The traps, on one page

A method for every section, five questions before every click, and the traps that catch good clinicians.

Study aid, not legal advice. Last verified against the official sources linked below on 11 November 2026.

1 Work every section the same way

- **Read the stem twice.** Name the type, the selection rule, the purpose and the time frame.
- **Read every option before clicking any.** Sort, then select, strongest first.
- **Information Gathering**: take what the stem's purpose needs at this point. To establish Amrit's consent, what he understood of the intake package counts; how his father died, in detail, can wait.
- **Decision Making, select as many**: build the whole response (name it, work it with the client, document, follow up). CRPO says these sections need a combination of actions.
- **Decision Making, choose only one**: rank, and take the single best.

2 Five questions before every click

1. Do I know enough yet for this to be the right act?
2. Is consent real: understood, specific, current?
3. Whose discomfort does this serve, the client's or mine?
4. Whose job is this: mine, or another profession's?
5. Do I have the authority to do or disclose this?

3 The traps

- **Acting before assessing**: the right tool too early. A safety plan started before the risk assessment can score negative; after it, positive.
- **Consent as a form**: signatures without understanding, or blanket consent where consent must relate to this treatment or this information.
- **Your discomfort driving the action**: over-referring, rushing to procedure, ending early, handing the moment to someone else.
- **Another profession's job**: communicating a diagnosis, advising on medication, legal advice, custody recommendations.
- **Disclosing without authority**: a request, even a lawyer's letter, compels nothing. Narrowing a disclosure does not cure missing consent.
- **Over-correcting a boundary**: the most forceful remedy at the client's expense. Aim for proportionate and collaborative.
- **Identity as the pathology**: making culture, faith, sexuality, gender, disability or status the problem. Ask what their context means to them.

4 Consult, or act?

- **Consult when** it is beyond your competence or obligations compete. Refer if that is not enough.
- **Never instead of a duty**: with reasonable grounds to suspect a child needs protection, report it to a children's aid society yourself, immediately.
- **Risk in the room, or a rule that settles it**: respond to the client first, consult after.

5 Endings: who starts them?

- **The client**: respect it, explore without pressure, review progress, offer referrals, record reasons.
- **You**: a proper reason, explained and documented, a referral, and unused fees refunded.
- **An outside cause** (benefits end, closure, a move): plan early, name other services, give notice.

Judge each option on its principle, not on the client's reply. Never skip a section.

Official source: Registration Examination Resource Manual. Condensed from Strategy for the Exam. Independent study aid, not legal advice.