

# California WIC 5150 Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Table of Contents

<b>Copyright</b> .....	<b>1</b>
<b>Table of Contents</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>3</b>
<b>How to Use This Guide</b> .....	<b>4</b>
<b>Questions</b> .....	<b>5</b>
<b>Answers</b> .....	<b>9</b>
<b>Explanations</b> .....	<b>11</b>
<b>Next Steps</b> .....	<b>17</b>

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. Undeniable Rights include which concept?**
  - A. The right to receive treatment in ways that promote independence and be provided in the least restrictive manner**
  - B. The right to be free from all forms of treatment**
  - C. The right to be treated with disrespect**
  - D. The right to ignore confidentiality**
  
- 2. Ewing v. Goldstein expanded Tarasoff by clarifying duty to protect when threats are communicated by whom?**
  - A. A fellow patient**
  - B. A family member of the patient**
  - C. A friend of the patient**
  - D. A coworker**
  
- 3. Which SAD PERSONS factor indicates risk due to prior attempts?**
  - A. Previous suicide Attempts**
  - B. Age**
  - C. Ethanol Abuse**
  - D. Sex**
  
- 4. What does 5250 authorize?**
  - A. 30 days for Intensive Treatment.**
  - B. 14 days for Intensive Treatment.**
  - C. 7 days for observation.**
  - D. 21 days for court-ordered care.**
  
- 5. What must the designated facility do with regards to advisement on the WIC 5150 (h) form?**
  - A. Keep a record of the advisement given**
  - B. Provide only oral advisement**
  - C. Not document advisement**
  - D. Send advisement to the patient's family**

- 6. Under WIC 5585.50, what happens if a minor's parent or guardian authorization for voluntary treatment is not available?**
- A. The minor is released to the care of a guardian with a voluntary plan**
  - B. If a parent/guardian authorization is not available, the minor should be placed on a 5585 involuntary hold**
  - C. The minor must remain in a voluntary hold regardless of authorization**
  - D. A court must issue a 5585 order for detention**
- 7. Under Assembly Bill 4642, what is required after a minor leaves hospital?**
- A. No aftercare plan is required**
  - B. An aftercare plan must be provided after hospitalization**
  - C. Only a verbal discharge summary is needed**
  - D. Aftercare plan is decided by the guardian**
- 8. The policy shift known as deinstitutionalization describes moving from long-term hospitalization toward which type of care?**
- A. Inpatient hospital care**
  - B. Community-based care**
  - C. Private practice care**
  - D. No change**
- 9. Which sequence correctly reflects the order and durations of the sections described (5150 through 5352)?**
- A. 72-hour detention (5150) followed by 14-day (5250), then 14-day extension under 5260, then 30-day (5270.15), and finally 30-day conservatorship under 5352.**
  - B. 14-day hold (5250) followed by 72-hour hold (5150), then 5260, then 5270.15, then 5352.**
  - C. 72-day hold (5150) followed by 5250 for 7 days, then 5260.**
  - D. Only a 5150 hold is ever used.**

**10. Which addition was made to the WIC 5150 (h) assessment form, effective July 1, 2020?**

- A. Added the date of birth on the form**
- B. Added the patient's social security number**
- C. Added a clinician signature line**
- D. Added an emergency contact phone number**

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## Answers

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1. A
2. B
3. A
4. B
5. A
6. B
7. B
8. B
9. A
10. A

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## **Explanations**

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### 1. Undeniable Rights include which concept?

- A. The right to receive treatment in ways that promote independence and be provided in the least restrictive manner**
- B. The right to be free from all forms of treatment
- C. The right to be treated with disrespect
- D. The right to ignore confidentiality

Rights in mental health care include the principle of least restrictive treatment that supports a person's independence. This means care should promote autonomy and function while using the minimum level of restriction necessary. The best choice captures this idea by stating the right to receive treatment in ways that foster independence and are provided in the least restrictive manner, aligning with ethical and legal standards that prioritize dignity and empowerment. Why this fits: treatment should help individuals stay as independent as possible while ensuring safety and effectiveness, avoiding unnecessary coercion or control. The other options conflict with fundamental rights and professional standards: being free from all forms of treatment would deny needed care; being treated with disrespect violates dignity; ignoring confidentiality breaches privacy and trust, which are protected by law and ethics.

### 2. Ewing v. Goldstein expanded Tarasoff by clarifying duty to protect when threats are communicated by whom?

- A. A fellow patient
- B. A family member of the patient**
- C. A friend of the patient
- D. A coworker

The key idea is that the duty to protect can be triggered not only by a direct threat from the patient, but also when someone close to the patient conveys the threat. Ewing v. Goldstein clarified that information about dangerousness coming from a trusted third party can create liability for the clinician to take protective action. A family member is a prime example of such a close, reliable informant, so threats communicated by a family member meet the standard for activating the duty to protect.

### 3. Which SAD PERSONS factor indicates risk due to prior attempts?

- A. Previous suicide Attempts**
- B. Age
- C. Ethanol Abuse
- D. Sex

Prior suicide attempts are the strongest predictor of future attempts. In the SAD PERSONS framework, this factor directly signals a history of self-harm, which often reflects ongoing distress, underlying psychiatric illness, and access to means. It also means risk remains high, especially in the period soon after an attempt, so safety planning and careful monitoring are crucial. Other factors like age, sex, or substance abuse indicate risk in other ways, but they don't show a past behavior of attempt. That history of previous attempts is what makes the risk level rise most, making it the best indicator in this context.

#### 4. What does 5250 authorize?

- A. 30 days for Intensive Treatment.
- B. 14 days for Intensive Treatment.**
- C. 7 days for observation.
- D. 21 days for court-ordered care.

The main idea here is extending involuntary treatment beyond the initial holds. After someone is placed on an involuntary hold (the 72-hour period) because they're gravely disabled or a danger to themselves or others, there's a formal way to keep them in treatment longer if they still need it. That mechanism is the 5250 extension, which authorizes an additional 14 days of intensive treatment. A physician must certify that continued treatment is necessary, and the person can be kept in a psychiatric facility for this extended period to receive more comprehensive care, not just observation. The fixed timeframe is 14 days, which is why this option is the best choice.

#### 5. What must the designated facility do with regards to advisement on the WIC 5150 (h) form?

- A. Keep a record of the advisement given**
- B. Provide only oral advisement
- C. Not document advisement
- D. Send advisement to the patient's family

When a 5150 hold is placed, the person must be informed of their rights and the facts of the hold, and this advisement needs to be captured in the patient's record. Keeping a written record of the advisement on the WIC 5150 (h) form ensures there is verifiable evidence that the individual was informed about their rights and the reasons for the hold, who gave the advisement, and when it occurred. This documentation protects the patient's rights and provides accountability for staff and the facility, and it supports lawful, transparent care during the involuntary hold. Simply giving the advisement verbally would not provide the necessary, traceable record, and not documenting it would create a gap in compliance. Sending advisement to the patient's family isn't the standard requirement and would raise privacy concerns.

**6. Under WIC 5585.50, what happens if a minor's parent or guardian authorization for voluntary treatment is not available?**

**A. The minor is released to the care of a guardian with a voluntary plan**

**B. If a parent/guardian authorization is not available, the minor should be placed on a 5585 involuntary hold**

**C. The minor must remain in a voluntary hold regardless of authorization**

**D. A court must issue a 5585 order for detention**

When a minor needs treatment but there's no available authorization from a parent or guardian for voluntary care, the law directs you to use an involuntary hold under 5585.50. This provision allows a clinician to detain the minor for evaluation and treatment even without parental consent, so safety and timely care aren't delayed while guardianship decisions are unresolved. The goal is to secure the necessary evaluation and care when voluntary consent isn't obtainable, and the hold can be initiated based on clinical judgment and statutory authority, with subsequent steps (like court involvement) handled as needed for ongoing disposition. Therefore, placing the minor on a 5585 involuntary hold is the appropriate action in this situation.

**7. Under Assembly Bill 4642, what is required after a minor leaves hospital?**

**A. No aftercare plan is required**

**B. An aftercare plan must be provided after hospitalization**

**C. Only a verbal discharge summary is needed**

**D. Aftercare plan is decided by the guardian**

Discharge planning for minors after hospitalization requires a written aftercare plan. This plan lays out the next steps for ongoing care, including follow-up appointments, needed services, medications (if any), safety considerations, and who will be coordinating care. Having it in writing ensures the family and all involved providers have a clear, shared roadmap, which supports continuity of care and helps prevent gaps that could lead to relapse or unnecessary readmission. A verbal discharge summary alone can be forgotten or miscommunicated, and leaving the plan entirely to the guardian can result in missed services or delays. So the requirement is to provide a concrete aftercare plan after hospitalization.

**8. The policy shift known as deinstitutionalization describes moving from long-term hospitalization toward which type of care?**

- A. Inpatient hospital care
- B. Community-based care**
- C. Private practice care
- D. No change

Deinstitutionalization describes moving from long-term hospitalization toward care in the community. This shift emphasizes treating people in less restrictive, community-based settings—outpatient services, community mental health centers, case management, supported housing, and home- or day-program supports—so individuals can live more independently while still receiving needed treatment. It rests on the idea that treatment can and should occur where people live and work, rather than keeping them in institutions; inpatient hospital care represents the old model, private practice care doesn't capture the broader system of community supports, and no change would ignore the movement itself.

**9. Which sequence correctly reflects the order and durations of the sections described (5150 through 5352)?**

- A. 72-hour detention (5150) followed by 14-day (5250), then 14-day extension under 5260, then 30-day (5270.15), and finally 30-day conservatorship under 5352.**
- B. 14-day hold (5250) followed by 72-hour hold (5150), then 5260, then 5270.15, then 5352.
- C. 72-day hold (5150) followed by 5250 for 7 days, then 5260.
- D. Only a 5150 hold is ever used.

The sequence starts with the initial crisis detention: a 72-hour hold under 5150 to assess immediate danger or grave disability. If, after that, the person still requires inpatient evaluation or treatment, the next step is a 14-day hold under 5250. If further detention is still needed, an additional 14-day extension can follow under 5260 to continue treatment and evaluation. If more time is necessary, a 30-day hold under 5270.15 can be used to arrange longer-term care. Finally, if ongoing protection and care are still required, a temporary conservatorship under 5352 can be pursued for about 30 days to secure continued support. This order reflects escalating steps from crisis detention to longer-term care and then conservatorship. Other options don't fit because they place holds in the wrong order, propose non-existent durations, or omit one of the required steps, whereas this sequence matches the statutory progression from 5150 through 5352.

**10. Which addition was made to the WIC 5150 (h) assessment form, effective July 1, 2020?**

- A. Added the date of birth on the form**
- B. Added the patient's social security number**
- C. Added a clinician signature line**
- D. Added an emergency contact phone number**

The update to the WIC 5150 (h) assessment form focuses on improving patient identification. Adding the date of birth gives staff a reliable, unique piece of demographic information to verify who the person is, which is crucial in crisis situations where there may be name similarities or records from different systems. With a date of birth on file, clinicians can more accurately match the assessment to the correct individual, ensure proper age-related considerations, and support consistent documentation across agencies. Privacy considerations often make collecting sensitive data like social security numbers inappropriate on crisis forms, and the change introduced on July 1, 2020 did not involve adding such information. The clinician signature line or emergency contact details, while useful, were not the newly implemented element identified for that date.

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## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://cawic5150.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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