



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

Licensed Clinical Social Worker  
Standard Written Examination

**CANDIDATE HANDBOOK**  
**FOR EXAMINATIONS DECEMBER 1, 2008 OR LATER**



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

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## FOR MORE INFORMATION

All questions about examination scheduling should be directed to:

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

Questions about examination content or licensing should be directed to:

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

## SCHEDULING INFORMATION

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

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

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

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

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



## PURPOSE

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

## EXAMINATIONS BY PSI

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

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

**PSI licensure:certification (PSI)**  
3210 E Tropicana  
Las Vegas, NV 89121  
(877) 392-6422 • Fax (702) 932-2666  
[www.psiexams.com](http://www.psiexams.com)

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

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

## EXAMINATION SCHEDULING PROCEDURES

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

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

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

Christmas	Closed December 25-28, 2008
New Years	Closed January 1, 2009
Memorial Day	Closed May 23-25, 2009
Independence Day	Closed July 3-5, 2009
Labor Day	Closed September 5-7, 2009
Thanksgiving	Closed November 26-29, 2009
Christmas	Closed December 25-27, 2009

## INTERNET SCHEDULING

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

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

## TELEPHONE SCHEDULING

PSI has two scheduling methods available if you wish to schedule by telephone. First, call PSI at (877) 392-6422, 24 hours a day and schedule using the Automated Registration System. Second, if you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm and Saturday, between 8:00 am and 2:00 pm, Pacific Time, to schedule your appointment for the test. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.790.3926.

## CANCELING AN EXAMINATION APPOINTMENT

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

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

## MISSED APPOINTMENT OR LATE CANCELLATION

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

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

## RE-EXAMINATION

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with the



score report at the test center, or may be obtained by contacting the BBS.

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

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

Sample Scenarios:

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

#### EXAMINATION SITE CLOSING FOR AN EMERGENCY

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

## EXAMINATION SITE LOCATIONS

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

### ANAHEIM

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

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

### ATASCADERO

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

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

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

### BAKERSFIELD

5405 STOCKDALE HIGHWAY, SUITE 206  
BAKERSFIELD, CA 93309

(661) 398-9354

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

*FROM I-5 N TOWARD BAKERSFIELD, KEEP LEFT TO TAKE CA-99 N VIA EXIT (221) TOWARD BAKERSFIELD/FRESNO. TAKE THE CA-58 E EXIT TOWARD TEHACHAPI/MOJAVE. TAKE THE EXIT ON THE LEFT TOWARD CAL STATE UNIV/STOCKDALE HWY/BRUNDAGE LANE. TURN LEFT ONTO WIBLE RD. TURN SLIGHT LEFT ONTO STOCKDALE HWY.*

### CARSON

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

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

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

### EL MONTE

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

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

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

### FRESNO

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

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

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

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

### HAYWARD

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

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

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

### REDDING

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

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



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

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

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

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

## RIVERSIDE

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

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

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

## SACRAMENTO

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

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

## SAN DIEGO

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

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

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

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

## SANTA ROSA

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

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

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

## SANTA CLARA

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

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

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

## OUT-OF-STATE EXAMINATION SITE LOCATIONS

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

## ALBUQUERQUE

2301 YALE BLVD, SE  
BUILDING C, SUITE 4  
ALBUQUERQUE, NM 87106

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

## ATLANTA

CIRCLE 75 OFFICE PARK  
1000 CIRCLE 75 PARKWAY, SUITE 720  
ATLANTA, GA 30339

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

## BOSTON

INNER TECH PARK, 56 ROLAND ST., SUITE 211  
BOSTON, MA 02129

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

## CHARLOTTE

TYVOLA EXECUTIVE PARK 1  
5701 WESTPARK DR, #202  
CHARLOTTE, NC 28217

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



## CRANBERRY TOWNSHIP

CRANBERRY CORPORATE BUSINESS CENTER

213 EXECUTIVE DR., SUITE 150

CRANBERRY TOWNSHIP, PA 16066

*FROM I-79 EXIT CRANBERRY-MARS ROUTE 228, GO WEST. CROSS OVER ROUTE 19 ONTO FREEDOM ROAD. GO THREE TRAFFIC LIGHTS THEN TURN RIGHT ONTO EXECUTIVE DRIVE. BUILDING IS DIRECTLY ACROSS FROM HAMPTON INN.*

## HOUSTON (NORTHWEST)

9800 NORTHWEST FREEWAY

SUITE 200

HOUSTON, TX 77092

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

## LAS VEGAS

3210 E TROPICANA AVENUE

LAS VEGAS, NEVADA 89121

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

## PORTLAND

205 BUSINESS CENTER, SUITE 201

8383 NE SANDY BLVD

PORTLAND, OR 97220

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

## SOUTHFIELD (DETROIT AREA) EXAMINATION CENTER

CROSSROADS BUILDING

16250 NORTHLAND DRIVE, SUITE 361

SOUTHFIELD, MI 48075

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

## WEST DES MOINES:

1001 OFFICE PARK ROAD, SUITE 315

DES MOINES, IA 50265

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

## SPECIAL ACCOMMODATIONS AVAILABLE

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

The Board and PSI recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates

who substantiate the need due to a physical or mental disability or qualified medical condition.

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

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

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

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

## REPORTING TO THE EXAMINATION SITE

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

### REQUIRED IDENTIFICATION AT EXAMINATION SITE

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

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

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

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



## CALIFORNIA LAW SECURITY PROCEDURES

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

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

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

## IMPORTANT INFORMATION ABOUT TAKING AN EXAMINATION

1. All candidates will have their thumbprint taken during examination check-in and re-entry into the testing room after an approved absence. If a candidate passes the examination, the thumbprint record will be destroyed. If a candidate abandons his or her application for licensure, as determined by the appropriate regulatory authority, the thumbprint will also be destroyed. If a candidate is unsuccessful, the thumbprint record will be retained by PSI to ensure proper identification on any subsequent examination attempts. If the thumbprint doesn't match upon exit and re-entry, the candidate shall be disqualified from the examination, his or her test results invalidated, and the appropriate regulatory entity will be notified of the occurrence. The taking of the thumbprint is an additional measure to enhance examination security. The Department's Office of Examination Resources shall ensure

that the appropriate safeguards for the storage and destruction of the thumbprint records are in place.

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

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

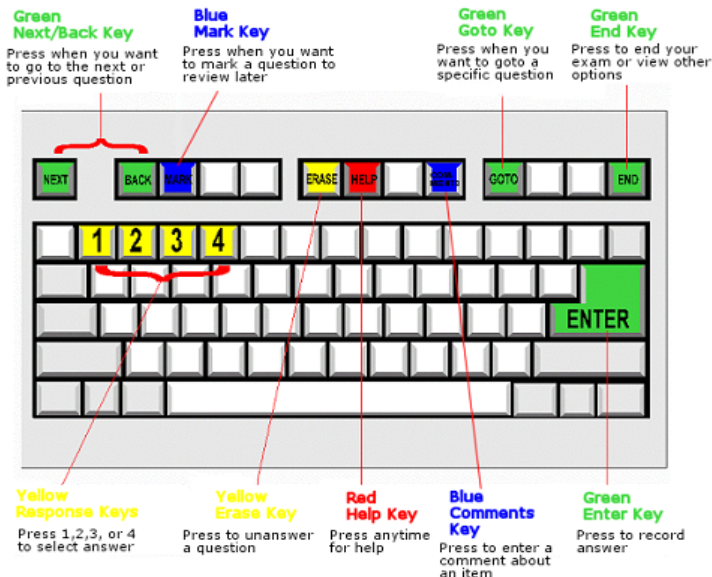
6. Copying or communicating examination content is a violation of PSI security policy and existing law. Either one shall result in the disqualification or invalidation of examination results, the denial of your license, and may subject the candidate to criminal prosecution.

## **TAKING THE EXAMINATION BY COMPUTER**

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All



response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.



### IDENTIFICATION SCREEN

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

### TUTORIAL

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

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

### EXAMINATION QUESTION EXAMPLE

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



## EXAMINATION RESULTS

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

### FAILING SCORE REPORTS

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

## ABANDONMENT OF APPLICATION/INELIGIBILITY

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

**RE-EXAMINATION APPLICANTS:** California Business and Professions Code Section 4996.4 states, “An applicant who fails a standard or clinical vignette written examination may within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all required fees.”

Persons failing to appear for re-examination, once having been scheduled, shall forfeit any re-examination fees paid.

## AFTER PASSING THE EXAMINATION

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

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



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

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

## STUDY MATERIAL AND COURSES

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

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

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

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

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

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

In accordance with Sections 4996.1 and 4996.3 of the California Business and Professions Code, and Section 1877 of the California Code of Regulations, applicants for LCSW licensure must pass a Board-administered written examination. An applicant who passes the initial "Standard Written" examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license. The Board does not currently require an oral examination.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods, as applicable to the LCSW scope of practice. Business and Professions Code section 4996.9, defines the LCSW scope of practice as: "...a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation

plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work."

## LCSW EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for LCSWs in 2004. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

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

Last performed in 2004 for the LCSW profession, the analysis began with interviews of licensees to gather information about the tasks performed in practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task, task frequency, and knowledge area associated with their own practice.

The questionnaires were mailed to 2,680 LCSWs throughout California. Several panels of LCSWs reviewed the results of the questionnaire. The panels then established the content of the new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid LCSW examination plan.

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

## EXAMINATION DEVELOPMENT

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



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

## ESTABLISHING THE PASSING STANDARDS

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

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

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

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

## EXAMINATION ITEMS

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

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

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

You will have 4 hours to take this examination.

### EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS

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

1. A woman seeks counseling after her 19-year-old adolescent was arrested for driving under the influence. The client reports the incident upset her so badly she has been having difficulty sleeping and has not been able to go to work. What strategy should be used in providing treatment for this client?
  - a. Provide the client with an opportunity to discuss feelings about the adolescent’s actions.
  - b. Focus on the immediate tasks the client must perform to achieve equilibrium.
  - c. Encourage the client to use social support networks to assist in coping.
  - d. Refer the client to an Al-Anon family support group.
2. Why should role reversal be used in couples counseling?
  - a. To reinforce the autonomy of the two partners.
  - b. To reinforce the established roles of each partner.
  - c. To increase lighthearted interplay between partners.
  - d. To increase empathy and understanding between partners.
3. Which of the following factors should be included in the assessment of a client from a culture that is different from the therapist’s?
  - a. Evaluation of socioeconomic variables, determination of any culturally-related issues, and determination of level of acculturation.
  - b. Evaluation of socioeconomic variables, consultation from traditional healers, and administration of psychometric tests.
  - c. Evaluation of mental status, determination of any culturally-related issues, and administration of psychometric tests.
  - d. Evaluation of mental status, consultation from traditional healers, and determination of level of acculturation.
4. A middle-aged couple comes to therapy shortly after their last child married. They both share that they are not as close as they used to be and complain of depression and irritability. How should a family therapist treat these clients?
  - a. By recommending clients reevaluate their relationship and consider separation.
  - b. By assisting clients to focus on their relationship and evolve in their new roles.
  - c. By reassuring clients that this is a normal reaction and feelings will resolve naturally.
  - d. By encouraging clients to remain active in their children’s lives and enjoy their freedom.

5. In which of the following situations should involuntary hospitalization be initiated?
  - a. A person indicates a plan and intent to cause self-harm.
  - b. A person demonstrates failure to provide shelter.
  - c. A person refuses necessary medical treatment.
  - d. A person states an intent to kill his boss.
  
6. Which of the following family members should be identified as the scapegoat using a systems approach?
  - a. Child who mediates negative family processes.
  - b. Child who is identified as the source of the problem.
  - c. Parent who rationalizes spouse's absence from work due to alcohol.
  - d. Parentified child who assumes responsibility for maintaining family functioning.
  
7. An 11-year-old client ran away from home after setting a fire in his parent's garage. In addition, he has been threatening his peers with a knife. What diagnosis is indicated for this client?
  - a. Conduct disorder
  - b. Disruptive behavior disorder
  - c. Oppositional defiant disorder
  - d. Childhood disintegrative disorder
  
8. Which of the following situations would constitute malpractice?
  - a. An HIV-positive client infects a partner and the therapist did not warn.
  - b. An involuntary client disagrees with the treatment plan and the therapist will not make changes.
  - c. An alcoholic client in recovery begins drinking again after the therapist uses confrontation in the therapy session.
  - d. A depressed client following the treatment plan commits suicide when the therapist cancels multiple appointments with no backup plan.
  
9. 42-year-old divorced male client is being seen for depression caused by a recent breakup with his fiancée. During a therapy session, he states he has mailed letters to his daughters telling them that he loves them. He also thanks the therapist for the help, but states he is resigned to his feelings and he will not be returning for any more therapy. How should the therapist proceed?
  - a. Convince the client that treatment is still needed.
  - b. Refer for intensive outpatient treatment to monitor depression.
  - c. Evaluate for plan, intent, and means to carry out suicide attempt.
  - d. Work with the client to resolve the emotional crisis that he is facing.
  
10. A mother brings her 10-year-old daughter to therapy after an unfounded abuse investigation was conducted on the girl's father. Since the investigation, the child has been afraid to sleep in her own room, is very demanding of her parents, and continues to have nightmares that her father

is being taken away. What should be the immediate short-term objective of therapy with this client?

- a. Encourage the client to forget the incident because it was unfounded.
- b. Assist the client to explore her emotions and fears about the incident.
- c. Instruct the parents to set firm limits on the client's bedtime behavior.
- d. Refer the client to a psychiatrist for a medication evaluation.

Correct Answers: 1-B, 2-D, 3-A, 4-B, 5-A, 6-B, 7-A, 8-D, 9-C, 10-B

## LICENSED CLINICAL SOCIALWORKER

### Standard Written Examination Plan (Outline)

Content Area	# of Questions	Area %
<b>I. Biopsychosocial Assessment</b>	<b>40</b>	<b>23</b>
A. Assessing for Risk		
B. Assessment of Client Readiness and Appropriateness of Treatment		
C. In-Depth Assessment		
1. Comprehensive Exploration of Symptoms		
a. psychological factors		
b. cultural/personal factors		
2. Comprehensive Evaluation of Problem		
a. social-environmental history		
b. medical and developmental history		
c. history of substance use/abuse		
3. Comprehensive Evaluation of Inter- and Intra-personal Resources		
<b>II. Diagnostic Formulation</b>	<b>10</b>	<b>6</b>
<b>III. Treatment Plan Development</b>	<b>19</b>	<b>11</b>
A. Identify/Prioritize Objectives, Goals and Methods of Treatment		
B. Integrate/Coordination Concurrent Treatment Modalities and Adjunctive Resources		
C. Monitoring, Evaluation and Revision of Treatment Plan		
<b>IV. Resource Coordination</b>	<b>16</b>	<b>9</b>
A. Service Identification and Coordination		
B. Client Advocacy and Support		
<b>V. Therapeutic Interventions</b>	<b>70</b>	<b>40</b>
A. Crisis Intervention		
B. Short-Term Therapy		
C. Therapy for Children and Adolescents		
D. Therapy for Adults (Individual and Group)		
E. Therapy for Couples		
F. Therapy for Families		
G. Managing the Therapeutic Process		
<b>VI. Legal Mandates</b>	<b>9</b>	<b>5</b>
A. Protective Issues/Mandated Reporting		
B. Professional Conduct		
<b>VII. Ethical Standards</b>	<b>11</b>	<b>6</b>

# LCSW STANDARD WRITTEN EXAMINATION PLAN

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

## I. BIOPSYCHOSOCIAL ASSESSMENT (23%)

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

### A. ASSESSING FOR RISK

#### Tasks

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

#### Knowledge of

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

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

#### Tasks

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

#### Knowledge of

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

### C. IN-DEPTH ASSESSMENT

#### 1. Comprehensive Exploration of Symptoms

##### a. Psychological Factors

#### Tasks



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

Knowledge of

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

b. Cultural/Personal Factors

Tasks

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

Knowledge of

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

2. Comprehensive Evaluation of Problem

a. Social-Environmental History

Tasks

- Gather information about client's interpersonal relationships to identify patterns of behavior in different life settings.
- Assess history of trauma and abuse to determine impact on current functioning.
- Evaluate impact of psychosocial and environmental stressors on client's symptomatology.
- Identify events precipitating current problem through interviews with client and collateral sources.
- Gather information regarding client's family history to determine the impact of significant relationships and events on current problems.
- Assess impact of familial patterns of interaction on client's current problem through interviews with client and collateral sources.

- Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.

Knowledge of

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

b. Medical and Developmental History

Tasks

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

Knowledge of

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

c. History of Substance Use/Abuse

Tasks

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

Knowledge of

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

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

Tasks

- Evaluate effectiveness of client's coping strategies and strengths by identifying patterns of reactions and responses to life stressors.
- Identify information regarding client's past and present coping strategies and strengths as they relate to the presenting problem.
- Assess client's ability and willingness to access personal and community resources.
- Gather information regarding family members' coping strategies and strengths to assist in treatment planning.

- Gather information regarding interpersonal relationships to evaluate and assess client's ability to access and utilize support systems.
- Assess current living conditions to determine impact of the environment on the person in the situation.
- Collect information from collateral sources to assist in developing clinical assessment and intervention strategies.
- Assess impact of the client's family and social network on the presenting problem.
- Assess socioeconomic factors to determine the impact of financial stressors on current problem.
- Assess ability and willingness of the client's family and social network to support client's treatment.

#### Knowledge of

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

## II. DIAGNOSTIC FORMULATION (6%)

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

#### Tasks

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

#### Knowledge of

- Knowledge of Diagnostic and Statistical Manual of Mental Disorders classifications of symptoms and disorders.
- Knowledge of the clinical process of developing a diagnosis or problem description to clarify therapeutic issues.
- Knowledge of how to evaluate and integrate information about the client's premorbid condition and precipitating events into the formulation of a differential diagnosis.
- Knowledge of criteria for classifying complex levels of addiction (cross addiction).
- Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis or problem formulation within the framework of the client's culture and beliefs.
- Knowledge of the relationship between biochemistry and psychiatric disorders.
- Knowledge of how to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.
- Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis or problem formulation.
- Knowledge of methods for integrating assessment information to identify areas and level of impairment in client's functioning.
- Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.
- Knowledge of the psychoactive qualities of substances that contribute to dependence, physical addiction, or impairment.
- Knowledge of the social work diagnostic framework for identifying and evaluating presenting symptoms.
- Knowledge of the impact of cultural factors on the formulation of a differential diagnosis.
- Knowledge of the relationship between psychosocial and environmental factors and symptom development.

- Knowledge of the relationship between onset of signs and symptoms and duration of the problem.
- Knowledge of behavioral, physiological, and psychological indicators of developmental disorders.
- Knowledge of the relationship between persistence of symptoms and the course of the problem.
- Knowledge of methods for differentiating between disorders that share common symptoms.
- Knowledge of criteria for classifying substance use, abuse, and dependency.
- Knowledge of the short and long-term side effects of medications and their effect on the client's presenting symptoms.

### III. TREATMENT PLAN DEVELOPMENT (11%)

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

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

##### Tasks

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

##### Knowledge of

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

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

##### Tasks

- Collaborate with physician/psychiatrist regarding the effects and contraindications of psychotropic drugs to maximize therapeutic effectiveness with clients.
- Coordinate with other care providers in the development of an individual treatment plan.



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

Knowledge of

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

C. MONITORING, EVALUATION AND REVISION OF TREATMENT PLAN

Tasks

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

Knowledge of

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

IV. RESOURCE COORDINATION (9%)

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

A. SERVICE IDENTIFICATION AND COORDINATION

Tasks

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

Knowledge of

- Knowledge of criteria for determining least restrictive environment to provide for care and safety of client.
- Knowledge of methods for identifying and incorporating community support systems and resources that are consistent with client's beliefs and values.

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

## B. CLIENT ADVOCACY AND SUPPORT

### Tasks

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

### Knowledge of

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

## V. THERAPEUTIC INTERVENTIONS (40%)

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

### A. CRISIS INTERVENTION

#### Tasks

- Implement techniques to assist client's exploration of options to increase adaptive functioning.
- Assist client to modify environment to promote stabilization.
- Evaluate nature and severity of current crisis to determine intervention strategy.
- Implement techniques to assist client to verbalize source of crisis.

- Assist client to manage emotions associated with traumatic event to facilitate client's resolution of crisis.
- Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.
- Develop a stabilization plan with client in crisis to prevent further decompensation.

Knowledge of

- Knowledge of methods for implementing strategies and interventions with clients in emergency situations.
- Knowledge of the effect of crisis on emotional and psychological equilibrium.
- Knowledge of counseling techniques to assist client in crisis to regain emotional balance.
- Knowledge of transitional crises created by immigration and acculturation.
- Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior.
- Knowledge of crisis intervention techniques to provide immediate assistance to client.
- Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma.
- Knowledge of therapeutic techniques for improving adaptive functioning of client in crisis.

B. SHORT-TERM THERAPY

Tasks

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

Knowledge of

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

C. THERAPY FOR CHILDREN AND ADOLESCENTS

Tasks

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

- Provide supportive therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial adjustment.
- Provide assertiveness training to promote client's self-esteem and self-confidence.
- Determine antecedents of client's maladaptive behaviors by identifying the internal and/or external stimuli leading to the undesired responses.
- Provide therapy involving structured task completion to improve child's ability to focus on specific tasks.
- Provide parenting skills training to improve parents/caregivers' ability to care for children.
- Instruct children and adolescents regarding self-control techniques to promote awareness of the consequences of their actions.
- Provide psychoeducation to child/adolescent client about the physical and psychosocial effects of substance use to promote resistance to continued substance usage

#### Knowledge of

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

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

##### Tasks

- Facilitate group process so clients can derive the maximum benefit from the experiences of peers.
- Apply nondirective approach to therapy by following the client's lead to permit change to occur at client's pace.
- Apply therapeutic techniques to integrate thoughts, feelings, and actions to assist client to achieve congruence of self.
- Provide psychotherapy to survivor of abuse to reduce the impact of the experience.
- Teach client anger management techniques to increase client's ability to manage aggressive impulses.
- Provide psychotherapy to client with substance abuse problem to facilitate client's ability to address the contributing factors and dynamics of substance abuse.
- Provide supportive therapy to elderly clients and their families to facilitate their ability to address the physical and psychological effects of the aging family member(s).
- Instruct client in environmental modification techniques for limiting stimuli that elicit undesired behaviors and increasing stimuli that elicit desired behaviors.
- Conduct symptom management training with psychiatric client to minimize effect of disorder on functioning.
- Provide psychoeducation for family members to facilitate treatment compliance of client.
- Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.
- Implement psychodynamic techniques to assist client with bringing preconscious processes into conscious awareness.
- Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.

- Instruct client in techniques to generate rational thoughts and attitudes to assist development of adaptive behaviors.
- Implement techniques for motivating client to attend substance treatment programs.
- Assist client to identify cognitions that maintain maladaptive behavior.
- Provide supportive therapy to psychiatric client to increase compliance with medical and pharmacological interventions.
- Confront client's inappropriate and/or antisocial behavior to provide opportunities for change.
- Implement techniques for increasing client's awareness of own defense mechanisms to assist client with recognizing problematic thoughts, emotions, and consequences.
- Teach client relaxation skills to increase client's ability to manage symptoms of anxiety.

#### Knowledge of

- Knowledge of the relationship of the positive effects of physical and cognitive activity on functioning in later adulthood.
- Knowledge of theories of group dynamics.
- Knowledge of cognitive restructuring techniques to change maladaptive thought patterns.
- Knowledge of the relationship between interpersonal interactions and social functioning.
- Knowledge of the effect of cognition on interpretation of behavioral responses.
- Knowledge of the biological, social, and psychological aspects of mental illness and emotional functioning.
- Knowledge of sexual dysfunctions that indicate need for specialized services.
- Knowledge of methods and techniques for conducting group psychotherapy.
- Knowledge of the biological, social, and psychological aspects of aggression.
- Knowledge of methods and techniques for providing psychoeducation to individual clients and groups.
- Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning.
- Knowledge of stress management techniques to reduce anxiety or fearful reactions.
- Knowledge of interventions and techniques for assisting client with managing own anger and aggression.
- Knowledge of therapy methods and techniques to assist client with adjusting to the effects of racism and discrimination.
- Knowledge of psychodynamic techniques for resolving emotional conflict or trauma.
- Knowledge of methods for implementing desensitization techniques to reduce client symptoms.
- Knowledge of techniques to assist client to adjust to physical, cognitive, and emotional changes associated with the aging process.
- Knowledge of the effects of unconscious processes on behavior.
- Knowledge of the protective function defense mechanisms against anxiety.
- Knowledge of the application of experiential techniques to assist client to achieve treatment goals.
- Knowledge of methods and techniques for teaching client self-implemented therapeutic techniques as part of the treatment process.
- Knowledge of the concept of insight in successful resolution of past trauma or conflict.
- Knowledge the biological, social, and psychological aspects of substance use and addiction.
- Knowledge of therapeutic techniques for increasing client's feelings of self-worth.
- Knowledge of methods for assessing maladaptive functioning in interpersonal relationships.
- Knowledge of the impact of cultural, racial, and ethnic values and beliefs on adult behavior.
- Knowledge of the effect of events in client's past on current experiences.

#### E. THERAPY FOR COUPLES

##### Tasks

- Implement communication techniques with couples to promote mutual disclosure and discussion.
- Identify strategies couples can implement to balance external responsibilities with personal relationship.
- Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.
- Provide counseling to couples considering separation or divorce to address issues of loss.
- Provide premarital counseling to assist couple's transition to new family system.
- Educate clients about the stages of development of the couple relationship to normalize changes and transitions.
- Provide therapy and psychoeducation to couples to address issues of a blended family.
- Implement strategies to increase the safety the couple feels in the relationship.
- Assist couple to identify the relationship strengths on which effective coping strategies may be based.
- Identify patterns of interaction between the individuals within a couple to determine positive and negative impacts on relationship.
- Teach conflict management skills to the individuals within a couple to increase the ability to reach suitable resolutions in disputes.
- Determine goal of couple's therapy by evaluating each individual's motivation.
- Assist nontraditional couples (same sex, mixed cultures, mixed ethnicity, and age differences) to identify specific needs and develop external support system and coping strategies.
- Implement techniques to increase the individuation of the individuals within a couple by establishing clear and permeable boundaries within systems.
- Assist clients to restructure interactions by reframing the couple's perception of power structure within the system.

- Provide education regarding values identification clarification to develop mutual acceptance, tolerance, and cohesion in relationship.
- Determine impact on the individuals within a couple of multigenerational interactional patterns by evaluating the history of family relationships.

#### Knowledge of

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

#### F. THERAPY FOR FAMILIES

##### Tasks

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

#### Knowledge of

- Knowledge of behaviors or reactions that indicate problematic separation or attachment issues.
- Knowledge of how cultural, racial, and ethnic values and beliefs affect behavior and expectations of family on family members.
- Knowledge of the effect of conflicting or inconsistent parenting styles on child's level of functioning.
- Knowledge of methods for identifying interconnections and interdependence within social systems.
- Knowledge of the impact of the family's communication and interactional styles on the family members interpersonal dynamics and relationships.
- Knowledge of parenting skills necessary to provide for care of children.
- Knowledge of the effect of culture, ethnicity, and socialization on development of role identification and expectations in family groups.
- Knowledge of the impact of cultural views regarding family structure and values.
- Knowledge of the aspects of interpersonal relationships that result in problems or conflicts within family groups.

- Knowledge of therapy techniques to strengthen or reestablish family roles.
- Knowledge of behavioral and emotional responses of family members resulting from parental separation or divorce.
- Knowledge of the effect of differences in multigenerational acculturation on family structure and values.
- Knowledge of techniques to identify multigenerational transmission of patterns and interactions that impact client functioning.
- Knowledge of techniques to educate children regarding the relationship between behavior and consequences.
- Knowledge of the implications of family history for understanding its influence on current family functioning.
- Knowledge of techniques to identify and clarify roles and expectations in blended family structures.
- Knowledge of different types of supportive services to strengthen family system.
- Knowledge of therapeutic interventions to improve family transactions.
- Knowledge of therapeutic techniques to increase individuation within existing system structures.
- Knowledge of the stages of developmental changes that occur within the family system.
- Knowledge of group process methods for improving patterns of communication between family members.
- Knowledge of the concept of feedback as it relates to the adjustment of a system.
- Knowledge of the family life cycle that results in transitions and changes in status.
- Knowledge of techniques to identify different power bases within family structure.
- Knowledge of the concept of homeostasis in maintaining system structure and balance of power.

#### G. MANAGING THE THERAPEUTIC PROCESS

##### Tasks

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

##### Knowledge of

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

#### VI. LEGAL MANDATES (5%)

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

##### A. PROTECTIVE ISSUES/MANDATED REPORTING

##### Tasks

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

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

Knowledge of

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

B. PROFESSIONAL CONDUCT

Tasks

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

Knowledge of

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

VII. ETHICAL STANDARDS (6%)

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

Tasks

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

Knowledge of



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



**STATE OF CALIFORNIA  
NOTICE OF ELIGIBILITY**

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

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

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

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