

Before scheduling  
your examination,  
be sure you understand  
the contents of this bulletin.  
Please retain and use it as a  
reference when contacting PSI.



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

## Licensed Clinical Social Worker Standard Written Examination

### CANDIDATE HANDBOOK

FOR EXAMINATIONS DECEMBER 1, 2010 OR LATER



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

## CONTENT OUTLINE

|   |   |  |    |
|---|---|--|----|
| Purpose .....   | 2 | Taking the Examination by Computer .....       | 8  |
| Examination Scheduling Procedures .....               | 2 | Identification Screen .....                    | 8  |
| Internet Scheduling .....                             | 2 | Tutorial .....                                 | 8  |
| Telephone Scheduling .....                            | 2 | Examination Question Example .....             | 8  |
| Canceling an Examination .....                        | 2 | Examination Results .....                      | 8  |
| Missed Appointment or Late Cancellation .....         | 2 | Abandonment of Application/Ineligibility ..... | 8  |
| Taking a Re-examination .....                         | 2 | After Passing the Examination .....            | 9  |
| Emergency Examination Center Closing .....            | 3 | Study Material and Courses .....               | 9  |
| Examination Site Locations .....                      | 3 | Objective of the Board .....                   | 9  |
| Special Accommodations Available .....                | 6 | LCSW Examination Plan .....                    | 9  |
| Reporting to the Examination Site .....               | 6 | Examination Development .....                  | 10 |
| Required Identification at the Examination Site ..... | 6 | Establishing the Passing Standards .....       | 10 |
| Security Procedures .....                             | 7 | Examination Items .....                        | 10 |
|   |   | Examination Plan Content .....                 | 12 |

## FOR MORE INFORMATION

All questions about examination scheduling should be directed to:

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

Questions about examination content or licensing should be directed to:

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

## SCHEDULING INFORMATION

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

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

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

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

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



## PURPOSE

This handbook serves as your notice of eligibility and is designed to provide you with general information regarding the California Licensed Clinical Social Worker (LCSW) Standard Written examination processes and content.

## EXAMINATIONS BY PSI

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

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

### PSI licensure:certification (PSI)

3210 E Tropicana  
Las Vegas, NV 89121

(877) 392-6422 • Fax (702) 932-2666 • TTY (800) 735-2929  
[www.psiexams.com](http://www.psiexams.com)

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

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

## EXAMINATION SCHEDULING PROCEDURES

Once you have been approved by BBS, you are responsible for contacting PSI to schedule an appointment to take the examination. You may do so via the Internet at [www.psiexams.com](http://www.psiexams.com), or schedule over the telephone at (877) 392-6422.

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

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 24-26, 2014               |
| Independence Day   | Closed July 4, 2014                  |
| Labor Day          | Closed August 30 - September 1, 2014 |
| Thanksgiving       | Closed November 27-30, 2014          |
| Christmas          | Closed December 25, 2014             |
| New Years          | Closed January 1, 2015               |
| Martin Luther King | Closed January 19, 2015              |

## INTERNET SCHEDULING

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

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

## TELEPHONE SCHEDULING

PSI has two scheduling methods available if you wish to schedule by telephone. First, call PSI at (877) 392-6422, 24 hours a day and schedule using the Automated Registration System. Second, if you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to schedule your appointment for the test. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.735.2929.

## CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee *if your cancellation notice is received two (2) days prior to the scheduled examination date*. For example, for a 9:00 a.m. Monday appointment, the cancellation notice would need to be received before 9:00 a.m. on the previous Saturday. You may call PSI at (877) 392-6422. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

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

## MISSED APPOINTMENT OR LATE CANCELLATION

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

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

## RE-EXAMINATION

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



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

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

Sample Scenarios:

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

### EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (877) 392-6422. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

## EXAMINATION SITE LOCATIONS

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

### **ANAHEIM**

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

*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.*

### **BURBANK**

2950 N. HOLLYWOOD WAY, STE 150  
BURBANK, CA 91505

*FROM I-5, TAKE THE HOLLYWOOD WAY EXIT. HEAD TOWARDS THE AIRPORT. BUILDING WILL BE ON YOUR LEFT HAND SIDE APPROXIMATELY 0.7 MILES FROM FREEWAY EXIT.*

*IF TRAVELING WEST ON I-134, EXIT HOLLYWOOD WAY AND HEAD NORTH TOWARDS THE AIRPORT. BUILDING WILL BE ON YOUR RIGHT SIDE IN APPROXIMATELY 4 MILES.*

*IF TRAVELING EAST ON I-134, EXIT PASS AVENUE. TURN RIGHT ON PASS AVE. TURN LEFT ON WEST ALAMEDA. TURN LEFT ON HOLLYWOOD WAY. YOU WILL BE HEADING NORTH TOWARDS THE AIRPORT. BUILDING WILL BE ON YOUR RIGHT SIDE IN APPROXIMATELY 4 MILES.*

### **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**

4399 SANTA ANITA AVENUE, SUITE 110  
EL MONTE, CA 91731  
(626) 279-2705

*FROM THE I-10E, TAKE THE SANTA ANITA AVE EXIT. TURN LEFT ONTO SANTA ANITA AVE. MAKE A U-TURN AT EMERY STREET ONTO SANTA ANITA AVE. THE TESTING SITE WILL BE ON THE RIGHT.*

### **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

7888 MISSION GROVE PARKWAY S., SUITE 130  
RIVERSIDE, CA 92508  
(951) 789-0358

*FROM THE CA-91W TOWARD RIVERSIDE/BEACH CITIES, TAKE THE CENTRAL AVENUE EXIT TOWARD MAGNOLIA CENTER. TURN LEFT ONTO CENTRAL AVE. CENTRAL AVE BECOMES ALESSANDRO BLVD. VEER TO THE RIGHT, THEN STAY STRAIGHT TO GO ONTO TRAUTWEIN RD (YOU WILL PASS COMMUNICATIONS CENTER DR). TURN LEFT ONTO MISSION GROVE PKY W.*

*FROM THE HIGH DESERT/SAN BERNARDINO AREA 215 S, WHERE THE 60 FWY, 91 FWY AND THE 215 FWY SPLIT, TAKE 215S (SIGNS FOR THE 60 EAST INDIO). TAKE EXIT 27C FOR ALESSANDRO BLVD, TURN RIGHT ONTO E ALESSANDRO BLVD, TURN LEFT ONTO MISSION GROVE PKWY S.*

## 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*

## SAN FRANCISCO

150 EXECUTIVE PARK BLVD., STE 1100  
SAN FRANCISCO, CA 94134  
(415) 330-9700

*I-80 W BECOMES US-101 S. TAKE EXIT 429 A TOWARD MONSTER PARK/TUNNEL AVE. TAKE THE RAMP TOWARD 3COM PARK. TURN RIGHT ONTO ALANNA RD. TURN LEFT ONTO EXECUTIVE PARK BLVD.*

## 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) 844-0008

*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.*

## VENTURA

4245 MARKET ST, SUITE 208  
VENTURA, CA 93003  
(805) 650-5220

*FROM US-101N, TAKE THE TELEPHONE ROAD EXIT 65. TURN LEFT ONTO TELEPHONE ROAD. TURN RIGHT ONTO MARKET STREET.*

## VISALIA

3400 W MINERAL KING AVE, SUITE D  
VISALIA, CA 93291  
(559) 627-6700

*FROM CA-99N, MERGE ONTO CA-198E VIA EXIT 96 TOWARD VISALIA/SEQUOIA NAT'L PARK. TAKE THE EXIT TOWARD DEMAREE STREET. MERGE ONTO W NOBLE AVENUE. TURN LEFT ONTO S COUNTY CENTER DRIVE. TAKE THE 1<sup>ST</sup> LEFT ONTO W MINERAL KING AVENUE.*

## WALNUT CREEK

175 LENNON LANE, SUITE 203  
WALNUT CREEK, CA 94598  
(925) 906-9165

*FROM I-5N, KEEP LEFT TO TAKE I-580W TOWARD TRACY/SAN FRANCISCO. MERGE ONTO I-680N VIA EXIT 44B TOWARD SACRAMENTO/WALNUT CREEK/CONCORD. TAKE THE YGNACIO VALLEY ROAD EXIT AND TURN RIGHT. TURN LEFT ONTO LENNON LANE.*

## 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.*

**CHERRY HILL**

950 N. KINGS HWY, SUITE 301  
CHERRY HILL, NJ 08034

*FROM THE NEW JERSEY TPKE S, TAKE EXIT #4/PHILADELPHIA/CAMDEN ONTO RT-73 N TOWARD CAMDEN/PHILADELPHIA. TAKE RAMP ONTO I-295 S TOWARD DEL MEM BR. TAKE EXIT #34B/CHERRY HILL/CAMDEN ONTO MARLTON PIKE(RT-70 W). TURN RIGHT ON KINGS HWY N (RT-41). NOTE BUILDING 950 IS BEHIND BUILDINGS #900 AND #1030.*

**CHICAGO**

332 S. MICHIGAN AVENUE  
SUITE 410  
CHICAGO, IL 60604

*TAKE US-41S WHICH BECOMES I-94E. TAKE THE W JACKSON BLVD EXIT (51F). TURN LEFT ON W JACKSON BLVD. TURN RIGHT ON S MICHIGAN AVE.*

**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.*

**DALLAS**

300 N COIT, SUITE 172  
RICHARDSON, TX 75080

*FROM 75 SOUTH, TAKE THE BELT LINE ROAD EXIT AND TURN RIGHT ON BELT LINE ROAD. STAY ON BELT LINE ROAD UNTIL YOU REACH COIT. TURN RIGHT ONTO N COIT. THE BUILDING IS ON THE RIGHT HAND SIDE. IF YOU ARE COMING IN FROM LBJ (1635) AND GOING NORTH ON 75, YOU WILL TURN LEFT ONTO BELT LINE AND TURN RIGHT ONTO COIT.*

**HAMILTON SQUARE AREA**

IBIS PLAZA SOUTH  
3525 QUAKERBRIDGE ROAD, SUITE 1000  
HAMILTON TOWNSHIP, NJ 08619

*FROM I-95 S, TAKE EXIT #9/NEW BRUNSWICK (US-1)/EAST BRUNSWICK ONTO RT-18 N TOWARD NEW BRUNSWICK (US-1)/PRINCETON/TRENTON/TOWER CENTER BLVD. TAKE RAMP ONTO US-1 TOWARD TRENTON. TAKE RAMP ONTO CR-533 S TOWARD PROVINCE LINE RD/QUAKER BRIDGE RD/QUAKER BRIDGE RD.*

**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.*

**MILFORD**

500 BIC DRIVE  
SUITE 101

MILFORD, CT 06461

*FROM HIGHWAY I-95 EXIT 35. GO TOWARD BIC DRIVE. GO .5 MILES TO 500 BIC DRIVE WHICH IS AT GATE 1 OF THE FORMER BIC COMPLEX. GO TO THE REAR OF THE LOT AND PARK. WALK DOWN THE HILL IN FRONT OF THE BUILDING AND ENTER THE FRONT DOOR. SIGNS WILL DIRECT YOU TO SUITE 101 (PSI).*

**NASHVILLE**

THE OAKS  
1100 KERMIT, SUITE 103  
NASHVILLE, TN 37217

*FROM I-40 EAST, TAKE EXIT ONTO I-24 (EXIT 213-A). TAKE MURFREESBORO ROAD AT THE FIRST EXIT (EXIT 52). STAY IN THE RIGHT LANE ON THE RAMP, AS THE EXIT APPEARS WHILE YOU ARE STILL IN THE CURVE. ON MURFREESBORO, STAY IN THE LEFT LANE. TURN LEFT ONTO KERMIT ST WHEN THERE IS A MCDONALD'S ON YOUR RIGHT. PSI IS IN THE FIRST BUILDING ON YOUR LEFT. FROM I-40 WEST, TAKE EXIT ONTO BRILEY PARKWAY, TURN LEFT ONTO BRILEY. EXIT ONTO MURFREESBORO RD. STAY IN THE RIGHT LANE. TURN RIGHT ONTO KERMIT ST BETWEEN A FIRESTONE STORE AND SILVERADO DANCE HALL. TURN RIGHT ONTO KERMIT ST. PSI IS IN THE FIRST BUILDING ON YOUR LEFT.*

**NORTH OREM (PROVO)**

581 WEST 1600 NORTH, SUITE C  
NORTH OREM, UT 84057

*FROM US-89, TURN RIGHT ONTO W CENTER ST/UT-114. MERGE ONTO I-15 N VIA THE RAMP ON THE LEFT TOWARD SALT LAKE. TAKE THE 1600 NORTH EXIT 273. TURN EAST ONTO WEST 1600 NORTH. GO ONE MILE EAST.*

**NORTH SALT LAKE CITY**

25 NORTH 400 WEST, SUITE 7  
NORTH SALT LAKE CITY, UT 84054

*(THE CITY OF NORTH SALT LAKE NOT SALT LAKE CITY PROPER. THE PSI TEST SITE IS IN DAVIS COUNTY JUST NORTH OF THE FLYING J REFINERY.)*

*FROM SALT LAKE CITY AND THE SOUTH. MERGE ON TO I-15N. TAKE EXIT 312 AND MERGE ON TO US89 NORTH FOR ABOUT 1.8 MILES. TURN LEFT ONTO E CENTER ST AND GO WEST FOR ABOUT .6 MILES. TURN RIGHT ON TO 400 W. FROM THE NORTH MERGE ONTO I-15 S SALT LAKE. TAKE THE CENTER ST., EXIT 314. TURN RIGHT ONTO W CENTER ST. TURN RIGHT ONTO 400 W.*



FROM I-80 EAST MERGE TO I-215 NORTH. TAKE THE REDWOOD RD/UT-68 EXIT 28 AND TURN RIGHT ONTO CENTER STREET.

#### PHOENIX

5727 N 7<sup>TH</sup> ST.

SUITE 301

PHOENIX, AZ 85014

FROM I-17 SOUTH EXIT TO BETHANY HOME ROAD. GO LEFT (EAST) ON BETHANY HOME. TURN RIGHT (SOUTH) ON 7TH STREET. THE PSI SITE IS ON THE EAST SIDE OF THE STREET JUST BEFORE MISSOURI. IT IS A 4 STORY GLASS BUILDING.

#### 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.

#### RICHMOND

MOOREFIELD VI BUILDING

620 MOOREFIELD PARK DRIVE

SUITE 205

RICHMOND, VA 23236

FROM I-64E, TAKE THE PARHAM RD EXIT AND TURN RIGHT. N PARHAM RD/VA-73 S BECOMES VA-150 S/CHIPPENHAM PKWY. MERGE ONTO VA-76 S/POWHITE PKWY. MERGE ONTO MIDLOTHIAN TURNPIKE WEST. TURN LEFT ON MOOREFIELD PARK DR.

#### 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

WEST DES MOINES, IA 50265

FROM I-235, EXIT 8TH ST/73<sup>RD</sup> ST AND PROCEED SOUTH. TURN RIGHT ON OFFICE PARK ROAD. TURN RIGHT INTO THE DRIVEWAY.

#### WEST HARTFORD

45 SOUTH MAIN STREET, SUITE 209

WEST HARTFORD, CT 06107

FROM I-84, EXIT 41, S. MAIN ST. AND PROCEED NORTH APPROXIMATELY 2 MILES. 45 SOUTH MAIN WILL APPEAR ON THE LEFT, DIRECTLY ACROSS THE STREET FROM THE TOWN HALL, BEFORE YOU CROSS FARMINGTON AVENUE. THE ATTENDANT WILL PARK YOUR CAR AT NO CHARGE. TAKE THE ELEVATOR TO THE SECOND FLOOR TO SUITE 209.

#### WOODBURY

6053 HUDSON RD, SUITE 210

WOODBURY, MN 55125

FROM I-94 GO SOUTH ON CENTURY TO THE FIRST LEFT (WHICH IS THE FRONTAGE ROAD ENTRANCE TO THE COUNTRY INN). ENTER THE OFFICE COMPLEX THROUGH THE SINCLAIR GAS STATION AND ALONG BACK OF THE INN. 6053 IS THE BUILDING DIRECTLY AHEAD. THE ENTRANCE ON THAT (WEST) SIDE IS ACTUALLY ON THE 2ND FLOOR. SUITE 210 IS DOWN THE CORRIDOR TO THE RIGHT. PLEASE USE THE WEST ENTRANCE ON SATURDAYS.

## 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 800.735.2929.

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.

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

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

Do not call PSI to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

## REPORTING TO THE EXAMINATION SITE

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

### REQUIRED IDENTIFICATION AT EXAMINATION SITE

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

- A photographic Driver's License (any state)
- State identification card (any state)
- U.S. military identification
- Valid passport - any country (valid foreign passport with valid record of arrival/departure - Form I-94 or processed for I-551 stamped in a valid foreign passport)

*All photographs must be recognizable as the person to whom the identification card was issued. The name on the application must match the photographic I.D. card. If you have recently changed your name with the BBS, you may*



want to contact PSI to verify that they have the correct same name on file.

If you cannot provide the required identification, you must call (877) 392-6422 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. *Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.*

### CALIFORNIA LAW SECURITY PROCEDURES

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

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

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

### IMPORTANT INFORMATION ABOUT TAKING AN EXAMINATION

1. All candidates will have their thumbprint taken during examination check-in and re-entry into the testing room after an approved absence. If a candidate passes the examination, the thumbprint record will be destroyed. If a

candidate abandons his or her application for licensure, as determined by the appropriate regulatory authority, the thumbprint will also be destroyed. If a candidate is unsuccessful, the thumbprint record will be retained by PSI to ensure proper identification on any subsequent examination attempts. If the thumbprint doesn't match upon exit and re-entry, the candidate shall be disqualified from the examination, his or her test results invalidated, and the appropriate regulatory entity will be notified of the occurrence. The taking of the thumbprint is an additional measure to enhance examination security. The Department's Office of Examination Resources shall ensure that the appropriate safeguards for the storage and destruction of the thumbprint records are in place.

2. The temperature in the testing room is maintained at a moderate level. Candidates are advised to layer clothing. Acceptable layered clothing includes lightweight shirts, sweaters, and pullovers without pockets. These items must be worn upon check-in, while you wait to enter the testing room, and during your initial seating for the examination.
3. There are timing mechanisms available at the test site and on the computer console to help candidates keep track of time during the test administration. Watches or other timekeeping devices are not permitted in the examination rooms.
4. Only one candidate will be allowed to take a restroom break at a time. Candidates are required to sign out when you leave the room and when you return. If a candidate's restroom break takes longer than 5 (five) minutes, a proctor will check on the candidate and will notify the applicable regulatory entity of the occurrence, which will take appropriate action.
5. The following items are not permitted in the examination rooms:
  - Cellular telephones, personal digital assistants (PDAs), recording devices, cameras, pagers, purses, notebooks, notebook computers, reference or readings material, music players, radios, electronic games, calculators, or briefcases.
  - Personal items including watches, backpacks, wallets, pens, pencils, or other writing devices, food, drinks (unless prior approval is obtained by your regulatory entity) and good-luck items.
  - Hats, baseball caps, or visors (with the exception of religious apparel), coats, shawls, hooded clothing, heavy jackets or overcoats.

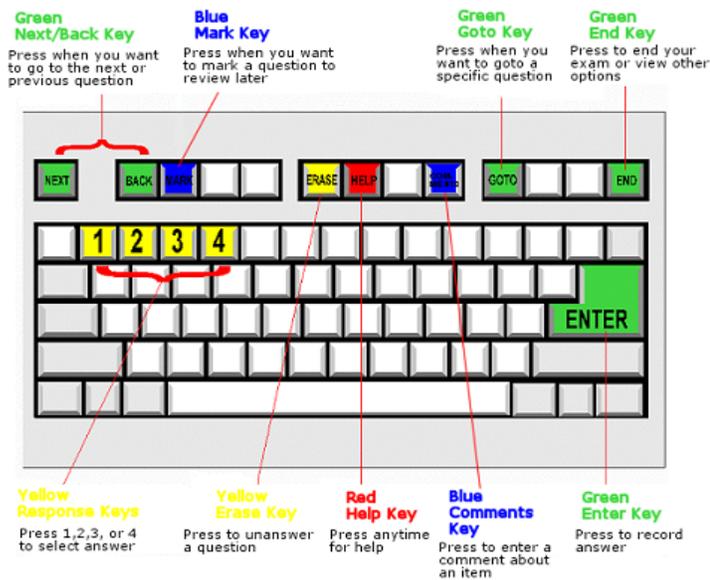
During the check-in process, all candidates will be asked if they possess any of the prohibited items and all candidates will be asked to empty their pockets. If prohibited items are found during check-in, candidates shall return these items to their vehicle or other place of safekeeping. Neither PSI, nor the Department of Consumer Affairs, shall be responsible for the items. Any candidate possessing the prohibited items in the examination room shall have his or her test results invalidated, and PSI shall notify the appropriate regulatory entity of the occurrence.



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

## TAKING THE EXAMINATION BY COMPUTER

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



### IDENTIFICATION SCREEN

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

### TUTORIAL

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

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

### EXAMINATION QUESTION EXAMPLE

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



## EXAMINATION RESULTS

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

### FAILING SCORE REPORTS

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

## ABANDONMENT OF APPLICATION/INELIGIBILITY

**FIRST TIME EXAMINEES:** In accordance with Title 16, California Code of Regulations Section 1806 (c) 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 to take the Written Clinical Vignette examination after passing the Standard Written examination.

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

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

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

## STUDY MATERIAL AND COURSES

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

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

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

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

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

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

In accordance with Sections 4996.1 and 4996.3 of the California Business and Professions Code, and Section 1877 of the California Code of Regulations, applicants for LCSW licensure must pass a Board-administered written examination. An

applicant who passes the initial "Standard Written" examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license. The Board does not currently require an oral examination.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods, as applicable to the LCSW scope of practice. Business and Professions Code section 4996.9, defines the LCSW scope of practice as: "...a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work."

## LCSW EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for LCSWs in 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 Standard Written examination plan consists of the seven content areas: biophysical assessment, diagnostic formulation, treatment plan and development, resource coordination, therapeutic interventions, legal mandates, ethical standards. . In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

## EXAMINATION DEVELOPMENT

The LCSW examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations. LCSWs who participate in examination development and review workshops are referred to as “Subject Matter Experts” (SMEs). SMEs write and review multiple-choice items for the examinations.

SMEs are trained on established examination development processes and measurement methodologies by the OER. The cooperative efforts among these members of the LCSW profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

## ESTABLISHING THE PASSING STANDARDS

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

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

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

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

## EXAMINATION ITEMS

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

for or against you in your score, and will not be identified to you.

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

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

You will have 4 hours to take this examination.

### EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS

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

1. Which of the following factors is key to the initial evaluation of an adult client who has no housing and who presents with fatigue and difficulties in sleeping and eating?

- A. Family relationships and support systems
- B. Health status and ability to provide basic care
- C. Social isolation and interpersonal functioning
- D. Financial status and ability to access resources

Answer: B

2. A 55-year-old woman who suffers from chronic pain resulting from diabetes and a back injury is referred by her physician. The client is on disability and is currently retraining for a new job. The client does not appear disabled. What diagnosis should be made for this client?

- A. Conversion disorder
- B. Somatization disorder
- C. Pain disorder associated with psychological factors
- D. Pain disorder associated with a general medical condition

Answer: D

3. A client receives treatment for substance abuse by a therapist who is a recovering alcoholic. During the course of this client's treatment, the therapist begins to experience cravings to use alcohol and feels increasingly angry toward the client. Which of the following actions should the therapist take?

- A. Terminate services with the client before succumbing to resumption of alcoholic drinking
- B. Seek immediate consultation for identifying and resolving countertransference issues
- C. Return to alcohol treatment program for personal assistance with maintaining sobriety
- D. Share feelings with client as way of creating a supportive common ground of experience

Answer: B

4. A client comes for treatment complaining of depression, and the therapist decides to use a cognitive therapy

approach. Which of the following interventions should be used in this situation?

- A. Facilitate client to increase self-esteem
- B. Facilitate client to generate positive feelings
- C. Assist client to suppress depressive thoughts
- D. Assist client to correct negative automatic thoughts

Answer: D

5. A 24-year-old college student has been having headaches, insomnia, and feelings of dread for several weeks. The client reports that he has no insurance and cannot pay for treatment. How should the therapist proceed in providing clinical case management?

- A. Initiate brief therapy to reduce client's symptoms
- B. Take a social history of client to evaluate support systems
- C. Refer the client to a physician for evaluation for medication
- D. Network resources with the client to secure treatment

Answer: D

6. A 3-year-old child is brought to therapy due to delayed development of spoken language. He also engages in repetitive clapping of the hands. The mother complains that the child does not seem to want to be hugged or make eye contact. What diagnosis is indicated in this case?

- A. Autistic disorder
- B. Reactive attachment disorder
- C. Stereotypic movement disorder
- D. Childhood disintegrative disorder

Answer: A

7. A 41-year-old female has been in therapy for two years for anxiety attacks and depression. She is no longer taking medication and is currently symptom free. During recent therapy sessions she frequently laughs and enjoys herself. Which of the following actions should the therapist take?

- A. Interpret the client's behavior as a flight into good health
- B. Confront the client regarding avoidance of underlying issues
- C. Develop a termination plan with the client to maintain progress made
- D. Identify precipitating events leading to the new symptom development

Answer: C

8. A client is referred to a private therapist and comes to the initial session intoxicated. Which of the following actions should the therapist take regarding payment for services?

- A. Establish a fee schedule with the client.
- B. Conduct initial session without discussing fees.
- C. Postpone treatment until the client can discuss fees.
- D. Present fees to the client's family to secure payment.

Answer: C

9. Which of the following factors should a therapist routinely consider when assessing for the risk of child abuse?

- A. Caretaker characteristics, socioeconomic background, and disciplinary style
- B. Caretaker characteristics, behavioral signs, and parenting style
- C. Physical symptoms, behavioral signs, and disciplinary style

D. Physical symptoms, socioeconomic background, and parenting style

Answer: C

10. A 45-year-old female has a history of paranoid delusions and crack cocaine use. She is distrustful of the system and service providers in general. She has refused medication and substance abuse treatment. What initial clinical strategy should the therapist use in this case?

- A. Refer the client to substance abuse treatment
- B. Attempt to establish a trusting relationship to engage the client
- C. Assist the client in seeing a psychiatrist to treat her mental illness
- D. Provide psychoeducation on the relationship of drug abuse and mental illness

Answer: B

# LCSW STANDARD WRITTEN EXAMINATION PLAN

## Standard Written Examination Outline

| Content Area                               | Percentage |
|--|------------|
| Biopsychosocial Assessment                 | 27%        |
| Diagnostic Formulation                     | 6%         |
| Treatment Planning                         | 11%        |
| Resource Coordination                      | 5%         |
| Therapeutic Interventions                  | 33%        |
| Legal Mandates                             | 9%         |
| Ethical Standards for Professional Conduct | 9%         |

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

| <b>Biopsychosocial Assessment (27%):</b> This area assesses the candidate's ability to identify and evaluate the biopsychosocial aspects of the presenting problem.   |   |
|---|---|
| 1A Assessment of Risk Factors   |   |
| Tasks   | Knowledge   |
| T1 Evaluate client's level of distress to assess the impact of the presenting problem on the person in the situation.   | K1 Knowledge of psychological, physical, and behavioral indicators of abuse and neglect.                            |
| T2 Evaluate level of danger client presents to self and/or others by evaluating intent, means, and history to determine need for immediate intervention.              | K2 Knowledge of sociocultural factors that affect the assessment of client risk.                                    |
| T3 Evaluate client for grave disability to determine need for immediate intervention.   | K3 Knowledge of risk factors that indicate a high potential for suicide within age, gender, and cultural groups.    |
| T4 Evaluate risk of abuse or neglect of a child or adolescent to determine need for referral to a child protective services agency.                                   | K4 Knowledge of methods for assessing the risk of decompensation and need for hospitalization.                      |
| T5 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. | K5 Knowledge of physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.      |
| T6 Identify precipitating events to determine the need for crisis intervention.   | K6 Knowledge of criteria for determining whether client's living situation constitutes high risk for abuse.         |
| T13 Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments.  | K7 Knowledge of risk factors that indicate a client's potential for causing harm to others.                         |
|   | K8 Knowledge of criteria for assessing the risk of abuse, neglect, or exploitation of elderly and dependent adults. |
|   | K9 Knowledge of criteria for assessing the risk of abuse or neglect of children and adolescents.                    |
|   | K39 Knowledge of how to assess the relationship between life events and associated stress.                          |

**Biopsychosocial Assessment (27%):** This area assesses the candidate's ability to identify and evaluate the biopsychosocial aspects of the presenting problem.

1B Assessment of Client Factors

| Tasks   | Knowledge   |
|---|---|
| T7 Identify presenting complaint to clarify client's perception of the problem.   | K10 Knowledge of techniques for eliciting client's perception of presenting problem.  |
| T8 Assess for language barriers and/or cultural factors that may influence or impact the therapeutic process to determine whether treatment can be provided or referral is indicated. | K11 Knowledge of the effect of language differences on the therapeutic process.   |
| T9 Identify client's presenting problem to determine whether treatment can be provided or referral is indicated.  | K12 Knowledge of the role of client motivation in therapeutic change.   |
| T10 Integrate information regarding client's personal and familial mental health history to assist in developing a comprehensive assessment.  | K13 Knowledge of cultural factors and beliefs regarding therapy and mental health.  |
| T11 Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning.   | K14 Knowledge of techniques for eliciting information about the client's thoughts and feelings during the interview process.                      |
| T12 Identify symptoms to determine need for psychiatric or medical referral.  | K15 Knowledge of methods for facilitating the client's ability to communicate thoughts and feelings during the interview process.                 |
| T16 Identify traits or symptoms that suggest referral for specialized testing (e.g., psychological, vocational, educational) to clarify the presenting problem.                       | K16 Knowledge of techniques for evaluating the congruence between the client's nonverbal and verbal communications.                               |
| T17 Gather information regarding client's perception and cognition to identify symptoms of psychopathology.   | K17 Knowledge of factors (e.g., age, cognitive, physical impairment) that affect client's independent living.                                     |
| T18 Assess client's mood, affective responses, and impulse regulation to clarify effects on psychosocial functioning.   | K18 Knowledge of biological, psychological, social, behavioral factors that impact client's functioning.  |
| T19 Assess client's degree of acculturation to determine impact on presenting problem.  | K19 Knowledge of biological, psychological, social, behavioral factors that indicate a need for psychiatric or medical evaluation.                |
| T21 Gather information regarding role identification within context of client's culture and diversity.  | K20 Knowledge of methods for integrating client's personal and familial mental health history in the assessment of the current problem.           |
| T23. Gather information about client's interpersonal relationships to identify patterns of behavior that contribute to the presenting problem.  | K21 Knowledge of methods for integrating client's personal and familial medical history in the assessment of the current problem.                 |
| T24 Assess history of trauma and abuse to determine impact on client's current functioning.   | K22 Knowledge of biological, psychological, social, and behavioral factors that indicate a need for psychological testing.                        |
| T28 Gather information regarding the developmental history of the client and client's family members to clarify effects on the presenting problem                                     | K25 Knowledge of methods for assessing client's previous mental health treatment experience and its impact on the current problem.                |
| T29 Gather information to evaluate client's approach to addressing medical problems to determine impact on the person in the situation.   | K26 Knowledge of methods to evaluate for potential deception or secondary gains to clarify client's motivation for seeking treatment.             |
| T30 Integrate information regarding client's personal and familial medical history to assist in developing a comprehensive assessment.  | K27 Knowledge of methods for assessing the client's level of acculturation.   |
| T31 Assess client's perception of the impact of physical limitations on adaptive functioning.   | K32 Knowledge of methods for assessing the effects of the client's physical or medical condition on past and current psychosocial functioning.    |
| T32 Assess the effect of client's medical conditions on past and current adaptive functioning.  | K33 Knowledge of the cycle of violence that perpetuates intergenerational abuse and trauma.   |
| T34 Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services.   | K34 Knowledge of methods for assessing intergenerational stress and violence and impact on client's presenting problem.                           |
| T36 Assess types and patterns of use to determine substance abuse and/or dependence.  | K38 Knowledge of methods for assessing maladaptive functioning in interpersonal relationships.  |
| T37 Identify information regarding client's past and present coping strategies as they relate to the presenting problem.  | K41 Knowledge of theories of aging and development that explain biopsychosocial change.   |
| T38 Assess client's ability and willingness to access personal and community resources.   | K42 Knowledge of the relationship between medical conditions and psychosocial functioning.  |
| T43 Assess client's ego strengths as they relate to the presenting problem.   | K43 Knowledge of the relationship between level of functioning and normative developmental stages throughout the life span.                       |
| T44 Assess client(s) motivation for seeking and engaging in therapy.  | K44 Knowledge of common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases. |
|   | K45 Knowledge of the effects of medications and their impact on the client's functioning.   |
|   | K47 Knowledge of theories of stages of human development.   |

|  |   |
|--|---|
|  | <p>K48 Knowledge of methods to gather information regarding client's use of complementary and alternative healing practices to evaluate client's approach to medical problems.</p> <p>K49 Knowledge of methods to assess the impact of substance use on psychosocial functioning.</p> <p>K50 Knowledge of the effect of substance abuse on psychosocial functioning.</p> <p>K51 Knowledge of physical symptoms and behavioral signs indicating current substance intoxication and/or withdrawal.</p> <p>K52 Knowledge of the impact of social, cultural, and familial factors on substance abuse.</p> <p>K53 Knowledge of physical and behavioral indicators associated with substance dependence.</p> <p>K54 Knowledge of methods for assessing adaptive and maladaptive coping mechanisms.</p> <p>K56 Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning.</p> <p>K59 Knowledge of methods for assessing client's ability to access personal and community resources.</p> <p>K60 Knowledge of methods for assessing the impact of technology (e.g., electronic games, Internet, wireless) on client's psychosocial functioning.</p> <p>K61 Knowledge of methods to assess client readiness for treatment.</p> <p>K62 Knowledge of factors that determine client appropriateness for treatment.</p> <p>K63 Knowledge of criteria for differentiating substance use, abuse, and dependency.</p> |
|--|---|

**Biopsychosocial Assessment (27%):** This area assesses the candidate's ability to identify and evaluate the biopsychosocial aspects of the presenting problem.

**1C Assessment of Environmental and Social Factors**

|   |   |
|---|---|
| <p>T14 Evaluate relationship between client's family's spiritual beliefs and the presenting problem.</p> <p>T15 Gather collateral information to clarify client's presenting problem.</p> <p>T20 Assess client's familial relationships within the client's cultural identity to clarify the presenting problem.</p> <p>T22 Identify impact of culture on client's presentation of psychological or physical problems.</p> <p>T25 Evaluate impact of psychosocial and environmental stressors on client's symptomatology.</p> <p>T26 Identify events precipitating current problem through interviews with client and collateral sources.</p> <p>T27 Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.</p> <p>T33 Assess impact of familial beliefs and patterns of interaction on client's current problem.</p> <p>T35 Assess social and familial factors associated with or contributing to the client's substance use.</p> <p>T39 Assess impact of the client's social network on the presenting problem.</p> <p>T40 Assess client's environmental factors to determine the impact on the person in the situation.</p> <p>T41 Assess ability and willingness of the</p> | <p>K22 Knowledge of information available from collateral sources to enhance the assessment process.</p> <p>K24 Knowledge of methods to assess employment history and current vocational functioning.</p> <p>K28 Knowledge of methods for assessing the impact of client's perception of environmental factors and life experiences of others on the presenting problem.</p> <p>K29 Knowledge of methods for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem.</p> <p>K30 Knowledge of methods for assessing how the client's values, beliefs, and cultural identity impact the presenting problem.</p> <p>K31 Knowledge of methods for assessing the impact of family history on client functioning.</p> <p>K35 Knowledge of the influence of culture on client's perception of life events.</p> <p>K36 Knowledge of the effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.</p> <p>K37 Knowledge of methods to assess client's interpersonal relationships at work and in social/family environments and how they contribute to the presenting problem.</p> <p>K40 Knowledge of the effects of sociocultural factors on the client's presenting problem.</p> <p>K46 Knowledge of the effects of social, cultural, and environmental influences on aging and health.</p> |
|---|---|

|   |  |
|---|--|
| <p>client's family and social network to support client's treatment.</p> <p>T42 Evaluate impact of technology (e.g., electronic games, Internet, wireless, etc.) on client functioning as it relates to the presenting problem.</p> | <p>K55. Knowledge of how to obtain and integrate relevant clinical information from collateral sources.</p> <p>K57. Knowledge of the effect of economic factors on psychosocial functioning.</p> <p>K58. Knowledge of the relationship between social supports and adaptive functioning.</p> |
|---|--|

**Diagnostic Formulation (6%):** This area assesses the candidate's ability to use assessment information to formulate a differential diagnosis within the client's psychosocial and cultural context.

2 Diagnostic Formulation

| Tasks   | Knowledge   |
|---|---|
| T45 Integrate information about the client's premorbid functioning in developing differential diagnoses.  | K64 Knowledge of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) classifications of symptoms and disorders.   |
| T46 Incorporate information about the client's physiological/medical status in formulating a differential diagnoses.  | K65 Knowledge of the clinical process of developing a diagnosis to clarify therapeutic issues.  |
| T47 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. | K66 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. |
| T48 Integrate results of mental status examination in developing differential diagnoses.  | K67 Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis.   |
| T49 Integrate information from collateral resources in developing differential diagnoses.   | K68 Knowledge of the relationship between biological factors and psychiatric disorders.   |
| T50 Identify persistence of symptoms to determine if problem is acute or chronic.   | K69 Knowledge of how to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.   |
| T51 Identify onset or initial presentation of symptoms to determine duration of the problem.  | K70 Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis.   |
| T52 Identify extent of impairment and its impact on the client's level of functioning to develop a diagnostic impression.   | K71 Knowledge of methods for integrating assessment information to clarify level of impairment in client's functioning.   |
| T53 Integrate information about the precipitating events in developing differential diagnoses.  | K72 Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.  |
| T54 Identify psychological and environmental stressors to determine impact on symptomatology.   | K73 Knowledge of the impact of cultural factors on the formulation of a differential diagnosis.   |
|   | K74 Knowledge of the relationship between psychosocial and environmental factors and symptom development.   |
|   | K75 Knowledge of the relationship between onset, frequency, and duration of signs and symptoms, and the course of the problem.  |
|   | K76 Knowledge of biological, psychological, social, and behavioral indicators of mental disorders.  |
|   | K77 Knowledge of methods for differentiating between disorders that share common symptoms.  |
|   | K78 Knowledge of the short- and long-term side effects of medications and their effect on the client's presenting symptoms.   |

**Treatment Planning (11%):** This area assesses the candidate's ability to develop a treatment plan based on assessment and diagnostic information. The treatment plan includes identification of the psychosocial issues, measurable goals and objectives, and clinical interventions.

3A Identify and Prioritize Objectives, Goals, and Methods of Treatment

| Task |   | Knowledge |   |
|------|---|-----------|---|
| T55  | Incorporate interventions into the treatment plan that address the client's clinical diagnosis.   | K79       | Knowledge of methods used to enhance client motivation in planning treatment.   |
| T56  | Develop mutually agreed upon treatment goals based on assessment and diagnostic information.  | K80       | Knowledge of methods to engage mandated, resistant, or noncompliant clients in the therapeutic planning process.  |
| T57  | Integrate client's values, beliefs, and diversity issues into the development of the treatment plan.  | K81       | Knowledge of techniques for educating client about the therapeutic process.   |
| T58  | Develop measurable objectives to achieve treatment goals.   | K82       | Knowledge of the objectives for each phase of the therapeutic process.  |
| T59  | Select treatment modalities based on client needs, diagnosis, and assessment.   | K83       | Knowledge of methods for determining intervention priorities by evaluating level of impairment in areas of client functioning.  |
| T60  | Develop preliminary termination plan with client to provide a structure for treatment.  | K84       | Knowledge of methods for determining the timing of interventions according to phase of therapy.   |
| T62  | Provide client education about the therapeutic process to promote client's self-determination.  | K85       | Knowledge of techniques and procedures for engaging the client in the mutual development of initial and ongoing treatment goals and objectives.   |
| T63  | Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved. | K86       | 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. |
|      |   | K88       | Knowledge of methods to gather information about client's previous therapy experience(s) to determine the effectiveness of methods and modalities.  |
|      |   | K90       | Knowledge of strategies for determining therapeutic goals to direct the treatment plan.   |
|      |   | K91       | Knowledge of methods for integrating client's experiences, culture, values, and beliefs into the treatment plan.  |
|      |   | K92       | Knowledge of techniques for determining compatibility of treatment modalities with specific problems or disorders.  |
|      |   | K93       | Knowledge of methods for developing short- and long-term treatment objectives to address client's problems.   |
|      |   | K96       | Knowledge of techniques for combining treatment modalities in treating specific problems or disorders.  |
|      |   | K102      | Knowledge of strength-based techniques in developing treatment goals.   |
|      |   | K103      | Knowledge of the use of evidence-based interventions in planning treatment.   |
|      |   | K104      | Knowledge of age-related variables in developing a treatment plan.  |
|      |   | K105      | Knowledge of methods to develop observable and measurable treatment goals.  |

**Treatment Planning (11%):** This area assesses the candidate's ability to develop a treatment plan based on assessment and diagnostic information. The treatment plan includes identification of the psychosocial issues, measurable goals and objectives, and clinical interventions.

**3B Integrate and Coordinate Concurrent Treatment and Resources**

| Task | Knowledge |
|------|-----------|
|------|-----------|

|     |  |      |  |
|-----|--|------|--|
| T64 | Collaborate with physician/psychiatrist regarding the effects of medications to determine impact on therapeutic interventions.               | K87  | Knowledge of methods to communicate with physicians and other medical professionals to clarify and assist with sensitivity to client's psychosocial needs. |
| T65 | Coordinate with other care providers in the development of an individual treatment plan.   | K94  | Knowledge of methods to collaborate in interdisciplinary treatment planning.   |
| T66 | Determine resource referrals to include in the treatment plan to reach treatment goals.  | K95  | Knowledge of methods to evaluate the timing for incorporation of collateral support systems in therapy.  |
| T67 | Incorporate referral to specialized treatment program based on severity of impairment to client functioning.                                 | K97  | Knowledge of the effect of psychotropic medications on therapeutic interventions.  |
| T68 | Evaluate collateral support systems for inclusion in treatment plan.   | K101 | Knowledge of methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.                                 |
| T69 | Collaborate with agencies, caregivers, placement settings, or other community resources to obtain services in support of the treatment plan. |      |  |

**Treatment Planning (11%):** This area assesses the candidate’s ability to develop a treatment plan based on assessment and diagnostic information. The treatment plan includes identification of the psychosocial issues, measurable goals and objectives, and clinical interventions.

**3C Monitoring, Evaluation, and Revision**

| Task  | Knowledge  |
|---|--|
| T61. Develop termination plan with client to maintain therapeutic progress after treatment has ended.                   | K98 Knowledge of outcome measures used to assess therapeutic change.   |
| T70 Consult with collateral resources to assist in evaluating treatment progress.                                       | K99 Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client's achievements following therapy.   |
| T71 Monitor effectiveness of therapeutic interventions by evaluating progress toward treatment goals and objectives.    | K100 Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client needs and goals. |
| T72 Adjust treatment plan and interventions as indicated by client’s changing needs or progress toward treatment goals. |  |
| T73 Determine evaluation criteria to monitor progress toward goals and objectives.                                      |  |

**Resource Coordination (5%):** This area assesses the candidate’s ability to coordinate linkages and provide access to resources, and to evaluate the efficacy of the referrals.

**4 Resource Coordination**

| Task  | Knowledge  |
|---|--|
| T74 Evaluate capacity of caregiver(s) to provide support consistent with client’s treatment plan.   | K106 Knowledge of criteria for determining least restrictive environment to provide for care and safety of client.   |
| T75 Coordinate with other professionals, service providers, and community resources to facilitate linkages with services.                             | K107 Knowledge of methods and procedures for facilitating client’s transition to a less restrictive setting.   |
| T76 Identify community resources to provide support and services consistent with client’s needs and treatment plan.                                   | K108 Knowledge of methods for identifying and coordinating community support systems and resources for transient and homeless clients.                                     |
| T77 Facilitate field visits to evaluate health and safety concerns related to client’s treatment.   | K109 Knowledge of methods for identifying and incorporating community support systems and resources consistent with the client's culture, background, beliefs, and values. |
| T78 Collaborate with community resources to meet client’s needs within the framework of the client’s culture, beliefs, and values.                    | K110 Knowledge of types of placements available for the short- and long-term care of clients.  |
| T79 Advocate for protection of client’s rights within institutions and organizations (e.g., legal, medical, educational) to improve service delivery. | K111 Knowledge of conditions that warrant field visits to evaluate health and safety concerns.   |
| T80 Educate client regarding rights to and procedures for obtaining support services and/or resources (e.g., legal, medical, educational).            | K112 Knowledge of methods for evaluating the suitability of a caregiver to provide services addressing client’s current or prospective needs.                              |
| T81 Engage client in the identification and utilization of resources to promote client self-determination.  | K113 Knowledge of the methods involved in establishing a liaison with community resource providers.  |
| T82 Engage client in the evaluation of the ongoing effectiveness of resources.  | K114 Knowledge of methods for evaluating client’s ability to access support and treatment services.  |
| T83 Utilize health technology (e.g., Internet/telephone conferencing) or telehealth to improve clients’ access to services.                           | K115 Knowledge of public and private social services that provide assistance with meeting client's needs.  |
|   | K116 Knowledge of methods for incorporating a multidisciplinary team approach to treatment.  |
|   | K117 Knowledge of methods for supporting client’s self-advocacy in accessing resources.  |
|   | K118 Knowledge of methods for evaluating the usage and efficacy of referral sources.   |
|   | K119 Knowledge of methods to access resources  |

|  |  |
|--|--|
|  | <p>pertaining to standards, laws, and regulations regarding housing, accessibility, education, employment, and equal opportunity.</p> <p>K120 Knowledge of wraparound services for clients.</p> <p>K121 Knowledge of the use of health technology (e.g., Internet/telephone conferencing) and telehealth.</p> <p>K122 Knowledge of prevention and early intervention programs to assist clients.</p> <p>K123 Knowledge of organizations and agencies that provide adjunct services relevant to client's treatment needs.</p> <p>K124 Knowledge of methods to prioritize use of resources relevant to client's treatment needs.</p> <p>K125 Knowledge of strategies used to reduce stigma associated with emotional and behavioral disorders.</p> <p>K126 Knowledge of strategies used to reduce discrimination against individuals with emotional and behavioral problems.</p> |
|--|--|

**Therapeutic Interventions (33%):** 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.

5A Crisis Intervention

| Task  | Knowledge   |
|---|---|
| T84 Assist client to modify environment to promote stabilization.   | K127 Knowledge of strategies and interventions to utilize with clients in crisis situations.  |
| T85 Evaluate nature and severity of current crisis to determine intervention strategy.                            | K128 Knowledge of the effect of crisis on emotional and psychological equilibrium.  |
| T86 Implement techniques to assist client to communicate source of crisis.  | K129 Knowledge of counseling techniques to assist client in crisis to regain emotional balance.   |
| T87 Assist client to manage emotions associated with traumatic event to facilitate client's resolution of crisis. | K131 Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior.  |
| T88 Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.         | K132 Knowledge of intervention techniques to provide immediate assistance to client.  |
| T89 Develop a stabilization plan with client in crisis to prevent further decompensation.                         | K133 Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma.<br>K134 Knowledge of therapeutic techniques for improving adaptive functioning of client in crisis. |

**Therapeutic Interventions (33%):** 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.

5B Individuals and Groups

| Task  | Knowledge   |
|---|---|
| 90 Apply short-term treatment approach to the problem as it impacts the client's current functioning.                                   | K135 Knowledge of methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances. |
| T91 Teach client cognitive-behavioral techniques to increase rational thinking and decision-making ability to address current symptoms. | K136 Knowledge of techniques and procedures for implementing interventions in a time limited model.   |
| T92 Implement treatment approach to facilitate the client's ability to identify the interrelationship between past events               | K137 Knowledge of the effect of client's prior coping patterns and life experiences on adjustment to trauma.                                  |

|      |   |      |   |
|------|---|------|---|
|      | and current behaviors.  | K138 | Knowledge of intervention strategies related to the stages of grief and loss.   |
| T93  | Implement therapeutic techniques to assist client to move through the stages of grief and loss.   | K139 | Knowledge of counseling techniques to assist survivor of trauma to work through associated feelings.                                |
| T94  | Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.                                   | K140 | Knowledge of the effect of past patterns of interpersonal relations on current social functioning.                                  |
| T95  | Implement interview techniques consistent with client's cognitive development.  | K141 | Knowledge of technological methods (e.g., Internet/telephone conferencing) to improve client access to treatment.                   |
| T96  | Select interventions to facilitate client's understanding of the presenting problem.  | K142 | Knowledge of relapse prevention techniques with client in recovery from substance abuse.  |
| T97  | Select interventions congruent with client's cultural identity to facilitate client's engaging in therapy.                                      | K143 | Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood.                       |
| T98  | Assist client to develop coping strategies to facilitate adjustment to changes in life circumstances.   | K144 | Knowledge of counseling techniques for addressing physical, emotional, and psychological issues related to substance abuse.         |
| T99  | Assist adolescent client to become aware of shifting emotional states to develop adaptive coping strategies.                                    | K145 | Knowledge of techniques to identify and address resistance to treatment.  |
| T100 | Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process.                                      | K146 | Knowledge of methods for assisting client with process of individuation associated with psychosocial stages of development.         |
| T101 | Provide psychoeducation to children/adolescents regarding developing healthy, reciprocal peer relationships.                                    | K147 | Knowledge of counseling techniques to facilitate client's ability to identify sources of emotion.                                   |
| T102 | Assist client to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.                                  | K148 | Knowledge of behavior management interventions to reduce disruptive behavior.   |
| T103 | Assist client to develop self-initiated strategies for managing the impact of stressors on thoughts and feelings.                               | K149 | Knowledge of interventions for treating substance abuse.  |
| T104 | Implement therapy techniques with client to address the issues and emotions underlying aggressive behavior.                                     | K150 | Knowledge of developmental theories and their application to children, adolescents, and/or adults.                                  |
| T105 | Develop client's awareness of the need for emotional and physical boundaries to promote individuation.  | K151 | Knowledge of techniques to address client's difficulties with focus and attention.  |
| T106 | Provide therapeutic interventions to address issues associated with the biological, psychological, and social transitions across the life span. | K152 | Knowledge of the effect of culture, ethnicity, and socialization on client's role identification and/or expectations.               |
| T107 | Address client's body image distortions to develop a reality-based perception of the physical self.   | K153 | Knowledge of the effect of culture, ethnicity, and socialization on development of role identification in children and adolescents. |
| T108 | Provide therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial wellbeing.              | K154 | Knowledge of factors that affect client adjustment during the transition into adulthood.  |
| T109 | Provide therapy involving structured task completion to improve client's ability to focus on specific tasks.                                    | K155 | Knowledge of therapeutic techniques for treating children and adolescents according to developmental stage.                         |
| T110 | Provide parenting skills training to improve parents/caregivers' ability to care for children.  | K156 | Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development.                            |
| T111 | Implement techniques to promote awareness of consequences of client's behavior to improve self-control.   | K157 | Knowledge of psychosocial issues related to gender identity and sexual orientation.   |
| T112 | Provide social skills training to improve interactions with others.   | K158 | Knowledge of the physical and psychosocial effects of the use of substances by children and adolescents.                            |
| T113 | Provide psychotherapy to survivor of trauma to reduce symptoms related to the experience.   | K159 | Knowledge of types of learning or cognitive processing disorders that contribute to functional impairment.                          |
| T114 | Incorporate interventions to facilitate client's ability to address the contributing  | K160 | Knowledge of effects of cultural, racial, and ethnic values and beliefs on behavior.  |
|      |   | K161 | Knowledge of the effects of racism, oppression, and discrimination on development of self-concept.                                  |

|      |   |      |  |
|------|---|------|--|
|      | factors and dynamics of substance abuse.  | K162 | Knowledge of methods for identification of psychosocial factors and prevention strategies for at-risk youth.               |
| T115 | Provide therapy to elderly clients to facilitate their ability to address the physical, psychological, and social effects of aging. | K163 | Knowledge of the principles and use of play therapy to facilitate communication and the therapeutic process.               |
| T116 | Implement therapeutic techniques to assist client in managing symptoms associated with presenting problem.                          | K164 | Knowledge of techniques to educate client regarding the relationship between behavior and consequences.                    |
| T117 | Provide psychoeducation for family members to facilitate treatment compliance of client.  | K165 | Knowledge of theories of group dynamics.   |
| T118 | Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.                     | K166 | Knowledge of cognitive restructuring techniques to change maladaptive thought patterns.                                    |
| T119 | Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.                                       | K167 | Knowledge of the effect of thought processes on interpretation of own and others' behavior.                                |
| T120 | Implement techniques for motivating client to attend specialized treatment programs.  | K168 | Knowledge of methods and techniques for conducting group psychotherapy.  |
| T121 | Provide psychoeducation to client(s) regarding medication compliance to facilitate symptom stabilization.                           | K169 | Knowledge of methods for providing psychoeducation to clients or collaterals.  |
| T122 | Implement techniques to assist client to generalize successful behaviors to new situations.   | K170 | Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning.                     |
| T123 | Implement techniques for increasing awareness of how client's defense mechanisms relate to the presenting problem.                  | K171 | Knowledge of intervention strategies related to stress management.   |
| T124 | Implement therapeutic techniques to motivate group members to actively engage in group therapy.                                     | K172 | Knowledge of interventions and techniques for assisting client with managing own anger and aggression.                     |
| T152 | Implement therapeutic techniques to assist client in addressing addictive behaviors.  | K173 | Knowledge of methods and techniques to assist client in coping with the effects of racism, oppression, and discrimination. |
| T154 | Integrate treatment modalities to provide therapy to dual-diagnosed client.   | K174 | Knowledge of psychosocial factors that impact the aging process.   |
| T155 | Utilize technological methods (e.g., Internet/telephone conferencing) to improve client access to treatment                         | K175 | Knowledge of techniques to assist client to adjust to psychosocial changes associated with the aging process.              |
|      |   | K176 | Knowledge of the effects of unconscious processes on behavior.   |
|      |   | K177 | Knowledge of the protective function of defense mechanisms.  |
|      |   | K178 | Knowledge of the importance of insight in progressing toward treatment goals.  |
|      |   | K179 | Knowledge of the biopsychosocial impacts of addictive behaviors.   |
|      |   | K180 | Knowledge of the effect of events in client's past on current experiences.   |
|      |   | K181 | Knowledge of biopsychosocial factors associated with chronic mental illness.   |
|      |   | K182 | Knowledge of techniques to manage interactions and maintain cohesion among group therapy members.                          |
|      |   | K183 | Knowledge of methods of supporting clients receiving palliative care.  |
|      |   | K217 | Knowledge of principles of resilience.   |
|      |   | K218 | Knowledge of principles of wellness and recovery.  |
|      |   | K219 | Knowledge of evidence-based practices to apply as therapeutic interventions.   |
|      |   | K220 | Knowledge of the principles of integrated dual diagnosis treatment.  |
|      |   | K221 | Knowledge of evidence based interventions for substance abuse in older adults.   |

**Therapeutic Interventions (33%):** 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.

| 5C Couples |   |  |
|------------|---|--|
| Task       | Knowledge   |  |
| T125       | Implement therapeutic techniques with couples to facilitate communication.  | K184 Knowledge of techniques to assist couples to increase level of intimacy.  |
| T126       | Identify strategies couples can implement to balance their personal relationship with external responsibilities.                    | K185 Knowledge of relationship factors that result in problems or conflicts for couples.                                   |
| T127       | Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.         | K186 Knowledge of methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns. |
| T128       | Provide counseling to couples to address transitional issues (e.g., empty nest, divorce, retirement).                               | K187 Knowledge of techniques to facilitate development of individual roles and identities within the couple.               |
| T130       | Assist couple to identify the relationship strengths on which effective coping strategies may be based.                             | K188 Knowledge of the impact of communication and interaction styles on couple relationships.                              |
| T131       | Assist couples to identify and address diversity issues that impact the relationship.   | K189 Knowledge of techniques for teaching conflict resolution and problem-solving skills to couples.                       |
| T132       | Implement techniques to increase individuation within a couple by facilitating the establishment of clear and permeable boundaries. | K190 Knowledge of methods and techniques for facilitating a couples' ability to address the effects of external pressures. |
|            |   | K191 Knowledge of the effect of gender role expectations and culture on communication in couples.                          |
|            |   | K192 Knowledge of methods to assist couples in addressing issues related to dissolution.                                   |

**Therapeutic Interventions (33%):** 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.

| 5D Families |  |   |
|-------------|--|---|
| Task        | Knowledge  |   |
| T133        | Evaluate the history of family relationships to determine the impact of multigenerational patterns.                                | K193 Knowledge of interventions to address separation or attachment issues.   |
| T134        | Provide information to clients regarding developmental stages of the family to facilitate understanding of the presenting problem. | K194 Knowledge of how cultural, racial, and ethnic values and beliefs affect expectations within families.              |
| T135        | Implement strategies for changing disruptive interaction styles to strengthen family cohesion.                                     | K195 Knowledge of the effect of conflicting or inconsistent parenting styles on children.                               |
| T136        | Model techniques to improve interpersonal functioning within the family.   | K196 Knowledge of the impact of the family's communication and interaction styles on the individuals within the family. |
| T137        | Identify differences in multigenerational acculturation to determine source of value conflicts between family members.             | K197 Knowledge of therapeutic techniques to strengthen or reestablish family roles.                                     |
| T138        | Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce.            | K198 Knowledge of behavioral and emotional responses of family members resulting from separation or divorce.            |
| T139        | Develop family reunification goals by identifying changes that must be made to improve family functioning.                         | K199 Knowledge of the effect of multigenerational acculturation on family structure and values.                         |
| T140        | Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure.             | K200 Knowledge of techniques to identify and clarify roles and expectations in blended families.                        |
| T141        | Identify patterns of interaction among family members to determine sources of conflict.  | K201 Knowledge of therapeutic techniques to increase individuation within the family system.                            |
|             |  | K202 Knowledge of the impact of life cycle transitions on the family system.  |
|             |  | K203 Knowledge of interventions for improving communication patterns within the family.                                 |
|             |  | K204 Knowledge of techniques to manage power  |

|      |  |      |  |
|------|--|------|--|
| T142 | Identify family of origin influences to understand impact on present family functioning. | K205 | base within the family structure. Knowledge of the role of homeostasis in maintaining family structure and balance of power. |
| T143 | Identify family structure to clarify roles and boundaries of the family unit.            |      |  |

**Therapeutic Interventions (33%):** 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.

5E Managing the Process

| Task |   | Knowledge |   |
|------|---|-----------|---|
| T144 | Identify cultural views toward therapy to understand ways by which client presents for treatment.                                 | K130      | Knowledge of transitional crises created by immigration and acculturation.                                |
| T145 | Provide a therapeutic environment in which the client can develop a positive sense of self-worth.                                 | K206      | Knowledge of the impact of transference/countertransference on the therapeutic relationship.              |
| T146 | Implement strategies to address language barriers to facilitate the therapeutic process.  | K207      | Knowledge of techniques for conveying empathy, interest, and concern within the therapeutic relationship. |
| T147 | Identify client and therapist values that impact the therapeutic process to facilitate treatment.                                 | K208      | Knowledge of methods to address communication barriers to facilitate the therapeutic relationship.        |
| T148 | Identify countertransference/transference issues to manage the therapeutic process.   | K209      | Knowledge of the stages of the therapeutic relationship.  |
| T149 | Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals. | K210      | Knowledge of techniques for establishing a therapeutic framework with diverse populations.                |
| T150 | Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers.                       | K211      | Knowledge of techniques to promote client engagement in the therapeutic process.                          |
| T151 | Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment.                    | K212      | Knowledge of methods and techniques for increasing client's acceptance of self as the agent of change.    |
| T153 | Prepare for termination with client by reviewing progress attained.   | K213      | Knowledge of the effect of differences between therapist and client's values on the therapeutic process.  |
|      |   | K214      | Knowledge of the relationship between client sense of self-worth and client functioning.                  |
|      |   | K215      | Knowledge of therapeutic use of self as an intervention technique.  |
|      |   | K216      | Knowledge of techniques used to demonstrate acceptance to assist client to improve sense of self-worth.   |
|      |   | K222      | Knowledge of changes in client functioning that indicate readiness to terminate therapy.                  |
|      |   | K223      | Knowledge of procedures for evaluating therapeutic change in preparation for termination.                 |

| <b>Legal Mandates (9%):</b> This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.    |   |
|--|---|
| 6A Protective Issues and Mandated Reporting  |   |
| Task   | Knowledge   |
| T156 Report known or suspected abuse, neglect, or exploitation of dependent adult client to protective authorities.                  | K224 Knowledge of criteria for reporting known or suspected abuse, neglect, or exploitation of dependent adults.        |
| T157 Report known or suspected abuse, neglect, or exploitation of elderly client to protective authorities.                          | K225 Knowledge of criteria for reporting known or suspected abuse, neglect, or exploitation of elderly adults.          |
| T158 Report known or suspected abuse or neglect of a child or adolescent to protective authorities.                                  | K226 Knowledge of criteria for reporting known or suspected abuse or neglect of children and adolescents.               |
| T159 Evaluate whether client is a danger to self or others, or gravely disabled, to initiate protective involuntary hospitalization. | K228 Knowledge of reporting requirements regarding duty to warn and report when client indicates intent to harm others. |
| T167 Warn and report client's intent to harm others as required by law.  | K229 Knowledge of criteria for initiating protective hospitalization for grave disability or danger to self or others.  |

| <b>Legal Mandates (9%):</b> This area assesses the candidate's ability to identify and apply legal mandates to clinical practice. |   |
|---|---|
| 6B Professional Conduct   |   |
| Task  | Knowledge   |
| T160 Obtain written informed consent from client for treatment.   | K227 Knowledge of laws regarding privileged communication to protect client's rights and privacy.   |
| T161 Identify holder of privilege based on client's age and content of therapy.   | K230 Knowledge of laws regarding holder of privilege.   |
| T162 Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.         | K231 Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities.                                 |
| T163 Adhere to legal guidelines regarding sexual relations with client.   | K232 Knowledge of laws which define the boundaries and scope of clinical practice.  |
| T164 Implement therapeutic techniques to provide services within scope of practice.   | K233 Knowledge of laws regarding disclosing fees for professional services.   |
| T165 Maintain client records in accordance with State and Federal regulations.  | K234 Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations. |
| T166 Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.                      | K235 Knowledge of laws regarding sexual conduct between therapist and client.   |
| T168 Comply with the Health Information Portability and Accountability Act (HIPAA) regulations as mandated by law.                | K236 Knowledge of legal requirements of Health Information Portability and Accountability Act (HIPAA).  |
| T169 Comply with legal standards for advertising when informing the public of therapist's services and qualifications.            | K237 Knowledge of legal requirements addressing informed consent for treatment.   |
| T170 Comply with the Mental Health Services Act (MHSA) as mandated by law.  | K238 Knowledge regarding legal requirements for providing client with the brochure "Professional Therapy Never Includes Sex."                             |
|   | K239 Knowledge of laws requiring client's written permission for disclosure/release of privileged information.  |
|   | K240 Knowledge of legal requirements for maintaining security of client records.  |
|   | K241 Knowledge of laws regarding documentation of clinical services.  |
|   | K242 Knowledge of legal requirements of the Mental Health Services Act (MHSA).  |

| <b>Ethical Standards for Professional Conduct (9%):</b> This area assesses the candidate's ability to identify and apply ethical standards to clinical practice. |   |
|--|---|
| 7 Ethical Standards for Professional Conduct   |   |
| Task   | Knowledge   |
| T171 Provide client with reasonable notification and referral  | K89 Knowledge of procedures for determining how to manage |

|      |   |      |  |
|------|---|------|--|
|      | resources when treatment must be interrupted or terminated.   |      | aspects of the therapist's value system that potentially impact delivery of service.   |
| T172 | Inform client of limitations of confidentiality to clarify the boundaries of the therapeutic relationship.  | K243 | Knowledge of situations that create dual relationships.  |
| T173 | Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.  | K244 | Knowledge of criteria for determining competency to practice.  |
| T174 | Consult with other professionals when issues arise outside the therapist's scope of competence.   | K245 | Knowledge of methods and conditions for disclosing fees for professional services.   |
| T175 | Consult with other professionals to address countertransference issues.   | K246 | Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.  |
| T176 | Identify clinical issues outside therapist's experience or competence which indicate the need to refer client to other professionals for treatment.   | K247 | Knowledge of therapist issues and conflicts that interfere with the therapeutic process.   |
| T177 | Provide client with information regarding extent and nature of services available to facilitate client's ability to make informed decisions regarding treatment.  | K248 | Knowledge of ethical responsibility to provide client with information regarding therapeutic process and services.   |
| T178 | Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals.  | K249 | Knowledge of the limits of confidentiality within the therapeutic framework.   |
| T179 | Disclose information about therapist's training and experience to respond to client's inquiries regarding professional competence.  | K250 | Knowledge of ethical considerations and conditions for interrupting or terminating treatment.  |
| T180 | 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. | K251 | Knowledge of limitations of professional experience, education, and training to determine issues outside therapeutic competence.   |
| T181 | Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.  | K252 | Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.   |
| T182 | Self-assess own physical or cognitive impairments to determine impact on ability to provide professional services.  | K253 | 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. |
| T183 | Maintain clear and professional boundaries with client to prevent dual/personal relationship.   | K254 | Knowledge of ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.  |
| T184 | Promote client's right to self-determination by supporting client's own goals for engagement in therapy.  | K255 | Knowledge of situations that indicate a need for consultation with colleagues or other professionals.  |
| T185 | Avoid acceptance of money or other consideration for referral of services to protect the therapeutic relationship.  | K256 | Knowledge of client's right to self-determination.   |
|      |   | K257 | Knowledge of ethical considerations regarding payment or acceptance of money for referral of services.   |

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



## STATE OF CALIFORNIA NOTICE OF ELIGIBILITY

---

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

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

Upon passing the Standard Written examination, you are eligible to apply to take the Written Clinical Vignette examination. Please see more information in this handbook for Written Clinical Vignette examination information.

---