



California Board of Behavioral Science
1625 North Market Boulevard, Suite S200
Sacramento, CA 95834
www.bbs.ca.gov

Licensed Clinical Social Worker
Written Clinical Vignette Examination

CANDIDATE HANDBOOK

FOR EXAMINATIONS DECEMBER 1, 2010 OR LATER



PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
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

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

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 and ten additional nationwide sites.

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

PSI licensure:certification

3210 E Tropicana

Las Vegas, NV 89121

(877) 392-6422 • Fax (702) 932-2666 • TTY (800) 735-2929

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

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, 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.

The PSI examination centers are open for testing during normal working hours of 8:00 AM to 5:00 PM Monday through Friday, and operating hours on Saturday, except for the following major holidays:

Memorial Day	Closed May 28-30, 2011
Independence Day	Closed July 2-4, 2011
Labor Day	Closed September 3-5, 2011
Thanksgiving	Closed November 24-27, 2011
Christmas	Closed December 24-26, 2011
New Years	Closed December 31-January 2, 2012

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. 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. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

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:

- 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 (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

DIRECTIONS FROM LA: TAKE 5 SOUTH EXIT BROOKHURST AND TURN RIGHT. TURN RIGHT ON LINCOLN (PASS A SMALL STREET NAMED MONTEREY), AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

(ORANGE COUNTY) DIRECTIONS FROM SAN DIEGO, IRVINE, MISSION VIEJO, ETC: TAKE 5N EXIT BROOKHURST AND TURN LEFT. TURN RIGHT ONTO LINCOLN (PASS A SMALL STREET NAMED MONTEREY) AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

IF BROOKHURST EXIT IS CLOSED: TAKE 5 N EXIT EUCLID AND TURN LEFT. TURN RIGHT ON LINCOLN (PASS BROOKHURST AND SMALL STREET NAMED MONTEREY) AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

*****KEEP IN MIND THAT THE EUCLID EXIT COMES FIRST AND THEN BROOKHURST.*****

OR 91 FREEWAY: TAKE 91 W EXIT BROOKHURST AND TURN LEFT. TURN RIGHT ONTO LINCOLN (PASS A SMALL STREET NAMED MONTEREY) AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

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

FROM I-5 S, TAKE THE CYPRESS AVENUE EXIT (677). TURN RIGHT ONTO E. CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.

FROM I-5 N TOWARDS SACRAMENTO, TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ONTO CHURN CREEK RD.

FROM 299 E TOWARDS REDDING, START GOING WEST ON CA-299. MERGE ONTO I-5 S RAMP ON THE LEFT TOWARDS SACRAMENTO. TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ONTO CHURN CREEK RD.

FROM 299 W TOWARDS REDDING. START GOING EAST ON CA-299 TOWARDS WEAVERVILLE/REDDING. FROM 299 EAST TURN RIGHT ONTO CA-273/CA-299 E/MARKET STREET. TURN LEFT ONTO CA-299-E. MERGE ONTO I-5 S VIA EXIT 2A TOWARDS RED BLUFF/SACRAMENTO. TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ONTO CHURN CREEK RD.

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..

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..

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, TAKE MARK WEST SPRINGS/RIVER ROAD EXIT. TURN RIGHT ON MARK WEST SPRINGS. TURN LEFT AT OLD REDWOOD HIGHWAY. TURN RIGHT ON WIKIUP DRIVE. FIRST DRIVEWAY ON RIGHT.

FROM US-101 S, TAKE MARK WEST SPRINGS/RIVER ROAD EXIT. TURN LEFT ON MARK WEST SPRINGS. TURN LEFT AT OLD REDWOOD HIGHWAY. TURN RIGHT ON WIKIUP DRIVE. FIRST DRIVEWAY ON RIGHT.

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.

OUT-OF-STATE EXAMINATION SITE LOCATIONS

The following out-of state sites will also offer this examination.

ALBUQUERQUE

2301 YALE BLVD, SE

BUILDING C, SUITE 4

ALBUQUERQUE, NM 87106

FROM INTERSTATE 25, TAKE THE GIBSON BLVD EXIT AND TRAVEL EAST ON GIBSON BLVD UNTIL YOU REACH YALE BLVD SOUTHEAST. TURN RIGHT ON YALE BLVD S.E. (HEADING SOUTH), JUST PAST RENARD PLACE AND THEN TURN RIGHT INTO THE COMMERCE CENTER. THE SITE IS ACROSS THE STREET FROM THE WAFFLE HOUSE AND COMFORT INN.

ATLANTA

CIRCLE 75 OFFICE PARK

1000 CIRCLE 75 PARKWAY, SUITE 720

ATLANTA, GA 30339

FROM I-285 BYPASS N, TAKE EXIT- EXIT 51B- TOWARD CHATTANOOGA/GREENVILLE. MERGE ONTO I-285 N / GA-407 N. TAKE THE COBB PKWY / US-41 EXIT- EXIT 19- TOWARD DOBBINS ARB. TURN LEFT ONTO COBB PKWY SE / US-41 N / GA-3 N. TURN SLIGHT RIGHT ONTO CIRCLE 75 PKWY SE.

BOSTON

INNER TECH PARK, 56 ROLAND ST., SUITE 211

BOSTON, MA 02129

FROM NORTH: TAKE I-93 SOUTH. EXIT 28 - BOSTON/SULLIVAN SQ./CHARLESTOWN. MERGE INTO MYSTIC AVE. TAKE I-93S RAMP TO BOSTON/SULLIVAN SQ./CHARLESTOWN (TAKE RAMP DO NOT GET ON HIGHWAY). MAKE SLIGHT LEFT TURN ON TO MAFFA WAY. MAKE SLIGHT RIGHT TURN ON TO CAMBRIDGE STREET. AT FIRST TRAFFIC LIGHT, MAKE LEFT ON TO CARTER STREET - THERE IS A SIGN FOR INNER TECH PARK. RIGHT ON TO ROLAND STREET. END AT 56 ROLAND STREET (BUILDING ON LEFT, PARKING LOT ON RIGHT). ENTER THROUGH NORTH LOBBY

CHARLOTTE

TYVOLA EXECUTIVE PARK 1

5701 WESTPARK DR, #202

CHARLOTTE, NC 28217

FROM I-77S TOWARDS COLUMBIA, EXIT TYVOLA ROAD (EXIT #5). TURN LEFT AT TYVOLA ROAD. MAKE A RIGHT AT WESTPARK DR. FROM I-77N, EXIT TYVOLA ROAD (EXIT #5). BEAR RIGHT AT TYVOLA ROAD. TURN RIGHT AT WESTPARK DR.

CRANBERRY TOWNSHIP

CRANBERRY CORPORATE BUSINESS CENTER

213 EXECUTIVE DR., SUITE 150

CRANBERRY TOWNSHIP, PA 16066

FROM I-79 EXIT CRANBERRY-MARS ROUTE 228, GO WEST. CROSS OVER ROUTE 19 ONTO FREEDOM ROAD. GO THREE TRAFFIC LIGHTS THEN



TURN RIGHT ONTO EXECUTIVE DRIVE. BUILDING IS DIRECTLY ACROSS FROM HAMPTON INN.

HOUSTON (NORTHWEST)
9800 NORTHWEST FREEWAY
SUITE 200
HOUSTON, TX 77092

FROM HWY 290 DRIVING SOUTHEAST, MERGE ONTO LOOP 610 NORTH. EXIT AT T.C.JESTER AND THEN U-TURN UNDER LOOP 610. STAY ON THE FEEDER ROAD, SHERATON HOTEL IS ON THE RIGHT AS THE ROAD CURVES RIGHT. TURN INTO THE PARKING LOT IMMEDIATELY AFTER THE SHERATON HOTEL AND BEFORE THE OFFICE BUILDING. CENTER IS ON THE 2ND FLOOR.

LAS VEGAS
3210 E TROPICANA AVENUE
LAS VEGAS, NEVADA 89121

FROM I-15 - EXIT EAST ON TROPICANA, TRAVEL APPROXIMATELY 4 MILES, TURN LEFT ON MOJAVE, TURN RIGHT INTO THE PARKING LOT. FROM I-95 - EXIT WEST ON TROPICANA, TRAVEL APPROXIMATELY 1 MILE, TURN RIGHT ON MOJAVE, TURN RIGHT INTO THE PARKING LOT.

PORTLAND
205 BUSINESS CENTER, SUITE 201
8383 NE SANDY BLVD
PORTLAND, OR 97220

GET ON I-84 HEADING EAST. TAKE EXIT NO. 5-82ND AVE. TURN RIGHT ON NE MULTNOMAH ST. TURN RIGHT ON NE 82ND AVE. TURN RIGHT ON NE SANDY BLVD. THE SITE IS ON THE LEFT ½ BLOCK FROM 82ND AND SANDY.

SOUTHFIELD (DETROIT AREA) EXAMINATION CENTER
CROSSROADS BUILDING
16250 NORTHLAND DRIVE, SUITE 361
SOUTHFIELD, MI 48075

FROM I-75 NORTH AND SOUTH, EXIT WEST 8 MILE RD. CROSS THE LODGE FWY (HWY 10). TURN RIGHT ON NORTHLAND DRIVE. NORTHLAND DRIVE IS NEXT TO THE NORTHLAND SHOPPING CENTER. FROM SOUTHFIELD FWY NORTH AND SOUTH, EXIT EAST 8 MILE RD. GO EAST ON 8 MILE TO NORTHLAND DRIVE. NORTHLAND DRIVE IS NEXT TO THE NORTHLAND SHOPPING CENTER

WEST DES MOINES:
1001 OFFICE PARK ROAD, SUITE 315
DES MOINES, IA 50265

FROM I-235, EXIT 8TH STREET AND PROCEED SOUTH. TURN RIGHT ON OFFICE PARK ROAD. TURN RIGHT INTO THE DRIVEWAY.

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.

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.

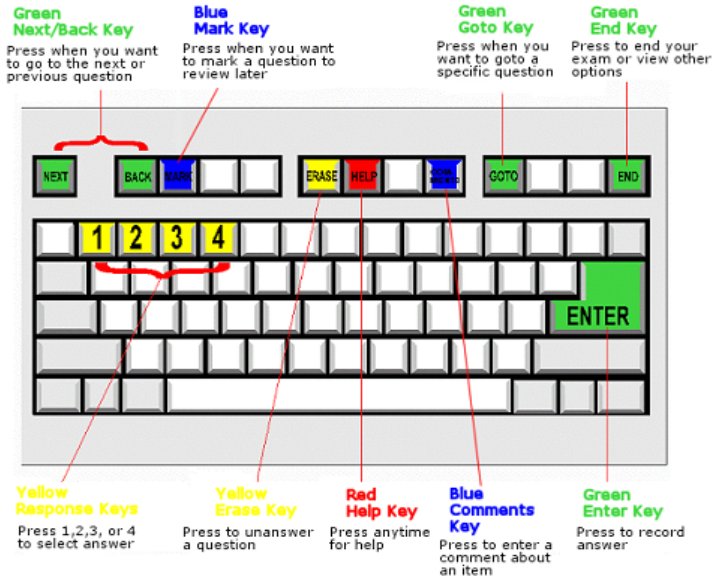
During the check-in process, all candidates will be asked if they possess any of the prohibited items and all candidates will be asked to empty their pockets. If prohibited items are found during check-in, candidates shall return these items to their vehicle or other place of safekeeping. Neither PSI, 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 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: In accordance with Title 16, California Code of Regulations Section 1806 (d) 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: California Business and Professions Code Section 4996.4 states, "An applicant who fails a standard 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 required fees."

Persons 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.

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.

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 2010. 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 2010 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 3,000 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)

Claudia is a 32-year-old, twice-divorced woman, living alone, who is referred by her employer. Claudia presents with a clean but disheveled appearance. She states she was recently demoted at her current job but adds that she has always had trouble keeping a job. She complains, "Nobody seems to understand me or appreciate what I do. My co-workers are always talking about me. My boss is always yelling at me! I could kill them! I am so tired of it!" Claudia exhales loudly, slumps in her seat, and continues, "I am so lonely. I have no close friends, but I get overwhelmed so easily that sometimes I just stay home and drink rather than try."

1. What areas should the therapist assess to evaluate risk in this case?

A. Claudia's possible suicidal ideation;
Claudia's possible substance abuse and its impact;
Claudia's potential for expressing anger in harmful ways;
Impact of the demotion on Claudia's financial stability and stress level.

B. Claudia's possible suicidal ideation;
Claudia's potential for harm to others;
Claudia's possible substance abuse and its impact;
Claudia's mental status to determine her current level of functioning.

C. Claudia's propensity for frequent workplace conflict;
Claudia's potential for expressing anger in harmful ways;
Claudia's mental status to determine current level of functioning;
Extent to which Claudia's interpersonal functioning is impaired by low self-esteem.

D. Claudia's level of suicidality;
Claudia's potential for harm to others;
Impact of the demotion on Claudia's financial stability and stress level;
Extent to which Claudia's interpersonal functioning is impaired by low self-esteem.
Key B

2. What diagnoses should be considered for Claudia?

A. Alcohol Abuse;
Generalized Anxiety Disorder;
Borderline Personality Disorder;
Adjustment Disorder with Depressed Mood.

B. Bipolar I;
Histrionic Personality Disorder;
V Code: Relational Problem NOS;
Adjustment Disorder with Depressed Mood.

C. V Code: Occupational Problem;
Histrionic Personality Disorder;
V Code: Relational Problem NOS;
Adjustment Disorder with Depressed Mood.

D. V Code: Occupational Problem;
Borderline Personality Disorder;
Substance-Induced Mood Disorder;
Adjustment Disorder with Depressed Mood.
Key D

3. What clinical issues must the therapist consider in formulating the treatment plan in this case?

A. Claudia's limited self-care;
Claudia's limited social supports;
Claudia's motivation for treatment;
Claudia's history of substance abuse.

B. Claudia's limited social supports;
Claudia's lack of vocational skills;
Claudia's impaired impulse control;
Claudia's history of multiple divorces.

C. Claudia's substance use;
Claudia's motivation for treatment;
Claudia's on-going employment instability;
Claudia's conflictual interpersonal relationships.

D. Claudia's lack of vocational skills;
Claudia's impaired impulse control;
Claudia's on-going employment instability;
Claudia's conflictual interpersonal relationships.
Key C

4. What options for initial resources should the therapist discuss with Claudia?

A. Substance abuse evaluation;
Referral to work stress support group;
Medication evaluation by psychiatrist;
Referral to anger management program.

B. Substance abuse treatment;
Referral to group therapy for depression;
Referral for a vocational skills evaluation;
Medical evaluation by primary care physician.

C. Substance abuse treatment;
Referral to work stress support group;
Referral to anger management program;
Medical evaluation by primary care physician.

D. Substance abuse evaluation;
Medication evaluation by psychiatrist;
Referral to group therapy for depression;
Referral for a vocational skills evaluation.
Key A

5. What client factors must the therapist consider in formulating the initial treatment interventions in this case?

A. Lack of family supports;
Motivation for treatment;
Frequency of alcohol use;
Limitations in Claudia's social skills.

B. Lack of family supports;
Level of impulse control;
Limitations in social skills;
Client's problems with authority.

C. Motivation for treatment;
Frequency of alcohol use;
Extent of threat to co-workers;
Difficulty with interpersonal relations.

D. Level of impulse control;
Client's problems with authority;
Extent of threat to co-workers;
History of client's interpersonal relations.
Key C

6. What factors in Claudia's personal history need to be considered to establish a therapeutic alliance in this case?

A. Claudia's volatile behavior evokes caution in the therapist;
Level of depression may cause Claudia to withdraw from therapy;
Claudia's relationship difficulties may diminish her capacity for trust;
Claudia's disheveled appearance indicates poor motivation for therapy.

B. Claudia's volatile behavior evokes caution in the therapist;
Claudia's relationship difficulties may diminish her capacity for trust;
Substance use may interfere with Claudia's ability to engage in therapy;
Claudia's perceived victim role may interfere with development of treatment relationship.

C. Victim role may interfere with development of trust;
Claudia's history of isolation may weaken connection to therapist;
History of difficulties with authority may cause Claudia to reject help;
Substance use may interfere with Claudia's ability to engage in therapy.

D. Claudia's relationship difficulties may diminish her capacity for trust;
History of difficulties with authority may cause Claudia to reject help;
Claudia's anxiety may block her communicating in an unguarded manner;
Claudia's history of misinterpreting the motives of others may contaminate the therapy.
Key B

7. What actions should the therapist take to fulfill the legal obligations presented in this case?

A. Maintain confidentiality;
Work within scope of practice;
Assess Claudia's risk of harm to others;
Obtain Claudia's consent for treatment.

B. Maintain confidentiality;
Establish a safety contract;
Assess the need for hospitalization;
Obtain Claudia's consent for release of information.

C. Maintain confidentiality;
Establish a safety contract;
Obtain client's consent for treatment;
Obtain Claudia's consent to release information.

D. Maintain of confidentiality;
Assess the need for hospitalization;
Assess Claudia's risk of harm to others;
Work within the limits of scope of competence.
Key A

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

A. Review options for payment of fees;
Practice within scope of competence;
Manage confidentiality in contact with workplace;
Monitor countertransference throughout course of treatment.

B. Discuss risks and benefits of treatment;
Practice within limits of training and experience;
Manage confidentiality in contact with workplace;
Manage countertransference regarding alcohol abuse.

C. Discuss risks and benefits of treatment;
Practice within limits of training and experience;
Manage confidentiality in contact with workplace;
Be aware of self-biases regarding client's vocational instability.

D. Practice within scope of competence;
Coordinate and collaborate with referral sources;
Manage countertransference regarding alcohol abuse;
Be aware of self-biases regarding client's vocational instability.
Key A

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

Content Areas*
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 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. Biopsychosocial Assessment

Description: This area assesses the candidate's ability to identify, assess, and evaluate the biopsychosocial aspects of the client and the presenting problem.

A. Assessment of Risk Factors

Tasks

- Evaluate client's level of distress to assess the impact of the presenting problem on the person in the situation.
- Evaluate level of danger client presents to self and/or others by evaluating intent, means, and history to determine need for immediate intervention.
- Evaluate client for grave disability to determine need for immediate intervention.
- Evaluate risk of abuse or neglect of a child or adolescent to determine need for referral to a child protective services agency.
- Evaluate risk of abuse, neglect, or exploitation of elderly or dependent adult to determine need for referral to an adult protective services agency or ombudsman.
- Identify precipitating events to determine the need for crisis intervention.

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 methods for assessing the risk of decompensation and need for hospitalization.
- 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 elderly and dependent adults.
- Knowledge of criteria for assessing the risk of abuse or neglect of children and adolescents.
- Knowledge of how to assess the relationship between life events and associated stress.

B. Assessment of Client Factors

Tasks

- Integrate information regarding client's personal and familial mental health history 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 symptoms to determine need for psychiatric or medical referral.
- Gather information regarding client's perception and cognition to identify symptoms of psychopathology.
- Assess client's mood, affective responses, and impulse regulation to clarify effects on psychosocial functioning.
- Assess client's degree of acculturation to determine impact on presenting problem.
- Gather information regarding role identification within context of client's culture and diversity.
- Gather information about client's interpersonal relationships to identify patterns of behavior that contribute to the presenting problem.
- Assess history of trauma and abuse to determine impact on client's current functioning.
- Gather information regarding the developmental history of the client and client's family members to clarify effects on the presenting problem.
- Gather information to evaluate client's approach to addressing medical problems to determine impact on the person in the situation.
- Integrate information regarding client's personal and familial medical history to assist in developing a comprehensive assessment.
- Assess client's perception of the impact of physical limitations on adaptive functioning.
- Assess the effect of client's medical conditions on past and current adaptive functioning.
- Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services.
- Assess types and patterns of use to determine substance abuse and/or dependence.
- Identify information regarding client's past and present coping strategies as they relate to the presenting problem.
- Assess client's ability and willingness to access personal and community resources.
- Assess client's ego strengths as they relate to the presenting problem.
- Assess client(s) motivation for seeking and engaging in therapy.

Knowledge of

- Knowledge of techniques for eliciting client's perception of presenting problem.
- Knowledge of the effect of language differences on the therapeutic process.
- Knowledge of the role of client motivation in therapeutic change.
- Knowledge of cultural factors and beliefs regarding therapy and mental health.
- Knowledge of techniques for eliciting information about the client's thoughts and feelings during the interview process.
- Knowledge of methods 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 biological, psychological, social, behavioral factors that impact client's functioning.
- Knowledge of biological, psychological, social, behavioral factors that indicate a need for psychiatric or medical evaluation.
- Knowledge of methods for integrating client's personal and familial mental health history in the assessment of the current problem.
- Knowledge of methods for integrating client's personal and familial medical history in the assessment of the current problem.
- Knowledge of methods for assessing client's previous mental health treatment experience and its impact on the current problem.
- Knowledge of methods to evaluate for potential deception or secondary gains to clarify client's motivation for seeking treatment.
- Knowledge of methods for assessing the client's level of acculturation.
- Knowledge of methods for assessing the effects of the client's physical or medical condition on past and current psychosocial functioning.
- Knowledge of the cycle of violence that perpetuates intergenerational abuse and trauma.
- Knowledge of methods for assessing intergenerational stress and violence and impact on client's presenting problem.
- Knowledge of methods for assessing maladaptive functioning in interpersonal relationships.
- Knowledge of theories of aging and development that explain biopsychosocial change.
- Knowledge of the relationship between medical conditions and 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 functioning.
- Knowledge of theories of stages of human development.
- Knowledge of methods to gather information regarding client's use of complementary and alternative healing practices to evaluate client's approach to medical problems.
- Knowledge of methods to assess the impact of substance use on psychosocial functioning.
- Knowledge of the effect of substance abuse on psychosocial functioning.
- Knowledge of physical symptoms and behavioral signs indicating current substance intoxication and/or withdrawal.
- Knowledge of the impact of social, cultural, and familial factors on substance abuse.
- Knowledge of physical and behavioral indicators associated with substance dependence.
- Knowledge of methods for assessing adaptive and maladaptive coping mechanisms.
- Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning.
- Knowledge of methods for assessing client's ability to access personal and community resources.
- Knowledge of methods for assessing the impact of technology (e.g., electronic games, Internet, wireless) on client's psychosocial functioning.
- Knowledge of methods to assess client readiness for treatment.
- Knowledge of factors that determine client appropriateness for treatment.
- Knowledge of criteria for differentiating substance use, abuse, and dependency.

C. Assessment of Environmental and Social Factors

Tasks

- Evaluate relationship between client's family's spiritual beliefs and the presenting problem.
- Gather collateral information to clarify client's presenting problem.
- Identify impact of culture on client's presentation of psychological or physical problems.
- Evaluate impact of psychosocial and environmental stressors on client's symptomatology.
- Identify events precipitating 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.
- Assess impact of familial beliefs and patterns of interaction on client's current problem.
- Assess social and familial factors associated with or contributing to the client's substance use.
- Assess impact of the client's social network on the presenting problem.
- Assess client's environmental factors to determine the impact on the person in the situation.
- Assess ability and willingness of the client's family and social network to support client's treatment.
- Evaluate impact of technology (e.g., electronic games, Internet, wireless, etc.) on client functioning as it relates to the presenting problem.

Knowledge of

- Knowledge of information available from collateral sources to enhance the assessment process.
- Knowledge of methods to assess employment history and current vocational functioning.
- Knowledge of methods for assessing the impact of client's perception of environmental factors and life experiences of others on the presenting problem.
- Knowledge of methods for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem.
- Knowledge of methods for assessing how the client's values, beliefs, and cultural identity impact the presenting problem.
- Knowledge of methods for assessing the impact of family history on client functioning.
- Knowledge of the effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.
- Knowledge of methods to assess client's interpersonal relationships at work and in social/family environments and how they contribute to the presenting problem.

- Knowledge of the effects of sociocultural factors on the client's presenting problem.
- Knowledge of the effects of social, cultural, and environmental influences on aging and health.
- Knowledge of the effect of economic factors on psychosocial functioning.
- Knowledge of the relationship between social supports and adaptive functioning.

II. Diagnostic Formulation

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

Tasks

- Integrate information about the client's premorbid functioning in developing differential diagnoses.
- Incorporate information about the client's physiological/medical status in formulating a 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 differential diagnoses.
- Integrate results of mental status examination in developing differential diagnoses.
- Integrate information from collateral resources in developing differential diagnoses.
- Identify persistence of symptoms to determine if problem is acute or chronic.
- 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 information about the precipitating events in developing differential diagnoses.
- Identify psychological and environmental stressors to determine impact on symptomatology.

Knowledge of

- Knowledge of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) classifications of symptoms and disorders.
- Knowledge of the clinical process of developing a diagnosis to clarify therapeutic issues.
- Knowledge of how to evaluate and integrate information about the client's premorbid and current condition, and precipitating events into the formulation of a differential diagnosis.
- Knowledge of the relationship between biological factors 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 methods for integrating assessment information to clarify level of impairment in client's functioning.
- Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.
- 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, frequency, and duration of signs and symptoms, and the course of the problem.
- Knowledge of biological, psychological, social, and behavioral indicators of mental disorders.
- Knowledge of methods for differentiating between disorders that share common symptoms.

III. Treatment Planning

Description: This area assesses the candidate's ability to develop a culturally relevant treatment plan based on assessment and diagnostic information. The treatment plan that 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 is relevant to the phases of therapy.

A. Identify and Prioritize Objectives, Goals, and Methods of Treatment

Tasks

- Incorporate interventions into the treatment plan that address the client's clinical diagnosis.
- Develop mutually agreed upon treatment goals based on assessment and diagnostic information.
- Integrate client's values, beliefs, and diversity issues into the development of the treatment plan.
- Develop measurable objectives to achieve treatment goals.
- Select treatment modalities based on client needs, diagnosis, and assessment.
- 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 used to enhance client motivation in planning treatment.
- Knowledge of methods to engage mandated, resistant, or noncompliant clients in the therapeutic planning process.
- Knowledge of techniques for educating client about the therapeutic process.
- Knowledge of the objectives for each phase of the therapeutic process.
- Knowledge of methods for determining intervention 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 to provide information to client and family members regarding client's medical or psychological condition in a manner consistent with client's culture, values, and beliefs.
- Knowledge of methods to gather information about client's previous therapy experience(s) to determine the effectiveness of methods and modalities.
- Knowledge of strategies for determining therapeutic goals to direct the treatment plan.
- Knowledge of methods for integrating client's experiences, culture, values, and beliefs into the treatment plan.
- 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 client's problems.
- Knowledge of strength-based techniques in developing treatment goals.
- Knowledge of the use of evidence-based interventions in planning treatment.
- Knowledge of age-related variables in developing a treatment plan.
- Knowledge of methods to develop observable and measurable treatment goals.

B. Integrate and Coordinate Concurrent Treatment and Resources

Tasks

- Collaborate with physician/psychiatrist regarding the effects of medications to determine impact on therapeutic interventions.
- Coordinate with other care providers in the development of an individual treatment plan.
- Determine resource referrals to include in the treatment plan to reach treatment goals.
- Incorporate referral to specialized treatment program based on severity of impairment to client functioning.

Knowledge of

- Knowledge of methods to communicate with physicians and other medical professionals to clarify and assist with sensitivity to client's psychosocial needs.
- Knowledge of methods to collaborate in interdisciplinary treatment planning.
- Knowledge of methods to evaluate the timing for incorporation of collateral support systems in therapy.
- Knowledge of the effect of psychotropic medications on therapeutic interventions.

C. Monitoring, Evaluation, and Revision

Tasks

- Develop termination plan with client to maintain therapeutic progress after treatment has ended.
- Consult with collateral resources to assist in evaluating treatment progress.
- Monitor effectiveness of therapeutic interventions by evaluating progress toward treatment goals and objectives.
- Adjust treatment plan and interventions as indicated by client's changing needs or progress toward treatment goals.
- Determine evaluation criteria to monitor progress toward goals and objectives.

Knowledge of

- Knowledge of outcome measures used to assess therapeutic change.
- Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client's achievements following therapy.
- Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client needs and goals.

IV. Resource Coordination

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

Tasks

- Evaluate capacity of caregiver(s) to provide support consistent with client's treatment plan.
- Coordinate with other professionals, service providers, and community resources to facilitate linkages with services.
- Identify community resources to provide support and services consistent with client's needs and treatment plan.
- Collaborate with community resources to meet client's needs within the framework of the client's culture, beliefs, and values.
- Advocate for protection of client's rights within institutions and organizations (e.g., legal, medical, educational) to improve service delivery.
- Educate client regarding rights to and procedures for obtaining support services and/or resources (e.g., legal, medical, educational).
- Engage client in the identification and utilization of resources to promote client self-determination.
- Engage client in the evaluation of the ongoing effectiveness of resources.
- Utilize health technology (e.g., Internet/telephone conferencing) or telehealth to improve clients' access to services.

Knowledge of

- Knowledge of criteria for determining least restrictive environment to provide for care and safety of client.
- Knowledge of methods and procedures for facilitating client's transition to a less restrictive setting.
- Knowledge of methods for identifying and coordinating community support systems and resources for transient and homeless clients.
- Knowledge of methods for identifying and incorporating community support systems and resources consistent with the client's culture, background, beliefs, and values.
- Knowledge of types of placements available for the short- and long-term care of clients.
- Knowledge of methods for evaluating client's ability to access support and treatment services.
- Knowledge of public and private social services that provide assistance with meeting client's needs.
- Knowledge of methods for supporting client's self-advocacy in accessing resources.
- Knowledge of methods to access resources pertaining to standards, laws, and regulations regarding housing, accessibility, education, employment, and equal opportunity.
- Knowledge of wraparound services for clients.
- Knowledge of the use of health technology (e.g., Internet/telephone conferencing) and telehealth.
- Knowledge of prevention and early intervention programs to assist clients.

- Knowledge of organizations and agencies that provide adjunct services relevant to client's treatment needs.
- Knowledge of methods to prioritize use of resources relevant to client's treatment needs.
- Knowledge of strategies used to reduce stigma associated with emotional and behavioral disorders.
- Knowledge of strategies used to reduce discrimination against individuals with emotional and behavioral problems.

V. Therapeutic Interventions

Description: This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client's needs, consistent with the client's psychosocial and cultural context, readiness and ability to engage in treatment, and the phase of therapy.

A. Crisis Intervention

Tasks

- 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 communicate 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 strategies and interventions to utilize with clients in crisis situations.
- Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior.
- Knowledge of 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 Individuals and Groups

Tasks

- Apply short-term treatment approach to the problem as it impacts the client's current functioning.
- Implement therapeutic techniques to assist client to move through the stages of grief and loss.
- Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.
- Implement interview techniques consistent with client's cognitive development.
- Select interventions to facilitate client's understanding of the presenting problem.
- Select interventions congruent with client's cultural identity to facilitate client's engaging in therapy.
- Assist client to develop coping strategies to facilitate adjustment to changes in life circumstances.
- Assist adolescent client 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.
- Provide psychoeducation to children/adolescents regarding developing healthy, reciprocal peer relationships.
- Assist client to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.
- Assist client to develop self-initiated strategies for managing the impact of stressors on thoughts and feelings.
- Implement therapy techniques with client to address the issues and emotions underlying aggressive behavior.
- Develop client's awareness of the need for emotional and physical boundaries to promote individuation.
- Provide therapeutic interventions to address issues associated with the biological, psychological, and social transitions across the life span.
- Address client's body image distortions to develop a reality-based perception of the physical self.
- Provide therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial wellbeing.
- Provide therapy involving structured task completion to improve client's ability to focus on specific tasks.
- Provide parenting skills training to improve parents/caregivers' ability to care for children.
- Implement techniques to promote awareness of consequences of client's behavior to improve self-control.
- Provide social skills training to improve interactions with others.
- Provide psychotherapy to survivor of trauma to reduce symptoms related to the experience.
- Incorporate interventions to facilitate client's ability to address the contributing factors and dynamics of substance abuse.
- Provide therapy to elderly clients to facilitate their ability to address the physical, psychological, and social effects of aging.
- Implement therapeutic techniques to assist client in managing symptoms associated with presenting problem.
- 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.
- Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.
- Implement techniques for motivating client to attend specialized treatment programs.
- Provide psychoeducation to client(s) regarding medication compliance to facilitate symptom stabilization.
- Implement techniques to assist client to generalize successful behaviors to new situations.
- Implement techniques for increasing awareness of how client's defense mechanisms relate to the presenting problem.
- Implement therapeutic techniques to assist client in addressing addictive behaviors.
- Integrate treatment modalities to provide therapy to dual-diagnosed client.
- Utilize technological methods (e.g., Internet/telephone conferencing) to improve client access to treatment.

Knowledge of

- Knowledge of methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances.
- Knowledge of techniques and procedures for implementing interventions in a time limited model.
- Knowledge of the effect of client's prior coping patterns and life experiences on adjustment to trauma.
- Knowledge of intervention strategies related to the stages of grief and loss.
- Knowledge of counseling techniques to assist survivor of trauma to work through associated feelings.
- Knowledge of technological methods (e.g., Internet/telephone conferencing) to improve client access to treatment.
- Knowledge of relapse prevention techniques with client in recovery from substance abuse.
- Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood.
- Knowledge of counseling techniques for addressing physical, emotional, and psychological issues related to substance
- Knowledge of techniques to identify and address resistance to treatment.
- Knowledge of methods for assisting client with process of individuation associated with psychosocial stages of development.
- Knowledge of counseling techniques to facilitate client's ability to identify sources of emotion.
- Knowledge of behavior management interventions to reduce disruptive behavior.
- Knowledge of interventions for treating substance abuse.
- Knowledge of techniques to address client's difficulties with focus and attention.
- Knowledge of the effect of culture, ethnicity, and socialization on client's role identification and/or expectations.
- Knowledge of therapeutic techniques for treating children and adolescents according to developmental stage.
- Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development.
- Knowledge of psychosocial issues related to gender identity and sexual orientation.
- Knowledge of the physical and psychosocial effects of the use of substances by children and adolescents.
- Knowledge of types of learning or cognitive processing disorders that contribute to functional impairment.
- Knowledge of effects of cultural, racial, and ethnic values and beliefs on behavior.
- Knowledge of the effects of racism, oppression, and discrimination on development of self-concept.
- Knowledge of methods for identification of psychosocial factors and prevention strategies for at-risk youth.
- Knowledge of the principles and use of play therapy to facilitate communication and the therapeutic process.
- Knowledge of techniques to educate client regarding the relationship between behavior and consequences.
- Knowledge of cognitive restructuring techniques to change maladaptive thought patterns.
- Knowledge of the effect of thought processes on interpretation of own and others' behavior.
- Knowledge of methods for providing psychoeducation to clients or collaterals.
- Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning.
- Knowledge of intervention strategies related to stress management.
- Knowledge of interventions and techniques for assisting client with managing own anger and aggression.
- Knowledge of methods and techniques to assist client in coping with the effects of racism, oppression, and discrimination.
- Knowledge of psychosocial factors that impact the aging process.
- Knowledge of the protective function of defense mechanisms.
- Knowledge of the biopsychosocial impacts of addictive behaviors.
- Knowledge of the effect of events in client's past on current experiences.
- Knowledge of biopsychosocial factors associated with chronic mental illness.
- Knowledge of principles of resilience.
- Knowledge of principles of wellness and recovery.
- Knowledge of evidence-based practices to apply as therapeutic interventions.
- Knowledge of the principles of integrated dual diagnosis treatment.
- Knowledge of evidence based interventions for substance abuse in older adults.

B. Couples

Tasks

- Implement therapeutic techniques with couples to facilitate communication.
- Identify strategies couples can implement to balance their personal relationship with external responsibilities.
- Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.
- Provide counseling to couples to address transitional issues (e.g., empty nest, divorce, retirement).
- Assist couple to identify the relationship strengths on which effective coping strategies may be based.
- Assist couples to identify and address diversity issues that impact the relationship.
- Implement techniques to increase individuation within a couple by facilitating the establishment of clear and permeable boundaries.

Knowledge of

- Knowledge of techniques to assist couples to increase level of intimacy.
- Knowledge of relationship factors 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 facilitate development of individual roles and identities within the couple.
- Knowledge of the impact of communication and interaction styles on couple relationships.
- Knowledge of techniques for teaching conflict resolution and problem-solving skills to couples.

- Knowledge of methods and techniques for facilitating a couples' ability to address the effects of external pressures.
- Knowledge of the effect of gender role expectations and culture on communication in couples.
- Knowledge of methods to assist couples in addressing issues related to dissolution.

D. Families

Tasks

- Evaluate the history of family relationships to determine the impact of multigenerational patterns.
- Provide information to clients regarding developmental stages of the family to facilitate understanding of the presenting problem.
- Implement strategies for changing disruptive interaction styles to strengthen family cohesion.
- Model techniques to improve interpersonal functioning within the family.
- Identify differences in multigenerational acculturation to determine source of value conflicts between family members.
- 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.
- 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 interventions to address separation or attachment issues.
- Knowledge of how cultural, racial, and ethnic values and beliefs affect expectations within families.
- Knowledge of the effect of conflicting or inconsistent parenting styles on children.
- Knowledge of the impact of the family's communication and interaction styles on the individuals within the family.
- Knowledge of therapeutic techniques to strengthen or reestablish family roles.
- Knowledge of behavioral and emotional responses of family members resulting from separation or divorce.
- Knowledge of the effect of multigenerational acculturation on family structure and values.
- Knowledge of techniques to identify and clarify roles and expectations in blended families.
- Knowledge of therapeutic techniques to increase individuation within the family system.
- Knowledge of the impact of life cycle transitions on the family system.
- Knowledge of interventions for improving communication patterns within the family.
- Knowledge of techniques to manage power base within the family structure.
- Knowledge of the role of homeostasis in maintaining family structure and balance of power.

E. Managing the Process

Tasks

- Identify cultural views toward therapy to understand ways by which client presents for treatment.
- Implement strategies to address language barriers to facilitate the therapeutic process.
- Identify client and therapist values that impact the therapeutic process to facilitate treatment.
- Identify countertransference/transference issues to manage 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.
- Prepare for termination with client by reviewing progress attained.

Knowledge of

- Knowledge of the impact of transference/countertransference on the therapeutic relationship.
- Knowledge of techniques for conveying empathy, interest, and concern within the therapeutic relationship.
- Knowledge of methods to address communication barriers to facilitate the therapeutic relationship.
- Knowledge of the stages of the therapeutic relationship.
- Knowledge of techniques for establishing a therapeutic framework with diverse populations.
- Knowledge of techniques to promote client engagement in the therapeutic process.
- Knowledge of methods and techniques for increasing client's acceptance of self as the agent of change.
- Knowledge of the effect of differences between therapist and client's values on the therapeutic process.
- Knowledge of the relationship between client sense of self-worth and client functioning.
- Knowledge of therapeutic use of self as an intervention technique.
- Knowledge of procedures for evaluating therapeutic change in preparation for termination.

VI. Legal Mandates

Description: This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.

A. Protective Issues and Mandated Reporting

Tasks

- Report known or suspected abuse, neglect, or exploitation of dependent adult client to protective authorities.
- Report known or suspected abuse, neglect, or exploitation of elderly client to protective authorities.
- Report known or suspected abuse or neglect of a child or adolescent to protective authorities.



- Evaluate whether client is a danger to self or others, or gravely disabled, to initiate protective involuntary hospitalization.
- Warn and report client's intent to harm others as required by law.

Knowledge of

- Knowledge of criteria for reporting known or suspected abuse, neglect, or exploitation of dependent adults.
- Knowledge of criteria for reporting known or suspected abuse, neglect, or exploitation of elderly adults.
- Knowledge of criteria for reporting known or suspected abuse or neglect of children and adolescents.
- Knowledge of reporting requirements regarding duty to warn and report when client indicates intent to harm others.
- Knowledge of criteria for initiating protective hospitalization for grave disability or danger to self or others.

B. Professional Conduct

Tasks

- Obtain written informed consent from client for treatment.
- Identify holder of privilege based on client's age and content of therapy.
- Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.
- Adhere to legal guidelines regarding sexual relations with client.
- Implement therapeutic techniques to provide services within scope of practice.
- Maintain client records in accordance with State and Federal regulations.
- Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.
- Comply with the Health Information Portability and Accountability Act (HIPAA) regulations as mandated by law.
- Comply with the Mental Health Services Act (MHSA) as mandated by law.

Knowledge of

- Knowledge of laws regarding privileged communication to protect client's rights and privacy.
- Knowledge of laws regarding holder of privilege.
- Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities.
- 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 sexual conduct between therapist and client.
- Knowledge of legal requirements of Health Information Portability and Accountability Act (HIPAA).
- Knowledge of legal requirements addressing informed consent for treatment.
- Knowledge regarding legal requirements for providing client with the brochure "Professional Therapy Never Includes Sex."
- Knowledge of laws requiring client's written permission for disclosure/release of privileged information.
- Knowledge of legal requirements for maintaining security of client records.
- Knowledge of laws regarding documentation of clinical services.
- Knowledge of legal requirements of the Mental Health Services Act (MHSA).

VII. Ethics

Description: This area assesses the candidate's ability to identify and apply ethical standards to clinical practice.

Tasks

- Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated.
- Inform client of limitations of confidentiality to clarify the boundaries of the therapeutic relationship.
- Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.
- Consult with other professionals when issues arise outside the therapist's scope of competence.
- Consult with other professionals to address countertransference issues.
- Identify clinical issues outside therapist's experience or competence which indicate the need to refer client to other professionals for treatment.
- Provide client with information regarding extent and nature of services available to facilitate client's ability to make informed decisions regarding treatment.
- Disclose information about therapist's training and experience to respond to client's inquiries regarding professional competence.
- Implement policies and therapeutic procedures to ensure provision of service regardless of client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability.
- 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.
- Promote client's right to self-determination by supporting client's own goals for engagement in therapy.

Knowledge of

- Knowledge of procedures for determining how to manage aspects of the therapist's value system that potentially impact delivery of service.
- 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 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 situations that indicate a need for consultation with colleagues or other professionals.
- Knowledge of client's right to self-determination.



**STATE OF CALIFORNIA
NOTICE OF ELIGIBILITY**

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.

California Board of Behavioral Sciences
1625 North Market Blvd. Suite S200
Sacramento, CA 95834
www.bbs.ca.gov