of the effect of physiological conditions on learning and behavior.

- Knowledge of the effect of prenatal substance exposure on subsequent cognitive development.
- Knowledge of the effect of prenatal/perinatal conditions in neurological development.

#### D. INTERPRETATION AND RECOMMENDATIONS

##### Tasks

- Interpret results of test/assessment instruments to assist in diagnosing client with disorders and impairments that affect learning and behavior.
- Diagnose disorders that affect client's learning and behavior.
- Identify antecedents and consequences that lead to outcome behaviors of client to develop behavior plans/interventions

##### Knowledge of

- Knowledge of principles of statistics pertaining to interpreting test/assessment instrument results.
- Knowledge of the effect of test/assessment instrument results on intervention planning.
- Knowledge of the principles of norms for interpretation of test/assessment instrument results.\*
- Knowledge of principles of psychometrics pertaining to reliability and validity of test/assessment instruments.\*
- Knowledge of the effect of testing conditions (e.g. noise, sobriety) that invalidate test/assessment instrument results.
- Knowledge of the effect of genetically-based developmental disorders.
- Knowledge of the effect of childhood diseases on learning and behavior.\*
- Knowledge of the effect of adolescent/adult diseases on learning and behavior.
- Knowledge of methods used to classify client behaviors into diagnostic categories.
- Knowledge of taxonomic classification pertaining to learning and behavior in the Diagnostic and Statistical Manual.
- Knowledge of behavior problems that require assessment.\*
- Knowledge of methods to assess behavioral functioning.\*
- Knowledge of observational techniques to gather information to assist in formulating assessment plans and to measure progress.\*

## II. INTERVENTION (20%)

*Definition This area assesses the candidate's ability to facilitate interventions to improve the client's development as related to educational functioning.*

### A. INTERVENTION PLAN DEVELOPMENT

#### Tasks

- Develop strategies to facilitate client's learning, social, and emotional development.
- Develop an intervention plan based on assessment results to address educational needs.
- Formulate client intervention plan as a result of identified learning and behavioral disorders

#### Knowledge of

- Knowledge of therapeutic interventions for developing social skills.\*
- Knowledge of therapeutic interventions for improving emotional adjustment.\*
- Knowledge of the effect of learning styles of individuals in development of a remedial program.\*
- Knowledge of approaches to ameliorate learning and behavior problems.\*
- Knowledge of therapeutic interventions for improving attention skills.\*
- Knowledge of behavioral interventions to enable client to function across settings.\*
- Knowledge of therapeutic interventions for developing problem-solving skills.\*
- Knowledge of therapeutic interventions for managing conflict and anger.\*

### B. IMPLEMENTATION

#### Tasks

- Apply results from diagnostic test/assessment instrument(s) to develop intervention strategies to address client's emotional, learning, or behavior problems.
- Provide recommendations and strategies to client, educators, and employers to facilitate client effectiveness in educational and employment settings.
- Teach parents, educators, employers, and others how to apply interventions to modify client's behavior.
- Apply positive behavioral management principles to improve client's adaptive behavior.
- Assist client in developing coping, social-emotional, and organizational skills that apply across environments.
- Provide counseling to assist client in improving ability to function socially and personally as related to educational/vocational settings.
- Teach client to apply therapeutic strategies in home, school, community, and employment settings to improve learning and behavior.
- Provide counseling for individual(s) or groups to address factors that impact learning and vocational skills.
- Assist client in applying strategies to reduce test anxiety.

#### Knowledge of

- Knowledge of therapeutic interventions for improving emotional adjustment.\*
- Knowledge of the effect of learning styles of individuals in development of a remedial program.\*
- Knowledge of approaches to ameliorate learning and behavior problems.\*
- Knowledge of therapeutic interventions for improving attention skills.\*
- Knowledge of therapeutic interventions for developing social skills.\*
- Knowledge of behavioral interventions to enable client to function across settings.\*

- Knowledge of therapeutic interventions for developing problem-solving skills.\*
- Knowledge of therapeutic interventions for managing conflict and anger.\*
- Knowledge of behavior management principles used to develop remedial programs.
- Knowledge of theoretical and practical aspects of counseling that apply to learning and behavior problems.
- Knowledge of the counseling process to resolve learning and behavior problems.
- Knowledge of the effect of human diversity on counseling process.
- Knowledge of techniques used to facilitate group counseling sessions.
- Knowledge of techniques used to facilitate individual counseling sessions.

### C. MONITORING

#### Tasks

- Evaluate effectiveness of strategies by monitoring client's progress in school and other settings to determine need for modifications.
- Monitor educational and behavioral interventions for clients with medical and psychological conditions.

#### Knowledge of

- Knowledge of methods to monitor client progress in treatment.
- Knowledge of techniques used to establish measurement of treatment goals.

## III. CONSULTATION (21%)

*Definition This area assesses the candidate's ability to advocate for the client as well as to provide consultation to clients, parents, schools, community groups and agencies related to educational functioning.*

### A. COMMUNICATION OF RESULTS

#### Tasks

- Develop a report that communicates the results of client's comprehensive assessment.
- Consult with parents, educators, and others to present client's assessment results, conclusions, and recommendations.
- Consult with parents, educators, and others to explain the effects of cognitive processes on learning and behavior.
- Apply research findings in providing assessments and follow-up services.

#### Knowledge of

- Knowledge of methods used to consolidate assessment information into a report.
- Knowledge of techniques used to explain test results and make further recommendations.\*
- Knowledge of the impact of environmental or social factors on clients' presenting issues.
- Knowledge of the role of advocacy in educational and other consultation settings.\*
- Knowledge of the effect of family dynamics on client learning and behavior.
- Knowledge of methods used to inform others about cognitive processing and the effects on learning.
- Knowledge of methods used to evaluate research.

### B. OUTREACH

#### Tasks

- Consult with other professionals to obtain additional information about client's functioning to assist in developing a treatment plan for client.
- Serve as an advocate for client at educational planning meetings and in other settings (e.g., community, court).
- Provide in-service training to educators and school staff to assist in the learning and development of students.
- Provide in-service training programs on learning disabilities and other exceptional needs of individuals to increase awareness in the community.

#### Knowledge of

- Knowledge of methods to determine whether medical service and other support are needed.\*
- Knowledge of methods used to determine the need for consultation from additional resources.\*
- Knowledge of the role of advocacy in educational and other consultation settings.
- Knowledge of different programs that provide advocacy for individuals with disabilities.\*
- Knowledge of the impact of differences in parent or caregiver techniques on client functioning.
- Knowledge of methods used to teach educational skills to others during in-service training.
- Knowledge of methods used to train educators and school staff to assist in the learning and development of students.

### C. COMMUNITY RESOURCES

#### Tasks

- Provide information about educational options to client and parents based upon assessment results.
- Provide parent/client with information regarding available resources to assist in client's adjustment and learning.
- Refer client for remedial support, psychotherapy, or medical services as needed.
- Collaborate with community agencies to provide information about services for parents and clients regarding educational/vocational issues.
- Provide information about community resources/services to individuals and community agencies to link service providers with client.

#### Knowledge of

- Knowledge of program and service options within the educational system.\*
- Knowledge of available educational opportunities in the community that address learning needs.\*
- Knowledge of adult learning opportunities and referral resources pertaining to learning and behavior.\*

- Knowledge of different programs that provide advocacy for individuals with disabilities.\*
- Knowledge of support services available within the community.\*
- Knowledge of the impact of personal crises and traumatic events upon client's school performance.
- Knowledge of methods to determine whether medical service and other support are needed.\*
- Knowledge of methods used to determine the need for consultation from additional resources.\*

#### D. TRANSITION PLANNING

##### Tasks

- Develop an educational/vocational plan for a client with disabilities for transition into school/work settings.
- Assist client in identifying interests, skills, and abilities that are consistent with educational and career opportunities.

##### Knowledge of

- Knowledge of learning environment and practices conducive to maximizing client performance.
- Knowledge of program and service options within the educational system.\*
- Knowledge of support services available within the community.\*
- Knowledge of adult learning opportunities and referral resources pertaining to learning and behavior.\*
- Knowledge of available educational opportunities in the community that address learning needs.\*
- Knowledge of techniques used to explain test results and make further recommendations.\*

#### IV. LAW (11%)

*Definition This area assesses the candidate's ability to comply with legal obligations, including confidentiality, reporting requirements, and disclosure of fees and qualifications.*

##### Tasks

- Maintain security of records to protect the client's privacy.
- Obtain written release of information prior to acquiring or disclosing information relating to client.
- Disclose fees for services prior to working with client as required by law.
- Inform public of qualifications and services provided by complying with legal standards regarding advertising.
- Report cases of abuse to authorities as defined by mandated reporting requirements to protect the welfare and safety of the client.
- Report expressions of client's intent to harm self or others as defined by mandated reporting requirements.

##### Knowledge of

- Knowledge of procedures to secure consent and release of client records.
- Knowledge of legal requirements of confidentiality between practitioners, minor children, and adults.
- Knowledge of laws related to custody issues of minor or dependent client.
- Knowledge of legal requirements to maintain security of client's records.
- Knowledge of legal requirements to report individuals who are a danger to themselves and others.
- Knowledge of legal requirements to report suspected or known child, dependent adult, and elder abuse.
- Knowledge of federal and state regulations pertaining to special education of individuals in public and private schools.
- Knowledge of legal requirements of disclosing service fees prior to working with clients.
- Knowledge of legal requirements regarding informing client of qualifications and services.
- Knowledge of indicators of sexual abuse.
- Knowledge of indicators of physical abuse and neglect.
- Knowledge of legal limitations pertaining to containment of client who exhibits dangerous behavior.
- Knowledge of factors that indicate the potential for at risk behavior within age, gender, and cultural groups.

#### V. ETHICS (16%)

*Definition This area assesses the candidate's ability to comply with ethical standards for Licensed Educational Psychologists, including confidentiality, scope of practice, and professional boundaries.*

##### A. CONFIDENTIALITY

##### Tasks

- Inform client of parameters of confidentiality to facilitate client understanding of legal requirements.
- Inform client as to the nature and impact of confidential information prior to disclosure to third parties to protect client's rights.

##### Knowledge of

- Knowledge of techniques to explain confidentiality to clients.
- Knowledge of responsibility to inform client of right to reports and due process guarantees.\*

##### B. PROFESSIONAL CONDUCT

##### Tasks

- Maintain professional boundaries with client to protect the professional relationship.
- Inform client of educational services available at no cost through public schools and agencies prior to providing services.
- Maintain separation of private practice and other personal forms of employment to avoid a conflict of interest.
- Provide information to public with regard to professional qualifications and scope of practice.
- Assist client to obtain alternate referrals when unable to provide professional services within scope of practice.
- Discuss office policies and fees to promote understanding of client's responsibilities.

##### Knowledge of

- Knowledge of responsibility pertaining to professional conduct in relation to the client.

- Knowledge of responsibility to inform client of right to reports and due process guarantees.\*
- Knowledge of situations that pose a conflict of interest for a licensed educational psychologist.
- Knowledge of responsibility to inform client of no-cost services provided by public schools and agencies students with special needs.
- Knowledge of responsibility to inform client about options for individual educational services.
- Knowledge of responsibility to inform clients about accommodations that are available to individuals in school and/or employment settings.
- Knowledge of methods used for advertising qualifications and scope of practice to the public.
- Knowledge of responsibility to disclose professional qualifications.
- Knowledge of personal limitations related to training and experience.
- Knowledge of alternative referrals to provide to client when service needed is beyond the scope of practice.
- Knowledge of methods used to discuss management of fees and office policies with client.

**STATE OF CALIFORNIA  
NOTICE OF ELIGIBILITY**

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You are eligible to participate in the written examination for licensure as a Licensed Educational Psychologist. This is the ONLY notice of eligibility you will receive. Please retain it for your records. Your address label below contains important date information. In the upper left corner (above your name) is the date your application for examination was approved; following that is the date by which you must take your examination. You must take your written examination by the date specified on the label, or you will be required to reapply (see *Abandonment of Application/Ineligibility* in this handbook).

This handbook provides important information regarding examination content and procedures. To schedule your examination, please refer to the instructions in this handbook

Upon passing the written examination, you are eligible for licensure. Please see the instructions in this handbook.

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