

LICENSED CLINICAL SOCIAL WORKER

Examination Study Guide





PLEASE NOTE

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

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LICENSED CLINICAL SOCIAL WORKER EXAMINATION STUDY GUIDE

INTRODUCTION

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

WHEN SHOULD I BEGIN TO PREPARE FOR THE EXAMINATIONS?

An Overview

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

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

Identifying Personal Strengths and Areas Needing Improvement

The LCSW examinations test a broad spectrum of minimum competencies. Ideally, your clinical experience provides you with a broad base of knowledge working with different populations and in a variety of settings, but in reality, you may be specializing within particular theoretical frameworks or with particular

demographics. Developing a specialization does not reflect poorly on a candidate; however, to succeed, you will need to acknowledge that the examinations test a general scope. If you do not have professional experience working with particular theoretical frameworks, disorders, or populations, you may need extra preparation. Take a proactive approach towards developing your clinical skills. If you develop your skills and knowledge through your education and experience, you can succeed on these examinations.

TEST PREPARATION STRATEGY

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

Start by Developing a Plan

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

Use Your Supervisor as a Resource

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

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

FRAMING YOUR EDUCATION AND EXPERIENCE

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

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

STUDYING VIGNETTES

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

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

You can make your own vignettes out of past cases and analyze your work on them.

Here are some questions to ask yourself as you review past cases: What factors helped you arrive at a diagnosis? How did you develop a treatment plan? How might you have approached this case from a theoretical orientation other than your own? What legal or ethical issues were raised?

You can make your own vignettes out of past cases and analyze your work on them.

PEER STUDY GROUPS

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

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

SAMPLE EXAMINATION ITEMS

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

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

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SAMPLE LCSW STANDARD WRITTEN EXAMINATION QUESTIONS

Bio-psychosocial Assessment

1. A couple reports increased marital conflicts. The husband notes that his wife has become irritable, isolative, and lethargic since she was laid off from her job three months ago. The wife states she is tired of her husband's constant nagging for her to be more helpful around the house. Both report a lack of physical and emotional intimacy but express a desire to resolve their problems. Which of the following areas should the therapist assess first to identify the degree to which current stressors are impacting the relationship?
 - A. The wife's work history and her prognosis for re-employment.
 - B. The couple's styles of coping and their degree of effectiveness.
 - C. The effect of socio-economic factors on the couple's problems.
 - D. The effect of dysfunctional patterns in the couple's communication.
2. Which of the following elements should be included in a bio-psychosocial assessment of a new client?
 - A. Baseline functioning, social support systems, information from adjunctive resources.
 - B. Baseline functioning, social support systems, assessment of risk.
 - C. Client history, mental status examination, information from adjunctive resources.
 - D. Client history, mental status examination, assessment of risk.

Diagnostic Formulation

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

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

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

Treatment Plan Development

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

- A. Discuss termination issues and maintain regularly scheduled sessions.
- B. Discuss termination issues and gradually decrease the frequency of contact.
- C. Reformulate goals and address anxiety inhibiting client autonomy.
- D. Reformulate goals and normalize client's fears of independent living.

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

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

Therapeutic Interventions

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

- A. Present a nonjudgmental stance regarding the student's sexual orientation and encourage the student to be open with his parents.

- B. Assist the student to problem-solve the immediate concern and work over the longer term to explore issues of sexual identity.
 - C. Normalize the student's internal conflict regarding sexual dysphoria and develop a plan to safely meet with his parents.
 - D. Schedule a family therapy session and allow disclosure of sexual orientation in a safe and supportive environment.
8. A 39-year-old, professional woman presents for treatment due to work stress and anger. She states that she is an exemplary employee and has received numerous commendations. After telling her supervisor that she will be adopting a child, she was passed over for a promotion. How should the therapist begin treatment?
- A. Explore the client's alternative career options.
 - B. Help the client to process her feelings regarding the loss.
 - C. Validate the client's experience that this action feels discriminatory.
 - D. Explain to the client the difficulty of raising a child while working full time.

Resource Coordination

9. A client diagnosed with a bipolar disorder who is currently stabilized on medication seeks therapy for relationship issues. The client's managed care company considers treatment for this diagnosis medically unnecessary and denies the claim. The therapist disagrees with the company's decision. Which of the following actions should the therapist take in this situation?
- A. Modify the diagnosis and plan.
 - B. Terminate treatment for the denied services.
 - C. Appeal the managed care company's decision.
 - D. Advise the client to sue the managed care company.
10. A 58-year-old woman is referred for clinical case management by the staff at the hotel where the woman resides. The client has a history of chronic alcoholism and a diagnosis of bipolar disorder. She is often found intoxicated and asleep in the hotel hallways. In addition, she can be very demanding and critical toward staff. The hotel service providers are frustrated and are considering eviction. How should the therapist approach this case?
- A. Develop a care plan with both the client and hotel staff.
 - B. Refer the client to intensive adjunctive health care services.
 - C. Meet with the hotel staff to provide them support in their work with this client.
 - D. Provide the client with alternative living arrangements in the event she loses her housing.

Legal Mandates

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

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

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

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

Ethical Standards

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

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

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

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

SAMPLE LCSW WRITTEN CLINICAL VIGNETTE EXAMINATION QUESTIONS

Vignette 1

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

Bio-psychosocial Assessment

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

- A. Lois' noncompliance with medical treatment.
Socio-economic stressors affecting Lois.
Lois' social isolation.
Lois' mental status.
- B. Lois' noncompliance with medical treatment.
Lois' understanding of her medical issues.
Suicide potential for Lois.
Lois' mental status.
- C. Lois' preoccupation with physical challenges and limitations.
Lois' understanding of her medical issues.
Socio-economic stressors affecting Lois.
Lois' mental status.
- D. Lois' preoccupation with physical challenges and limitations.
Lois' noncompliance with medical treatment.
Suicide potential for Lois.
Lois' social isolation.

Diagnostic Formulation

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

- A. Major Depressive Disorder.
V Code Noncompliance with Treatment.
Adjustment Disorder with Depressed Mood.
Mood Disorder due to a General Medical Condition.
- B. Bipolar Disorder.
Major Depressive Disorder.
Generalized Anxiety Disorder.
Adjustment Disorder with Depressed Mood.
- C. Acute Stress Disorder.
V Code Noncompliance with Treatment.
Adjustment Disorder with Depressed Mood.
Mood Disorder due to a General Medical Condition.
- D. Bipolar Disorder.
Major Depressive Disorder.
Posttraumatic Stress Disorder.
Mood Disorder due to a General Medical Condition.

Treatment Plan Development

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

- A. Premorbid coping skills.
Lois' psychiatric history.
Lois' dependency issues.
Accessibility of social support system.
- B. Lois' feelings of self-blame.
Severity of Lois' depression.
Lois' motivation for treatment.
Accessibility of social support system.
- C. Premorbid coping skills.
Severity of Lois' depression.
Lois' motivation for treatment.
Lois' understanding of the relationship between diabetes and her emotional state.
- D. Lois' dependency issues.
Severity of Lois' depression.
Lois' adaptation with activities of daily living.
Lois' understanding of the relationship between diabetes and her emotional state.

Therapeutic Interventions

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

- A. Grief and loss.
 - Crisis stabilization.
 - Symptom stabilization.
 - Diabetes education and support.
- B. Grief and loss.
 - Crisis stabilization.
 - Increasing social supports.
 - Diabetes education and support.
- C. Stress management.
 - Self-defeating cognitions.
 - Increasing social supports.
 - Diabetes education and support.
- D. Stress management.
 - Anger management.
 - Self-defeating cognitions.
 - Diabetes education and support.

Resource Coordination

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

- A. Referral to psychiatrist for medication evaluation.
 - Evaluation for durable medical equipment.
 - Referral to therapy group for depression.
 - Options for home health care.
- B. Referral to support group for diabetes education.
 - Evaluation for durable medical equipment.
 - Referral to support group for amputees.
 - Options for home health care.
- C. Collaboration with physician regarding treatment plan.
 - Community-based options for socialization.
 - Referral to nutritionist for dietary support.
 - Referral to therapy group for depression.
- D. Collaboration with physician regarding treatment plan.
 - Referral to psychiatrist for medication evaluation.
 - Referral to support group for diabetes education.
 - Referral to support group for amputees.

Legal Mandates and Obligations

20. What legal obligations are presented by this case?

- A. Assess Lois' potential for self-harm.
Communicate limits of confidentiality.
Disclose fees for professional services.
Obtain written consent to collaborate with medical providers.
- B. Assess Lois' potential for self-harm.
Communicate limits of confidentiality.
Consult with physician regarding in-home support needs.
Obtain written consent to collaborate with medical providers.
- C. Explore transference issues with Lois.
Disclose fees for professional services.
Obtain client's informed consent for treatment.
Review need for durable power of attorney for health care.
- D. Initiate a "No Harm" contract.
Manage issues of confidentiality.
Maintain privacy and security of client records.
Obtain written consent to collaborate with medical providers.

Ethical Standards

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

- A. Consultation with physician regarding physical rehabilitation and prognosis.
Consultation with colleague if problematic countertransference issues arise.
Maintenance of therapeutic boundaries to avoid rescuing behaviors.
Promotion of client's self-reliance.
- B. Consultation with colleague if countertransference issues arise.
Limitation of services to permissible scope of practice.
Discussion of phase of life issues with client.
Management of fees.
- C. Reinforcement of client's responsibility to adhere to diabetic dietary restrictions.
Consultation with physician regarding physical rehabilitation and prognosis.
Establishment of therapeutic boundaries.
Management of fees.
- D. Reinforcement of client's responsibility to adhere to diabetic dietary restrictions.
Maintenance of therapeutic boundaries to avoid rescuing behaviors.
Limitation of services to permissible scope of practice.
Promotion of client's self-reliance.

Vignette 2

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

Diagnostic Formulation

22. What diagnoses should be considered for Janet?

- A. Alcohol abuse.
 - Acute Stress Disorder.
 - Depressive Disorder NOS.
 - V Code Partner Relational Problem.
- B. Dysthymic Disorder.
 - V Code Relational Problem NOS.
 - Substance-Induced Mood Disorder.
 - Adjustment Disorder with Depressed Mood, Chronic.
- C. Alcohol Abuse.
 - Major Depressive Disorder.
 - Substance-Induced Mood Disorder.
 - V Code Partner Relational Problem.
- D. Substance abuse.
 - Bipolar II Disorder.
 - V Code Partner Relational Problem.
 - Mood Disorder due to General Medical Condition.

Therapeutic Intervention

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

Treatment Plan Development

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

ANSWER KEY

1. C

2. D

3. A

4. B

5. B

6. A

7. B

8. C

9. C

10. A

11. A

12. D

13. D

14. A

15. B

16. A

17. C

18. A

19. D

20. A

21. A

22. C

23. D

24. B

EXAMINATION RESULTS

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

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

PASSING NOTICES

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

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

FAILURE NOTICES

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

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

APPENDIX A

LCSW STANDARD WRITTEN EXAMINATION PLAN CONTENT OUTLINE

I. BIO-PSYCHOSOCIAL ASSESSMENT

- A. Assessing for Risk
- B. Assessment of Client Readiness and Appropriateness for Treatment
- C. In-Depth Assessment
 - 1. Comprehensive Exploration of Symptoms
 - A) PSYCHOLOGICAL FACTORS
 - B) CULTURAL/PERSONAL FACTORS
 - 2. Comprehensive Evaluation of Problem
 - A) SOCIAL-ENVIRONMENT HISTORY
 - B) MEDICAL AND DEVELOPMENTAL HISTORY
 - C) HISTORY OF SUBSTANCE USE/ABUSE
 - 3. Comprehensive Evaluation of Inter- and Intra-personal resources

II. DIAGNOSTIC FORMULATION

III. TREATMENT PLAN DEVELOPMENT

- A. Identify/Prioritize Objectives, Goals, and Methods of Treatment
- B. Integrate/Coordinate Concurrent Treatment Modalities and Adjunctive Resources
- C. Monitoring, Evaluation, and Revision of Treatment Plan

IV. RESOURCE COORDINATION

- A. Service Identification and Coordination
- B. Client Advocacy and Support

V. THERAPEUTIC INTERVENTIONS

- A. Crisis Intervention
- B. Short-Term Therapy
- C. Therapy for Children and Adolescents
- D. Therapy for Adults (Individual and Group)
- E. Therapy for Couples
- F. Therapy for Families
- G. Managing the Therapeutic Process

VI. LEGAL MANDATES

- A. Protective Issues/Mandated Reporting
- B. Professional Conduct

VII. ETHICAL STANDARDS

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

I. BIO-PSYCHOSOCIAL ASSESSMENT

This area assesses the candidate's ability to identify and assess the bio-psycho-social aspects of the presenting problem.

A. Assessing for Risk

Tasks

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

Knowledge of

- Psychological, physical, and behavioral indicators of abuse and neglect.
- Socio-cultural factors that affect the assessment of client risk.

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

B. Assessment of Client Readiness and Appropriateness of Treatment

Tasks

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

Knowledge of

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

problems.

C. In-Depth Assessment

1. Comprehensive Exploration of Symptoms

A) PSYCHOLOGICAL FACTORS

Tasks

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

Knowledge of

- The effects of aging on client's independent functioning.
- Methods for assessing the client's degree of acculturation.
- Behavioral, physiological, and psychological indicators of emotional distress in assessing client's psychosocial functioning.
- Behavioral, physiological, and psychological factors that indicate a need for psychiatric or medical evaluation.
- Methods and techniques for assessing the impact of the client's level of acculturation on the presenting problem.
- Methods and techniques for assessing the impact of the mental health history of the client's family on the client's current problems and issues.

- Methods and techniques for assessing the client’s ability to provide for self-care needs.
- Types of information available in employment, medical, psychological, and school records to provide assessment and diagnostic information.
- The effects of mood disturbance on psychosocial functioning.
- Strategies for gathering information from adjunctive resources.
- Psychological, cognitive, and behavioral factors that indicate a need for psychological and vocational testing.
- The effect of mental disorders on psychosocial functioning.
- Methods and techniques for assessing the impact of the client’s previous mental health treatments on the client’s current problems and issues.

B) CULTURAL/PERSONAL FACTORS

Tasks

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

Knowledge of

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

2. Comprehensive Evaluation of Problem

A) SOCIAL-ENVIRONMENTAL HISTORY

Tasks

- Gather information about client’s interpersonal relationships to identify patterns of behavior in different life settings.

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

Knowledge of

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

B) MEDICAL AND DEVELOPMENTAL HISTORY

Tasks

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

- Assess how client's medical conditions affect past and current adaptive functioning.
- Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness.

Knowledge of

- Theories of aging and development that explain biological and cognitive changes.
- The relationship between medical conditions and psychosocial functioning.
- The relationship between level of functioning and normative developmental stages throughout the life span.
- Symptoms of medical conditions that may impact client psychosocial functioning.
- Common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.
- The effects of medications and their impact on the client's adaptive functioning.
- Developmental processes of individual growth and change.
- Methods and techniques for assessing the impact of client's family medical history on current problems and issues.
- The effects of social, cultural, and environmental influences on aging and health.
- The effect of biological and environmental influences on specific developmental and life phases.
- Theories of stages of cognitive development.

C) HISTORY OF SUBSTANCE USE/ABUSE

Tasks

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

Knowledge of

- The impact of substance use or abuse on family and social relationships and role functioning.
- The effect of substance use and abuse on psychosocial functioning.
- Physical and behavioral signs indicating current substance intoxication

and/or withdrawal.

- Physical and behavioral indicators associated with substance abuse.
- The impact of social, cultural, and familial factors on substance use and abuse.
- Physical and behavioral indicators associated with substance dependence.

3. Comprehensive Evaluation of Inter- and Intra-Personal Resources

Tasks

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

Knowledge of

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

resources.

II. DIAGNOSTIC FORMULATION

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

Tasks

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

Knowledge of

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

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

III. TREATMENT PLAN DEVELOPMENT

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

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

Tasks

- Incorporate interventions in to the treatment plan that address the needs associated with client's clinical diagnosis.
- Identify level of intervention required to address the client's areas and degree of impairment in developing the treatment plan.
- Develop mutually agreed upon treatment goals based on assessment and diagnostic information.
- Integrate aspects of client's value and belief systems into the development of the treatment plan.
- Develop measurable objectives to facilitate treatment goals.
- Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals.
- Identify client and therapist values that impact the therapeutic process to direct the treatment approach.
- Select treatment modalities based on client needs, diagnosis, and assessment.
- Develop preliminary termination plan to provide a structure for treatment.
- Develop preliminary termination plan with client to maintain therapeutic progress after treatment has ended.
- Provide client education about the therapeutic process to promote client's self-determination.
- Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.

Knowledge of

- Methods and techniques for enhancing client motivation in treatment.
- Methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process.
- Client characteristics that affect client adaptation in different therapeutic modalities or treatment settings.
- Methods and techniques for educating client about the therapeutic process.
- The components of a treatment or service plan for each phase of the therapeutic process.
- Methods for determining service priorities by evaluating level of impairment in areas of client functioning.
- Methods for determining the timing of interventions according to phase of therapy.
- Methods for prioritizing symptoms to determine target areas for improving client functioning.
- Techniques and procedures for engaging the client in the mutual development of treatment goals objectives.

- Culturally competent interventions to provide services to diverse populations.
- Procedures for determining how to manage aspects of the therapist's value system that potentially impacts therapy.
- Strategies for determining therapeutic goals to direct treatment.
- Techniques for integrating client's current experiences, values, and belief systems into the treatment plan.
- The differential use of psychotherapeutic techniques in treating problems or disorders.
- Techniques for determining compatibility of treatment modalities with specific problems or disorders.
- Methods for developing short-and long-term treatment objectives to address therapeutic problems.
- Methods for determining length of therapy based on diagnosis and client's goals for treatment.
- The components of individual treatment plans to provide for clients with special needs.
- Techniques and procedures for engaging client's ongoing participation in the therapeutic process.

B. Integrate/Coordinate Concurrent Treatment Modalities and Adjunctive Resources

Tasks

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

Knowledge of

- The dynamics of working across disciplines in developing comprehensive and integrated treatment.
- Methods for accessing and coordinating multiple interventions across disciplines.

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

C. Monitoring, Evaluation and Revision of Treatment Plan

Tasks

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

Knowledge of

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

- Methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.

IV. RESOURCE COORDINATION

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

A. Service Identification and Coordination

Tasks

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

Knowledge of

- Criteria for determining least restrictive environment to provide for care and safety of client.
- Methods for identifying and incorporating community support systems and resources that are consistent with client's beliefs and values.
- Types of placements available for the short- and long-term care of clients of differing levels of care.
- Methods for evaluating conditions in the home to determine need for additional services.
- Methods and procedures for facilitating client's transition to a less restrictive

setting.

- Methods for identifying community support services that meet client needs.
- Methods for evaluating the suitability of a caregiver and the home or placement for providing services addressing client's current or prospective needs.
- Methods for identifying and incorporating community support systems and resources relevant to the client's culture, background, beliefs, and values.
- The methods involved in establishing a liaison with community resource providers.
- Methods for evaluating client's ability to access support services and treatment sources.
- Federal, state, local, and public and private social services that provide assistance with meeting client's basic needs.
- Methods for identifying and incorporating community support systems and resources for transient and homeless clients.
- Criteria for evaluating the level of care of a prospective or current placement to meet client's needs.
- Methods for incorporating a multidisciplinary team approach to treatment.

B. Client Advocacy and Support

Tasks

- Advocate within the community for the creation or enhancement of support services to meet client needs.
- Educate community resources about how to best meet client needs within the framework of the individual needs, culture, beliefs, and values of the client.
- Facilitate integration of client back into the community by providing psycho-education to service providers and community members.
- Advocate with institutions and organizations, including within the legal or judicial system and within medical and healthcare institutions, to improve service delivery and to protect client rights.
- Educate client about how to access support services including access to legal advocacy to support client's rights.
- Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs.
- Consult with other professionals and referral sources to discuss the client's progress and to evaluate the on-going effectiveness and accessibility of resources.
- Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect client rights.

- Engage client in the mutual exploration and identification of future resources as the client's needs change.
- Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met.
- Advocate for protective placement to assist client with leaving a dangerous or unsafe environment.
- Engage client in the mutual evaluation of the ongoing effectiveness and accessibility of resources.

Knowledge of

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

V. THERAPEUTIC INTERVENTIONS

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

A. Crisis Intervention

Tasks

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

- Develop a stabilization plan with client in crisis to prevent further decompensation.

Knowledge of

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

B. Short-Term Therapy

Tasks

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

Knowledge of

- Methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances.
- The intervention models for Brief Therapy and their indications and contraindications for use.

- Techniques and procedures for implementing interventions using a Brief Therapy model.
- The effect of client's prior coping patterns and life experiences on adjustment to trauma.
- The stages of loss and grief.
- Counseling techniques to assist survivor of trauma to work through feelings associated with the experience.
- The effect of patterns of interpersonal relations on ability to maintain social relationships.

C. Therapy for Children and Adolescents

Tasks

- Determine baseline levels of maladaptive behaviors to measure therapeutic change.
- Implement interview techniques consistent with child's cognitive development.
- Select age-appropriate interventions to facilitate child's understanding of the presenting problem.
- Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy.
- Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances.
- Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies.
- Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood.
- Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships.
- Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.
- Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings.
- Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior.
- Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others.
- Develop child/adolescent client's awareness of the need for emotional and physical boundaries to promote client's sense of self as a separate entity.

- Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood.
- Address adolescent's body image distortions to develop a reality-based perception of the physical self.
- Provide supportive therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial adjustment.
- Provide assertiveness training to promote client's self-esteem and self-confidence.
- Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses.
- Provide therapy involving structured task completion to improve child's ability to focus on specific tasks.
- Provide parenting skills training to improve parents/caregivers' ability to care for children.
- Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions.
- Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage

Knowledge of

- Methods for preventing relapse with child/adolescent client in recovery.
- Common psychological reactions related to biological changes of adolescence and young adulthood.
- Counseling techniques for dealing with physical, emotional and psychological issues that contribute to substance use and abuse.
- Methods and techniques to identify source of resistance to treatment.
- Methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development.
- Counseling techniques to facilitate client's recognition of emotional and psychological sources of anger.
- Counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues.
- Behavior management interventions which reduce disruptive behavior in a variety of environments.
- The principles of learning theory to explain the acquisition of behaviors.
- Intervention methods for treating substance dependency.
- Behavioral and emotional responses in children resulting from parental separation or divorce.

- Developmental theories and their application to children and adolescents in a clinical setting.
- Techniques for increasing attention span by modifying child's environment.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents.
- Factors that affect client adjustment during emancipation process.
- Developmentally appropriate therapeutic techniques for treating children and adolescents.
- Therapeutic techniques to decrease violent or aggressive behavior.
- The effect of gender role expectations and stereotypes on child and adolescent development.
- The developmental stages of defining sexual identity and preference.
- The physical and psychosocial effects of substance use on children and adolescents.
- Methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients.
- Types of learning disabilities that impede academic performance.
- Effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents.
- The effects of racism and discrimination on development of self-concept.

D. Therapy for Adults (Individual and Group)

Tasks

- Facilitate group process so clients can derive the maximum benefit from the experiences of peers.
- Apply nondirective approach to therapy by following the client's lead to permit change to occur at client's pace.
- Apply therapeutic techniques to integrate thoughts, feelings, and actions to assist client to achieve congruence of self.
- Provide psychotherapy to survivor of abuse to reduce the impact of the experience.
- Teach client anger management techniques to increase client's ability to manage aggressive impulses.
- Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse.
- Provide supportive therapy to elderly clients and their families to facilitate their

ability to address the physical and psychological effects of the aging family member(s).

- Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors.
- Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning.
- Provide psychoeducation for family members to facilitate treatment compliance of client.
- Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.
- Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness.
- Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.
- Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors.
- Implement techniques for motivating client to attend substance treatment programs.
- Assist client to identify cognitions that maintain maladaptive behavior.
- Provide supportive therapy to psychiatric client to increase compliance with medical and pharmacological interventions.
- Confront client's inappropriate and/or antisocial behavior to provide opportunities for change.
- Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences.
- Teach client relaxation skills to increase client's ability to manage symptoms of anxiety.

Knowledge of

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

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

E. Therapy for Couples

Tasks

- Implement communication techniques with couples to promote mutual disclosure and discussion.
- Identify strategies couples can implement to balance external responsibilities with personal relationship.
- Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.

- Provide counseling to couples considering separation or divorce to address issues of loss.
- Provide premarital counseling to assist couple's transition to new family system.
- Educate clients about the stages of development of the couple relationship to normalize changes and transitions.
- Provide therapy and psychoeducation to couples to address issues of a blended family.
- Implement strategies to increase the safety the couple feels in the relationship.
- Assist couple to identify the relationship strengths on which effective coping strategies may be based.
- Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on relationship.
- Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes.
- Determine goal of couple's therapy by evaluating each individual's motivation.
- Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies.
- Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems.
- Assist clients to restructure interactions by reframing the couple's perception of power structure within the system.
- Provide education regarding values identification clarification to develop mutual acceptance, tolerance, and cohesion in relationship.
- Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships.

Knowledge of

- The effect of incongruent goals of couples on therapeutic process.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in couples.
- Techniques to increase intimacy within couple relationships.
- The aspects of relationships that result in problems or conflicts for couples.
- Methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns.
- Techniques to assist client to develop individual roles and identities within the couple relationship.
- The impact of communication and interactional styles on couple relationships.

- Techniques for teaching conflict resolution and problem-solving skills with individuals in a couple.
- Counseling techniques to assist couples with psychological adjustment to sexuality issues.
- Methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs.
- The effect of gender role expectations and stereotypes on communication and partner expectations in couples.
- Methods for identifying and implementing interventions for treating maladaptive functioning in couple relationships.
- Issues resulting from dissolution of couple relationships.
- Therapeutic methods to establish individual and system boundaries.
- The effect of unrealistic role assignments on couple relationships.
- The dynamics of the marriage/partner relationships that shape and change the relationship.
- Methods and techniques for teaching couples how to improve their communication.

F. Therapy for Families

Tasks

- Provide information to clients regarding developmental stages of the family to facilitate understanding of family change.
- Implement strategies for changing disruptive interaction styles to strengthen family cohesion.
- Identify separation issues in parent-child relationship to promote age-appropriate individuation.
- Identify transitional issues in parent-child relationship to promote age-appropriate differentiation.
- Mediate conflict regarding couple's parenting styles to effect consistency in child's environment.
- Provide information and resources to parents regarding growth and development of children to increase understanding of child's needs and progress.
- Model adaptive methods for relating to peers and siblings to improve child's social functioning.
- Identify differences in multigenerational acculturation to determine source of value conflicts between family members.
- Provide family therapy to achieve reunification goals.
- Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce.

- Develop family reunification goals by identifying changes that must be made to improve family functioning.
- Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure.
- Provide psychosocial information to families regarding environmental and biological components that impact development.
- Identify patterns of interaction among family members to determine sources of conflict.
- Identify family of origin influences to understand impact on present family functioning.
- Identify family structure to clarify roles and boundaries of the family unit.

Knowledge of

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

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

G. Managing the Therapeutic Process

Tasks

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

between self-esteem and current functions.

- Establish therapeutic alliance to assist client engagement in therapy.

Knowledge of

- The effect of unconditional positive regard in facilitating therapeutic effectiveness.
- The concept of countertransference as therapist's reactions and feelings response to client's therapeutic issues.
- The concept of transference as an expression of unresolved issues.
- Techniques for conveying empathy, interest, and concern within therapeutic context.
- Methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs.
- The stages of the client/therapist relationship and how it progresses over time.
- Techniques for establishing a therapeutic framework with diverse populations.
- Techniques to promote client engagement in therapeutic process.
- Methods and techniques for increasing client's acceptance of self as the agent of change in therapy.
- The effect of differences between therapist and client's values on therapy process.
- The relationship between client sense of self-worth and client functioning.
- Techniques for incorporating therapeutic use of self to maximize therapeutic alliance.

VI. LEGAL MANDATES

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

A. Protective Issues/Mandated Reporting

Tasks

- Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.
- Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled, to initiate protective involuntary hospitalization.
- Evaluate client and the content of therapy to identify holder of privilege.
- Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities.

- Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.

Knowledge of

- Criteria for determining abuse, neglect, or exploitation of dependent adults.
- Laws regarding privileged communication to protect client's rights and privacy.
- Laws regarding payment or acceptance of money for referral of services.
- Reporting requirements regarding duty to warn when client indicates intent to harm others.
- Components of a child abuse investigation interview.
- Legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing.
- Laws regarding holder of privilege.
- Legal requirements regarding the mandatory and discretionary reporting of suspected or known abuse.
- Legal requirements for disclosing confidential material to other individuals, agencies, or authorities.

B. Professional Conduct

Tasks

- Maintain boundaries with client by adhering to legal guidelines regarding sexual relations.
- Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.
- Obtain client's written permission to disclose privileged information to protect client's right to privacy.
- Maintain client records in accordance with state and federal regulations.
- Provide "Professional Therapy Never Involves Sex" brochure to client when client discloses allegations of sexual misconduct in previous therapy.
- Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.

Knowledge of

- Laws which define the boundaries and scope of clinical practice.
- Laws regarding disclosing fees for professional services.
- Laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.
- Laws regarding sexual misconduct between therapist and client.

VII. ETHICAL STANDARDS

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

Tasks

- Provide client with reasonable notification and resources when treatment must be interrupted or terminated.
- Disclose exceptions to confidentiality to inform client of limitations of privileged communication.
- Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.
- Seek consultation before countertransference issues interfere with treatment.
- Collaborate with other professionals when issues arise outside the therapist's expertise.
- Identify clinical issues outside therapist's experience or competence to refer to other professionals for treatment.
- Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment.
- Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals.
- Demonstrate professional competence by providing information to client regarding education, professional qualifications, and professional affiliations.
- Implement policies and therapeutic procedures that enhance client's self-determination by providing services regardless of client's race, culture, country of origin, gender, age, religion, socio-economic status, marital status, sexual orientation, or level of ability.
- Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship.
- Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.
- Identify own physical or cognitive impairments to determine impact on ability to provide professional services.
- Maintain clear and professional boundaries with client to prevent dual/

personal relationship that could negatively impact the therapeutic relationship.

Knowledge of

- Methods and conditions for communicating to client about acceptance of money or other payments for referral of services.
- Criteria for determining competency to practice.
- Methods and conditions for disclosing fees for professional services.
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
- Therapist issues and conflicts that interfere with the therapeutic process.
- Ethical responsibility to provide client with information regarding therapeutic process and services.
- The limits of confidentiality within the therapeutic framework.
- Ethical considerations and conditions for interrupting or terminating treatment.
- Knowledge limitations of professional experience, education, and training to determine issues outside therapeutic competence.
- Methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.
- Ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socio-economic status, marital status, sexual orientation, or level of ability.
- Ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.

LCSW WRITTEN CLINICAL VIGNETTE EXAMINATION CONTENT OUTLINE

I. BIO-PSYCHOSOCIAL ASSESSMENT

II. DIAGNOSTIC FORMULATION

III. TREATMENT PLAN DEVELOPMENT

IV. RESOURCE COORDINATION

V. THERAPEUTIC INTERVENTIONS

VI. LEGAL MANDATES

VII. ETHICAL STANDARDS FOR PROFESSIONAL CONDUCT

The exact number of items devoted to each content area will vary slightly from one examination version to another in accordance with the clinical features and key factors associated with each vignette. The multiple-choice items are divided more or less equally between the content areas being examined. In addition, the items may apply to more than one content area. All multiple-choice items are equally weighted. Human diversity is measured throughout the exam and is not represented as a specific area on the score report. The content areas associated with ethics and legal are merged on the score report.

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

The DEFINITION provides a general description of what the questions pertaining to that content area are designed to assess.

The DESCRIPTION provides a summary of the key components that may be presented to the candidate, specific to the vignette.

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

I. BIO-PSYCHOSOCIAL ASSESSMENT

Definition

This area assesses the candidate's ability to evaluate the bio-psychosocial factors relevant to gaining a clinical understanding of the client and the presenting problem.

Description

The candidate assesses and evaluates the interactions of psychological symptoms, intrapersonal and interpersonal resources, risk factors, and client readiness, within the context of the client's socio-cultural perspective.

A. Assessing for Risk

Tasks

- Assess for suicide potential by evaluating client's intent, means, and history to determine need for immediate intervention.
- Evaluate level of danger client presents to self and/or others to determine need for immediate intervention.
- Evaluate client for grave disability to determine need for immediate intervention.
- Evaluate degree of risk of abuse or neglect of a child to determine need for referral to a child protective services agency.
- Evaluate degree of risk of abuse or neglect of dependent adult or elderly client to determine need for referral to an adult protective services agency or ombudsman.

Knowledge of

- Psychological, physical, and behavioral indicators of abuse and neglect.
- Sociocultural factors that affect the assessment of client risk.
- Risk factors that indicate a high potential for suicide within age, gender, and cultural groups.
- Legal criteria for identifying clients who require involuntary treatment or detention.
- Methods for assessing the risk of decompensation and hospitalization.
- Criteria for evaluating the safety of a child's environment.
- Physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.
- Criteria for determining whether client's living situation constitutes high risk for abuse.

- Risk factors that indicate a client’s potential for causing harm to others.
- Criteria for assessing the risk of abuse, neglect, or exploitation of elder and dependent adults.
- Risk factors associated with diagnostic categories and clinical populations that indicate a high potential for suicidal and/or self-injurious behavior.

B. In-Depth Assessment — Comprehensive Exploration of Symptoms (Psychological Factors)

Tasks

- Assess client’s physical appearance and presentation to evaluate effects of presenting problem on client’s functioning.
- Assess client’s mood, affective responses, and impulse regulation to identify patterns of emotional functioning.
- Evaluate client’s ability to care for self by assessing impact of cognitive or physical impairments.
- Identify perceptual and cognitive functions that require referral for psychological testing.
- Identify perceptual, cognitive, and personality issues that suggest referral for vocational testing.
- Identify psychiatric and physical symptoms or characteristics to determine need for psychiatric or medical referral.
- Identify symptoms of perceptual, cognitive, and learning disorders that require referral for educational testing.

Knowledge of

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

- the effect of mental disorders psychosocial functioning.
- Methods and techniques for assessing the impact of the client's previous mental health treatments on the client's current problems and issues.

C. In-Depth Assessment — Comprehensive Exploration of Symptoms (Cultural/Personal Factors)

Tasks

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

Knowledge of

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

D. In-Depth Assessment — Comprehensive Evaluation of Problem (Social-Environmental History)

Tasks

- Assess history of trauma and abuse to determine impact on current functioning.
- Evaluate impact of psychosocial and environmental stressors on client's symptomatology.
- Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.

Knowledge of

- The cycle of abuse that perpetuates intergenerational violence and trauma.

- How cultural influences affect the client's perception of life events as traumatic.
- The effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.
- The interrelationship between client's behavior in social and work environments and behavior in other areas of client's life.
- How to assess the relationship between life events and the stressors the client experiences.
- The effects of sociocultural factors on the client's presenting problem.

E. In-Depth Assessment — Comprehensive Evaluation of Problem (Medical and Developmental History)

Tasks

- Assess client's perception of the impact of physical limitations on adaptive functioning.
- Assess how client's medical conditions affect past and current adaptive functioning.
- Assess impact of patterns of familial interaction and beliefs on client's physical health and wellness.
- Identify possible deficits in client's developmental level to determine need for further evaluation.

Knowledge of

- The relationship between medical conditions and psychosocial functioning.
- Symptoms of medical conditions that may impact client psychosocial functioning.
- The effects of medications and their impact on the client's adaptive functioning.
- Methods and techniques for assessing the impact of client's family medical history on current problems and issues.
- The effects of social, cultural, and environmental influences on aging and health.
- Theories of aging and development that explain biological and cognitive changes.
- The relationship between level functioning and normative developmental stages throughout the life span.
- Common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.
- Developmental processes of individual growth and change.
- The effect of biological and environmental influences on specific developmental and life phases.

- Theories of stages of cognitive development.

F. In-Depth Assessment — Comprehensive Evaluation of Problem (History of Substance Use/Abuse)

Tasks

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

Knowledge of

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

G. In-Depth Assessment — Comprehensive Evaluation of Inter- and Intra-Personal Resources

Tasks

- Assess current living conditions to determine impact of the environment on the person in the situation.
- Assess impact of the client's family and social network on the presenting problem.
- Assess socio-economic factors to determine the impact of financial stressors on current problem.
- Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem.

Knowledge of

- The effect of economic factors and stressors on psychosocial functioning.
- The relationship between social supports and adaptive functioning.
- Affective reactions to life stressors or situations that impact psychosocial functioning.

- Theories of coping and adaptive responses to life events.

II. DIAGNOSTIC FORMULATION

Definition

This area assesses the candidate's ability to use assessment information to formulate an accurate differential diagnosis within the client's socio-cultural perspective.

Description

The candidate uses assessment information and knowledge of diagnostic criteria to formulate a differential diagnosis to provide a focus for developing a treatment plan and formulating interventions.

Tasks

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

Knowledge of

- Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders.

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

III. TREATMENT PLAN DEVELOPMENT

Definition

This area assesses the candidate's ability to develop a treatment plan consistent with assessment and diagnostic information.

Description

In the treatment plan the candidate identifies and prioritizes objectives, goals and methods of treatment, and integrates and coordinates concurrent treatment modalities and adjunctive resources relevant to the phases of therapy. The candidate's plan develops strategies to monitor the impact of collateral resources and progress toward treatment outcomes, the need for revisions, and includes

a plan for termination.

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

Tasks

- Identify level of intervention required to address the client's areas and degree of impairment in developing the treatment plan.
- Integrate aspects of client's value and belief systems into the development of the treatment plan.
- Develop measurable objectives to facilitate treatment goals.
- Select therapeutic interventions by evaluating presenting problem in conjunction with treatment goals.
- Select treatment modalities based on client needs, diagnosis, and assessment.
- Develop preliminary termination plan to provide a structure for treatment.
- Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.
- Incorporate interventions into the treatment plan that address the needs associated with client's clinical diagnosis.

Knowledge of

- Methods and techniques for enhancing client motivation in treatment.
- Methods for engaging mandated, resistant, and noncompliant clients in the therapeutic process.
- Client characteristics that affect client adaptation in different therapeutic modalities or treatment settings.
- The components of a treatment or service plan for each phase of the therapeutic process.
- Methods for determining service priorities by evaluating level of impairment in areas of client functioning.
- Methods for determining the timing of interventions according to phase of therapy.
- Methods for prioritizing symptoms to determine target areas for improving client functioning.
- Culturally competent interventions to provide services to diverse populations.
- Strategies for determining therapeutic goals to direct treatment.
- Techniques for integrating client's current experiences, values, and belief systems into the treatment plan.
- The differential use of psychotherapeutic techniques in treating problems or disorders.
- Techniques for determining compatibility of treatment modalities with specific

- problems or disorders.
- Methods for developing short- and long-term treatment objectives to address therapeutic problems.
 - Methods for determining length of therapy based on diagnosis and client's goals for treatment.
 - The components of individual treatment plans to provide for clients with special needs.

B. Integrate/Coordinate Concurrent Treatment Modalities and Adjunctive Resources

Tasks

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

Knowledge of

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

C. Monitoring, Evaluation and Revision of Treatment Plan

Tasks

- Determine effectiveness of therapeutic interventions by evaluating progress toward treatment objectives.
- Adjust treatment plan and interventions as indicated by client's changing needs and goals.

- Determine evaluation criteria to monitor progress toward goals and objectives.

Knowledge of

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

IV. RESOURCE COORDINATION

Definition

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

Description

The candidate collaborates with the client and others to increase the client's access to relevant resources, evaluates these resources for meeting the client's needs, and provides psychoeducation to service providers as an advocate for improving client services and supporting client's rights.

A. Service Identification and Coordination

Tasks

- Evaluate suitability of community resources to provide supportive services commensurate with client needs.
- Evaluate suitability of current and prospective caregivers to provide supportive services commensurate with client needs.
- Evaluate client's current needs and prognosis for change to assist in determining least restrictive placement environment.
- Coordinate linkages with support systems and services to facilitate access

by client.

Knowledge of

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

B. Client Advocacy and Support

Tasks

- Educate client about how to access support services including access to legal advocacy to support client's rights.
- Implement interventions and referrals that increase the client's ability to more independently access services related to housing, medical care, employment, transportation, and the provision of basic needs.
- Monitor services provided by agencies, caregivers and placement settings to evaluate whether the needs of the client are being met.
- Advocate for protective placement to assist client with leaving a dangerous or unsafe environment.
- Advocate with community resources related to housing, education, and the provision of basic needs to improve service delivery and to protect

client rights.

Knowledge of

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

V. THERAPEUTIC INTERVENTIONS

Definition

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

Description

The candidate selects and implements interventions based on assessment, diagnosis, and the treatment plan, and manages the therapeutic process.

A. Crisis Intervention

Tasks

- Implement techniques to assist client's exploration of options to increase adaptive functioning.
- Evaluate nature and severity of current crisis to determine intervention strategy.
- Implement techniques to assist client to verbalize source of crisis.
- Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.
- Develop a stabilization plan with client in crisis to prevent further decompensation.

Knowledge of

- Methods for implementing strategies and interventions with clients in emergency situations.
- The effect of crisis on emotional and psychological equilibrium.

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

B. Short-Term Therapy

Tasks

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

Knowledge of

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

relationships.

C. Therapy for Children and Adolescents

Tasks

- Determine baseline levels of maladaptive behaviors to measure therapeutic change.
- Implement interview techniques consistent with child's cognitive development.
- Select age-appropriate interventions to facilitate child's understanding of the presenting problem.
- Select interventions congruent with child's cultural identity to facilitate child's engaging in therapy.
- Assist child to develop coping strategies to facilitate adjustment to changes in life circumstances.
- Assist adolescent to become aware of shifting emotional states to develop adaptive coping strategies.
- Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process of the adolescent entering adulthood.
- Provide psychoeducation to adolescents regarding developing healthy, reciprocal peer relationships.
- Assist adolescent to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.
- Provide training to children and adolescents in self-initiated strategies for managing the impact of stressors on thoughts and feelings.
- Implement therapy techniques with client to address the issues or emotions underlying aggressive behavior.
- Provide social skills training to modify maladaptive interpersonal behavior in order to improve client's ability to develop and maintain relationships with others.
- Provide assertiveness training to promote client's self-esteem and self-confidence.
- Determine antecedents of client's maladaptive behaviors by identifying the internal and or external stimuli leading to the undesired responses.
- Provide therapy involving structured task completion to improve child's ability to focus on specific tasks.
- Provide parenting skills training to improve parent's caregivers' ability to care for children.
- Develop child/adolescent client's awareness of the need for emotional and

- physical boundaries to promote client's sense of self as a separate entity.
- Provide counseling to adolescent client to deal with issues associated with the biological, psychological, and social transition from childhood to adulthood.
 - Address adolescent's body image distortions to develop a reality-based perception of the physical self.
 - Provide supportive therapy to client experiencing gender identity or sexual orientation issues.
 - Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions.
 - Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage.

Knowledge of

- Methods for preventing relapse with child adolescent client in recovery.
- Common psychological reactions related to biological changes of adolescence and young adulthood.
- Counseling techniques for dealing with physical, emotional and psychological issues that contribute to substance use and abuse.
- Methods and techniques to identify source of resistance to treatment
- Methods and techniques for assisting client with achieving goals of individuation associated with age and psychosocial stages of development.
- Counseling techniques to facilitate client's recognition of emotional and psychological sources of anger.
- Counseling techniques for children and adolescents to assist client's psychological adjustment to sexuality issues.
- Behavior management interventions that reduce disruptive behavior in a variety of environments.
- The principles of learning theory to explain the acquisition of behaviors intervention methods for treating substance dependency.
- Behavioral and emotional responses in children resulting from parental separation or divorce.
- Developmental theories and their application to children and adolescents in a clinical setting.
- Techniques for increasing attention span by modifying child's environment.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in children and adolescents.
- Developmentally appropriate therapeutic techniques for treating children

and adolescents.

- Therapeutic techniques to decrease violent or aggressive behavior.
- The effect of gender role expectations and stereotypes on child and adolescent development.
- The developmental stages of defining sexual identity and preference.
- The physical and psychosocial effects of substance use on children and adolescents.
- Methods and techniques for providing psychoeducation to parents and caregivers of children and adolescent clients.
- Types of learning disabilities that impede academic performance.
- Effect of cultural, racial, and ethnic values and beliefs on behavior of children and adolescents.
- The effects of racism and discrimination on development of self-concept.
- Factors that affect client adjustment during emancipation process.

D. Therapy for Adults (Individual and Group)

Tasks

- Apply therapeutic techniques to integrate thoughts, feelings, and actions to client to achieve congruence of self.
- Provide psychotherapy to survivor of abuse to reduce the impact of the experience.
- Teach client anger management techniques to increase client's ability to manage aggressive impulses.
- Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse.
- Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s).
- Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors.
- Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning.
- Provide psychoeducation for family members to facilitate treatment compliance of client.
- Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.
- Implement psychodynamic techniques to assist client with bringing precon-

scious processes into conscious awareness.

- Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.
- Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors.
- Implement techniques for motivating client to attend substance treatment programs.
- Assist client to identify cognitions that maintain maladaptive behavior.
- Provide supportive therapy to psychiatric client increase compliance with medical and pharmacological interventions.
- Conduct psychoeducational groups for medication education and compliance to facilitate symptom stabilization.
- Implement techniques to assist client to generalize successful behaviors to new situations.
- Implement techniques for increasing client's awareness of how past experiences have influenced present life patterns.
- Apply systems approach in therapy to determine impact of interactions between the person and the environment.
- Confront client's inappropriate and/or antisocial behavior to provide opportunities for change.
- Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences.
- Teach client relaxation skills to increase client's ability to manage symptoms of anxiety.

Knowledge of

- The relationship of the positive effects of physical and cognitive activity on functioning in later adulthood.
- Theories of group dynamics.
- Cognitive restructuring techniques to change maladaptive thought patterns.
- The relationship between interpersonal interactions and social functioning.
- The effect of cognition on interpretation of behavioral responses.
- The biological, social, and psychological aspects of mental illness and emotional functioning.
- Sexual dysfunctions that indicate need for specialized services.
- Methods and techniques for conducting group psychotherapy.
- The biological, social, and psychological aspects of aggression.
- Methods and techniques for providing psychoeducation to individual clients

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

E. Therapy for Couples

Tasks

- Implement communication techniques with couples to promote mutual disclosure and discussion.
- Identify strategies couples can implement to balance external responsibilities with personal relationship.
- Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.
- Provide counseling to couples considering separation or divorce to address issues of loss.
- Provide premarital counseling to assist couple's transition to new family system.
- Educate clients about the stages of development of the couple relationship to

- normalize changes and transitions.
- Provide therapy and psychoeducation to couples to address issues of a blended family.
 - Implement strategies to increase the safety the couple feels in the relationship.
 - Assist couple to identify the relationship strengths from which effective coping strategies may be based.
 - Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on the relationship.
 - Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes.
 - Determine goal of couple's therapy by evaluating each individual's motivation.
 - Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies.
 - Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems.
 - Provide education regarding values identification and clarification to develop mutual acceptance, tolerance, and cohesion in relationship.
 - Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships.

Knowledge of

- The effect of incongruent goals of couples on therapeutic process.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in couples.
- Techniques to increase intimacy within couple relationships.
- The aspects of relationships that result in problems or conflicts for couples.
- Methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns.
- Techniques to assist client to develop individual roles and identities within the couple relationship.
- The impact of communication and interactional styles on couple relationships.
- Techniques for teaching conflict resolution and problem-solving skills with individuals in a couple.
- Counseling techniques to assist couples with psychological adjustment to sexuality issues.
- Methods and techniques for facilitating a couples' ability to minimize the effects of external pressures on intimacy needs.
- The effect of gender role expectations and stereotypes on communication and

- partner expectations in couples.
- Issues resulting from dissolution of couple relationships.
- Therapeutic methods to establish individual and system boundaries.
- The effect of unrealistic role assignments on couple relationships.
- The dynamics of the marriage/partner relationships that shape and change the relationship.
- Methods and techniques for teaching couples how to improve their communication.

F. Therapy for Families

Tasks

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

- Identify family structure to clarify roles and boundaries of the family unit.

Knowledge of

- Behaviors or reactions that indicate problematic separation or attachment issues.
- How cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members.
- The effect of conflicting or inconsistent parenting styles on child's level of functioning.
- The impact of the family's communication and interactional styles on the family members interpersonal dynamics and relationships.
- Parenting skills necessary to provide for care of children.
- The effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups.
- The impact of cultural views regarding family structure and values.
- The aspects of interpersonal relationships that result in problems or conflicts within family groups.
- Therapy techniques to strengthen or reestablish family roles.
- Behavioral and emotional responses in family members resulting from parental separation or divorce.
- The effect of differences in multigenerational acculturation on family structure and values.
- Techniques to identify multigenerational transmission of patterns and interactions that impact client functioning.
- Techniques to educate children regarding the relationship between behavior and consequences.
- The implications of family history for understanding its influence on current family functioning.
- Different types of supportive services to strengthen family system.
- Therapeutic interventions improve family transactions.
- Therapeutic techniques to increase individuation within existing system structures.
- The stages of developmental changes that occur within the family system.
- Group process methods for improving patterns of communication between family members.
- The family life cycle that results in transitions and changes in status.
- Techniques to identify different power bases within family structure.

G. Managing the Therapeutic Process

Tasks

- Identify cultural help-seeking behaviors to understand ways by which client presents with psychological or physical problems.
- Implement strategies to address language barriers to facilitate client expression and understanding.
- Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals.
- Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers.
- Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment.

Knowledge of

- Methods and techniques for addressing the communication needs of clients with communication-related disabilities and/or English language communication needs.
- The stages of the client/therapist relationship and how it progresses over time.
- Techniques for establishing a therapeutic framework with diverse populations.
- Techniques to promote client engagement in therapeutic process.
- The relationship between client sense of self-worth and client functioning.

VI. LEGAL MANDATES

Definition

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

Description

The candidate applies knowledge of legal mandates such as scope of practice, privileged communication, confidentiality, reporting requirements, involuntary hospitalization, professional conduct, and other legal mandates.

A. Protective Issues/Mandated Reporting

Tasks

- Report known or suspected abuse of a dependent adult client to initiate investigation by protective authorities.
- Evaluate whether client, if due to mental illness, is a danger to self or others, or is gravely disabled to initiate protective involuntary hospitalization.
- Evaluate client and the content of therapy to identify holder of privilege.

- Report known or suspected abuse or neglect of a child to initiate investigation by protective authorities.
- Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.

Knowledge of

- Criteria for determining abuse, neglect, or exploitation of dependent adults.
- Laws regarding privileged communication to protect client's rights and privacy.
- Laws regarding payment or acceptance of money for referral of services.
- Reporting requirements regarding duty to warn when client indicates intent to harm others.
- Legal criteria for assessing grave disability of client to establish need for food, shelter, or clothing.
- Knowledge of laws regarding holder of privilege.
- Legal requirements regarding the mandatory and discretionary reporting of suspected or known abuse.
- Legal requirements for disclosing confidential material to other individuals, agencies, or authorities.

B. Professional Conduct

Tasks

- Maintain boundaries with client by adhering to legal guidelines regarding sexual relations.
- Implement therapeutic techniques congruent with professional competence to provide services within scope of practice.
- Obtain client's written permission to disclose privileged information to protect client's right to privacy.
- Maintain client records in accordance with state and federal regulations.
- Provide "Professional Therapy Never Involves Sex" brochure to client when client discloses allegations of sexual misconduct in previous therapy.
- Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.

Knowledge of

- Laws which define the boundaries and scope of clinical practice.
- Laws regarding disclosing fees for professional services.
- Laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.
- Laws regarding sexual misconduct between therapist and client.

VII. ETHICAL STANDARDS FOR PROFESSIONAL CONDUCT

Definition

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

Description

The candidate applies knowledge of ethical responsibilities that include conflict of interest, therapeutic boundaries, dual relationships, confidentiality and scope of competence. The candidate also recognizes when to obtain consultation from other professionals.

Tasks

- Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated.
- Disclose exceptions to confidentiality to inform client of limitations of privileged communication.
- Seek consultation before countertransference issues interfere with treatment.
- Collaborate with other professionals when issues arise outside the therapist's expertise.
- Maintain awareness of impropriety involving the offer, solicitation, or acceptance of money or other consideration for referral of services to avoid negatively impacting the therapeutic relationship.
- Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.
- Maintain clear and professional boundaries with client to prevent dual personal relationship that could negatively impact the therapeutic relationship.
- Provide client office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.
- Provide client with information regarding extent and nature of services available to facilitate client's ability to make educated decisions regarding treatment.

Knowledge of

- Methods and conditions for communicating to client about acceptance of money or other payments for referral of services.
- Criteria for determining competency to practice.
- Methods and conditions for disclosing fees for professional services.
- Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.

- Therapist issues and conflicts that interfere with the therapeutic process.
The limits of confidentiality within the therapeutic framework.
- Ethical considerations and conditions for interrupting or terminating treatment.
- Limitations of professional experience, education, and training to determine issues outside therapeutic competence. Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.
- Ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socio-economic status, marital status, sexual orientation or level of ability.
- Ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.
- Ethical responsibility to provide client with information regarding the therapeutic process and services.

APPENDIX B

HOW IS AN EXAMINATION CREATED?

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

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

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

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



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