ASWB LCSW - Quiz Questions with Answers

I. Human Development, Diversity, and Behavior in the Environment

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1.

Palmer tells you that his partner, Leif, has recently been acting strangely after he drinks. Leif has slapped Palmer on several occasions during these times and, after he does, Leif leaves the house and drives drunk to the neighborhood bar before returning home in the morning. Palmer expresses a fear of Leif and asks you for help.

What should you do **FIRST**?

Work with Palmer to protect himself. This can be done through a domestic violence shelter or a court order of protection.

Suggest that Palmer and Leif meet with you together to begin working on the couple's problems.

Suggest a medical examination for Palmer.

Give Palmer some referrals to present to Leif at home so that Leif can seek individual treatment for his alcoholism.

Correct answer: Work with Palmer to protect himself. This can be done through a domestic violence shelter or a court order of protection.

Your top priority in this situation is to ensure Palmer's safety. Palmer is the primary client, not Leif, so your interventions should only be targeted toward him.

The concern with alcohol is secondary to Palmer's safety; so, even though you may eventually want to suggest that the two of them attend a session together, this is not what you should do first. Unless Palmer has been seriously hurt, which is not indicated in the question, there is no real need for a medical examination. It also does not sound like Leif would be receptive to treatment for his alcoholism, so giving Palmer referrals for Leif is not appropriate at this time and could potentially endanger Palmer.

The term, "splitting," as it is most often applied from the perspective of analyzing problems related to social/interpersonal dynamics, is **LEAST** accurately illustrated by which of the following options?

A client in the process of deciding whether to divorce or attempt to try to work out some serious marital issues tells you, "At one time when I was really hopeless about this, it seemed like my marriage was a losing proposition. Now, when he acts in ways I feel are intolerable, it's like I have three or four internal dialogues about it, all from different angles on the situation. I find myself kind of trying to mediate between all of them."

A client of a social service agency is both working individually with a social worker and also in an employment support group led by a vocational counselor. He makes frequent comments to the latter, such as, "I wish you were my therapist! You relate to me SO much better than her." He also tells the social worker that he feels the group is not providing him with anything useful.

You have a client who frequently complains about her boss at work. She self-reports, "She's nice to me some days and then completely and unreasonably nasty the next, and acts like she thinks I'm incompetent." In exploring this further, you discover that the client has received annual reviews that consistently indicate adequate or better performance. You also note the client's periodic complaints most often include references to her boss giving her direct instructions and lists of critical deadlines that have to be met.

Working with a family, the therapist discovers the eldest son recently had a classroom outburst toward a peer with whom he had developed a sense of academic rivalry. In the family session, his mother recounts reports that he yelled at the girl, "Your whole family is straight TRASH!" The mother smiles at the social worker, saying with a slight wink, "I know he shouldn't have said those things but, you know, they do come from a different area that's just SO different from us."

Correct answer: A client in the process of deciding whether to divorce or attempt to try to work out some serious marital issues tells you, "At one time when I was really hopeless about this, it seemed like my marriage was a losing proposition. Now, when he acts in ways I feel are intolerable, it's like I have three or four internal dialogues

about it, all from different angles on the situation. I find myself kind of trying to mediate between all of them."

"Splitting" is an example of a term that is fairly widely used in a variety of models and settings. Although it originated in Freudian psychoanalytic theory, the concept has evolved a lot over time. An essential quality of splitting is that it involves dichotomization in perceiving others. It is most frequently noted as a dynamic in unstable relationships, in which one person views another as totally positive or totally negative, depending on whether that person is meeting or frustrating the needs of the "splitter" at any given time.

The other options are incorrect because the individual's capacity to recognize and/or utilize a dialogue that they experience internally in the absence of other obvious pathology would be considered by most to be a strength, and not considered splitting.

The following **BEST** illustrates the concept of gender fluidity:

Gender fluidity is a changing and personal concept of gender that can be expressed via gender-related signifiers.

Gender fluidity refers to having no personal concept of gender.

Gender fluidity is the choice of a particular gender, contrary to one's biologically expressed gender.

Gender fluidity refers to the pattern of sexual attraction.

Correct answer: Gender fluidity is a changing and personal concept of gender that can be expressed via gender-related signifiers.

Gender fluidity refers to the changing and personal concept of gender that can be expressed via internal/external signifiers of gender. There is no set of norms or expectations about how the phenomenon will manifest in any individual. The change in gender expression may exhibit itself in one's dress, mannerisms and self-identification, but it is not limited to these.

The other options are incorrect because gender fluidity does not suggest that there is no such thing as gender at all, nor is it specifically directed at expressing a gender contrary to one's biologically expressed gender. It also may or may not have to do with a pattern of sexual attraction relative to gender roles or expectations.

Which of the following is **MOST** descriptive of gender-related behaviors and motivations that are likely to be found in adult children in dealing with aging parents who have progressively increasing medical problems, care needs, etc.?

Daughters tend to be influenced primarily by a sense of intimacy and altruism and may quickly engage in a primary caregiving role motivated directly by affection for the parent(s), whereas sons provide support based more on principles of socially normative behavior, formal obligation and self interest.

Adult sons and daughters in such situations respond very similarly, with behaviors that are motivated by a sense of obligation and need to serve a role of reciprocating for parents' care and investment during their own childhoods.

Sons often respond to aging parents' care needs in an instrumental way (for example, focusing on concrete needs and/or financial arrangements) with little attention to their own emotional responses, while daughters often act in such situations in ways that provide them with mechanisms for gradual emotional transitions/adjustments to parents' future decline, death/dying issues, etc.

Correct answer: Daughters tend to be influenced primarily by a sense of intimacy and altruism and may quickly engage in a primary caregiving role motivated directly by affection for the parent(s), whereas sons provide support based more on principles of socially normative behavior, formal obligation, and self interest.

Research indicates that daughters appear to be more influenced by intimacy and altruism, whereas sons are influenced by normative principles, familiarity, and the expectation of financial reward implicit in endorsement of inheritance. Intergenerational affection plays a more direct role in motivating daughters' support, but for sons, affection serves indirectly by increasing social contact. Sons seem to require frequent interaction prior to engaging in supportive behavior and daughters are directly motivated to act by emotional intimacy.

You are at a homeless shelter and holding a session for a client for the first time, observing that the client seems overly sedated. When collecting information for the medical portion of the assessment, the client reports that he often feels the room spinning, is nauseous, and is constipated. When asked if he uses substances, he just shrugs.

You will **MOST** likely first suspect:

The client uses opioids

The client is using a stimulant, like cocaine

The client is suffering from depression

The client has a medical disorder

Correct answer: The client uses opioids

Opioids are prescription pain medications such as methadone, codeine, and oxycodone. The side effects of opioids can range from sedation, dizziness, nausea, and constipation, to respiratory depression. After becoming familiar with the side effects of harmful substances, social workers can make conclusions about clients' substance use and help them obtain the most appropriate assistance and resources.

The side effects of stimulants are different and can range from restlessness to irritability. Symptoms of depression include withdrawal from others and changes in sleep/eating habits. While the client in this question may have a medical disorder, the fact that he did not deny using substances, but only shrugged it off, indicates that a medical problem may be the result of the substances he uses.

Martin is a 10-year-old boy in therapy who likes to play games with rules and has thoughts about things that are outside his own experience. Martin applies logic to situations and can reverse decisions if/when necessary.

Which of Jean Piaget's stages of development is Martin **MOST** likely in?

Correct answer: Concrete Operations

Jean Piaget's model of development generally moves from the primitive behavior and thought of children to more abstract and interactive behavior. The Concrete Operations stage, which happens between ages 7 to 11, is characterized by thinking that is independent of experience, logical thinking, and being able to play games with rules.

In this question, Martin is a 10-year-old boy, and the other stages mentioned as options are not correct and happen at different ages.

Out of the following, the **MOST** frequently occurring/common characteristic found in perpetrators of domestic abuse is:

A sense of entitlement and possessiveness with a belief that being in a relationship provides the perpetrator with the right to control the partner in that relationship

A low self-esteem that leads to insecurity about the stability of relationships and a belief that gaining control over a partner is necessary to prevent abandonment

An extreme level of narcissism that provides the perpetrator with a sense of superiority and privilege superseding the rights of the victim

A historical context in which the perpetrator was previously a victim, with abusive behavior often directly parallel to experiences that were modeled

Correct answer: A sense of entitlement and possessiveness with a belief that being in a relationship provides the perpetrator with the right to control the partner in that relationship

Most perpetrators hold the belief that simply engaging in a relationship provides them with a right to control the partner, that they are entitled to ownership of the partner, and that love is primarily evidenced by ownership and possession. This entitlement/ownership belief system is most often used by perpetrators to rationalize abusive actions.

The other options are incorrect because although past experiences of violence and witnessing of domestic violence can certainly be correlated with future perpetration of domestic violence upon others, the overarching commonality among abusers is a sense of entitlement. There is no evidence to indicate that perpetrators consistently experience extreme narcissism or low self-esteem.

An elementary school principal consults with you about a kindergarten student who demonstrates aggressive behavior toward other students while at school. Which of the following describes how you should respond?

Schedule time to investigate the student's family situation

Recommend limited access to other students

Explain that the child's behavior is due to separation issues

Correct answer: Schedule time to investigate the student's family situation

When children demonstrate aggressive behaviors, it can often be linked to their home situations. Therefore, if you find out more about the child's home life, you may gain the insight needed to help address the child's aggression.

The other options are incorrect, as these options would not help to solve the problem at hand.

If you're operating from the humanistic approach, which of the following assumptions would you be **MOST** likely to make about clients?

They have the capacity to grow

Their distress arises from irrational thinking patterns

They need to address subconscious thoughts causing distress

They are impacted by other members of their family

Correct answer: They have the capacity to grow

The humanistic perspective is a strengths-based approach that views clients as having the capacity to grow. According to this approach, clients are experts in their own lives, and they play an important role in defining and solving their problems.

The assumption that distress arises from irrational thinking patterns aligns with the cognitive behavioral approach.

The assumption that distress is caused by subconscious thoughts aligns with the psychodynamic approach.

Finally, the belief that people are impacted by members of their family aligns with the systems perspective.

The following are usual health consequences of sexual abuse in children, **EXCEPT**:

Hypotension
Gastrointestinal disorders
Gynecological disorders
Somatization

Correct answer: Hypotension

Sexual abuse in children can have many physical, emotional, and psychological consequences, but research does not indicate that hypotension (low blood pressure) is a result of child sexual abuse.

The other options are incorrect, as research shows that following an episode of sexual abuse, or even in the midst of chronic sexual abuse, a variety of medical conditions can appear including gastrointestinal disorders, gynecological disorders, and somatization.

The following is **TRUE** about Kendra, a client who is transgender:

Kendra is likely to experience discrimination, bias and/or stigma as a result of her gender identity

Kendra is likely to undergo sexual reassignment surgery in the future

Kendra is likely to be a cross dresser

Correct answer: Kendra is likely to experience discrimination, bias and/or stigma as a result of her gender identity

Individuals, like Kendra, who are transgender will often experience discrimination, bias and/or stigma due to misconceptions.

Most individuals who are transgender do not undergo surgery, and a cross dresser is someone who enjoys dressing in the opposite gender's clothing, but may not identify with said gender. This does not apply in this question, so these options are incorrect.

The following would be **LEAST** likely to appear as a concern among primary theories of an international social work perspective regarding the impact of globalization:

The impact on all involved cultures from transference and merging of cultural standards and practices, which has the potential for increasing conflict within the involved areas and cultures

Modernization of previously third world cultures and economies, such that standards of living would improve in those cultures over time as a result of increased opportunity to compete with more developed areas

Dependency of nations and cultures that have been relatively disadvantaged, to the extent that other cultures may deplete the capacities of those areas to develop autonomy and self-sufficiency

The possibility that increased industrial outsourcing opportunities would decrease available employment opportunities, which would have a negative impact on local opportunities for community development and advancement in areas involved in globalization

Correct answer: The impact on all involved cultures from transference and merging of cultural standards and practices, which has the potential for increasing conflict within the involved areas and cultures

Regarding the impact of globalization, there are no relevant social work concerns that conflict will be increased within the involved cultures. This answer option is the least relevant concern regarding globalization and international social work.

Globalization and accompanying results can be viewed in a variety of ways, and two primary theories focus on areas relevant to international social work practice. Modernization theory holds that increased industrialization is inevitable in the history of all nations, and will result in favorable outcomes. Reduced poverty, increased population life-span, and participation in global economies are predicted results. However, Dependency Theory predicts that nations that are fully industrialized will expand industry from their home country into developing nations, termed "peripheral nations." The latter, instead of progressing toward industrialization and economic autonomy, may increase dependency upon core nations for economic survival, as well as experience depletion of crucial resources.

Because of this, peripheral nations will continue to have increasingly high rates of poverty and social problems. Localized effects are consistently a concern, and can be cumulative across affected cultures/areas, whereas cultural change and evolution are

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Sasha was raised in a home in which she was expected to follow strict rules, and punished when she failed to follow them. Her parents did not explain the logic behind these rules. As a teen, Sasha has developed into an obedient young lady, but she struggles with low self-esteem.

Which parenting style did Sasha's parents **MOST** likely use?

Authoritarian
Authoritative
Permissive
Uninvolved

Correct answer: Authoritarian

Authoritarian parents implement strict rules, which children are expected to follow. They do not offer any explanation for their rules, and they punish children for failing to follow them. This parenting style does result in obedience and proficiency, but it is also linked to lower levels of happiness, social competence, and self-esteem. This parenting style aligns with the description of Sasha.

Authoritative parents expect their children to follow established rules, but they are more democratic in their parenting. Authoritative parents allow children to ask questions, and they are more forgiving when children fail to follow rules. Authoritative parents tend to produce happy, capable, and successful children.

Permissive parents do not make many demands of their children; they rarely use discipline and are warm and nurturing. Children raised by permissive parents are at risk of poor self-regulation skills, and they have problems with authority.

Uninvolved parents make few demands and are not responsive to their children. They fulfill their children's basic needs but are otherwise detached. This results in low self-control and self-esteem and lack of competence in children.

Zayn and Liam are social workers at the community center who are involved in a treatment team meeting. They disagree about a patient, Simon, who is a chronic overutilizer of services, who is diagnosed with Borderline Personality Disorder, and seems to burn bridges in an attempt to manipulate resources and relationships. Simon appeared at the community center yesterday and mentioned that he was still mourning the loss of his childhood pet from years ago in a very shocking road accident. Liam believes that Simon was genuinely traumatized by this, but Zayn does not.

Who is **MOST** likely correct and why?

Liam is correct because all trauma is completely subjective in character.

Zayn is correct because Simon has Borderline Personality Disorder.

Liam is correct because the loss of the pet was sudden and unexpected.

Zayn is correct because the definition of trauma includes a threat to physical harm.

Correct answer: Liam is correct because all trauma is completely subjective in character.

All psychiatric trauma is subjective in character for obvious reasons, and its main reality is within the mind of the person who is experiencing the pain. Whatever the objective reality of the situation might be or even how the situation is perceived by others, the only important facts about the trauma are those subjectively experienced by the sufferer. In this situation, it does not matter that Zayn does not believe Simon, since it is not Zayn's trauma, whereas Liam knows that all trauma is completely subjective.

You work in an assisted living facility and are assigned Carrie, a new resident undergoing rehabilitation for a recent orthopedic injury resulting from a household fall. She is observed to be quiet, reserved, and withdrawn. When Carrie is not engaged in physical therapy or other rehabilitation activities, she is gazing out the window of her room or reading a book.

The **FIRST** step you should take in order to assess Carrie is:

Speak with Carrie, involved family members, and medical professionals who have known her for a substantial period and obtain information regarding her normal style of behaving/relating to others, how she has usually coped with crises or life changes, to gain information about how her present behavior compares with that in her past.

Refer the patient to the consulting psychiatrist to obtain an evaluation for depression, suicide risk, and advice regarding the possibility of initiating a trial of antidepressant medication.

Approach the resident and initiate a discussion about these observations, to open a dialogue regarding her sense of loss and possible grief reaction to the recent changes in her lifestyle and level of independence.

Correct answer: Speak with Carrie, involved family members, and medical professionals who have known her for a substantial period and obtain information regarding her normal style of behaving/relating to others, how she has usually coped with crises or life changes, to gain information about how her present behavior compares with that in her past.

In most institutional settings, withdrawn patients can "fall through the cracks," and may not receive assessment/intervention warranted by this behavior. However, it is critical to recognize that some people are naturally isolative or introverted, and have a relatively minimal external support system because of their personality style. In others, withdrawn behavior may signal depression, which needs further assessment.

In this question, it is helpful in the early stage of assessment to identify the behavior as a potential problem and to interview Carrie and significant others to establish a baseline to determine if this is typical coping or an unusual, atypical response of hers. The behavior can be monitored from day to day for changes in intensity. Concerns should be communicated to others, including Carrie's physician. Specific action(s) that should be taken would largely be determined by what is normal for her, not by imposing "standard" expectations of "normal" behavior.

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Darlene comes to you for therapy to process feelings of numbness after a breakup. You notice that when she discusses her situation, she does not talk about her emotions, but rather focuses on logical aspects of the split, such as the fact that her budget will change now that she is maintaining a household without financial backing from her significant other.

Which defense mechanism is Darlene using?



Correct answer: Intellectualization

People use defense mechanisms to protect themselves from uncomfortable thoughts, urges, and emotions. Intellectualization is a defense mechanism in which a person avoids emotions by focusing on facts and logic. This is what Darlene is doing.

Displacement does not apply here. This defense mechanism involves directing an impulse toward a less threatening target; for instance, taking anger out on one's spouse instead of on one's boss would represent displacement.

Acting out, which also does not apply, is a defense mechanism in which a person deals with painful emotions through actions. A child who deals with abuse by acting out at school is an example of acting out.

Finally, reaction formation occurs when a person acts in the opposite way to their actual repressed feelings or thoughts. A person who wants to behave in a way they perceive as morally unacceptable may behave in the opposite way to cover up their true urges.

The following statement is **TRUE** about Asian American populations:

Family characteristics, cultural histories, and personal preferences are extremely diverse

They are inherently better at science and math than most people of other ethnicities

They value collectivism and family values

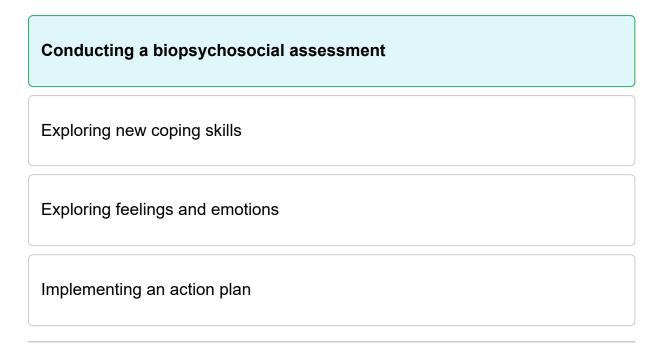
They experience medical disorders related to their cultural history

Correct answer: Family characteristics, cultural histories, and personal preferences are extremely diverse

Many stereotypes exist toward Asian Americans. Some examples of these beliefs are that all Asian American families are close-knit, that Asian Americans are good at science and math, and that females are subservient to males. However, it is very important to acknowledge that family characteristics, cultural histories, and personal preferences of Asian Americans, as well as all other racial and ethnic groups, are extremely diverse.

Research has not established that Asian Americans are inherently better at science and math than others, and there is no evidence that Asian Americans experience medical disorders related to their cultural history. As stated above, Asian American individuals are very diverse, and while some may value collectivism, others are much more individualistic.

Aaron is working with Dave at a crisis center. Dave has recently become displaced after failing to pay his rent and, instead, has been using cannabis and heroin. At which stage of the crisis intervention process does a discussion of Dave's drug use **BEST** belong?



Correct answer: Conducting a biopsychosocial assessment

The only stage where we know for certain that a lengthy discussion of Dave's drug usage will take place is while conducting a biopsychosocial assessment. During this, it is important to establish all of the data about his life that can be relevant to his current situation.

Exploring new coping skills does not involve Dave's drug use, and he might not identify it as a problem to begin with, or that it directly ties to his financial crisis at that time. The drug usage may also not come up with his feelings and emotions, and an action plan strongly relies on problems Dave has identified under Aaron's guidance, and though it's likely, the drug use may not appear there either.

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You meet regularly with a couple, Mr. and Mrs. Hemsworth, for marital therapy and have noticed that the husband has a pattern of belittling his wife, and then spends the remainder of the session praising her beauty, selflessness, intelligence, and personality.

What defense mechanism is the husband MOST likely using?

Undoing
Rationalization
Repression
Projection

Correct answer: Undoing

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Undoing is a defense mechanism in which the individual compensates/overcompensates for engaging in unacceptable behavior. In this question, Mr. Hemsworth is trying to take back the rude comment(s) he makes toward his wife by then engaging in excessive compliments.

Rationalization is when something happens that we find difficult to accept and we make up a logical reason why it has happened. Repression involves placing uncomfortable thoughts in relatively inaccessible areas of the subconscious mind. Projection occurs when a person has uncomfortable thoughts or feelings, they may project these onto other people, assigning the thoughts or feelings that they need to repress to a convenient alternative target.

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions, and throughout life. Which of the following **BEST** describes the defense mechanism, "projection"?

Faulting another for one's own unacceptable characteristics

Placing uncomfortable thoughts in relatively inaccessible areas of the subconscious mind

Diverting desires that are consciously intolerable and cannot be directly realized into creative activities that are acceptable

Correct answer: Faulting another for one's own unacceptable characteristics

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Projection occurs when a person has uncomfortable thoughts or feelings, they may project these onto other people, assigning the thoughts or feelings that they need to repress to a convenient alternative target.

The other options are incorrect. Repression involves placing uncomfortable thoughts in relatively inaccessible areas of the subconscious mind. Because of this, when things occur that we are unable to cope with now, we push them away, either planning to deal with them at another time or hoping that they will fade away on their own accord. Sublimation occurs when a person chooses to divert their desires that are consciously intolerable and cannot be directly realized into creative activities that are acceptable. Sublimation channels this energy away from destructive acts and into something that is socially acceptable and/or creatively effective.

Morgan pretends that she is Kim Kardashian because Kim is beautiful and never seems to have any problems in life. What defense mechanism is Morgan **MOST** likely using?

Idealization	
Sublimation	
Projection	

Correct answer: Idealization

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Idealization is a defense mechanism that is an overestimation of another person or of that person's specific attributes.

The other options are defense mechanisms, but do not best match what Morgan is using. Projection occurs when a person has uncomfortable thoughts or feelings, and they may project these onto other people, assigning the thoughts or feelings that they need to repress to a convenient alternative target. Sublimation occurs when a person chooses to divert their desires that are consciously intolerable and cannot be directly realized into creative activities that are acceptable. Sublimation channels this energy away from destructive acts and into something that is socially acceptable and/or creatively effective.

What can caregivers do to foster healthy development in a child during the autonomy versus shame and doubt stage, as defined by Erikson's psychosocial development theory?

Be patient and encouraging while monitoring the child's safety

Do not allow the child to complete tasks on their own

Push the child to complete tasks that the child thinks they are not ready to do

Dismiss the pursuit of independent activities

Correct answer: Be patient and encouraging while monitoring the child's safety

Erikson's theory of psychosocial development emphasizes the importance of individuals mastering tasks in each stage of development before moving on to the next stage, and during the autonomy versus shame and doubt stage, which occurs between 2 and 4 years of age, a child explores their surroundings extensively and develops their first interests. It is during this stage that a child's caregiver(s) should be patient and encourage self-sufficient behavior by encouraging the child to perform age-appropriate tasks on their own.

Caregivers who do not allow children to complete tasks on their own, or force them to complete tasks that they are not ready for, run the risk of creating a sense of shame and doubt in the child. By completely dismissing the child's pursuit of independent activities, a caregiver may be communicating a confusing message and this is not beneficial to healthy development.

The following is a **TRUE** statement regarding the difference between religion and spirituality as it applies to social work practice with clients:

Religion is meant for a group, while spirituality is more private and personal.

Religion is focused on a method of practice, while spirituality is more focused on a code of conduct.

Religion is a practice, while spirituality is a way of life.

Religion is inclusive of many eras and traditions, while spirituality is a product of a certain time and place.

Correct answer: Religion is meant for a group, while spirituality is more private and personal.

Recently, there has been an increasing growth in the popularity of religion and spirituality among the general population, and it is common for these topics to arise within the context of social work practice. However, religion and spirituality are two different areas, and social workers should be aware of these differences. One of these differences is that religion refers to something that is meant for a group, whereas spirituality is something that is generally thought of as more private and personal.

The other options are incorrect as they do not best match a true statement regarding the difference between religion and spirituality. Religion can be more focused on a code of conduct, while spirituality is focused on a method of practice. Religion is a way of life, while spirituality is a practice. Finally, spirituality (and not religion) is inclusive of many eras and traditions, while religion is a product of a certain time and place.

Families with incestuous relationships **MOST** often have which of the following characteristics?

Enmeshed family members

Disengaged family members

Triangulated relationships

Correct answer: Enmeshed family members

An incestuous family relationship is one in which there are no boundaries, and enmeshed family members are those who have vague role boundaries between them. Enmeshed families are a contrast to "disengaged" families and allow for little independence.

In contrast, disengaged family members lack communication and have very firm boundaries in place between family members, and triangulated relationships indicate dysfunctional communication patterns in which one family member communicates to another family member about a third person. These are not the best match for the question, so these options are incorrect.

You are working as a social worker in an acute care hospital. Your latest client is Garret, a 17-year-old boy who is suicidal and has an addiction to methamphetamine. Additionally, Garret has a long history of getting in trouble with the police, even at his young age. He insists that he has a plan to act on his suicidal intentions, and has self reported that there is a gun at home that he can use to end his life. Garret then yawns, and states that he is bored with this session before politely asking if he can leave the hospital.

What should you do **FIRST**?

Take steps to ensure Garret's safety

Nothing, as Garret has a right to self-determination

Let him leave, as Garret's suicidality is not genuine

Immediately explore Garret's feelings about why he wishes to hurt himself

Correct answer: Take steps to ensure Garret's safety

The fundamental condition of crisis intervention is the establishment of safety for the client and others, and no clinician can truly know the genuineness of any suicidal ideation. The best we can do to prevent the worst outcomes is to intervene immediately in whatever way we can/have to in order to ensure client safety until they can tell us that they don't want to proceed with plans for self-harm.

Suicidal and homicidal ideation are two of the very few times when client self-determination is abdicated. In this question, you should not let Garret out of your sight until you can make absolutely sure that he will not self-harm. There will come a time for the exploration of Garret's feelings during the process of crisis intervention, but this must wait until after safety is established.

You're working with a client who has recently gone through a divorce. Which of the following is the **MOST** accurate description of the way you should approach her grieving process?

You should help her acknowledge the reality of the loss of her marriage.

You should discourage mourning by telling her to be strong.

You should ensure that she sticks to the predetermined timeframe for processing grief, so it doesn't last indefinitely.

Correct answer: You should help her acknowledge the reality of the loss of her marriage.

People can mourn in different ways, but there are some common needs that people have during the grieving process. One of these needs is being able to acknowledge the reality of the loss. This is the best answer option here.

Mourning is necessary to allow for healing, but people are often discouraged from mourning because people tell those who are grieving to "be strong."

There is no predetermined timeframe for processing grief, as each person processes it differently.

An example of a harm reduction program is:

Needle exchanges
Abortion clinics
Parenting classes
Drug abuse programs offered in schools

Correct answer: Needle exchanges

Harm reduction programs aim to reduce the risks associated with the use of drugs in individuals who are unwilling and unable to stop. A major public health concern is individuals who are addicted to drugs injecting illegal substances with needles that have not been sterilized, and this could result in getting the HIV virus. Because of this concern, needle exchange programs allow these users to exchange their used needles for hypodermic ones, and thus, drastically decreasing the likelihood of contracting a disease. However, these programs are quite controversial, as opponents argue that they strongly encourage the use of illegal substances.

Clinics that provide abortions are designed to do just that, and are not considered to be harm reduction programs. Parenting classes are generally educational programs, and drug programs offered in schools are prevention programs, not harm reduction programs.

Roan is a 16-year-old high school student who discloses to you that he has recently been experimenting with drugs with a few of his friends. He has noticed some concerning side effects but does not know the names of the drugs he has used.

What should you do **FIRST**?

Validate Roan's concerns about the side effects, and suggest a referral for drug education

Report Roan's drug use to the proper authorities at the school

Suggest that Roan discuss his drug use with his parents

Alleviate Roan's anxiety about the side effects, but suggest that he not use the drugs anymore and ask for his friends' names

Correct answer: Validate Roan's concerns about the side effects, and suggest a referral for drug education

Your first step should be to acknowledge Roan's fears about the drugs' side effects, but should also emphasize the fact that Roan should have sufficient information about any substance that he ingests. You should also make sure that Roan is referred to a drug education course, group, or counselor at the school or that the school partners with.

By reporting Roan's drug use to school authorities, you would be jeopardizing your relationship with Roan and will likely be breaking confidentiality. You could suggest that Roan discuss his drug experiments with his parents, but there is no indication in the question that Roan has a positive relationship with his family, or that his parents would know more than Roan about the side effects of drugs. As stated above, you should acknowledge, not alleviate, Roan's anxiety and should refer him to someone more knowledgeable about the drugs, but asking for the names of his friends could confuse and upset him too, and distract from the focus of Roan since he is your client.

Henry would like to become an astronaut and go into space, but he is scared of comets and black holes so, instead, he learns how to fly a plane. What type of defense mechanism is Henry **MOST** likely using?

Substitution
Rationalization
Sublimation
Denial

Correct answer: Substitution

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Substitution is the defense mechanism in which the individual replaces an unattainable goal with one that is attainable. In this example, Henry cannot go into space, so he learns how to fly a plane instead.

Denial is simply refusing to acknowledge that an event has occurred. Sublimation occurs when a person has feelings or behaviors that are not socially acceptable and so diverts them into socially acceptable channels. Rationalization is when something happens that one finds difficult to accept, so one makes up a logical reason why it has happened.

The following is an example of a selective residual program:

Food stamps
Social security
Education
FEMA

Correct answer: Food stamps

Food stamps are an example of a selective residual program because they are part of a short-term program that is provided to a restricted group that demonstrates need. It is an example of a policy that directly informs service delivery.

The other options are incorrect because FEMA is an example of a universal residual program since it is an emergency-based program that provides benefits to all members of society. Education is an example of a universal institutional program, as it is a prevention focused program that provides benefits to all members of society, and social security is an example of a selective institutional program, as it is a prevention focused program that is provided to a restricted group that demonstrates need.

Gary arrives at his session with you with dilated pupils, appears jittery, and keeps apologizing for "talking so much, man." Gary is **MOST** likely using which of the following substances?

Cocaine	
Painkillers	
Heroin	

Correct answer: Cocaine

Cocaine use is indicated by anxiety, dilated pupils, hyperactivity, excessive talking, and/or euphoria, all of which, in this question, Gary is showing signs of.

The other options are incorrect. Painkiller addiction could be indicated by sleepiness, inattention, and/or a loss of appetite. If Gary was using heroin, he could be showing contracted pupils, sweating, vomiting, and/or twitching.

The following is the **LEAST** effective way to learn the effects of culture, race, and ethnicity on behaviors, attitudes, and identity:

Learning facts about diverse cultural and ethnic groups

Working with people from diverse cultural and ethnic groups

Practicing a commitment to culturally responsible behavior

Correct answer: Learning facts about diverse cultural and ethnic groups

Out of the options listed, the least effective way to learn the effects of culture, race, and ethnicity on behaviors, attitudes, and identity is to just learn facts about diverse cultural and ethnic groups. While well intentioned, there is no training or list of facts that can adequately prepare one for a confrontation with the experience of persons with a lived experience different from oneself. Additionally, within diverse cultural and ethnic groups, there is substantial diversity, making a memorized list of facts about a given group a pretty risky thing to rely upon.

The other options are incorrect because the question asks for the least effective way to learn. Working with people from diverse cultural and ethnic groups, and practicing a commitment to culturally responsible behavior are both preferable to a purely academic method of learning. Though mistakes will most likely be made, the benefit of the effort will be greater comfort and competence.

Blake, a four-year-old child, is observed by daycare workers on a regular basis engaging in masturbation during the naptime period, apparently with no awareness that this behavior is any different than any other naptime ritual carried out with others present.

The following represents the **MOST** likely underlying influence on this behavior that would govern your earliest plan of investigation/intervention:

Inadequate or inattentive/neglectful parent behavior, in which the topic/behavior of masturbation has been unnoticed or unaddressed by parent(s), and Blake has not been socialized to the concept of appropriate social/contextual limits for the behavior

A potential influence of sexual abuse of this child, either historical or ongoing, which might induce him to act out sexually within view of others, in a setting with known/trusted adult observers

Normal sexual development in this child, which often manifests as masturbatory activity (that often begins in infancy), with this situation indicating a need for daycare staff education in that area

Correct answer: Inadequate or inattentive/neglectful parent behavior, in which the topic/behavior of masturbation has been unnoticed or unaddressed by parent(s), and Blake has not been socialized to the concept of appropriate social/contextual limits for the behavior

Infants and toddlers have little embarrassment related to physical sensations and their own bodies, and some form of masturbation is very common in that age group. Taking a "normal" attitude toward this activity is the most recommended route for parenting (providing clear limits on "private" vs. "public" behavior, while refraining from judgmental/stigmatizing reactions that indicate that sexuality is "bad" or "taboo"). By the time a child like Blake reaches the age of four, if masturbation is an activity in which the child routinely engages, parents would likely have noticed, and most children in that context would have a greater sense of socially appropriate limits.

Masturbation, however, in young children is not a sign of precocious sexual development or is it intrinsically indicative of a problem (e.g., sexual abuse/molestation).

An engaged couple is undergoing premarital counseling with you. You ask the couple if there are any problems that they can foresee. The woman states that the man's family does not accept her because she comes from a lower social class. The man agrees with the woman that this, in fact, is an issue with his family, and that he sometimes feels the tension between his fiancée and his parents.

What is the **FIRST** thing you should do?

Investigate the influence that the matter has on the couple's relationship

Focus on how the couple will handle their financial differences after marriage

Explore methods the couple can use to help the man's parents accept their marriage

Correct answer: Investigate the influence that the matter has on the couple's relationship

Since the influence this matter has on the couple's relationship has the most immediate, direct importance to the couple, you should address it first.

Strategies for gaining the man's parent's approval and the handling of financial differences are both important, but they can be discussed at a later time.

A client who is in a state of confusion and is unsure of what year it is is suffering from which of the following?

Disorientation	
Delusion	
Dissociation	
Delirium	

Correct answer: Disorientation

Disorientation is a state of confusion in regard to a person, place and/or time.

While delirium is a state of confusion, it also has to be accompanied by hallucinations, delusions, emotional liabilities, and anxiety. Delusions are thoughts that one believes are accurate even though there is evidence against said beliefs. Dissociation is a defense mechanism in which clients have thoughts that are inappropriate to the current situation.

What type of group is a military squad an example of?

Structured
Collective
Intimate
Intimate structured

Correct answer: Structured

A military squad is an example of a structured group. These groups are organized and have integrated connections with other individuals.

An audience at a theater is an example of a collective group, lovers are an example of an intimate group, and families are an example of an intimate structured group.

You are meeting with Indy, a client who has been mandated by the court system to attend weekly individual therapy to address his drug use and inappropriate discipline toward his children. During your session together, Indy consistently tells you that he is not a drug user and/or abuser, and the situation was "just a big misunderstanding, you gotta believe me."

What defense mechanism is Indy MOST likely using?

Denial
Regression
Dissociation
Intellectualization

Correct answer: Denial

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Denial is the refusal to accept reality or fact, even when the evidence clearly demonstrates the opposite. In this question, Indy not only denies his drug use, but also the mistreatment of his children, despite the fact that the court system found him guilty of both.

Regression involves taking the position of a child in some problematic situation, rather than acting in a more adult way. Dissociation is when an individual loses track of the time or place and replaces themselves with a representation in order to continue moving forward. Intellectualization is when the individual ignores feelings and analyzes problems as objectively as possible.

Which of the following therapeutic approaches focuses on strategies to directly alter behaviors?

Action

Solution focused

Aversion

Correct answer: Action

Action therapies focus on strategies to directly alter behaviors.

Solution focused therapy focuses on dealing with the positive outcomes the client seeks instead of the client's problems, while aversion therapy focuses on the elimination of a maladaptive behavior by associating the behavior to an aversion stimulus.

Ed self-reports to you that he is having problems with his wife because he feels that she does not like/care about him anymore. You discover that his belief stems from her perceived distraction when Ed is talking, so you challenge his thought and help him replace it with an alternative one that his wife "does truly care, but other demands and family needs have her attention."

The approach you used is:



Correct answer: Cognitive behavioral therapy

Cognitive behavioral therapy's goal is to change the patterns of thinking and/or behavior that are responsible for clients' difficulties. In this question, you help Ed to change his attitude and behavior by focusing on the thoughts, beliefs, and attitudes that are held (his wife not liking/caring about him anymore) and replacing this thinking with a healthier one.

The other options are incorrect, as they do not best match what is being described in the information offered in the question.

Out of the following classes of drugs, which would be **MOST** likely to induce synesthesia as a prominent effect?

Hallucinogens
Stimulants
Benzodiazepines
Opioid narcotics

Correct answer: Hallucinogens

Synesthesia is a sensory phenomenon that is characterized by experiences of a crossover between one sensory modality and another. Those who experience synesthesia report things like seeing sounds and hearing colors. This is a phenomenon that, in some individuals, a relative minority of the population, may occur in the absence of drugs. However, the class of drugs that includes synesthesia as a prominent/likely effect is the hallucinogens.

The other options are incorrect because stimulants, benzodiazepines, and opioid narcotics usually do not produce synesthesia.

The following is the **BEST** example of homophobia and elder abuse:

An older man is forced to leave his same-sex partner's hospital room because "visitation is for family members only"

A young lady helps an older man put his grocery bags in his car

A social worker forgot to ask an elderly woman about her sexual behaviors during an assessment

An adolescent teasing an older woman by saying, "Her hair looks like a man's!"

Correct answer: An older man is forced to leave his same-sex partner's hospital room because "visitation is for family members only"

Homophobia is the dislike of homosexual individuals simply due to their sexual identity. Many hospitals have a "family members only" visitation policy, and while it may be unethical, it would not be uncommon for a same-sex partner to be asked to leave a hospital room.

Elder abuse is any form of mistreatment that causes harm or loss to an older person and, in this situation, the fact that the patient is not allowed to receive support from his partner could be classified as a loss to the patient.

The other options are incorrect because they do not line up with the information offered in the question as examples of homophobia and elder abuse.

One of the **MOST** universal features of adolescent development is expressed by:

Attempts to define individual identity and develop a sense of how that identity may match or differ from peers/family

Focus on sexuality and romantic/sexual relationships with peers

Emphasis on conformity of self with peers, and frequent conflict/rebellion against parental and/or cultural traditions are perceived as reducing the probability of "blending" with peers

Correct answer: Attempts to define individual identity and develop a sense of how that identity may match or differ from peers/family

A number of substages can be seen to operate in normal adolescent development. However, identity formation, which includes the capacity to make valid, self-determined comparisons among various influences, is a key, overarching characteristic that encompasses the entire period.

While sexuality may be a relatively greater focus than in earlier development, it is much more variable among individuals than is identity. Conformity is usually a focus during preteen or early adolescent periods, but is secondary, overall, as a theme throughout this extended period of development.

Sandra has been struggling with low self-esteem. She doesn't feel any sense of pride in her accomplishments. She watches peers succeed in school and sports, and she feels inferior.

According to Erikson's model, which stage is Sandra struggling with at this time?

Industry vs. inferiority

Trust vs. mistrust

Intimacy vs. isolation

Correct answer: Industry vs. inferiority

During the school-aged years, from age six to puberty, children are in the industry vs. inferiority stage. They learn to initiate tasks and develop a sense of pride in their achievements. Sandra is struggling with this area.

Trust vs. mistrust occurs during infancy, when infants either learn to trust caretakers or realize caretakers cannot be trusted to meet their needs.

Intimacy vs. isolation occurs during young adulthood when people need to form meaningful relationships with others.

Gary is a 23-year-old gay male who has been meeting with a social worker for treatment of some depressive symptoms. During his session, Gary becomes tearful and discloses that he was sexually assaulted two days before when he arranged an in-person meeting with another man he met off a dating app. Gary has not come out to his family yet, and only a few friends know, so he is desperate about not letting anyone else know that he is gay.

What should the social worker do?

Acknowledge Gary's desire for his sexual preferences to remain private, validate his feelings related to the sexual assault, and encourage him to seek a medical evaluation as soon as possible

Inform Gary that it is the social worker's responsibility to inform the authorities when anyone is hurt

Refer Gary to a psychiatrist for medication management, as the stress he is experiencing is likely to worsen his depression

Try to obtain more information about the individual who assaulted Gary

Correct answer: Acknowledge Gary's desire for his sexual preferences to remain private, validate his feelings related to the sexual assault, and encourage him to seek a medical evaluation as soon as possible

The social worker should first acknowledge and validate Gary's emotions related to the sexual assault and the process of coming out to his family and the rest of his friends. The right to self-determination is a social work principle that requires the social worker to respect a client's decisions about their own life, even if the social worker thinks the client should make different choices. In this scenario, the social worker's main priority is to make sure Gary is safe. Keeping his safety in mind, the social worker should strongly recommend a confidential medical evaluation.

Due to his age, it is Gary's decision if he wants to contact law enforcement. However, the social worker can discuss the pros/cons with him of doing so. In this scenario, there is no evidence that Gary needs to be on medication and there is no immediate need to obtain more information about the person who assaulted him. While this can be important, in this session, again, it is important to focus on validating him and making sure he is safe.

Which of the following is the **LEAST** prominent concept in theories of individual psychology originated by Alfred Adler?

That individuals' functioning is primarily determined by the means by which id impulses are mediated, or controlled by ego and superego interaction

The concept that feelings of inferiority and the ways in which the person attempts to compensate for them is a central influence on personality and behavior

The idea that humans strive for a sense of significance in their environment, which is a primary motivator of behavior

Correct answer: That individuals' functioning is primarily determined by the means by which id impulses are mediated, or controlled by ego and superego interaction

Individual psychology was originated by Adler as a relatively radical Neo-Freudian theory that placed a much stronger emphasis (relative to Freud) on the purpose of behavior and basic desires of humans for a sense of achievement, community belonging/membership/recognition, and purpose. Adlerian theory is substantially more positive, optimistic, and health focused, as opposed to the conflict/pathology focus of Freud.

In the literature of individual psychology, references to traditional Freudian concepts of ego structure are minimal.

You are assisting a family with a therapeutic objective, and you have already helped them by recommending resources. What is the **NEXT** step that should be taken in this process?

Initiate the use of resources

Define their problem

Set goals and action plans

Correct answer: Initiate the use of resources

Because you have recommended resources to the family, which means you have already helped them define their problem and set their goals and action plans, the next step would be to initiate the use of the resources.

Though it is not an option, in this situation, the last step in the process (after you initiate the use of resources) would be monitoring the family's success.

A social worker has a session with a seven-year-old child, Greg, and suspects sexual abuse perpetrated by a neighbor of the child's family based on Greg's mother reporting, "He's always been so nice to Greg and does special movie nights for him, but Greg does not want to go over to his house anymore."

Which of the following behaviors of the child might be the **MOST** specific indicator of sexual abuse?

Abrupt changes in the child's behavior, like avoidance of the neighbor

Declines in school performance

Sudden onset of emotional outbursts toward family

Observations that the child is initiating inappropriate sexual activity with his friends

Correct answer: Abrupt changes in the child's behavior, like avoidance of the neighbor

Sudden changes in a child's behavior may indicate inappropriate activity. In this example, the mother's observation that Greg seems to be decreasing the level of engagement with the suspected predator signals a sexually abusive relationship.

While it must be noted that any of the remaining answer options listed may be signs/symptoms of sexual abuse of children, those choices may also reflect a number of other possible problems (e.g., depression, results of school bullying, negative peer influences, etc.). Thus, while any/all of these items may be objects of concern, the most specific of the choices (regarding sexually abusive relationships) involves observed changes in behavior related to the suspected perpetrator/property/location(s) in question.

In designing a behavioral intervention with the intent of stopping undesired behavior, the effects of using punishment as the method of choice are **BEST** described by which of the following?

The behavior will be suppressed in the context or environment in which punishment is administered, and the degree to which it is carried over into other contexts may be minimal or the behavior may increase in other contexts.

Consistent administration of punishment with an undesirable behavior will extinguish the behavior entirely.

The most likely effect of punishing the behavior will be withdrawal and refusal to remain engaged in the situation/environment.

The specific behavior subjected to punishment will disappear over time. However, the most likely result will be that behaviors that are similar to the original undesired behavior will be substituted.

Correct answer: The behavior will be suppressed in the context or environment in which punishment is administered, and the degree to which it is carried over into other contexts may be minimal or the behavior may increase in other contexts.

Punishment is often ineffective in stopping behaviors to which it is applied, and may actually increase the frequency of undesired behavior. In contrast to positive reinforcement, punishment is most effective when it occurs every time the target behavior occurs, but even consistent administration of punishment is not likely to extinguish a behavior completely in all contexts.

The remaining answer options are incorrect. Since constant monitoring and application of punishment so that every occurrence of undesired behavior can be punished is rarely possible, the undesired behavior may actually be intermittently reinforced and the behavior continues.

Penny has been attending sessions with her social worker for a few months now and openly discusses how she is addicted to cocaine. Today, Penny's father is attending a session with her. He feels that his daughter's problems are simply depression.

What type of defense mechanism is Penny's father demonstrating?

Denial
Rationalization
Projection
Minimalization

Correct answer: Denial

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. In this question, the father denies that Penny has a cocaine addiction by stating that she is "simply" depressed.

Since the father is not even acknowledging Penny's cocaine addiction, he is not demonstrating rationalization or minimalization. He is also not using projection, as he is not engaged in attaching unacceptable facets of his own personality to others.

You provide a variety of services for an organization dedicated to working with cancer survivors. Which of the following is **MOST** likely to be a key factor in long-term psychosocial adjustment and perceptions of well-being, which might help you understand the range of reactions and outcomes likely to be found in the individuals being served?

The age of the cancer survivor, with those who are older generally predicted to show more resilience than younger survivors

The socioeconomic status of survivors, as individuals with greater assets generally suffer less severe problems with psychosocial adjustment as cancer survivors

Educational factors, as survivors with greater knowledge of cancer-related information and/or more highly developed intellectual/academic capacities have more available resources to learn about and understand the adjustment process

Correct answer: The age of the cancer survivor, with those who are older generally predicted to show more resilience than younger survivors

Overall, cancer survivors report poorer functioning on psychosocial distress measures, but significant decrements are primarily found among younger survivors. Older cancer survivors have been found to function as well as nondiagnosed peers, suggesting that older age itself appears to be an important resilience factor in contending with cancer. While the underlying causes of this important age-related finding are not documented, it has been speculated that younger survivors may have greater long-term psychosocial sequelae because of the disruptive effects of the episode of illness/treatment on life stage-related social, occupational, and economic areas.

The other options are incorrect because there is no evidence to suggest that cancer survivors of a higher socioeconomic status/higher levels of education are more resilient than those of low socioeconomic status/less education.

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions. Which of the following **BEST** describes the defense mechanism "intellectualization"?

Ignoring feelings and objectively analyzing problems

Completely ignoring unacceptable feelings

Overestimating another person's abilities

Taking extreme measures to counterbalance a problem

Correct answer: Ignoring feelings and objectively analyzing problems

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Intellectualization occurs when one ignores one's feelings and objectively analyzes the problem.

Denial is when one completely ignores unacceptable feelings. Idealization is a defense mechanism in which one overestimates another person's abilities, and overcompensation is when one takes extreme measures to counterbalance a problem.

Derek, a gay client, is seeing you because he is frustrated and feeling depressed. He and his partner would like to adopt a child, but the local adoption agency has refused their application because of their same gender relationship. Derek feels as if he is being discriminated against, but feels that he would not be successful in fighting the adoption agency.

How should you assist Derek with formulating his treatment goals?



By exploring the reasons why Derek would like to adopt a child

By evaluating how Derek feels about his own sexuality

By referring Derek to his physician for depression medication

Correct answer: By helping Derek confront the adoption agency's discriminatory policies

Derek is feeling frustrated and depressed because the adoption agency is discriminating against his same gender relationship. Because of this, the only way that you will be able to assist him is to help him confront the adoption agency's discriminatory policies.

It may become necessary for you to refer Derek to his physician for depression medication, but you should try to address the actual issue that is causing the depression first. You should not explore the reasons why Derek wants to adopt, because this too demonstrates a bias against same gender parents, and there is not a need for you to evaluate how Derek feels about his sexuality, because he is open about his sexuality.

During his session, Steve opens up about seeing his ex-wife with her new boyfriend at the mall. While Steve claims that the run-in did not bother him and reports that he "cannot believe (he) ever married her," you can tell that running into his ex-wife actually did bother Steve.

Which of the following Defense Mechanisms did Steve MOST likely display?

Reaction formation
Projection
Displacement
Compensation

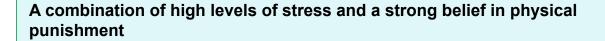
Correct answer: Reaction formation

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Reaction formation happens when an individual adopts ideas, attitudes, or behaviors that are the opposite of what they are really feeling.

Projection is putting one's own attitudes or feelings onto another. Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available. When an individual tries to make up for characteristics that are considered undesirable, this is called compensation.

You are employed by a temporary relief shelter for families who cannot afford housing, and in charge of running a group for parents with young children. After a handful of sessions, you notice that the majority of parents in your group engage in coercive discipline methods toward their children.

What is the **MOST** likely explanation for this?



An innate sense of right and wrong

Validation from peers for the parents' behavior toward their children

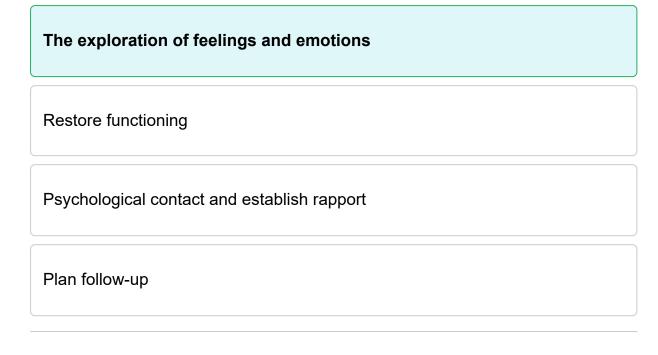
Lower intelligence levels and a lack of insight

Correct answer: A combination of high levels of stress and a strong belief in physical punishment

Many parents of low socioeconomic status feel a sense of powerlessness and lack of influence in their relationships beyond the home. Because of this, they can experience higher levels of stress, and this combination with a strong belief in physical punishment often leads to low socioeconomic status (SES) parents having a greater use of coercive discipline.

You are working with your client, Dawn, who is in an acute care hospital. She is a 19-year-old woman who has recently been diagnosed with schizophrenia and is in a crisis of panic about what this means for her life. You challenge Dawn's highly negative beliefs about schizophrenia and mental illness, in general.

In what stage of crisis intervention does challenging **BEST** belong?



Correct answer: The exploration of feelings and emotions

Once Dawn's safety has been established and you have conducted a thorough assessment, and when problem identification has yielded issues of emphasis on the crisis, Dawn's emotional process should be addressed. This is not long-form psychotherapy, but it should be involved enough to challenge her maladaptive beliefs. Maladaptive beliefs, particularly about self, will stand in the way of the self-efficacy necessary for crisis work.

The other options are stages of crisis intervention, but would not be best for challenging.

One common myth of adolescence is:

An adolescent believes that everyone else's attention is on them at all times.

An adolescent believes that they are just as important as other teenagers.

An adolescent is hypersensitive to the dangers of drug use and drinking.

"No one will ever, ever love me."

Correct answer: An adolescent believes that everyone else's attention is on them at all times.

Adolescence, which lasts from about age 12 until age 18, is a time of unbelievable physical, emotional, and psychological growth. A teenager's behaviors are usually consistent with the myths of adolescence, and one of these myths is that everyone else's attention is on them at all times. This is reflective of the normal self-centeredness that is rampant during the teenage years.

Another myth of adolescence is that teenagers are immune to consequences, which could be why so many engage in drug use and drinking without considering the possible repercussions. During adolescence, an individual is likely to believe that they are more important than other teenagers. And while some adolescents may believe that they are unlovable, this is not a universal belief held by most teenagers and, therefore, not a common myth.

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions. Which of the following **BEST** describes the defense mechanism "rationalization"?

Justifying an unacceptable action in order to make it acceptable

Subconsciously forgetting certain unacceptable memories

Taking emotion intended for one person and displacing it into another

Taking extreme measures to counterbalance a problem

Correct answer: Justifying an unacceptable action in order to make it acceptable

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Rationalization is when something happens that we find too difficult to accept, so we make up a logical reason as to why it has happened.

Repression involves placing uncomfortable thoughts in relatively inaccessible areas of the subconscious mind. When things occur that we are unable to cope with now, we push them away. Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available. Overcompensation occurs when a client takes extreme measures to counterbalance a problem.

You are a social worker at the neighborhood after school program for middle school students. One day, Kevin, a 12-year-old boy, asks to speak to you in private, where he discloses that he has recently found his male peers cuter and cuter, but is scared that his friends will find out. Kevin expresses confusion about these feelings and comments, "I don't look like a gay guy, I don't think."

Which stage of Troiden's four stage model is Kevin **CURRENTLY** in?

Stage II
Stage I
Stage III
Stage IV

Correct answer: Stage II

Troiden's four-stage model from 1989 is used by some social workers to describe the process of developing a homosexual identity. Stage II is also known as the "Identity Confusion" stage and occurs before puberty. Individuals in this stage, like Kevin, notice they have begun to feel attracted to members of the same sex, but are very concerned about the stigma that surrounds homosexuality.

Stage I is the "Sensitization" stage, which is when children begin to feel as if they are different than their same-sex peers, but do not quite understand why/how. Stage III is the "Identity Assumption" stage, and this is when an individual begins to tolerate their sexual identity and explore aspects of it. Finally, stage IV is the "Commitment" stage, and this is where an individual fully adopts homosexuality as a way of life.

Gloriana, a teenage client, came to the U.S. from Mexico during her early preschool years. She recently experienced a situation during which a peer made a negative comment about her cultural background, accusing her of coming to the country illegally. This is the first time Gloriana has come face-to-face with discrimination, and she has been experiencing some negative feelings about herself.

Which stage of cultural, racial, and ethnic identity development is she in?

Internalization and Commitment Immersion-Emersion

Correct answer: Encounter

During the encounter stage, a person has an encounter that prompts them to think about the role their cultural, racial, and ethnic identity has in their life. For minority group members, the encounter is often negative and is the person's first experience of discrimination. This aligns with what Gloriana is experiencing.

During the internalization and commitment stage, a person has a secure sense of their identity and can comfortably socialize both inside and outside their cultural group.

The immersion-emersion stage occurs after an encounter, and is characterized by a period of exploration during which a person searches for information and attempts to learn from interactions with others from the same cultural, racial, or ethnic group.

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When society is focused on one individual at a time, what level of intervention is this?

Micro
Mezzo
Macro
Mini
Correct answer: Micro
Micro levels of society focus on one individual at a time. Mezzo levels of society focus

on groups and families. Macro levels of society focus on whole communities.

There is not a "mini level" of society.

Danielle and Oliver have been dating for 18 months. The initial stages of the relationship were filled with romance and bliss, and the relationship was intensely passionate. As they have settled into their relationship, Danielle and Oliver have started to have power struggles, in which they notice their differences more than their similarities.

Based on the relationship stage they are in, what would be the **MOST** appropriate goal of clinical work with this couple?

Helping the couple to manage differentiation

Building a mutualistic relationship

Motivating them to work on projects together

Facilitating a realization that the good in the relationship outweighs the bad

Correct answer: Helping the couple to manage differentiation

Intimate relationships tend to go through stages. When couples enter the second stage of the relationship, they encounter power struggles when they realize that there are differences between them. During this stage, it is important for couples to manage differentiation, which is the ability to see oneself as being distinct from their partner in a relationship. Since the couple is experiencing a power struggle, it would be most helpful for the therapist to help them manage differentiation, so they can learn to accept their differences.

A mutualistic relationship typically exists in the first stage, when each member of the couple puts their partner's needs before their own.

During the commitment stage, which is the fourth stage in relationship development, couples recognize that they want to stay together, because the good in the relationship outweighs the bad.

When couples enter the last stage of the relationship, they often work on projects together, so they can make contributions that extend beyond the relationship.

Chance chooses to reject the unacceptable desires of his personality and channel this energy into something positive. Based on this information, you believe he is using which of the following defense mechanisms?

Sublimation
Reaction formation
Displacement

Correct answer: Sublimation

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Sublimation occurs when a person chooses to divert their desires that are consciously intolerable and cannot be directly realized into creative activities that are acceptable. Sublimation channels this energy away from destructive acts and into something that is socially acceptable and/or creatively effective.

The other options are not correct. Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available. Reaction formation occurs when a person feels an urge to do or say something and then actually does or says something that is effectively the opposite of what they really want.

The following **BEST** illustrates the difference between traits and state behaviors/characteristics:

Traits are long term, relatively stable attributes or modes of functioning which may or may not be genetically influenced, whereas states are transient/temporary responses to environmental stimuli or events.

Traits are characteristics that are biological/genetic and relatively unchangeable, and states are behaviors that can be conditioned or modified by social or environmental influences.

A trait is a basic personality type, largely formed during early life by relationships with family/significant others. A state is a mood or attitude that can be self-determined/developed by the individual in an effort to overcome or cope with stress or dysfunction.

Traits are measurable, reliable predispositions to definable personality types/patterns of functioning, but because states are temporary and often idiosyncratic individual responses to experiences, which are so brief and variable, it is not possible to objectively measure these responses.

Correct answer: Traits are long term, relatively stable attributes or modes of functioning which may or may not be genetically influenced, whereas states are transient/temporary responses to environmental stimuli or events.

A trait is a stable or relatively unchanging characteristic that identifies individual differences in people. Traits are generally thought to comprise personality, the core characteristics of a person that describe that individual's generalized patterns of functioning, perceptions, and responses to social/environmental situations, and overall attitude/outlook across situations. However, a state is a temporary way of being or feeling. Both traits and states are quantifiable, and the most extensive studies that have yielded measurement instruments to date are probably in the area of anxiety, and increasingly such methods are being applied in the area of mood disorders.

Some traits have been found to be genetically influenced, while others are more influenced by learned/conditioned behavior. States are not necessarily methods of coping with dysfunction. It is possible, however, to objectively measure both traits and states.

There are two views of social welfare: institutional and residual. Which of the following **BEST** represents the institutional view of social welfare?

A program that focuses on prevention

A program that provides benefits to all members of society

A program that provides benefits to a restricted group who demonstrate need

Correct answer: A program that focuses on prevention

In doing effective program analysis, having an understanding of some basic concepts and terminology is important. An institutional view of social welfare is one which is focused on prevention.

Universal social welfare provides program benefits to all members of society, and selective social welfare provides program benefits to a restricted group who demonstrate need. These do not fit what the question is asking for, so these options are incorrect.

As a clinical social worker, your work with clients focuses on helping them uncover unconscious thoughts and unresolved childhood problems that are contributing to current distress. Upon what theoretical perspective is your clinical work based?

Psychodynamic
Systems
Humanistic
Social constructionist

Correct answer: Psychodynamic

Psychodynamic theories assert that unconscious mental activity drives human behavior. These theories also assert that early childhood experiences can play a role in distress. This theory aligns with the description in the question.

Systems theory states that the world consists of systems made up of interrelated parts, each of which affects all other parts and the system as a whole.

Humanistic theories view people as having the ability to change, as they are naturally driven toward personal growth.

Finally, social constructionist theory focuses on how clients create reality though interactions with others.

Konnor, a young adult man, living with his parents and younger siblings, undergoes a psychotic episode and, during hospitalization, he is diagnosed with schizophrenia. What is the reaction of the family that is **LEAST** likely to occur during the earliest phases of dealing with this event?

Seeking help to deal with the acute event and long-term implications of Konnor's mental illness

Initial shock, disbelief, and denial regarding the nature and/or existence of Konnor's mental illness

Functioning based on assumptions that this episode is isolated and that once Konnor is treated and released from the hospital, he will be symptom free

Attempting to process and analyze a number of possible explanations for Konnor's behavior, which may include trying to find physical causes, retracing family interactions that might have triggered the episode, and/or blaming themselves or others for creating stressors to which the episode might be attributed

Correct answer: Seeking help to deal with the acute event and long-term implications of Konnor's mental illness

Initial responses of family members in such circumstances can vary, but typically include some prominent elements of denial. Families often take the initial position that a psychiatric disorder in a child or sibling is an isolated event that will resolve, and that once the person returns home they will be the same as before. There is often a period in which family members and close friends seek alternative explanations, sometimes turning to self-blame, recollecting interactions with the mentally ill family member and feeling that the family or one of its members acted toward that person in a manner that brought on the episode, etc.

Help seeking to proactively deal with short- and long-term effects implicitly involves substantial acceptance of the diagnosed person's condition. This is very rarely reached by a family in the initial stages of a newly diagnosed mental illness.

The following is likely to be the **MOST** influential factor(s) in treating adults who have childhood histories of emotional abuse:

Impaired capacity to identify and describe their own emotions/feelings

Subclinical manifestations of posttraumatic stress disorder (PTSD)

A development of psychotic symptoms when painful experiences are uncovered

Parental attempts to prevent a client's revelation, as well as discussion of their experiences

Correct answer: Impaired capacity to identify and describe their own emotions/feelings

Alexithymia, which is one of the most frequently found characteristics of individuals who identify themselves as victims of childhood emotional abuse or neglect, refers to the difficulties individuals may have identifying and/or expressing their emotions.

While individuals who have histories of emotional abuse can experience levels of PTSD, the difficulties with identifying and expressing these emotions are much more common and constitute greater therapeutic challenges. There is no evidence to indicate that psychotic episodes are triggered by revealing such experiences. The presence of continued parental influence also has no reliable or significant support.

Which of the following therapeutic approaches focuses on dealing with the positive outcomes the client seeks instead of the client's problems?

Solution-focused

Cognitive behavioral

Psychodynamic

Correct answer: Solution-focused

Solution-focused therapy focuses on dealing with the positive outcomes the client seeks instead of the client's problems.

Cognitive behavioral therapy focuses on the client's present problem and emphasizes the alteration of problematic thinking patterns.

Psychodynamic approaches also focus on client problems, which are believed to be rooted in unconscious mental activity.

A client comes to you because his mother diagnosed him with Oppositional Defiance Disorder. The client informs you that he sometimes feels angry, anxious, and has problems paying attention.

What should your **FIRST** therapeutic step be?

Assess the client

Recommend relaxation techniques

Set treatment goals

Refer to a psychiatrist

Correct answer: Assess the client

The assessment of the client is always the first step a social worker should take. Without doing so, the social worker cannot make recommendations, set treatment goals, or make referrals until they know what the client's current situation and environmental factors are.

The following statement is **TRUE** regarding self-esteem across the life span:

Self-esteem is highest in childhood, drops during adolescence, rises again during adulthood, and then drops sharply in late adulthood.

Self-esteem declines sharply during adolescence, particularly for boys.

High self-esteem at one point in an individual's life is a poor predictor of self-esteem at other points during the individual's life.

Self-esteem is at the lowest during childhood than at any other point of an individual's life.

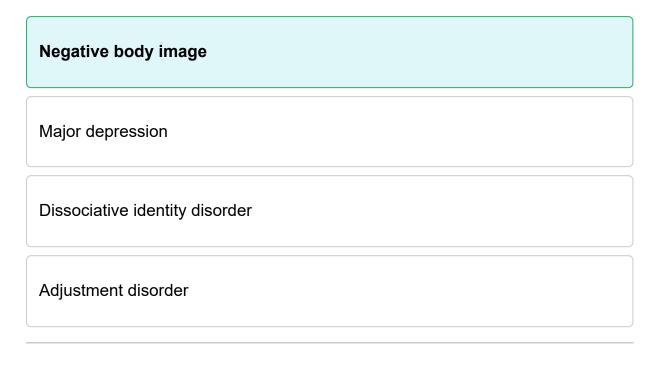
Correct answer: Self-esteem is highest in childhood, drops during adolescence, rises again during adulthood, and then drops sharply in late adulthood.

Self-esteem across a life span is a particular area of interest for many social workers. In general, self-esteem is highest in childhood, drops during adolescence, rises again during adulthood, and then drops sharply in late adulthood.

Self-esteem does decline sharply during adolescence, but this is more true for girls than it is true for boys. In general, an individual with high self-esteem at one point in their life is likely to have high self-esteem during another time in their life. Self-esteem is much more likely to be low during adolescence or late adulthood than during childhood.

Bobbi is meeting with a teenage client, Krissy, for psychotherapy, who seems to feel uncomfortable in her skin. When Krissy finally opens up to Bobbi, she says it because she feels awkward and frumpy. When Bobbi asks about romantic relationships, Krissy becomes visibly sad. She says she wants to be like the cheerleaders she sees at school, who are social, beautiful, and have hot boyfriends. Bobbi notices that Krissy is dressed in unseasonably heavy clothes.

Which of the following **BEST** matches what might be going on with Krissy?



Correct answer: Negative body image

Because Krissy has taken steps to conceal her body, expresses a sense of physical awkwardness, and self reports that she idealizes others who have a different, desired body type, Krissy is showing signs of negative body image. This broad-ranging phenomenon occurs in both male and female people of all ages, and having a negative body image can be associated with depression, low self-esteem, and anxiety.

Though Krissy might be depressed, the clearest phenomenon is her perception of her body and there is not enough information in the question for major depression to be the best answer. Krissy is also showing no signs of dissociation, and she may be going through Adjustment disorder but, again, her clearest clinical picture based on the information offered has to do with her negative body image.

Zak, a child, is currently in the custody of Child Protective Services (CPS). He was taken away from his parents due to several confirmed episodes of domestic violence, during which his mother was repeatedly harmed by her partner while Zak watched. During a play therapy session with him, you observe Zak choosing toy weapons and aggressively hitting dolls with blocks and other hard objects.

You will **MOST** likely use which of the following theories to understand Zak's behavior?

Social learning theory
Psychoanalytic theory
Systems theory
Conflict theory

Correct answer: Social learning theory

Social learning theory asserts that individuals' behaviors are affected directly by the observation of others. In this question, Zak has observed his mother being repeatedly harmed by her partner, and he is simply mimicking the physically aggressive behavior that he witnessed.

Psychoanalytic theory states that the individual's problems are due to early childhood experiences, particularly those that are traumatic, and though Zac has certainly been exposed to traumatic experiences, psychoanalysis would not be appropriate in this situation and does not offer an explanation as to why he is acting out during therapy. In systems theory, the belief is that various relationships between elements constitute a whole and focuses on the interrelationships between various systems in society. Conflict theory focuses on the inequality of power that exists in relationships.

You are a social worker and a crisis case manager at a community mental health center. You work with Simmons, a displaced man with schizophrenia who has chronic difficulty in the community. He enters a state of psychological and personal crisis after being arrested for vagrancy. Through a month-long process, you were able to establish that Simmons was unlikely to ever harm himself or others intentionally.

You and Simmons have formed a strong therapeutic bond, and Simmons has begun to trust you. The two of you worked through a biopsychosocial assessment, identified the major problems to be solved, and Simmons began to work through the plan, though he chose not to take psychiatric medication. So far, the plan seems to have been successful.

What did you leave out that could have made the process better?

You did not arrange the follow-up sessions

You did not address how Simmons failed to comply with medication

You did not revise the crisis plan with Simmons

You did not address his legal issues

Correct answer: You did not arrange the follow-up sessions

Though not necessary in every case, follow-up in this particular question/case would be highly encouraged. Though the immediate crisis has passed, and Simmons has emerged successful, he is likely to need further support in maintaining his progress. It states in the information for the question that Simmons has a severe mental illness and is not medication compliant.

Addressing his failure to take medication may or may not be what is concentrated on in the crisis plan, and Simmons is well within his rights to refuse it. Additionally, though addressing the legal issues would be encouraged, Simmons has to arrive at this in a collaborative problem-solving process. Revising the crisis plan may or may not be necessary, and is not as important as helping to make sure with follow-up sessions that Simmons does not enter another crisis.

Your client, Morgan, comes to her session and informs you that her husband has just asked her for a divorce. Instead of answering your question about how she is feeling, Morgan begins to analyze everything that had gone wrong in the marriage.

What type of defense mechanism will you **MOST** likely write down in your notes for Morgan's chart?

Intellectualization	
Idealization	
Denial	
Undoing	

Correct answer: Intellectualization

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Intellectualization is a defense mechanism in which one avoids uncomfortable feelings and analyzes problems by focusing on logic and facts.

Idealization occurs when one aspires to be another that they admire, or want an attribute of another. Denial is the inability to acknowledge the truth. Undoing occurs when an individual uses words or actions to symbolically reverse unacceptable thoughts, feelings or actions.

Based on the information in the question, the best answer is intellectualization.

During a session, Dianna expresses to you that her 16-year-old daughter, Kelly, is not helping around the house and needs to be asked repeatedly to start homework and/or projects. However, Kelly feels that her mother is hovering too closely and not giving her any privacy, either personally or when it comes to school.

This is an example of:



Correct answer: Role discomplementarity

Role discomplementarity occurs when role expectations are not being met, nor are activities that have to do with these expectations being carried out in the expected manner and/or timeline. In this question, Dianna's belief about what her daughter, Kelly, should be doing is not consistent with Kelly's behavior. From Kelly's perspective, she is not happy with the expectation she has set for her mother, Dianna.

This does not involve a lack of understanding of one's role or developmental problems, but is solely focused on the expectations of others.

You ask your client how she is handling her ex-husband's new marriage. The client pretends that she didn't know her ex-husband had remarried. What type of defense mechanism is your client **MOST** likely using?

Denial
Reaction formation
Conversion

Correct answer: Denial

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Denial is simply refusing to acknowledge that an event has occurred. The person affected simply acts as if nothing has happened, behaving in ways that others may see as bizarre.

The other options are incorrect because, while they are defense mechanisms, they are not ones that best describe the information offered in the question. Reaction formation occurs when a person feels an urge to do or say something and then actually does or says something that is effectively the opposite of what they really want. Conversion is a defense mechanism in which anxiety is transformed into overt physical manifestations.

How is Maslow's hierarchy of needs most helpful for clinical social workers?

For prioritizing client problems

For choosing clinical interventions

For making a diagnosis

For psychoeducation

Correct answer: For prioritizing client problems

Maslow's hierarchy of needs can be used to prioritize client problems. For example, a client with a serious medical issue will require medical care before working on other needs, like social and esteem needs. Maslow's hierarchy is depicted as a pyramid, with more basic needs at the bottom, and growth needs towards the top. According to Maslow, clients must meet lower-level needs before they can climb the pyramid and meet higher-level needs.

The other answer options are not typical or appropriate uses of Maslow's hierarchy of needs. The hierarchy is best known for prioritizing client problems.

A commune is an example of this type of group:

Intimate structured	
Intimate	
Structured	
Collective	

Correct answer: Intimate structured

A commune is an example of an intimate structured group because this type of group connects members in a close and organized relationship.

A military squad is an example of a structured group, an audience at a theater is an example of a collective group, and two lovers are an example of an intimate group.

Peter, a 13-year-old boy, is referred to you for exhibiting increased truancy in school, conflict with peers, and some recreational drug use. The following might be an example of an **INDIRECT** influence on Peter's behavior:

Peter's parents have daily verbal fights at home that sometimes escalate into physical altercations

A diagnosis of depression

Peter's peer group at school

Peter's innate temperament

Correct answer: Peter's parents have daily verbal fights at home that sometimes escalate into physical altercations

Individuals' behaviors are influenced by many factors, including indirect influences. In families, indirect influences include other family members' relationships, personalities, and conflicts. Though Peter is not a participant in the fights happening at home, his parents' altercations affect his behavior in school.

The other options are incorrect. A diagnosis of depression, Peter's peer group at school and his temperament would all be considered direct influences on his behavior.

The following **BEST** characterizes issues related to "separation anxiety" in infants and young children:

It is considered a normal developmental phase between ages six months and two years, and is correlated with cognitive development.

Separation anxiety is primarily driven by parenting style, regardless of the child's age or developmental status.

It should always be considered a sign that trauma might have occurred when a child was left with an unfamiliar caregiver.

Severe separation anxiety at any age reflects a predisposition to clinically significant social anxiety that will emerge in later years.

Correct answer: It is considered a normal developmental phase between ages six months and two years, and is correlated with cognitive development.

Separation anxiety is a temporary and age-appropriate behavior that usually begins at about six months of age, and occurs as babies recognize themselves as separate from their primary caregiver(s). It usually fades by about age two, when the child learns the concept of object permanence.

Separation anxiety is a developmentally appropriate behavior rather than a response to parenting style, exposure to a traumatic event, or an indication that social anxiety will develop later in life.

Which of the following therapeutic approaches focuses on the client's present problem?

Cognitive behavioral therapy

Solution focused therapy

Action therapy

Correct answer: Cognitive behavioral therapy

Cognitive behavioral therapy focuses on the client's present problem and works to reformulate thoughts, feelings, and behaviors in a more constructive and positive way.

The other options are incorrect as action therapies focus on strategies to directly alter behaviors, and solution focused therapy focuses on dealing with the positive outcomes the client seeks instead of the client's problems.

If the local government provides food and shelter for its citizens in need, what did the citizens receive?

In kind assistance

A categorical grant

A block grant

Correct answer: In kind assistance

In kind assistance is when tangible items (for example, food and/or shelter) are given instead of money. It is an example of a micro level of intervention.

A block grant is a federal government grant that provides a state or local government with a chunk of money to spend how they see fit. A categorical grant is a federal government grant that provides a state or local government with a chunk of money that is to be spent on specific items.

Irina, your client, is feeling pressure to join the homeowners association board in her new neighborhood. Which factor is Irina feeling the **MOST** influence from in her current state?

Community factors
Institutional factors
Interpersonal factors
Public policy

Correct answer: Community factors

Many factors influence people, their lives and their behaviors. Community factors come from the social environment in which one lives. The rules, regulations, and informal structures in an organization are called institutional factors. Interpersonal factors are when one feels pressure from relationships, social support, and religious belonging. Public policy is the laws and mandated regulations in the society one lives in, like having to wear a seatbelt when we are in a car.

One thing that was not an option here, but is a factor/influence in one's life is individual characteristics, which are one's unique style, attitudes, beliefs, etc.

The other options are incorrect, because, again, Irina is feeling pressure from the social environment in which she lives.

The Lippe family arrives at your office for therapy. Mr. and Mrs. Lippe appear to have rigid control over their children, who seem to be following strict behavioral rules. As therapy progresses, you find that the children have very low self-esteem and do not seem to be happy, though they are not in any behavioral trouble at school and are very strong performers academically.

Which of the following parenting styles **BEST** matches the circumstances?

Authoritarian parenting
Authoritative parenting
Permissive parenting
Uninvolved parenting

Correct answer: Authoritarian parenting

In this question, the children are strong performers in school and usually have no problem following rules or obeying authority. This style of parenting is characterized by strict behavioral rules that are not well-explained, followed by punishment for offenses. However, children raised in households that are termed authoritarian also seem to have lower self-esteem, are not happy, and are not as socially competent as other children.

The other answer options are parenting styles, but they do not match the description of the behaviors addressed in the question.

A child becomes involved in her parents' conflict, and she experiences anxiety from entering into her parents' relationship dynamic in this way. Based on this description, this family is struggling with its:

Subsystems Equifinality Genograms

Correct answer: Subsystems

Subsystems are smaller units that make up a larger family system. When a child is involved in parental conflict, the child enters the parental subsystem, causing blurred boundaries. This is what is happening in this family.

Equifinality does not apply here. This refers to the fact that a system can accomplish the same goal through different avenues.

Genograms also do not apply here. Genograms are visual tools used to create a diagram of family relationships and patterns.

Luke is a veteran who was recently discharged from the Marines after suffering a major injury that resulted in the amputation of both legs. He is married and has two young children under the age of three.

The following might be considered a normal psychological reaction from Luke once he returns home:

Sadness, or even depression, that is cyclical in nature, as Luke is reminded of his body's physical limitations

A deep period of depression lasting up to several months, followed by an elevated mood

A sense of peace as Luke settles back in with his family

An increased sense of responsibility and duty to protect his family

Correct answer: Sadness, or even depression, that is cyclical in nature, as Luke is reminded of his body's physical limitations

Chronic sorrow is a term often used to describe the cyclical nature of the sadness of an individual suffering from chronic illness or disability. This term describes the long-term sadness that Luke might feel as various stimuli that appear, sometimes unexpectedly, over a long period of time, trigger feelings of loss and disappointment.

He could experience a deep period of depression because of his amputations, but an elevated mood is not necessarily considered normal. It would be abnormal if Luke experienced a sense of peace, because this is a period of major role adjustment. Luke might feel as if he has an increased sense of responsibility toward his family, but it is more likely that he would feel helpless and would be expected to grieve the loss of what he envisioned for his role in his family.

Psychological defense mechanisms can be categorized on a continuum from "primitive," or "infantile," to more "mature." Which of the following **BEST** represents the correct order of such a continuum, from most primal to most mature?

Denial, displacement, and sublimation

Compensation, rationalization, and regression

Acting out, assertiveness, and intellectualization

Sublimation, repression, and assertiveness

Correct answer: Denial, displacement, and sublimation

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety, and defense mechanisms can be ordered from most primitive to least primitive.

The most primitive defense mechanisms are: denial, regression, acting out, dissociation, compartmentalization, projection, and reaction-formation. In the middle, are repression, displacement, intellectualization, rationalization, and undoing. Finally, defense mechanisms that are considered to be the most mature are sublimation, compensation, and assertiveness.

The remaining answer options are incorrect because they do not show the correct order from most primal to most mature.

If Kyle, a client, states that he is experiencing confusion, restlessness, chills, nausea, and dilated pupils, what substance is **MOST** likely causing his condition?

Cocaine		
Opioids		
Alcohol		

Correct answer: Cocaine

The symptoms associated with cocaine use include visual hallucinations, confusion, restlessness, chills, nausea, and dilated pupils.

The other options are incorrect because dilated pupils are not a symptom of alcohol use, and restlessness, chills, and dilated pupils are not generally symptoms that are associated with opioids.

The **MOST** common cause of hoarding behavior at a level of severity that would be a focus for treatment is:

Behavioral patterns that can originate as early as childhood, which may vary for many years, with pathological levels of hoarding emerging in some cases many years into adulthood

A sudden onset at any point in adult life that can be linked to one or more traumatic life events

Repeated episodes of hoarding behavior that are definable, which gradually escalate in severity and duration

A childhood history of severe hardship, which may trigger hoarding behavior later in the life cycle when similar sets of events are present

Correct answer: Behavioral patterns that can originate as early as childhood, which may vary for many years, with pathological levels of hoarding emerging in some cases many years into adulthood

Hoarding at pathological problem levels is most often preceded by a lifelong tendency to save or develop unusually strong attachments to objects and usually begins in childhood. Because many guardians and/or parents decide what their child is allowed to play with and keep, it is not always obvious in childhood. However, what is more observable in children is an unusually high level of attachment to objects or if the child has a tendency to humanize inanimate things.

A small percentage of the adult population with hoarding behavior has been found to be without a childhood history of this type of subclinical evidence, and hoarding behaviors are not time limited or definable. They also do not necessarily have a tie to a childhood history of severe hardship.

Rica was in a very serious car accident about three months ago that led to a twoweek hospitalization. All of the following are probable emotional and/or psychological symptoms of trauma related to the accident, **EXCEPT**:



Correct answer: Unrealistic optimism

After a traumatic event that causes physical impairment, it is natural and expected that the injured person has some negative reactions. Unrealistic optimism is not an expected reaction, though a few individuals may use this approach as a defense mechanism to accept the reality of the physical/emotional damage that was done.

It would be normal and expected for Rica to exhibit anxiety, fear, social withdrawal, anger, and mood swings following her car accident. A social worker meeting with her may provide a safe place for her to express these feelings out loud and may help her work through the grieving process associated with the accident.

You have been working with Gabi, an eight-year-old Hispanic girl, with a focus on helping her cope with bullying by school peers. Gabi has two older brothers, ages 11 and 12. Gabi self-reports that neither of her brothers, who attend the same school as her, experience bullying, and she complains that they are allowed more time to "hang out with their friends, and when they do something wrong at home, they don't get punished like I do."

From meeting with the family as a whole over time, you observe that the boys are more talkative and active than Gabi, and when the parents are addressed as a unit, their mother is usually second to speak, as she lets her husband finish speaking first.

In assessing the above, your **FIRST** consideration should be:

This family exhibits many characteristics and dynamics that are aligned with the norms/values of their cultural background and traditional views of gender-congruent behavior and roles. Gabi's social difficulties at school might be, at least partially, related to the influences of this culture on her behavior in the context of a more conventionally Anglo-American school environment.

The family dynamics and interactions indicate that there may be an unusually great attitude of paternalism, in which males take a superior attitude/role toward females and, in addition, you should assess this case with the hypothesis that the father may be abusive toward the female family members.

Gabi is displaying signs of depression, which should be further assessed by a psychiatric referral. Depression would best explain her lack of animation/verbal communication relative to her siblings, as well as giving her increased vulnerability to being a victim of bullying at school.

Correct answer: This family exhibits many characteristics and dynamics that are aligned with the norms/values of their cultural background and traditional views of gender-congruent behavior and roles. Gabi's social difficulties at school might be, at least partially, related to the influences of this culture on her behavior in the context of a more conventionally Anglo-American school environment.

A key principle of social work practice is not only recognition and respect of the cultural context/background of clients, but applying an objective, unbiased attitude to cultural diversity. Based on that, here, the primary focus should be to work effectively within the family's cultural perspective, and refrain from expecting them to adopt an alternative one.

None of the information in the question indicated that Gabi's father is abusive or that she is suffering from depression. While it may be helpful for her parents to realize

Lawrence is a six-year-old boy who talks mostly to himself, but believes that Jack the Skeleton and Santa Claus are real and they monitor his behavior. Lawrence understands that certain things happened in the past, and things will happen in the future.

Which of Jean Piaget's developmental stages does Lawrence **MOST** exemplify?



Correct answer: Preoperational

In Jean Piaget's model of human development, the Preoperational stage is between the years 2 to 7. This stage is characterized by a movement toward more abstract thinking and a conception of time: past, present and future. The child still has magical thinking, and most thinking is egocentric.

The other stages mentioned are not correct based on the information in this question, and happen at different ages.

You're working with an immigrant family after a teacher referred a child in the family for an assessment due to behavioral concerns at school. In your work with this family, who comes from a country with different beliefs about mental illness than your own, what challenge would you **MOST** expect to confront as you diagnose the child and decide upon clinical interventions?

Skeptical attitudes toward traditional methods for diagnosing and treating mental illness

The family's concerns related to xenophobia

Language barriers

Correct answer: Skeptical attitudes toward traditional methods for diagnosing and treating mental illness

There are variations in behaviors and beliefs related to health, illness, and the diagnosis and treatment of illness among different cultures. An immigrant family from a country that has different beliefs about mental illness may be skeptical about traditional ways of treating and diagnosing mental illness. Mental illness may be defined differently in their culture, or they may have certain rules about who in the family can make decisions related to mental health care. Skeptical attitudes toward traditional methods for diagnosis and treating mental illness are the most likely challenge you would face with this family.

An immigrant family could certainly present with concerns related to xenophobia or language barriers, but these are not the concerns you'd be most likely to encounter in the context of providing mental health services. Skeptical attitudes are more likely, based on the explanation above.

You work at a day program for older adults and often overhear co-workers talking about some of the clients in the program in patronizing terms. These co-workers refer to clients' "decline," and they often state that the clients are "too old" or "too gray" for a wide variety of activities that range from afternoon walks to romantic relationships.

Your co-workers are **MOST** likely displaying signs of:

Ageism	
Maturation	
Groupthink	
Racism	

Correct answer: Ageism

Ageism is discriminating against someone simply because of their age. By saying that the clients are "too old" or "too gray" for certain activities and relationships, the coworkers are discriminating against them. To use the word, "decline," in regard to their physical and/or cognitive health is also using it as a derogatory term.

Maturation simply refers to the process of growing older. Groupthink is a phenomenon that occurs within a group of people in which all members of the group agree to a dysfunctional outcome simply because members desire harmony. There is no information offered in the question that the workers at the program are making comments about clients' race.

You run a group for individuals who struggle to have supportive, long-lasting relationships with others. After two group sessions, one of the members begins to challenge your role in the group, stating that he does not think the group is helping and does not see how the activities you have planned have anything to do with the topic.

According to Tuckman's model of group development, the group is **MOST** likely in what stage?

Storming
Forming
Norming
Performing

Correct answer: Storming

Back in 1965, Bruce Tuckman described his model of group development and asserted that all stages are necessary for group members to successfully navigate personal struggles in a group setting. The order of the stages are: Forming, Storming, Norming, and Performing.

The storming stage, which again, is the second stage of Tuckman's model, is where/when group members begin to have conflict with each other and/or the group leader. The focus and the task of the storming stage is for the members to successfully navigate disagreements and be able to learn how to work together effectively as a team moving forward.

In this question, and based on the information offered in the question, storming is the correct answer option.

When she was eight years old, Summer was in a very serious car accident that left her with a double amputation of her legs. She is now 17 years old and uses a wheelchair. What can Summer's parents do to ensure that her **EMOTIONAL** development as a teenager is as normal as possible?

Set normal limits and household rules for Summer, only help her when she asks for it, and allow her to have normal friendships and relationships

Summer will never be a normal adolescent, so it is pointless for her parents to pretend that she can be one

Give Summer unlimited privileges at home to compensate for the limitations she has had to deal with since she was young

Insist that Summer meets with a social worker, or other clinician, so she has a person to talk with about her feelings surrounding her physical impairment

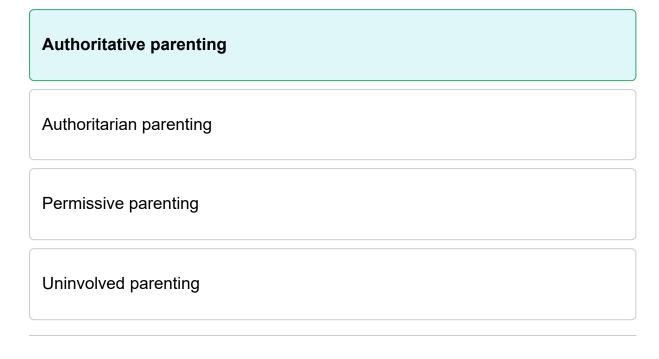
Correct answer: Set normal limits and household rules for Summer, only help her when she asks for it, and allow her to have normal friendships and relationships

During adolescence, one of the most important tasks of individuals is to find their own identities and to differentiate themselves from their parents and other members of their families. One way that teenagers do this is by engaging in close friendships with same-aged peers and practicing their independence by spending more time with friends than with family. Though it may be difficult, Summer's parents are helping her by allowing her to develop age-appropriate relationships with friends and by giving her the freedom to be self sufficient if she likes.

Even though she is physically impaired, Summer can absolutely have normal emotional development. Her parents should not give Summer unlimited privileges, as she will continue to know that there are certain expectations that she should/must follow like many other teenagers. At some point, it might be helpful for Summer to meet with a therapist, but there is no indication in the information offered in the question that Summer is having any difficulty or that she needs a therapist at the current time.

You are seeing a family for therapy in your office. These parents set firm boundaries with their children, allow them to ask questions, and have discussions about house/family rules. The parents listen to their children with attention and, when mistakes are made, forgiveness is used often instead of a punishment of some sort.

Which of the following parenting styles **BEST** matches the case?



Correct answer: Authoritative parenting

The parents in this question are described as enacting the parenting style known as authoritative. In contrast to many other styles, these parents are very involved, but democratic, with their children. Instead of providing strict rules and punishment with no explanation, kindness and forgiveness are used. The communication between parent and child is open and genuine. The children that are raised with this parenting style tend to be happy and successful children.

While the other answer options are parenting styles, they do not match the description of the behavior in this question.

You are meeting with your client, Ned, for therapy, who is in his late adolescence and is involved in his home, church, and community. Ned is outspoken about doing what is morally right in any situation, and mainly concerned with the individual rights of others.

Which level of Kohlberg's moral reasoning model would you **MOST** likely put down in Ned's chart that he is exemplifying?

Postconventional
Preconventional
Conventional
Social

Correct answer: Postconventional

Lawrence Kohlberg suggests a model of moral development in six stages that progress through Preconventional, Conventional, and Postconventional levels. Ned is at what Kohlberg called the Postconventional level of moral development, which is characterized by its focus on moral rectitude and the rights of others. However, Kohlberg suggests that many people do not reach this level in their lives.

Preconventional and Conventional represent the levels in Kohlberg's model before Postconventional, and social is not a level of moral development.

You are meeting with a young couple, Nina and Jeremy, who have been referred for couples therapy due to domestic violence in the home. Nina self-reports that she often feels as if she has to "walk on eggshells" around Jeremy to avoid his angry outbursts.

This is the first phase of the domestic abuse cycle and is known as:



Correct answer: Tension building phase

Relaxation phase is a fabricated term.

The domestic abuse cycle includes three phases, where the tension building phase is the first and one in which the victim often feels as if they are "walking on eggshells" and is extremely careful with their words and actions for fear of upsetting their partner. During this phase, the victim's fear slowly increases, and their partner's threats may increase as well.

The acute battering phase and the relief period are the second and third phases of the domestic abuse cycle. The acute battering phase occurs when the partner engages in attempts to cause physical harm to the victim. The relief period follows the acute battering phase when the partner has stopped being violent and is often loving, attentive, and remorseful about their actions.

Larry has been using and abusing cocaine since he was 14 years old. He is now 24 and has a long criminal record, which involves possession of substances and forgeries. Despite this history, Larry's parents are extremely supportive of his recovery, and his best friend since childhood is willing to help him in whatever way he can. Larry now seems ready, motivated, and committed to accepting rehabilitation and says he truly wants to make major changes in his life.

It is **MOST** likely that Larry will need:



Detoxification, individual therapy, and group counseling

Detoxification and public assistance

Detoxification, job training, and educational programming

Correct answer: Detoxification, housing assistance, family therapy, vocational rehabilitation, and monitoring

A great many addicted individuals require resocialization to relearn ways to relate to others outside the context of substance abuse, so Larry will need frequent monitoring to make sure he does not reenter social circles that once supported his drug habit. The likelihood of Larry relapsing is very high in the years that immediately follow detoxification, so he will also need plenty of support in seeking a job and housing. Luckily, Larry's family expresses a strong desire to support him, so family therapy would be very helpful in assisting all members, including Larry, to learn how to function in a healthy way while encouraging the "major changes" that Larry wants to see happen in his life.

While individual therapy and group counseling might help Larry, it is necessary for him to have support in the practical areas of his life, like vocational rehabilitation and housing assistance, if he wants to refrain from substance abuse for a long period of time/the rest of his life.

James, a four-year-old boy, talks almost constantly with anyone in his immediate environment with whom he can engage in a conversation. He speaks fluently and in full sentences, but often inserts made-up words. Sometimes, he is observed by his parents "talking to himself" while alone. In many of the above interactions, he sometimes repeats words used by others, and/or asks questions over and over, especially focusing on "why?" and "how?" sometimes to a point at which the involved adults become annoyed.

The above scenario would **BEST** be described by which of the following?

James is exhibiting age and developmentally appropriate behavior that evidences the type of language development and patterns that are characteristic of children during the toddler and preschool years.

James' behavior is typical of the early childhood signs of autism spectrum disorder: incessant talking, persistent/incessant questions like those quoted here, and with unawareness of others' feelings/reactions to his behavior.

James may be exhibiting a certain form of attachment disorder, in which he inappropriately and indiscriminately approaches and engages with people in his environment, regardless of whether he has an established relationship with them.

Correct answer: James is exhibiting age and developmentally appropriate behavior that evidences the type of language development and patterns that are characteristic of children during the toddler and preschool years.

It is extremely likely a four-year-old child will be able to express complete thoughts. Thought and comprehension are generally more highly developed than speech until the child is about four. Preschool children will use and repeat new words, even if they do not understand their meaning. They also creatively make up words, and almost "nonstop talking" is common at this age. They enjoy using language to communicate, and often seem to talk just to engage in talking, try to involve themselves in other people's conversations, and frequently talk to themselves and/or to imaginary friends. They are skilled at asking questions, particularly "Why?" and often do this more to perpetuate interaction than out of interest in the answer.

The other options are incorrect because none of the behaviors described by James, the four-year-old, indicate that he might have autism spectrum disorder or an attachment disorder.

According to Freud, an individual who engages in reckless behaviors like illegal drug use and sexual promiscuity has an overactive:

Id
SuperEgo
Ego
Personality

Correct answer: Id

Sigmund Freud believed the personality could be divided into three parts: the Id, the Ego and the SuperEgo. The Id is the instinctual and primitive part of an individual's personality that operates on the pleasure principle and is solely interested in immediate gratification.

The SuperEgo is the part of an individual's personality that incorporates the morals and values of society and is similar to a conscience. The Ego acts as a mediator between the Id and the external world to make reasonable decisions.

You mostly work with adults, but see a client, Yuki, who is struggling to decide if he should keep working for a few more years or retire. During his sessions with you, Yuki often questions decisions he has made throughout his life and wonders out loud if there are future commitments he could make that would change the legacy he will be leaving when he dies.

According to Levinson's theory, what period and stage is Yuki **CURRENTLY** going through?

The Stable Period, Entering Middle Adulthood

The Transitional Period, Entering Middle Adulthood

The Stable Period, Mid-Life Transition

The Transitional Period, Late Adulthood

Correct answer: The Stable Period, Entering Middle Adulthood

Daniel Levinson outlined seven stages that adults must pass through in order to achieve healthy development. According to him, the Entering Middle Adulthood stage is characterized by decisions made about retirement versus other plans, and this is the time where people think about the legacy they are potentially leaving. Levinson also stated that each stage is composed of a Stable Period (when a person makes crucial choices in life) and a Transitional Period (when a person passes from one stage to the next).

In this question, because Yuki is only trying to make some important decisions and is not yet ready to move onto the next stage (Late Adulthood), he is currently in the Stable Period.

As stated above, Yuki is not in the Transitional Period, but in the Stable Period. The Mid-Life Transition stage is characterized by reflection upon one's life, and Late Adulthood is characterized by continued reflection on one's life and all of the decisions they have made.

Zeke, a 32-year-old man, has a history of homosexual activities in earlier life that he has since carefully concealed in order to marry and have children. He becomes involved in a variety of parent association sponsored activities at his child's school, where he perceives many of the fathers who are fellow participants as being attracted to him, and often makes comments to his wife indicating he believes those men have "homosexual tendencies."

The defense mechanism indicated in this situation is:

Projection
Repression
Rationalization

Correct answer: Projection

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Projection occurs when a person has uncomfortable thoughts or feelings, and they may project these onto other people, assigning the thoughts or feelings that they need to repress to a convenient alternative target.

Using the information provided in the question, Zeke's perception that a number of other men in this social network are engaged in similar patterns, forms of sexual attraction, and motives, in effect, projects the impulses that he has worked to suppress in himself onto other men. As a result, this provides him with a mechanism to create some distance between himself and his experiences/impulses regarding attraction to other men by placing it outside of himself/attributing it to others.

The other options are incorrect, as rationalization is the process of justifying controversial behaviors, and this is not indicated here. Repression involves blocking some external events from awareness, but this does not explain Zeke's behavior entirely.

You are assisting a family with a therapeutic objective, and you have already helped them by initiating the use of resources. What is the **NEXT** step that you should take in this process?

Monitor your clients' success

Set goals and action plans

Recommend resources for/to the family

Correct answer: Monitor your clients' success

You have helped the family to start using resources to solve their problem, which means you have already helped them set goals and action plans, and recommended resources. Because you have already completed these steps, the next step for you to take is to monitor the family's success.

Which of the following **MOST** accurately represents the role of social workers in the criminal justice field?

They must balance their commitment to the community with their commitment to offenders.

They are concerned only with their commitments to offenders, who are clients.

They are concerned only with community well-being.

They are not involved in criminal justice work, because they believe punishment is the best form of prevention for crime.

Correct answer: They must balance their commitment to the community with their commitment to offenders.

Social workers intervene at multiple system levels. In the case of criminal justice work, social workers have obligations to clients, or individuals, representing intervention at the micro level. Social workers also engage at the community/organization level and have obligations to keep communities safe from crime. So, they must balance their commitment to community safety with their commitment to treat offenders who may be suffering from mental health problems or other social problems linked to crime.

Social workers would not be committed to clients alone, or to communities alone. As discussed above, they must balance commitments to both.

It would be erroneous to say that social workers are not involved in criminal justice work. The social work perspective typically falls in line with the positivist view that crime can be prevented through treatment of mental illness and other issues, rather than in line with the view that punishment is the best crime prevention.

Your client developed a severe problem with chemical dependency in early adolescence and entered an abstinence-based rehabilitation/recovery in early adulthood. Which of the following would you **MOST** expect to see in your client as a result?

Delays or relative deficits in social, cognitive, and academic skill development that roughly correspond to the age at which the problem originated, which may or may not be fully resolved over time

Resumption of social and cognitive development, with development of relationship skills and cognitive capacity well into early adult years, in a pattern parallel to that usually seen in adolescence, with a high likelihood of successful resolution in all major functional areas

As length of abstinence and recovery increases, relatively rapid gains in cognitive and social domains that are likely the results of residual neural plasticity that emerges as the influence of chemicals returns to premorbid levels

Correct answer: Delays or relative deficits in social, cognitive, and academic skill development that roughly correspond to the age at which the problem originated, which may or may not be fully resolved over time

The capacity for individuals to initiate and sustain significant recovery after adolescent-onset addiction is influenced by many factors. There is little rationale for predicting a significantly poor prognosis, as many with adolescent addiction histories go on to lead productive lives. However, there is much evidence to support the idea that social/cognitive development may be subject to critical periods during adolescence which, if derailed or delayed, may create functional gaps, the resolution of which may be quite variable and uncertain.

As stated above, social and cognitive development may suffer due to adolescentonset substance dependence, but in some cases, it can be quite good, depending on other factors in the individual's life. Neural plasticity is not known to go into a state of dormancy in the presence of drug dependence. In fact, the case may be quite the opposite. For example, the effects of drugs may diminish or shorten normal periods of neural plasticity that might be expected to last into adult years.

Wendy is a 24-year-old female who realized while she was in middle school that she was a lesbian. However, her parents had always told her and her siblings that if anyone in the family said they were gay, they would no longer be a part of the family. Because of this, Wendy has always watched her behavior, her language, and her sense of fashion, even when she is not around her family. She goes out on dates with males and feels isolated in her social circles because she does not know how to talk with them about her true sexual identity.

What is Wendy **MOST** likely experiencing at this time?

Internalized homophobia
The sleeper effect
Regression
Visible stigma

Correct answer: Internalized homophobia

Due to the fact that many members of society feel that homosexuality is inappropriate, wrong and/or unacceptable, many individuals who otherwise identify as gay or lesbian turn these negative social attitudes inward. Unfortunately, this turning inward of the homophobia of others is considered internalized homophobia.

The sleeper effect is a psychological phenomenon that refers to the negative effects of abuse that may not be seen in children for several years. Visible stigma is the stigma that an individual is forced to handle due to the fact that the characteristic in question is readily apparent to others, like race. Finally, regression is a defense mechanism in which an individual returns to an earlier stage of development.

Rita, a client, attends a funeral and has thoughts that she is at a party. Soon, she begins to dance and laugh. What is Rita suffering from?

Dissociation
Displacement
Delirium
Dysphoria

Correct answer: Dissociation

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Dissociation is a defense mechanism in which clients have thoughts that are inappropriate to the current situation, such as thinking about a party when they are at a funeral.

Another defense mechanism, displacement, is directing a feeling or an impulse toward a person that is not the subject that is causing the feelings. For example, a man is mad about work and at his boss, so he comes home and yells at his dog. Delirium is a state of confusion that is accompanied by hallucinations, delusions, emotional liabilities, and anxiety. Dysphoria is a condition of general unhappiness or pervasive discomfort.

Which of the following is **MOST** accurate regarding a toddler who frequently engages in echolalia?

This behavior is part of a normal developmental stage, and usually decreases or disappears completely by about age three.

Echolalia is a possible early warning sign of autism spectrum disorder, and should be viewed as a concern that should be thoroughly assessed by a qualified professional.

The behavior is largely socially conditioned by parental/caregiver reinforcement, and the most appropriate response is to extinguish the behavior by ignoring it, so that it does not become habitual and persist into school-age years.

Correct answer: This behavior is part of a normal developmental stage, and usually decreases or disappears completely by about age three.

Echolalia is a behavior that is part of normal language development. The stage in which echolalia may be most prominent begins around 18 months of age as a child masters producing language/speech, is able to imitate words, and begins to imitate phrases spoken by others. Echolalia usually peaks at about 24 to 30 months of age, and diminishes/disappears by the time a toddler turns three. Age three correlates with the time that a child begins engaging in conversational speech, begins to truly talk independently, generates/expresses original thoughts, asks new questions, and can respond appropriately to questions asked by others. Ultimately, echolalia is a normal part of language development when children are learning to talk. So, this is the most accurate answer option.

While echolalia may be a behavior associated with various developmental problems, in the absence of other diagnostic signs, it should not be considered a sign of other pathology or concern. As stated above, echolalia is developmentally appropriate for children 18 to 36 months and can/will disappear without any parental involvement.

Since echolalia can be a part of learning how to talk, it is not a behavior that parents need to actively extinguish.

The concept of "codependency" can be **BEST** described by which of the following statements?

A factor in social and/or interpersonal dynamics that describes the degree to which a relationship is contingent on others' behaviors.

A relationship style in families, born out of love or fear, that enables another member.

A way of relating to significant others that most frequently is determined by dynamics within their family.

The development of codependency is always based on an imbalance of power in a relationship.

Correct answer: A factor in social and/or interpersonal dynamics that describes the degree to which a relationship is contingent on others' behaviors.

Codependency explains a type of relationship in which one person supports or enables another person's addiction or other maladaptive behavior. This is not restricted to significant others or family, and can be found in a wide variety of relationships.

While power and control imbalances often occur in codependent relationships, they are not an essential quality.

If the federal government gave the state government \$100,000 with no restrictions, what did the state government receive?

Block grant Categorical grant In kind assistance

Correct answer: Block grant

Grants in aid refers to the federal government giving money to the states for a particular purpose, and it is important in the discussion of legislation and service delivery. There are two general types of grants in aid:

- A block grant is a federal government grant that provides a state or local government with money to spend how they see fit.
- A categorical grant is a federal government grant that provides a state or local government with money that is to be spent on specific items.

The option, in kind assistance, is when tangible items are given instead of money and in this question, because money is given, this is an incorrect option.

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions. Which of the following **BEST** describes the defense mechanism "idealization"?

Overestimating another person's abilities

Ignoring feelings and objectively analyzing problems

Subconsciously trying to make up for undesirable characteristics

Assigning another with one's own unacceptable characteristics

Correct answer: Overestimating another person's abilities

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Idealization is a defense mechanism and occurs when a client overestimates another person's abilities.

Intellectualization is a defense mechanism in which a client ignores their feelings and objectively analyzes the problem. Compensation is a defense mechanism in which a client subconsciously tries to make up for undesirable characteristics. Projection occurs when a person has uncomfortable thoughts or feelings, and they may project these onto other people, assigning the thoughts or feelings that they need to repress to a convenient alternative target.

A client, Riley, reports that when she goes out to eat, she is never satisfied with her order and always sends it back. Riley believes that her mother made her this way. What type of defense mechanism is Riley **MOST** likely using?

Projection
Intellectualization
Displacement
Compensation

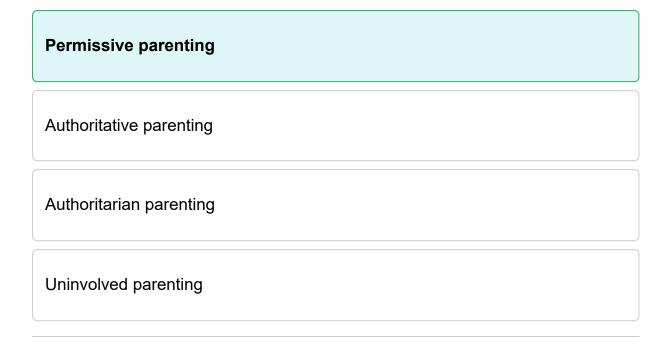
Correct answer: Projection

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Projection occurs when a person has uncomfortable thoughts or feelings, and they then project these onto other people, assigning the thoughts or feelings that they need to repress to a convenient alternative target.

Compensation is a defense mechanism in which an individual tries to make up for characteristics that are considered undesirable. Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available. Intellectualization is a defense mechanism in which the individual ignores feelings and analyzes problems as objectively as possible.

The Manchester family arrives at your office for therapy. While the parents are very communicative with their four children, it seems like they are addressing them more as friends than as their children. Mr. Manchester informs you that the children are not doing well in school and two of them seem to be having problems with authority figures.

Which of the following terms **BEST** describes the Manchester's parenting style?



Correct answer: Permissive parenting

Permissive parenting is most characterized by an attempt to treat children as equals and as friends, rather than children in need of structure and guidance. Children who grow up in such households tend to have poor academic achievements and seem to have issues with authority. Information to support this being the correct option is included in the question.

While the other answer options are parenting styles, they do not match the description of the behavior.

There are two types of social welfare: universal and selective. Which of the following **BEST** represents universal social welfare?

A program that provides benefits to all members of society

A program that focuses on prevention

A program that is emergency based

Correct answer: A program that provides benefits to all members of society

Universal social welfare, such as Social Security benefits, provides program benefits for all members of society. It is one example of how policy and program benefits have a high degree of impact on social work service delivery.

The other options are incorrect. An institutional view of social welfare is one which is focused on prevention, and a residual view of social welfare is one which is focused on short-term needs that are emergency based.

The **BEST** example of geriatric social work at the macro level is:

You teach a class on death and dying in older populations

You provide family therapy at an assisted living facility

You provide group counseling at a cancer center

You coordinate and lead activities at a senior center

Correct answer: You teach a class on death and dying in older populations

As the population over the age of 65 increases, more social workers are needed to provide services for older adults. Macro social work, like this example, focuses on changing larger systems. These larger systems can be communities and organizations, and this can be done with research, teaching, and administration.

While the remaining answer options are incorrect on a macro level, they are all examples of micro-social work, which is also known as direct practice.

The youngest child in a family has begun to experience severe anxiety, and her parents have brought her to your office for treatment. Which of the following would be the **MOST** likely explanation for the child's anxiety, based upon systems theory?

The parents are having conflict in their marriage, and it's affecting the child negatively.

The child has unresolved trauma, and she hasn't disclosed it to her parents.

The child has a genetic predisposition leading to anxiety.

The child has subconscious thoughts that are increasing her anxiety levels.

Correct answer: The parents are having conflict in their marriage, and it's affecting the child negatively.

Systems theory views systems as comprising smaller parts that work together. As such, a family is a system composed of smaller parts, or individual people, who work together. One of the applications of systems theory is the understanding that problems at one part of a system may be manifested in another. According to this theory, problems in the parents (one part of the system), could manifest in the form of anxiety in the child (another part of the system).

The other answer options do not align with the core applications of systems theory.

For instance, the belief that a genetic predisposition is causing the anxiety would align with biological theories of mental illness.

The belief that the child has subconscious thoughts increasing her anxiety would align with psychodynamic theories.

The following is an example of a universal institutional program:

Education
Food stamps
Social security

Correct answer: Education

Education is an example of a universal institutional program because it is a prevention-focused program that provides benefits to all members of society. It is important to understand how such a program is part of a policy perspective on social work service delivery.

Food stamps are an example of a selective residual program, as they are part of a short-term program that is provided to a restricted group that demonstrates need. Social security, on the other hand, is an example of a selective institutional program because it is a prevention-focused program that is provided to a restricted group that demonstrates need.

.....

As a social worker in a dual diagnosis treatment center, you view addiction as a chronic and relapsing disease. What model are you operating under with this belief?

Medical model

Self-medication model

Social model

Family and environmental model

Correct answer: Medical model

The medical model views addiction as a chronic, relapsing medical disease caused by genetic vulnerabilities and altered brain chemistry.

The self-medication model does not fit here. This model states that substance use is an attempt to relieve symptoms of psychiatric problems.

The social model also does not fit. This model states addiction is learned from role models.

Finally, the family and environmental model views substance abuse as arising from factors like behaviors that family and peers shape, abuse history, school factors, and disorganized communities.

Geoffrey arrives for his session and when you ask him how his day has been going, he states that the sky is green. However, when you look out the window, it is a normal blue sky. Which of the following **BEST** describes what Geoffrey might be suffering from?

Delusions	
Delirium	
Dissociation	
Dysphoria	

Correct answer: Delusions

Delusions are thoughts that one believes are accurate even though there is evidence against said beliefs. In this question, Geoffrey believes the sky is green, but you can clearly see that it is blue.

Delirium is a state of confusion that is also accompanied by hallucinations, delusions, emotional liabilities, and anxiety. Dissociation is a defense mechanism in which clients have thoughts that are inappropriate to the current situation. Dysphoria is a condition of general unhappiness or pervasive discomfort.

Which type of group creates only a temporary, superficial alliance among its members?

Collective
Structured
Intimate
Intimate structured

Correct answer: Collective

Only collective groups create a temporary and superficial alliance among members.

Structured groups are organized and integrated connections with other individuals. Intimate groups promote the development of close relations among their members. An intimate structured group connects members in a close, organized relationship.

Nick is going through a midlife crisis and starts dating a woman in her mid-twenties to make himself feel younger. What type of defense mechanism is Nick **MOST** likely using?

Displacement
Reaction formation
Projection

Correct answer: Displacement

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available.

The other options are incorrect, as they are not the correct defense mechanism that Nick is using. Projection occurs when a person has uncomfortable thoughts or feelings, so they may project these onto other people, assigning the thoughts or feelings that they need to repress to a convenient alternative target. Reaction formation happens when a person feels an urge to do or say something and then actually does or says something that is effectively the opposite of what they really want.

You are employed by an agency providing child welfare services and parenting support services. There, you are assigned the case of Ruthie, a 60-year-old grandmother, who has recently assumed custody of her daughter's two preteen children when her daughter, a single mother, died after a lengthy period of illness.

Which of the following is **LEAST** likely to be a significant factor to consider in this case?

Potential difficulties in finding community-based resources to provide Ruthie with an appropriate and adequate support network to assist with the immediate transition and long-term changes in responsibilities

The grandmother's need to modify her previous role/relationship with the children now in her custody, and the possibility that she may need to adjust the degree to which she focuses on primary parenting tasks such as limit setting and setting/enforcing standards and disciplinary practices with the children

The need to assess and work therapeutically with the element of grief and loss that may be present both in the grandmother and in the children, especially regarding the ways in which grief may impact their acceptance of and adjustment to taking on changed roles with one another

Correct answer: Potential difficulties in finding community-based resources to provide Ruthie with an appropriate and adequate support network to assist with the immediate transition and long-term changes in responsibilities

With the increased rate at which such situations are occurring in the United States, there are a number of readily available support systems for this population, including those associated with local child welfare, elder care and community-based organizations.

As primary caregivers, grandparents must learn to set limits and establish control. Resuming the role of primary caregiver can evoke feelings including grief, anger, loss, resentment, and guilt. These transitions can be stressful, and emotional, social, and financial burdens significant. Grandparent headed households have a significantly higher poverty rate than other family units. Caring for grandchildren can also be very positive and rewarding, and grandparents bring experience and perspective while still providing stability and predictability for their grandchildren.

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions. Which of the following **BEST** describes the defense mechanism "conversion"?

Anxiety is transformed into overt physical manifestations

Ignoring feelings and objectively analyzing problems

Overestimating another person's abilities or attributes

Faulting another for one's own unacceptable characteristics

Correct answer: Anxiety is transformed into overt physical manifestations

Conversion is a defense mechanism in which anxiety is transformed into overt physical manifestations.

Intellectualization is a defense mechanism in which the individual ignores feelings and analyzes problems as objectively as possible. Idealization is a defense mechanism in which a client overestimates another person's abilities or attributes. Projection occurs when a person has uncomfortable thoughts or feelings, they may project these onto other people, assigning the thoughts or feelings that they need to repress to an alternative target.

You are meeting with the parents of a five-year-old boy for the first time. The parents express a lot of concerns about their son's recent behaviors, which include masturbation, "playing doctor" with his same-aged friends, and him already having lots of questions about the differences between girls' and boys' anatomy.

Which of the following is the **MOST** appropriate course of action you should take?

You should provide some basic education to the parents about sexual development and assure them that their son's behavior is actually considered normal for his age.

You should strongly recommend play therapy for their son to help him explore his dysfunctional understanding of sexual development.

You should recommend parent training to help the child's parents re-teach their child appropriate sexual behaviors.

You should contact Child Protective Services to make a report of possible sexual abuse.

Correct answer: You should provide some basic education to the parents about sexual development and assure them that their son's behavior is actually considered normal for his age.

There are many stages of healthy sexual development, and each one is dependent on the child's chronological age. Children between the ages of 2 and 5 are actually expected to engage in some exploration of their own body parts and may engage in consensual exploration with other children by playing games such as "doctor." The parents in this question simply need an explanation from you about normal sexual development and reassurance that their child's behaviors are within the realm of normal.

There is no indication from the information given in this question that the child requires play therapy or that the parents require an extended course of parent training. There are also no signs that the child has been sexually abused, so you do not need to make a report to the authorities.

Becka is a 23-year-old mother of a young child who has been referred to you for cocaine usage. What is required in order for Becka to maintain **LONG-TERM** control of her substance dependence?

Becka must be extremely motivated and open to a range of interventions, both medical and psychosocial.

Becka must have a high level of support from her family.

Becka must attend therapy regularly and be ready to change.

You must find the appropriate medical detoxification services for Becka.

Correct answer: Becka must be extremely motivated and open to a range of interventions, both medical and psychosocial.

If you expect Becka to achieve long-term success in her substance abuse treatment, she must receive a wide range of medical and psychosocial interventions, such as individual and group counseling. She may also receive vocational rehabilitation, housing assistance, and medical treatment. Becka also must be extremely motivated to engage in treatment and refrain from using substances, if given the opportunity.

It would be helpful for Becka to have the support of her family and attend therapy regularly, but without a wide range of interventions, she is likely to relapse. Detoxification services are also equally important but, again, without additional support and a high level of motivation from Becka, she is not likely to be successful.

The following pattern of behavior in a child would **LEAST** indicate a potential problem in attachment/bonding with significant others:

The child clearly differentiates their parents from others present in the environment, demonstrates preference for parents over others, and may wander/explore the surroundings in the presence of one or both parents

The child displays little or no change in affect or behavior when parents leave or return, may turn away from parents to return to a focus on other activities/people, and may show few signs of differentiating parents from others in their surroundings

After a period of separation from parents, the child exhibits ambivalence, anger, and/or reluctance to disengage from the focus of present activity to reunite with parents upon their return. The child does not respond as well as others to strangers' efforts to calm/soothe.

Correct answer: The child clearly differentiates their parents from others present in the environment, demonstrates preference for parents over others, and may wander/explore the surroundings in the presence of one or both parents

Children with the healthiest form of attachment behavior (secure attachment) differentiate parents from others, show clear preference for parents, and exhibit a willingness to explore the environment as long as parents are present.

Avoidant attachment often stems from inadequate parent reaction to distress, discouragement of crying, and overemphasis on independence. Children with an avoidant attachment often appear disinterested when their parents leave or return. Disorganized attachment often arises from fright related, withdrawing, negative, intrusive, or confused parental behavior. Children with a disorganized attachment may exhibit ambivalence about the parent's presence, sometimes running up to them and immediately pulling away.

During her session, Janet opened up about how she recently forgot to pick up her daughter from the babysitter's house, and explained that she was extremely busy at work and did not get off on time. She then needed to stop and buy groceries and, by the time she was done, she had completely forgotten to pick up her daughter.

What type of defense mechanism is the client **MOST** likely using?

Rationalization
Intellectualization
Denial
Displacement

Correct answer: Rationalization

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Rationalization is when something happens that we find difficult to accept, so we make up a logical reason why it has happened. An example is a person who fails to get accepted to their desired university and then says, "Well, I didn't really want to go there anyway."

Intellectualization is a defense mechanism in which the individual ignores feelings and analyzes problems as objectively as possible. Denial is when one simply refuses to acknowledge that an event has occurred. Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available.

You are meeting with a family made up of two parents (still married) and their two teenage children. The family began sessions with you because one of the adolescents, the 15-year-old daughter, was fighting with her parents daily and refusing to do her homework. After the family has met with you a few times, the 15-year-old is getting along much better with her parents and is succeeding in school. However, her 17-year-old brother's grades have now begun to slip, and he has been grounded every weekend for the past month.

This example of one family member improving while another deteriorates is called:

Family homeostasis
Role impairment
Ego functioning
Malingering

Correct answer: Family homeostasis

Homeostasis is a phenomenon within a system in which variables are regulated so that internal conditions remain stable and relatively constant. In families, this is manifested when one family member's condition changes in some way. Using the information in the question, this is the best answer to the question.

Role impairment is the measure of disability due to a mental disorder, and it is not clear in the information in the question whether either child is suffering from a mental disorder or not. Ego functioning is the degree to which an individual is able to make their own decisions, have insight into thoughts, and have compassion toward others. Malingering is the state of feigning illness or symptoms with the intention of avoiding or escaping some undesired goal or activity.

You are meeting Audrey and her husband, Forrest, for the first time. Forrest states that he believes Audrey is an alcoholic, as she becomes loud when she drinks and often says things she does not mean. Audrey insists that she can give up drinking at any point and even states that she has done so several times in the past ten years. Forrest wants Audrey to move out of the family's townhome until she can show she is able to go at least three months without a drink.

You should **MOST** likely:

Help Audrey accept the situation and assist her in finding treatment

Tell Audrey to take Forrest's challenge as a way of showing Forrest how serious she is about their marriage

Ask Forrest to reconsider

Focus only on convincing Forrest to be more understanding of Audrey's behavior

Correct answer: Help Audrey accept the situation and assist her in finding treatment

Forrest is firm in his position in an attempt to help Audrey see that she needs help, and you should not attempt to persuade Forrest otherwise. In this question, your role here is to provide Audrey with the help that she needs, which includes referring her to appropriate treatment resources and supporting both Audrey and Forrest in their marriage.

However, you should support Audrey from the perspective of helping her get better, not to prove Forrest right or to prove that Audrey is serious about the marriage. It might be unhelpful and harmful to your rapport if you ask Forrest to reconsider his ultimatum or to be more understanding toward Audrey.

Johno has been working with his therapist, Tom, to reestablish a sense of stability in his state of crisis that started when he discovered that his husband of thirty years was having an affair. Over a month of regular sessions, Johno and Tom were able to establish that Johno was not going to hurt himself, his husband, or their child. Johno and Tom formed a professional and good therapeutic bond very quickly, and were able to move to the next step: the exploration of Johno's feelings and exploring some solutions to his state of crisis. This past week, Johno has begun to work through the items he and Tom agreed to during crisis planning.

At what point in the crisis state did it **MOST** likely start to become Resolution?



When Johno and Tom established therapeutic rapport

When Johno reported that he planned not to harm himself or others

When Johno was able to explore, express, and feel his emotions

Correct answer: When Johno began working through the items on the plan

All of the stages of crisis intervention are important. While establishing a therapeutic rapport is essential, it is more of a bridge to other things than the beginning of the solution. Johno's declaration to not harm himself or others is also essential, but is the basic condition of crisis planning and still not any kind of resolution. When Johno explored, expressed, and felt his emotions, this was more of processing than solving. However, resolution began when Johno began to work through his plan and started taking responsibility for navigating himself out of this crisis.

Allison states that she is experiencing mild euphoria, intensified sensory impressions, and drowsiness. The substance that Allison is **MOST** likely using is:

Marijuana	
Cocaine	
Opioids	

Correct answer: Marijuana

Mild euphoria, intensified sensory impressions, and drowsiness are all symptoms of marijuana use. Marijuana is a plant that contains tetrahydrocannabinol as the active ingredient.

The other options are incorrect because cocaine and opioids typically do not create drowsiness, mild euphoria, and intensified sensory experiences together.

The following **MOST** closely describes gender identity:

An individual's personal sense of gender

Social or cultural expectations and beliefs of male/female behavior

A pattern of physical behavior and attraction to others

An individual's desire to be part of a committed relationship

Correct answer: An individual's personal sense of gender

Gender identity, which typically forms in most children by age 3, is defined as an individual's personal sense of gender, and there are many conversations that revolve around one's gender identity nowadays.

Sex roles are the social or cultural expectations and beliefs of male/female behavior. Sexual orientation is a pattern of physical behavior and attraction to others. An individual's desire to be part of a committed relationship does not describe any one term, but can apply to individuals, no matter their sexual orientation or gender identity.

Jeff is a young child in therapy who seems to only do what is morally right while supervised. While he is responsive to behavioral modification based on obedience and punishment models, these are the only ones that are effective, and he avoids authority figures when possible. Jeff only obeys them out of fear.

Which of Lawrence Kohlberg's levels of moral development does Jeff exemplify?

Preconventional	
Anxiety	
Conventional	
Postconventional	

Correct answer: Preconventional

Kohlberg believes in a model of moral development in six stages that progress through Preconventional, Conventional, and Postconventional levels. The Preconventional level of moral development is the most primitive, and it is based on fear of authority with obedience only in response to punishment.

Conventional and Postconventional represent the levels in Kohlberg's model that follow Preconventional. Anxiety is not a level of moral development.

You are employed in a children's hospital that uses a SOAP documentation format. Which of the following is **NOT** usually included in this record?

Insurance coverage limits

A plan of care

Subjective reports of the client's well being

Correct answer: Insurance coverage limits

SOAP stands for Subjective, Objective, Assessment, and Plan. In this example, a client's well being will be found in the subjective and objective sections, and is reported by you, the social worker. In the assessment part, you will pull together your subjective and objective findings and use them to create a short assessment. Finally, a plan is then made based on that assessment.

Payment and/or insurance coverage is not part of the SOAP format.

The type of group that promotes the development of close relations among members is:

Intimate
Collective
Structured
Task

Correct answer: Intimate

Intimate groups promote the development of close relations among their members.

Collective groups only create a temporary, superficial alliance among members. Structured groups have organized and integrated connections with other individuals. Task groups are people brought together for a specific job.

An emotional new client informs you that her nine-year-old daughter, Gracie, is terminally ill. The client's husband left her and the family shortly after Gracie's diagnosis. The client states that she doesn't know how to deal with Gracie's illness and the loss of her husband, and then she begins to cry.

What should you do **FIRST**?



Discuss the client's additional family support system

Discuss the treatment options for Gracie

Correct answer: Acknowledge the overwhelming feelings of the client

Since the client is feeling emotional and overwhelmed by her feelings, it is important that you start by acknowledging the client's feelings.

The other options might be helpful directions for you to take with the client eventually, but not until after the client's feelings are acknowledged.

Which of the following defense mechanisms is defined by the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available?

Displacement
Projection
Sublimation

Correct answer: Displacement

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. One defense mechanism, displacement, is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available.

The other options are not correct. Sublimation occurs when a person chooses to divert their desires that are consciously intolerable and cannot be directly realized into creative activities that are acceptable. Sublimation channels this energy away from destructive acts and into something that is socially acceptable and/or creatively effective. Another defense mechanism, projection, occurs when a person has uncomfortable thoughts or feelings. They may project these onto other people, assigning the thoughts or feelings that they need to repress to a convenient alternative target.

You are assisting a family with a therapeutic objective and you have already helped them set their goals and action plans. The **NEXT** step that should be taken in this process is:

You should recommend resources

You should monitor the family's success

You should initiate the use of resources

You should define the family's problem

Correct answer: You should recommend resources

Because you have already helped the family set their goals and action plans (which means the problem has already been defined), the next step would be to recommend the resources that the family needs.

After recommending the necessary resources, you would then initiate the use of the resources, and then you would monitor the family's success.

The following **BEST** represents age related effects of experiencing hearing loss for a young adult age of onset, and those whose hearing loss occurs during later (elderly) adult years:

Those in the younger age group are likely to adapt much more easily, with fewer social and/or psychological problems, as well as greater and more rapidly initiated efforts to seek remedial help such as hearing aids.

Elderly individuals are much more likely to adapt well to hearing loss, which is fairly widely accepted as an expected/normal effect of aging, whereas young adults are likely to have more catastrophic perceptions and/or grief reactions.

Responses to hearing loss are strictly on an individualized basis and may largely be affected by the level of social support and understanding provided by others present in the individual's daily life.

Those in both age groups are very likely to experience significant adjustment reactions, depression, and increased social isolation. Younger people with hearing loss are likely to experience more severe/prolonged emotional reactions and, overall, poorer acceptance of the condition, than is the case with elderly people.

Correct answer: Those in the younger age group are likely to adapt much more easily, with fewer social and/or psychological problems, as well as greater and more rapidly initiated efforts to seek remedial help such as hearing aids.

Hearing loss, although to some degree an expected effect of aging, has gained recognition for its potentially disabling impact on the elderly population. Adults with early onset hearing loss, while they report negative aspects of hearing loss, also report that, over time, these aspects are incorporated into their personalities. However, they develop methods to manage the conditions in daily life.

Older adults with hearing loss at a later stage have a more "set" personality with which they have functioned for many years that does not easily accommodate hearing loss. Being accustomed to life as a hearing individual, elderly hearing loss may trigger an identity crisis and a significant sense of loss/grief, even potentially leading to depression. This may also be compounded by a variety of social responses of others, who may avoid/reduce interaction or express frustration at failing to communicate.

The parents of Frida, a four-year-old child, have been referred to you because they have not been able to successfully potty train her, and specialists have not found anything physically wrong with Frida that would prevent her from being potty trained. During their session with you, Frida's parents also reveal that Frida still sleeps with them, and they have also been unsuccessful in getting her to sleep in her own bedroom.

During the initial assessment, what is the **MOST** important thing for you to focus on?

The parents' understanding of how Frida is developing

The effects that Frida has on her parents' relationship

How the parents reward and discipline Frida

Correct answer: The parents' understanding of how Frida is developing

When you are assessing an issue, you need to focus on the issues that the client(s) are bringing up during the assessment phase, which, in this question, is how Frida is developing.

The question does not mention whether the parents are having relationship issues, or how the parents have been rewarding or disciplining Frida, so you should not focus on these issues during the assessment.

The **MOST** accurate description of the normal human grieving process is:

A roller coaster ride

An extremely steep incline upward, followed by a gradual decline

Stair steps leading upward

A flat line

Correct answer: A roller coaster ride

The grieving process can best be described as a roller coaster ride because bereaved individuals move back and forth between avoidance, confrontation, and restoration.

Grieving can be regarded as a set of tasks: accept the reality of the loss, work through the pain that grief brings, adjust to the world without the loved one, develop an inner bond with the deceased, and move forward with one's own life.

In the past, the grieving process was regarded by some therapists as stair steps leading upward, but this is no longer the case. The grieving process is also not best described as a flat line or as a steep incline followed by a gradual decline.

The following accurately describes how the minority stress model impacts LGBTQIA+ individuals:

It identifies a variety of ways in which members of society tend to treat LGBTQIA+ individuals as inferior to heterosexual persons.

It helps outline treatment plans that can also be used in individual treatment of LGBTQIA+ individuals.

It explains why/how LGBTQIA+ individuals are at a higher rate of suicide and mental illness than heterosexual persons.

It provides the evidence that sexual identity is socially defined instead of biologically defined.

Correct answer: It identifies a variety of ways in which members of society tend to treat LGBT individuals as inferior to heterosexual persons.

The minority stress model describes the high levels of stress experienced by members of stigmatized minority groups such as LGBTQIA+ individuals. It helps identify the various ways in which members of society tend to treat LGBTQIA+ individuals as inferior to heterosexual persons. These stressors include the pressure to hide one's sexual identity from others for fear of discrimination, internalized homophobia, and rejection sensitivity.

The minority stress model does not outline individual treatment plans for LGBTQIA+ persons or assert that sexual identity is socially defined. While LGBTQIA+ individuals do have higher rates of suicide and, in some cases, higher rates of mental illness than heterosexual persons, the minority stress model does not necessarily connect this reality with the fact that LGBTQIA+ individuals experience more stress than non-LGBTQIA+ individuals.

The parents of Bella, an eight-year-old girl, are concerned about her behavior and report that while she excels in areas such as martial arts and dance, they describe her as "clumsy" and "sloppy" in activities that require precise handling and/or placement of objects (for example: handwriting, sewing, setting the dinner table and pouring water).

Which of the following would be the **MOST** likely explanation for these discrepancies in Bella's abilities?

A developmental course that is typical, in which there is a progression beginning with mastering control over whole body movement, with later development of fine motor skills and eye-hand coordination

Bella most likely is responding with anxiety about her parents' vigilance and concern over her task performance, which negatively impacts her ability to successfully complete tasks that require the skills in question

The presence of a learning disability that specifically affects Bella's capacity to do visuospatial tasks

Correct answer: A developmental course that is typical, in which there is a progression beginning with mastering control over whole body movement, with later development of fine motor skills and eye-hand coordination

School-age children usually have smooth and fairly excellent gross motor skills. However, their eye-hand coordination, fine motor skills, endurance, balance, and other physical abilities vary more widely and generally develop more slowly. These skills can affect a child's ability to write neatly, dress/fasten clothing effectively and do household tasks such as making beds, washing dishes, pouring liquids without spilling, etc.

There is nothing in the information in the question about Bella's presentation to indicate that she is anxious about her parents' vigilance or that she has a learning disability, so these options are incorrect.

You are employed by a women's displacement shelter and are meeting with a new client, Gail. Gail states that she is in love with a man she went to high school with, and they want to get married and start a family. However, she is unemployed, does not have a place to live, and is clearly very malnourished, due to the difficulty of finding food for the past several weeks.

According to Maslow's hierarchy of needs, what **MUST** happen before Gail gets married?

Gail should find a stable place to live and a regular source of income

Gail should obtain a declaration of love from the man she wants to marry

Gail should reevaluate her priorities by engaging in individual therapy

Gail should find opportunities for personal growth

Correct answer: Gail should find a stable place to live and a regular source of income

Maslow's hierarchy of needs organizes human needs into five different categories and lists them from the most basic to the most complex. The most basic needs include biological and physiological needs: food, water, and shelter. Unfortunately, at this time, Gail is currently unable to meet, and she must first find a way to meet, these basic needs before deciding to get married and have children.

Maslow's hierarchy includes four additional categories:

- Safety needs: protection from the elements
- Love needs: family, friends and intimacy
- Esteem needs: mastery and respect from others
- Self actualization needs: opportunities for personal growth and self fulfillment.

The other options are incorrect, as Gail does not yet need to seek a declaration of love from the man she wants to marry because Maslow would claim that she needs to have her basic needs met first. While she might benefit from therapy, Maslow's hierarchy does not address when therapy might be helpful.

The following situation is the **BEST** example of "cognitive dissonance":

A consumer wishes to buy a household appliance, and he has determined what price range is within his budget. As he is shopping, a salesperson engages him in a discussion and indicates that he probably would only need one of the "less complicated" models (which is within his budget range), implying that he would not have the skill to operate a model with more "features." He buys one of the more expensive appliances, assuming it will be much more useful than those within his budget.

A student who has tremendous admiration for one of her professors reads an announcement in her school's weekly newspaper, indicating that the professor is retiring at the end of the year. The student feels very insulted that the professor did not announce this event personally in a class that the student was taking.

A man who has been seeking a change in his employment and consistently searching for new positions receives offers from two competing companies simultaneously. While he is glad to have choices, he feels overwhelmed by deciding which offer to accept. He makes a list of the pros/cons of each, compares the lists, and accepts the position that seems to have the most advantages and the least significant drawbacks.

Correct answer: A consumer wishes to buy a household appliance, and he has determined what price range is within his budget. As he is shopping, a salesperson engages him in a discussion and indicates that he probably would only need one of the "less complicated" models (which is within his budget range), implying that he would not have the skill to operate a model with more "features." He buys one of the more expensive appliances, assuming it will be much more useful than those within his budget.

The term "cognitive dissonance" is used to describe the feeling of discomfort that results from holding two conflicting beliefs. It is a key term used in the analysis of behavior. When there is a discrepancy between beliefs and/or behaviors, in order to create a sense of "balance" and reduce discomfort, often individuals will alter their attitudes, beliefs, and/or behavior such that the source of conflict is reduced or eliminated. Cognitive dissonance can occur in many areas of life, but it is particularly evident in situations where an individual's behavior conflicts with beliefs that are integral to their self-identity.

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The following is the **MOST** likely emotional foundation of domestic violence from the perpetrator's point of view:

A need for power and control over the partner

Antisocial personality disorder

Borderline personality disorder

Poor self-esteem

Correct answer: A need for power and control over the partner

A common denominator in most cases of domestic violence is a need for control on the part of the perpetrator, specifically regarding the partner in the relationship.

These perpetrators may or may not suffer from poor self-esteem, and can possibly have personality disorders, but these are not requirements. The functional psychological principle at work is a need for control.

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mini level of society.

At which level of society is the focus on the WHOLE community?

Macro
Micro
Mezzo
Mini
Correct answer: Macro
Macro levels of society focus on whole communities, while micro levels of society focus on one individual at a time.
Mezzo levels of society focus on groups and families, and there is no such thing as a

Your client, Clark and his girlfriend, Izzie, whom he thought he would be engaged to soon, break off their relationship. Which of the following is the **LEAST** descriptive example of the use of intellectualization as a defense mechanism?

Clark tells you over the next several sessions that he is "moving on" and he is certain "after doing a lot of research on people like her," that he "would've hated her eventually, anyways, and if I had been forced to break up with her, she might have ended up in an institution or whatever."

Clark reports to you that he has checked all of his credit card statements to figure out how much money he probably spent while he was in this relationship with Izzie. He then presents you with all of his figures, and states how thankful he is for this opportunity to recognize how impulsive he had been with his finances during the relationship. He indicates that he has inquired about friends' expenditures in similar situations and that his conclusion was that he "squandered about 25% more than anyone I know."

Clark reports to you that after hearing the news from his anticipated fianceé, he had spent substantial time compiling a list of "things we had talked about" that might be challenging in a potential marriage between them, and that "it was probably not a good match because our genetic factors would have been risky in having children together."

Clark arrives at the session immediately following his break up, stating to you, "This is a perfect opportunity to go over what I can heal from past experiences, so that I can handle romance from now on."

Correct answer: Clark tells you over the next several sessions that he is "moving on" and he is certain "after doing a lot of research on people like her," that he "would've hated her eventually, anyways, and if I had been forced to break up with her, she might have ended up in an institution or whatever."

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Intellectualization is a defense mechanism in which the individual ignores feelings and analyzes problems as objectively as possible.

In this question, the choice that least depicts intellectualization, despite Clark's use of an intellectual term like "research," is more of an example of reaction formation, where Clark indicates that the break up is (presumed by the information in the

······	be undesirable hers and not his	·	 	

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions. Which of the following **BEST** describes the defense mechanism "substitution"?

Replacing an unattainable goal with an attainable goal

Shifting actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available

Taking extreme measures to counterbalance a problem

Justifying an unacceptable action in order to make it acceptable

Correct answer: Replacing an unattainable goal with an attainable goal

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Substitution is a defense mechanism in which a client would replace an unattainable goal with an attainable goal.

Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available. Compensation is when a client takes extreme measures to counterbalance a problem. Rationalization is when something happens that we find difficult to accept and we make up a logical reason why it has happened.

Kamekona, a court-ordered client, is being extremely resistant during his treatment sessions. What is the **BEST** way for you to move forward with him?

Explore Kamekona's feelings of resistance

Report Kamekona's resistance to the court

Confront Kamekona's resistance head on

Correct answer: Explore Kamekona's feelings of resistance

Most clients who are court ordered to receive help are going to show signs of resistance. The best way to move forward with these clients is to explore their feelings of resistance and allow them to open up on their time, and work at developing a therapeutic bond and rapport.

You should always try different approaches with a client before you report them to the court, and confronting Kamekona may work, but it could also go very badly and ruin any chance at potential rapport and bond.

Rihanna is a 57-year-old woman who suffers from severe, chronic back and neck pain. Her husband, Rome, has made an appointment with you to discuss his concerns about her use of prescription pain medication. Rome reports that Rihanna has started visiting multiple doctors in attempts to obtain duplicate prescriptions for controlled substances to supplement her regular supply. Rihanna often complains to Rome that her doctors are not giving her enough medication to control her pain.

You **MOST** likely suspect that:

Rihanna has become drug dependent and needs help to control her need for painkillers

Rome is coming to you for advice on how to control Rihanna's behavior

Rihanna's problem will likely resolve after her back pain is cured

The doctor needs to know that Rihanna's pain is still not controlled

Correct answer: Rihanna has become drug dependent and needs help to control her need for painkillers

Occasionally, patients like Rihanna who are prescribed strong painkillers become dependent on that medication. In this question, Rihanna's insistence on finding more drugs than her doctor is comfortable prescribing suggests a medical dependence that requires treatment.

Rome is coming to you for help, but he is not responsible for controlling Rihanna's behavior in this situation, as the problem is far beyond his control. Even if Rihanna's back pain is cured, it is unlikely that her dependence will resolve without treatment. While her doctor should know that she is suffering from an addiction, at this point, Rihanna may not admit that her pain is controlled due to the desire to secure additional medication.

You see the Keller family arrive for therapy and sit in your office's waiting room. Once their session begins, the parents and children do not appear to communicate much with each other, though the children look and seem to be cared for. When you ask how the children are doing in school, Mr. Keller tells you that things are just fine, though you catch a shared look between the children, so you are suspicious of that statement. The children have moments that indicate they are having trouble controlling themselves in the therapeutic setting, but Mr. and Mrs. Keller don't seem to mind.

Which of the following parenting styles **BEST** matches the case?

Uninvolved parenting
Authoritative parenting
Permissive parenting
Authoritarian parenting
Authoritarian parenting

Correct answer: Uninvolved parenting

Uninvolved parenting, where the parents seem entirely detached from investment in their children's lives, is characterized by a deficit in communication, discipline, boundaries, and responsiveness. The children raised with this parenting style are associated with low self-control, low self-esteem, and lower competence. Though the basic needs of the children are met, the parents remain detached. From the information offered in the question, this is the style that matches best.

The other answer options are parenting styles; however, they do not match the description of the behavior in the question.

You are planning to meet the parents of a 15-year-old boy for the first time since he died by suicide last week. What should you **MOST** likely expect from the parents' presentation?

You should expect a wide range of emotions from the parents, including irritability, depression, and anxiety.

You should expect the parents will be very intimate during this time.

You should expect the parents will want to discuss separation or divorce.

You should expect the parents to be excited about meeting you, since you treated their son for quite some time.

Correct answer: You should expect a wide range of emotions from the parents, including irritability, depression, and anxiety.

Because their son's death occurred only one week prior, you should expect that the parents are in crisis mode. The impact of a crisis situation on families and individuals can manifest in a variety of ways, including depression, anxiety, anger and, even, a lack of focus.

You should not expect the parents to be very intimate during this time, emotionally or physically, but, rather, the opposite. In this question, the parents will most likely be withdrawn and distant from each other as each tries to work through their pain. They are probably in no state to discuss their future, and they will most likely not be excited about finally meeting you.

You're working with a child who has just disclosed being a victim of sexual abuse. What is the **FIRST** thing you should communicate to the child's parents?

That parental support plays a critical role in how a child adjusts following sexual assault

That the child may experience sleep problems

That the child may become hypersexual

That the child may act out in anger

Correct answer: That parental support plays a critical role in how a child adjusts following sexual assault

One of the most important factors determining a child's adjustment to sexual abuse is parental support. Children are at risk of being blamed or disbelieved when they disclose abuse, so parental support is paramount. This is the first thing you should communicate to parents, so they understand just how important their role is.

The other answer options are important information, but they are not the first thing that should be communicated. Parents should be given information about what to expect after learning just how essential their support is.

A client uses the Defense Mechanism "Sublimation" to protect themselves. Which of the following actions **BEST** describes Sublimation?

Experiencing anger and channeling these feelings into running

Abusing others after one has been abused oneself

Instead of expressing how one feels ignored, one gets in trouble to get attention

Justifying an unacceptable action in order to make it acceptable

Correct answer: Experiencing anger and channeling these feelings into running

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety.

When it comes to sublimation, this defense mechanism can occur when a person has maladaptive feelings and diverts them into socially acceptable actions. Taking one's anger and channeling these feelings into running is an example of sublimation.

The **MOST** valid criticism of the concept of a family life cycle and its application as a general concept in social work practice is:

The theory and ideas that support this concept are derived from mainstream/traditional Western culture, which may not account for diversity in a number of cases.

The concept can be useful to apply in individual cases/families, but it is not able to be generalized to average families.

There are so many factors that may disrupt the normal and expected family life cycle that the concept has little relevance or practical application.

The concept does not address the progression of stages that occur in families where children are absent.

Correct answer: The theory and ideas that support this concept are derived from mainstream/traditional Western culture, which may not account for diversity in a number of cases.

The main criticism of the family life cycle concept relevant to social work practice is that the concept is primarily informed by and centers around traditional Western family composition and processes. However, one of the advantages of the idea is that it provides a method of accounting for disruptions that may prove significant to the family or its members.

As stated above, the family life cycle has significant relevance to most family situations. While the assumptions of this concept are primarily based on families with children, it can still be applied to couples as they move through a developmental process as a unit.

You are working in a substance abuse program with a client, Roger, who has been using heroin and methamphetamine for several years. Currently, Roger is working on getting stable employment, new friends, and he is talking about his problems with others.

Which of the following stages of substance abuse treatment is Roger MOST likely at?

Habilitation	
Maintenance	
Stabilization	
Action	

Correct answer: Habilitation

Habilitation, or Rehabilitation, is the stage of substance abuse treatment that is characterized by developing a sense of stability in life and developing positive skills for living.

Maintence is a later stage and, during which, one holds onto therapeutic gains. Stabilization is the early stage at the beginning of the process. This leaves the option of action, and it is not a stage of substance abuse treatment.

Keith feels that everyone thinks he is a slow learner, so he spends extra time making sure that everything he does is correct before he shows others. What type of defense mechanism is Keith **MOST** likely using?

Compensation
Rationalization
Substitution

Correct answer: Compensation

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Compensation is a defense mechanism in which an individual tries to make up for imaginary characteristics that are considered undesirable.

The other options are incorrect because substitution is a defense mechanism in which the individual replaces an unattainable goal with one that is attainable, and rationalization is when something happens that we find difficult to accept and we make up a logical reason why it has happened.

.....

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions. Which of the following **BEST** describes the defense mechanism "reaction formation"?

Acting in a manner that is the opposite of the unconscious trait

Consciously removing threatening thoughts from awareness

Shifting actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available

Anxiety is transformed into overt physical manifestations

Correct answer: Acting in a manner that is the opposite of the unconscious trait

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Reaction formation occurs when a person feels an urge to do or say something and then actually does or says something that is effectively the opposite of what they really want.

Suppression is a defense mechanism in which a client consciously removes threatening thoughts from their awareness. Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available. Conversion is a defense mechanism in which anxiety is transformed into overt physical manifestations.

You recommend the parents of Garland, a seven-year-old child, start using a bedwetting alarm to stop nighttime accidents. You explain that after several times of activating the alarm, Garland will learn to avoid the alarm altogether by using the toilet instead of wetting his bed.

This is an example of:



Correct answer: Operant conditioning

Operant conditioning is a behavioral principle in which an individual learns to avoid an undesired stimulus by creating an avoidance response. In this question, Garland will learn to avoid the alarm by refraining from wetting his bed.

Social learning theory occurs when an individual learns by modeling others, which is not the principle described in the question. Positive reinforcement occurs when an individual engages in a certain behavior to achieve a desired response, but the behavior (bedwetting) is not being encouraged in this question. Bedwetting alarms are not an example of child maltreatment because they are a simple, helpful tool to assist the child in learning.

The following would be the **LEAST** likely to make trauma worse:

A mental disorder

An existing stress load

Preexisting trauma

Correct answer: A mental disorder

A person's susceptibility to trauma is made of many factors and can be described as a set of risk factors. The general picture is that of a person who has already been compromised to some degree by an existing stress load or the impact of preexisting trauma, and these drain one's ability to be resilient in the face of crisis.

However, the effects of mental disorder would not necessarily make the trauma worse. It would depend very much on the kind of mental disorder, and that mental disorder can be at any stage of development, treatment or remission.

Which of the following would **NOT** be indicative of an alcohol use disorder?

Drinking in social situations

Continuing to drink despite conflict with one's spouse related to alcohol consumption

Repeatedly drinking large amounts at a public location before driving oneself home

Experiencing tremors when not drinking

Correct answer: Drinking in social situations

An alcohol use disorder is a type of substance use disorder. This type of disorder is diagnosed when a person continues to use a substance, despite negative consequences arising from substance use.

Drinking in social situations is not indicative of a substance use disorder. There is no indication in this statement alone that a person is experiencing negative consequences.

Continuing to drink despite conflict with one's spouse could be indicative of a substance use disorder, because it shows continued drinking, even in the face of consequences in the form of relationship problems.

Repeatedly drinking large amounts and then driving oneself home shows that a person is willing to place themselves in danger due to substance use, which is indicative of an alcohol use disorder.

Finally, experiencing tremors when not drinking shows that someone has developed dependence on alcohol, which also falls into diagnostic criteria for a disorder.

A new client self reports to you that she has frequently used cocaine and has done so for several years. What is the **FIRST** step you should take?

Gather as much information from her as you can

Recommend inpatient treatment

Diagnose her

Push for additional family support

Correct answer: Gather as much information from her as you can

Any kind of substance abuse can be a complicated matter. Your client's motivation to use, history of use, and her desired treatment are hers alone, and not a general answer for everyone going through substance abuse. Because of this, more information from your client will be needed.

Recommending inpatient treatment will most likely happen, but will come much later, after a complete assessment of the presenting problem. Diagnosing her without gathering as much information as possible would be a mistake, as well as pushing family support without knowing if that could cause harm, too.

A client's supervisor makes her extremely anxious, and when she knows that he will be in the office, she starts complaining of nausea, dizziness, or a migraine. What type of defense mechanism is the client **MOST** likely using?

Conversion
Rationalization
Displacement
Substitution

Correct answer: Conversion

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Conversion is a defense mechanism in which anxiety is transformed into overt physical manifestations.

Substitution is a defense mechanism in which the individual replaces an unattainable goal with one that is attainable. Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available. Rationalization is when something happens that we find difficult to accept and we make up a logical reason why it has happened.

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The psychoanalytic theory suggests that neurosis is characterized by:

Internal conflict	
Emotions	
Impulses	

Correct answer: Internal conflict

Neurosis is a mental disorder with persistent and disturbing symptoms of anxiety, and according to the psychoanalytic theory, anxiety that is derived from neurosis is said to be a way of handling internal conflict.

Because of this, the other options are incorrect.



Which of the following is true of gender identity?

It differs from anatomical sex in transgender individuals.

It always aligns with someone's sex assigned at birth.

It is the same as sexual orientation.

Correct answer: It differs from anatomical sex in transgender individuals.

Gender identity is the gender with which a person identifies. In many individuals, gender identity aligns with anatomical or birth-assigned sex. However, in transgender individuals, gender identity differs from anatomical sex.

Gender identity does not always align with the sex assigned at birth; nor is it the same as sexual orientation. Sexual orientation is a distinct concept from gender identity.

Maxine is seeing her client, Paul, for therapy. Paul is nine-years-old and has behavioral problems in class related to poking other students. Maxine proposes that the affected children poke back when Paul does this.

Which type of therapy for Paul would this MOST likely be?

Aversion therapy
Extinction
Modeling
Shaping
Correct answer: Aversion therapy
While most likely viewed as unconventional, Maxine's approach would be most similar to Aversion therapy, which pairs an unwanted behavior (poking) with an unwanted stimulus (being poked back). The idea and hope is that the desirability of a behavior will decrease.
The other terms are related to behavioral modification, but are not the kind of thing Maxine is attempting.

The following is **FALSE** about gender identity:

Gender identity is set by age 5.

Gender identity can shift and change throughout one's lifespan.

There is no correct "label" for gender identity.

Gender dysphoria describes conflict in gender identity.

Correct answer: Gender identity is set by age 5.

Gender identity is a highly sensitive and personal issue, as well as a very complex matter of identification involving multiple interlocking factors. Because of this, it can shift and change throughout one's lifespan and is not necessarily set at age 5 or any other age, for that matter. Though accepted terms come and go, perhaps the best policy is to let the client define themselves in this regard. Resorting to a "label" without this step may result in misunderstanding or offense.

The option, gender dysphoria, is incorrect because it is the condition of feeling one's emotional and psychological identity as male/female to be opposite to one's biological sex.

The following is an effect associated with the use of heroin:

Euphoria
Dilated pupils
Hallucinations

Correct answer: Euphoria

The effects of heroin include euphoria, apathy, and a "rush." Heroin is a potent narcotic that is derived from morphine, where abusers either snort or inject it into their systems. The following are some of the common short-term side effects that may occur after heroin use:

- An initial euphoric rush
- Nausea and vomiting
- Flushed skin
- Severe itching
- Heaviness of limbs
- Clouded thinking
- Small pupils
- · Watery eyes

Dilated pupils and hallucinations are not usually associated with heroin use.

Tony is an 18-year-old who has a serious alcohol problem. He drinks large amounts of alcohol in secret, spends any money he earns on beer, and has acquired numerous legal charges for drinking while driving. Tony's friends confront him about his concerning behaviors, but despite their compelling evidence, he adamantly refuses to admit that he has a drinking problem.

This defense mechanism is known as:

Denial
Regression
Repression
Dissociation

Correct answer: Denial

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. It is extremely common for individuals who use drugs to use denial as a defense mechanism, and Tony's persistent denial, even in the face of concrete evidence to the contrary, may be used to make a diagnosis of substance abuse.

The remaining answer options are incorrect as, even though they are all examples of defense mechanisms, they are not ones that Tony is using. Regression involves taking the position of a child in some problematic situation rather than acting in a more adult way. Repression involves placing uncomfortable thoughts in relatively inaccessible areas of the subconscious mind, and dissociation is the drastic modification of one's personality to avoid emotional distress.

Maurice, a teenager who works at a restaurant, feels that he is consistently and unfairly evaluated and penalized by his supervisor, while other employees are allowed more latitude. He frequently arrives home after work and lashes out at other family members, as well as provoking quarrels with his younger siblings that often lead to "family meltdowns."

The following **MOST** accurately labels the type of defense mechanism Maurice is displaying:

Displacement
Reaction formation
Sublimation

Correct answer: Displacement

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. In this question/situation, Maurice is displaying displacement, which is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available.

The other options are incorrect because they do not best match what is offered in the information in the question. Reaction formation occurs when a person feels an urge to do or say something and then actually does or says something that is effectively the opposite of what they really want, and sublimation occurs when a person chooses to divert their desires that are consciously intolerable and cannot be directly realized into creative activities that are acceptable. Sublimation channels this energy away from destructive acts and into something that is socially acceptable and/or creatively effective.

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions. Which of the following **BEST** describes the defense mechanism, "displacement"?

Taking emotion intended for one person and displacing it into another

Unconsciously forgetting certain unacceptable memories

Replacing an unattainable goal with an attainable goal

Transforming anxiety into physical manifestations

Correct answer: Taking emotion intended for one person and displacing it into another

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Displacement is when one shifts actions from a desired target to a substitute target, when there is some reason why the first target is not permitted or not available.

Repression involves placing uncomfortable thoughts in relatively inaccessible areas of the subconscious mind. Substitution is a defense mechanism in which a client will replace an unattainable goal with an attainable goal, and conversion is a defense mechanism in which anxiety is transformed into overt physical manifestations.

All the following can be challenges faced by older bisexual individuals that are not typically challenges for older heterosexual individuals, **EXCEPT**:

Reduced processing speed
Isolation
Discrimination
Lack of family support

Correct answer: Reduced processing speed

Older LGBTQIA+ individuals face not only the discrimination that exists in society toward the LGBTQIA+ population, but the stereotypes and ageist beliefs that exist regarding an individual over the age of 65. Reduced processing speed is a challenge that faces many older adults, not just bisexual elders, so this option is incorrect.

It is incredibly common for older bisexual individuals to experience social isolation due to the overwhelming stigma and discrimination they face and, unfortunately, this can often stem from a lack of support from family members.

Frankie, an eight-year-old boy, is often babysat by his 17-year-old neighbor, Angel. Angel buys Frankie presents like a new basketball or video game, and calls Frankie his "favorite little dude." Angel starts telling Frankie about this game he is going to play with him next time in the bath called, "The Touching Game," but makes Frankie swear he will not tell anyone, not even his parents once they play.

This process can **BEST** be described as:

Grooming
Neglect
Sexual abuse
Desensitization

Correct answer: Grooming

Grooming is a tactic commonly used by sexual predators to gain the trust of potential victims and make their victims feel more comfortable with the perpetrator. In this question, Angel is grooming Frankie by buying him presents, calling him a personalized nickname to make him feel special, and gradually engaging in sexually inappropriate behavior toward him.

The absence of providing care for someone who needs it is called neglect, and there is no indication that Angel is sexually abusing him yet but, based on the information in the question, it unfortunately seems like it is going that direction. Desensitization is the process of being exposed to one thing over and over again to the point that it does not create an emotional response. This may or may not be Angel's goal if he engages Frankie in "The Touching Game," but it is not the correct term that encompasses the entirety of Angel's approach to sexually abusing Frankie.

.....

Substance Induced Major Neurocognitive Disorder is **BEST** characterized by:

Problems with cognitive functioning that are often severe enough that they significantly impair functioning, for which the cause and prognosis for recovery vary widely, related to individual factors, what substances were used, etc.

A syndrome of cognitive symptoms that may include memory deficits, that is almost always chronic and irreversible and, in most cases, may require long-term assistance in daily functioning

A type of memory disorder that is caused by chronic use or abuse of controlled substances, such as tranquilizers or narcotic pain medications

Severe memory problems that persist for significant periods after withdrawal or active dependence on substances that directly affect memory, which usually resolve very slowly over time, and, in most cases, can be markedly improved with appropriate remedial methods

Correct answer: Problems with cognitive functioning that are often severe enough that they significantly impair functioning, for which the cause and prognosis for recovery vary widely, related to individual factors, what substances were used, etc.

Substance Induced Major Neurocognitive Disorder is characterized by marked cognitive decline that interferes with independence in daily functioning due to exposure to a substance.

Neurocognitive disorders caused by alcoholism do not generally improve significantly over time, although in isolated cases, the condition may resolve almost completely. In many alcohol-related cases, symptoms are so severe that they warrant long-term care to assure protection and meet daily needs. Other sufferers have variable rates of recovery and a more hopeful prognosis. In many nonalcohol-induced cases, full recovery eventually occurs. Neurocognitive disorders affect many areas of cognition, not just memory.

All of the following are variables taken into consideration when assessing socioeconomic status **EXCEPT**:

Marital status
Education
Income
Skill(s) required by one's job

Correct answer: Marital status

When researchers assess socioeconomic status (SES), the researchers look at more than just income. However, marital status is never a factor taken into consideration because there are many single individuals with a higher SES than married individuals.

Factors taken into consideration when assessing for SES include years of education, income, and the amount of skill(s) required by one's job. Individuals with more years of education and a higher level of skill(s) required by one's job typically have a higher SES.

Recent research shows that elderly individuals often rely on continuity in their daily lives. All of the following are benefits of continuity **EXCEPT**:

Increased interaction with relatives as opposed to friends

Preserved cognitive and physical functioning

Sustained self-esteem

A solid network of social support

Correct answer: Increased interaction with relatives as opposed to friends

Social workers and other clinicians working with elderly populations have conceptualized changes in elderly people's social activity in several different ways. The continuity theory views elderly individuals' efforts to remain active as ways to maintain a personal system that promotes life satisfaction by ensuring consistency between their past and anticipated future.

On the other hand, the socioemotional selectivity theory believes that social interaction extends lifelong selection processes and that interacting with relatives rather than friends increases the chances that elders' emotional equilibrium will be preserved.

Elders' reliance on continuity has several advantages. These include preserved cognitive and physical functioning, sustained self-esteem, and a solid network of social support.

Rosa is a 13-year-old girl who has been referred to you, the school social worker, for a recent change in her behavior. Rosa's teachers have noticed that she cries easily, seems more tired than normal, and sometimes goes days without showering. Her teacher also reported to you that Rosa has been wearing long sleeves, even on days over 80 degrees, and thought she saw a cut on Rosa's wrist.

Which of the following suspicions might you have, based on everything you have been told about Rosa, even before meeting with her?

Rosa is being sexually abused.

Rosa must have recently broken up with a romantic partner.

Rosa must have recently started her menstrual cycle.

Rosa is being physically abused at home.

Correct answer: Rosa is being sexually abused.

Possible indicators of sexual abuse in children include a depressed mood as exhibited by Rosa's frequent crying, fatigue, poor personal hygiene, a sense of shame about one's body, and self-harming behaviors such as cutting. Additional indicators that were not included in the information offered in the question include sexually explicit behavior, a change in appetite, somatic complaints, and fearful or startled responses when touched.

While breaking up with a boyfriend/girlfriend or starting one's menstrual cycle might result in mood changes, neither would explain extremely poor hygiene or self-harming behaviors. Indicators of physical abuse include noticeable injuries, frequent absences from school, aggressive or extremely withdrawn behavior, and poor memory and concentration. These were not indicated in the information offered in the question.

Primary disagreements of Neo-Freudian/Psychodynamic theorists with classical Freudian Psychoanalytic theory, which motivated those theorists to move away from traditional Psychoanalytic thought, were **LEAST** prominent regarding:

The degree of influence of the unconscious and related defense mechanisms as determiners of human behavior, emotions, and cognitions

The relative degree to which Freudian theory focuses on negativity in a variety of human functions and motives

The amount of influence early childhood experience exerts upon lifelong personality and behavioral functions

Correct answer: The degree of influence of the unconscious and related defense mechanisms as determiners of human behavior, emotions, and cognitions

Neo-Freudian/Psychodynamic theories (and other variants) have not been without significant debate/disagreement regarding details of defining the "unconscious" and functions/purposes the concept serves. However, that (and to a lesser extent the idea of "defense mechanisms") is the most unifying element between Freud and those who evolved theories from his work.

The Neo-Freudian movement was sparked largely by Freud's own authoritarian/paternalistic stance toward followers who attempted to propose modifications or extensions of his ideas, and ideas and observations on the part of Neo-Freudian theorists that served to temper many elements of Freud's original dogma. Some of their most prominent criticisms of Freud's ideas were the relatively negative/pathological view of human behavior, the exclusive focus on infancy and early childhood.

Allen is an 18-year-old senior in high school who has recently been referred to you, a social worker, due to his poor performance in school and deviant behavior, such as staying out all night. During his session, Allen self-reports using "bath salts" several times a week to help him with his stress.

You should FIRST:

Clarify what Allen means when he talks about "bath salts," as this could indicate a substance abuse problem

Contact Allen's parents immediately to let them know about your meeting

Ask if Allen knows the implications of his poor academic performance

Give Allen a mental status exam

Correct answer: Clarify what Allen means when he talks about "bath salts," as this could indicate a substance abuse problem

"Bath salts" is a term that usually refers to drugs with mood-altering and stimulant properties. Because these substances are fairly new, the severity of side effects is not yet fully known, but some users have reported delirium, agitation, and paranoia, as well as violent behavior. This makes these drugs a serious public health issue, and you should ask for more information from Allen to find out if he is using these substances.

Because Allen is 18 years old, his parents do not have any legal rights over him, and you should not contact his parents unless Allen gives consent. And, while you should make sure Allen knows the consequences of his behavior, this should not happen before finding out more information about the potentially dangerous drugs that he is using. You might decide to give him a mental status exam before the end of this session but, again, not before finding out the extent of Allen's drug usage.

Harry was injured at his place of employment and is now in a wheelchair. Since he can no longer perform his job duties, Harry's employer pays him a monthly settlement.

Which of the following **BEST** describes Harry's situation?



Correct answer: Secondary gain

When assessing motivation, it is important to consider the motives of the client carefully. Secondary gain is an advantage or a benefit that one receives from a physical or mental illness. In this question, Harry is benefiting from a secondary gain, as he is receiving compensation for his physical injury.

The other options are incorrect. Malingering is an act of feigning disability or illness in order to avoid undesired obligations. Tertiary gain is an advantage or a benefit that a person with mental or physical illness brings to others as a result of the illness.

You have been a social worker for many years, with a specialty in working with individuals suffering from substance abuse, and you have found that cognitive behavioral treatment (CBT) is typically the most effective form of treatment for your clients.

What is the MAIN goal of CBT when working with individuals who abuse substances?

Changing both the thought processes and behaviors that ultimately lead to drug use

Decreasing the need for illegal substances

Offering less dangerous medications to take the place of illegal substances

Changing clients' emotional need for mood-altering drugs

Correct answer: Changing both the thought processes and behaviors that ultimately lead to drug use

Cognitive behavioral treatment (CBT) is an evidence-based form of therapy that aims to change clients' thought processes by challenging dysfunctional thought patterns, which thereby changes behaviors. CBT also aims to alert an individual who abuses substances to situations and events associated with drug use, which gives clients control over their addictions.

The main goal of CBT is not to decrease clients' physical or emotional need for the illegal substances, but to help them recognize the environmental factors that lead to their drug use. Clients might be offered replacement medications, such as methadone, to supplement their treatment, but this is not a goal of CBT.

The following is **TRUE** about human sexual development throughout the lifespan:

Every age group experiences sexuality

Children do not experience sexuality

True sexuality is only known in adults

Correct answer: Every age group experiences sexuality

Though it challenges our normal conceptions of sexual development to think so, every age group experiences some form of sexuality.

Because of this, the other options are incorrect. Children do experience sexuality, though it is usually more a matter of curiosity. True sexuality is known across every age group, though the nature of that sexuality varies widely depending on many factors.

Malik is a popular boy at school and seems to go out of his way to seek the approval of others. He prides himself on being thanked for doing such a "great job" or called a "good boy," and makes his moral decisions based on that paradigm.

Which of Kohlberg's levels of moral development is Malik exemplifying?

Correct answer: Conventional

Lawrence Kohlberg suggests a model of moral development in six stages that progress through Preconventional, Conventional, and Postconventional levels. Malik is in what Kohlberg called the Conventional level of moral development, which is characterized in its earlier development as an orientation toward social rewards for moral behavior.

Preconventional and Postconventional represent the levels in Kohlberg's model before and after Conventional, and Social is not a level of moral development.

A client with a stutter has become a blogger and writer. Which of the following Defense Mechanisms is the client using?

Compensation
Displacement
Projection
Identification

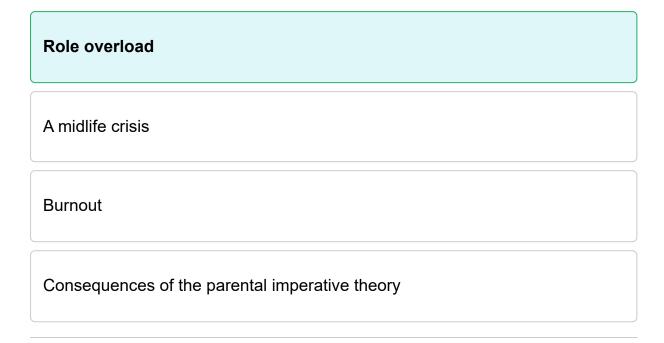
Correct answer: Compensation

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Compensation occurs when a person makes up for real deficiencies in another way, such as the client in the question.

Displacement is shifting actions or moods from the desired target to a substitute target when the desired target is not available. An example of displacement is taking work frustrations out on a family member by yelling at them. When a person has uncomfortable feelings and/or thoughts, they might project these feelings/thoughts onto another. An example of projection is an unfaithful wife suspecting her wife of being unfaithful. Finally, identification is when a person portrays themselves after another. An example of identification is a younger sibling adopting an older sibling's interests, hobbies and fashion.

Quinn is a happily married, middle-aged woman who works full-time with two preteen sons at home. Her father passed away four years ago, but her mother is still alive and beginning to need assistance with small, but daily, tasks. Quinn's children and husband still expect her to prepare dinner, help with homework, and still be present for the boys' sporting events and extracurricular activities, all while Quinn attends to her mother's needs, too. Quinn is feeling overwhelmed and stressed out due to her multiple obligations.

It would be **MOST** accurate to make the statement that Quinn is experiencing:



Correct answer: Role overload

Role overload is common for individuals in middle adulthood as they are charged with raising preteens, teenagers or young adults while caring for their aging parents. In this question, based on the information provided, Quinn is currently experiencing role overload, as there is conflict between her responsibilities to her in-home family, as well as her mother. Individuals who are in the same situation as Quinn often experience exhaustion, depression, and anxiety due to juggling multiple obligations.

A midlife crisis is a time in an individual's life where they begin to question and regret the decisions they have made thus far in life, and this crisis and questioning is often marked by a drastic change. Burnout usually refers to job stress, and there is no information in this question that leads us to believe that Quinn's problems in her life are from her career. The parental imperative theory refers to the belief that identification with traditional gender roles during active parenting years is maintained to ensure the survival of children. In this question, though it does state that Quinn is expected to prepare dinner, which is traditionally a feminine role, this is not the best answer.

You are assisting a family with a therapeutic objective after already helping them objectively define their problem. What is the **NEXT** step that you should take in this process?



Correct answer: Set goals and action plans

Because the problem has already been defined, the next step is for the family to set their goals and an action plan in order to know what resources they will need. Coming up with the overall therapeutic objective and helping the client system define what they wish to do is the first step. In actual planning, concrete plans are made to achieve the identified objectives.

You cannot recommend resources to the family until the goals and action plan are set, and the family cannot initiate the use of said resources until they know which resources they need. You also cannot monitor their success until they have moved forward with solving their problem.

Diagnostic signs of "disorganized" schizophrenia would **LEAST** likely include:

Periods of relatively adequate daily functioning scattered with episodes of severe psychotic thought/behaviors that cause pervasive disruption in areas such as activities of daily living, communication, relations with others, etc.

Unusual language or speech patterns that may include echolalia, use of neologisms and/or tangential speech

Extreme impairment in the ability to perform/maintain activities of daily living and basic social behavior, which may include inadequate personal hygiene, unusual or climate-inappropriate choices of clothing, inability to prepare meals, inappropriate behavior toward others, or socially unacceptable public behavior

Situationally incongruent affective displays and/or relative deficits in affective experience and expression, which may be accompanied by bizarre or incongruous verbal behavior

Correct answer: Periods of relatively adequate daily functioning scattered with episodes of severe psychotic thought/behaviors that cause pervasive disruption in areas such as activities of daily living, communication, relations with others, etc.

According to the DSM-5, the "disorganized" type of schizophrenia is considered to be a diagnosis that is associated with the greatest level of chronicity, generally the poorest prognostic outlook, and relatively greater severity of impairment in a variety of functional areas (self-care, social behavior, thought/cognition, affective behavior). This type of psychotic disorder is usually marked by persistent/chronic disorders of thought, affect, and behavior, and is not usually cyclic in the sense of alternating between functional and dysfunctional periods.

Some psychotic symptoms of the "disorganized" type are also seen in other types of schizophrenia. However, the distinction is that in disorganized schizophrenia, there are higher levels/severity of strange, aimless behavior often accompanied by nonsensical speech that is difficult or impossible for others to interpret or comprehend.

The **MAIN** problem with viewing the family life cycle as a fixed progression is:

Families are dynamic systems embedded in several different contexts and do not always experience the same family life cycle stages in the same order.

Families are unable to see that they do not always make the best choices for themselves, so social workers should avoid sharing information with families about what is expected of them by society.

The transition to parenthood can be extremely difficult, so social workers should be careful not to pressure couples into having children unless the couple definitively states that they want children.

Viewing the family life cycle as a fixed progression may cause higher rates of divorce and domestic violence.

Correct answer: Families are dynamic systems embedded in several different contexts and do not always experience the same family life cycle stages in the same order.

Social workers working and meeting with families would be doing their clients a disservice if they expect families to follow one, shared path of development. Families are very diverse, and social workers should realize that not all families follow a typical progression.

Social workers should remember that all individuals have the right to make choices for themselves without being judged. And while it is true that the transition to parenthood can be difficult, the social worker's role is never to make clients feel pressured into/out of something. It is unclear how, or even why, viewing the family life cycle as fixed would cause higher rates of divorce and domestic violence, so this option is not correct.

The following is the **MOST** frequently encountered defense mechanism used by adult survivors of childhood sexual abuse:

Denial
Projection
Devaluation
Intellectualization

Correct answer: Denial

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Adult survivors of childhood sexual abuse usually use the defense mechanism of denial, in which they block all memories of disturbing events.

Defense mechanisms like projection, devaluation, and intellectualization may all be used by survivors of sexual abuse, but denial is, by far, the most common response.

Which of the following **LEAST** accurately describes a process of "acculturation," in the context of a large urban environment with diverse groups of new immigrants entering its population and a wide variety of individuals who visit, either as tourists or during limited periods related to employment requirements?

Immigrant/minority groups take on dress, language, dietary practices, and other characteristics/behaviors of the culture into which they have moved, such that over time, the group becomes indistinguishable from the mainstream/dominant population.

Immigrant families, whose second language is English, learn to speak English and exclusively speak English in the workplace. When they are at home though, they speak exclusively their native language, and all of the children in the family grow up as fluent speakers of both languages.

Individuals from a country with a unique style of dress begin wearing conventional clothing from the dominant culture on an everyday basis. On special occasions such as weddings, funerals and holiday celebrations, the group of immigrants maintains a tradition of dressing in the style that is traditional within their country of origin.

Correct answer: Immigrant/minority groups take on dress, language, dietary practices, and other characteristics/behaviors of the culture into which they have moved, such that over time, the group becomes indistinguishable from the mainstream/dominant population.

Acculturation is a process by which cultural aspects of the majority community are adopted by an individual or group, while still retaining the traditions and/or customs of the community of origin.

This is distinctly different than the concept of "assimilation," which is a process in which some or all of the majority of the community's cultural characteristics/behaviors are absorbed and replace those of the original community, such that those aspects of the home culture are significantly diluted, modified, or lost.

The following is an example of a selective institutional program:

Social security
FEMA
Education

Correct answer: Social security

Social security is an example of a selective institutional program because it is a prevention focused program that is provided to a restricted group that demonstrates need. It is also an example of how the policy perspective influences social work service delivery.

The other options are incorrect, as FEMA is an example of a universal residual program because it is an emergency-based program that provides benefits to all members of society, and education is an example of a universal institutional program because it is a prevention focused program that provides benefits to all members of society.

You are meeting with the Gunderson family for the first time. During the initial assessment, the parents inform you that they are concerned about their youngest child, Susie, a 13-year-old girl who has recently become extremely defiant and disobedient. She regularly leaves the home without asking and rarely completes her homework, resulting in falling grades in school. During the session, Susie rolls her eyes, but says nothing. Mr. and Mrs. Gunderson explain that their other children, Tim, a 15-year-old boy who was recently diagnosed with a debilitating disease, and Kate, an 18-year-old girl, who moved away to attend her freshman year of college, are very well adjusted. The two parents do not understand "what went wrong" with Susie.

What might be part of the reason why Susie is having trouble?

She is experiencing the stress of Tim having a chronic medical condition, as well as coping with the departure of Kate

She was born with a mental disorder that has not yet been diagnosed

Mr. and Mrs. Gunderson are too focused on her problems when they should be focused on the other children

Susie has recently begun experimenting with drugs, and this is affecting other areas of her life

Correct answer: She is experiencing the stress of Tim having a chronic medical condition, as well as coping with the departure of Kate

Sometimes it is difficult for families to see that changing dynamics within the family system can create an imbalance, which causes emotional distress. In this question, Tim's recent medical problems in combination with Kate's departure from the home have likely significantly impacted on Susie, the 13-year-old. You should spend time assessing the changes that have recently occurred related to Susie's role and expectations within the family.

There is no information offered in the question that would indicate that she has a mental disorder or that Susie has started engaging in drug usage. If anything, Mr. and Mrs. Gunderson may not be giving her enough attention due to the other changes in the family, and she is acting out in order to receive attention, even though it is negative.

What is the **MOST** appropriate course of action to take in addressing Native American clients?

Use a respectful, inquiring and general approach

Use your own knowledge of Native American culture to establish rapport

Research the client's cultural group in advance to help ease rapport

Postpone meeting the client until adequate cultural competency can be reached

Correct answer: Use a respectful, inquiring and general approach

Assumptions about clients, whether based on race, culture, or any other factor, can cause misunderstanding and compromise the important work of client care. The best course of action when working with any client is to meet them where they are as an individual or system, rather than assuming anything about their culture and taking action based on that assumption. A given client who is classified as Native American may or may not identify with that cultural group, and the degree of that identification is for the client to express, not for you, the social worker, to assume.

The other options are incorrect. Using what you personally think/know about Native American culture to establish rapport is making the sort of assumption mentioned above. It may go well or it may not because the client may appreciate it or be really offended by it. Though it is helpful and informative to research cultural groups, as stated above, it may not be on that client's agenda and it is best to let them lead that part of the conversation. Postponing the meeting would not be advisable, as the client may be in a crisis.

Which Freudian psychosexual stage coincides with Erik Erikson's psychosocial crisis stage, trust versus mistrust?

Oral
Anal
Phallic
Latency

Correct answer: Oral

Trust versus mistrust is the first stage in Erikson's psychosocial theory of human development. This stage, which lasts from birth until about 18 months of age, children learn whether they can trust the world, and the child learns whether their caregivers can/will meet their needs. Similarly, the first stage of Freud's psychosexual theory of development is the oral stage, during which time the infant learns whether their needs will be met through feeding.

Freud's later stages of psychosexual development include the anal, phallic, latency, and genital stages. The anal stage lasts from about 1-3 years, the phallic stage from 3-6 years, the latency stage from 6-11 years, and the genital stage from puberty until death.

"Substitution" is **BEST** defined as:

A defense mechanism in which the individual has an unattainable goal or emotion and replaces it with one that is more attainable.

A behavioral technique in which a person accepts that they cannot achieve a goal.

A term used in situations to describe why individuals must behave in a certain way.

A cognitive principle that describes an underlying thought process.

Correct answer: A defense mechanism in which the individual has an unattainable goal or emotion and replaces it with one that is more attainable.

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. The mechanism, substitution, can occur when taking an unattainable goal or emotion, and replacing it with one that is more attainable.

During a session with his social worker, Brad describes himself as loyal and honest. However, he has confessed in previous sessions that he regularly cheats on his wife with a coworker.

What defense mechanism is Brad using?

Compartmentalization
Regression
Projection
Splitting

Correct answer: Compartmentalization

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Compartmentalization refers to the process of separating various parts of oneself from each other and behaving as if each one has separate sets of values and beliefs.

Regression involves returning to more infantile patterns. Projection is when a person's own uncomfortable thoughts, feelings, and behaviors are assigned to another. Splitting is a defense mechanism that is associated with Borderline Personality Disorder, and occurs when one sees self and others as "all good" and "all bad."

You are employed by a pediatric cancer clinic in a hospital and are meeting with Ollie, a four-year-old boy recently diagnosed with leukemia, and his parents for the first time. During the session, Ollie's mother expresses her fear that she will not be able to care for Ollie when he eventually returns home.

What should you do **FIRST**?

Acknowledge the mother's feelings of helplessness

Provide education to both parents about the things they are able to do for Ollie when he returns home

Prompt Ollie's father to provide some support for Ollie's mother

Shift the focus of the meeting onto Ollie

Correct answer: Acknowledge the mother's feelings of helplessness

Your task during the first meeting is to begin to develop a therapeutic rapport with Ollie and his parents. The most important thing you can do first in this situation is to acknowledge the mother's feelings, since she is probably feeling strong emotions given the circumstances, and validate these emotions.

After connecting with his mother in this way, you could ask Ollie's father and Ollie if they can also identify with her to create a supportive atmosphere. Depending on your role, you may provide some education to the parents about caring for Ollie after his discharge, and what to expect in the future, but again, this would come after acknowledging and validating the mother's feelings and emotions. In this session, it is not necessary to shift the focus of the session onto Ollie yet, since your main task is building rapport with all of the family members.

The following is a **MAIN** reason that deinstitutionalization and a movement toward community-based care have occurred over the past several decades:

The development of strong psychotropic medications that can control symptoms of mental illness

Aggressive advocacy efforts by families of those with mental illnesses

Increasing political interest in the health of mentally ill individuals

More individuals getting social work degrees

Correct answer: The development of strong psychotropic medications that can control symptoms of mental illness

Major advancements in the field of psychotropic medications have been made over the past several decades. Due to the safety and effectiveness of these medications, and their widespread use in state psychiatric hospitals, a push for deinstitutionalization of mentally ill patients was made beginning in the 1970s.

The other options are incorrect because none of these would have occurred without the advent of safe and effective psychotropic medications.

Recent research indicates that the following factors play the **MOST** critical role in preserving cognitive functioning in adults during the normal aging process:

Continued pursuit of cognitively challenging activities, maintenance of appropriate physical activity, and regular social activity

Genetic influences, which can be assessed by examination of patterns of aging in blood relatives

Cumulative effects of earlier lifestyle, environmental and biopsychosocial factors, such that critical elements to preserve cognition are largely determined prior to reaching age 60, on average

Acceptance of the inevitability of aging, and the individual's capacity and motivation to adjust to necessary reductions in activities and task demands

Correct answer: Continued pursuit of cognitively challenging activities, maintenance of appropriate physical activity, and regular social activity

The most important thing individuals can do to preserve cognitive functioning is to continue to engage in challenging mental activities, engage with other people, and remain physically active.

While some cognitive disorders can be partially genetic in nature, some individuals can take an active role in preserving their own cognitive states. There is no evidence to indicate that there is little people can do to preserve cognition once they reach 60 years old, or that cognitive performance is influenced by the individual's acceptance of the natural aging process.

Over multiple sessions, you have been working with a client, Jake, to help him cope with his anxiety surrounding talking to people. Slowly, you help Jake reduce his anxiety by introducing your colleagues into sessions. Your colleagues carry on simple conversations with Jake, and the conversations get longer and longer each session.

Which of the following behavioral modification techniques are you using?

In vivo desensitization
Aversion therapy
Modeling
Systematic desensitization

Correct answer: In vivo desensitization

In vivo desensitization is an exposure-based technique for the treatment of phobias, anxiety and fears that uses real life to slowly introduce the client to their phobia and desensitize them.

Aversion therapy uses conditioning but focuses on creating a negative response to an undesirable stimulus, such as drinking alcohol or using drugs. Modeling is a method that involves demonstrating to an individual what behavior is to be acquired by the individual, who learns by imitation only. Systematic desensitization involves multiple steps, which include muscle relaxation techniques, a ranked list of an individual's fears and then exposure to the fear. With each exposure, the behavior is reinforced with a reward, which could be a compliment, a gift or relaxation.

The following situation would **NOT** be considered a compulsive behavior disorder within the general category of "addictive behaviors":

A client routinely drinks 12 oz. of water per hour from the same container and has set alarms for specific times to remind him. He also has self-reported to you about being "frozen with anxiety" if he is forced to miss or alter that routine.

A client engages in sexual activities with a sequence of different partners within the same 24 hour period, reports frequently visiting pornography sites, and covertly views pornographic material at work, despite receiving a recent organizational memo regarding the company policy that prohibits office computer use for personal activities.

You discover that your client routinely buys large numbers of clothing items at thrift stores and discount outlets, and the client's children report that for several years their apartment has progressively been filled with a variety of items that they explain their mother intends to sell, and that, to date, she is still getting more inventory.

A client engaged in treatment focused on his experience of work stress self-reports that he has repeatedly missed/arrived late for work after going out for drinks with coworkers. He indicates that when such occasions arise, he often finds out subsequently that several involved coworkers were also absent/late.

Correct answer: A client routinely drinks 12 oz. of water per hour from the same container and has set alarms for specific times to remind him. He also has self-reported to you about being "frozen with anxiety" if he is forced to miss or alter that routine.

While there may be compulsive qualities to the behavior exhibited, the correct option would more likely indicate a diagnosis of obsessive compulsive disorder, which is not currently thought to be an "addictive disorder."

In contrast, much recent thought about addictive disorders includes behaviors that not only include those related to alcohol/drugs, but also sex/pornography addiction, shopping addiction, hoarding, and various eating disorders. In the option where the client has drinking episodes, the fact that coworkers may show similar consequences does not change the fact that the client's own behavior evidences a problem.

Bill and Amy are the parents of a six-year-old child, Tre. During family therapy sessions, you take note that Bill has established rules and guidelines for Tre to follow. When he breaks them, Bill sits and talks with Tre to communicate safely and listen to Tre's feelings. Amy, on the other hand, finds raising Tre overwhelming, so she makes sure he is safe, dressed, and fed, but otherwise, leaves him alone.

Which of the following statements would you **MOST** likely put down in your notes for this family's chart?

Bill has an authoritative parenting style, while Amy has an uninvolved parenting style.

Bill has an authoritarian parenting style, while Amy has an uninvolved parenting style.

Bill has an authoritative parenting style, while Amy has a permissive parenting style.

Bill has an authoritarian parenting style, while Amy has a permissive parenting style.

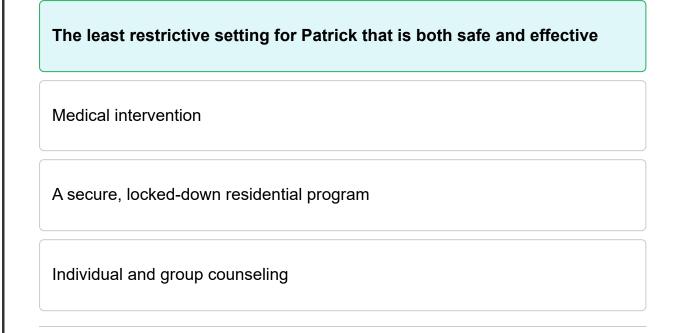
Correct answer: Bill has an authoritative parenting style, while Amy has an uninvolved parenting style.

Parenting skills and styles can be described in several different categories. An authoritarian parenting style occurs when the parent rejects, degrades and punishes the child.

An authoritative parenting style, such as Bill's, is when the parent is attentive, communicates and encourages the child to talk about their feelings. A permissive parenting style occurs when the parent is warm, but uninvolved and allows the child to make their own decisions, despite their young age. And finally, an uninvolved parenting style, such as Amy's, is when there is a detachment and an indifference to the child and/or the child's behavior.

Patrick is a 54-year-old displaced man who has been abusing street drugs, like heroin and crack cocaine, since the age of 17. However, he desperately wants to stay sober, but has been unable to do so despite numerous attempts.

As Patrick's social worker, you should **MOST** likely recommend:



Correct answer: The least restrictive setting for Patrick that is both safe and effective

When deciding on appropriate treatment for any client with a mental illness or substance abuse, social workers should operate on the general principle that the least restrictive alternative suitable for that individual should be tried first.

In this question, Patrick might need residential treatment, considering that he has tried to stop multiple times and has been unsuccessful, but you should carefully consider whether there are other interventions that would provide an equally effective level of care. Down the road, Patrick will likely need individual therapy, group counseling, and possibly some sort of medical intervention to help him stop using crack cocaine, but these are included in the recommendation of the least restrictive, yet most effective, setting.

Patrick might also be referred to a residential program, but the program may not need to be locked, and this depends on his motivation.

You are trained to work with adult victims of sexual abuse and just moved to a pediatric unit where you will now be working with victims of suspected sexual abuse between the ages of 3 and 11 years old.

All of the following are differences between adult and child sexual abuse victims that you should be aware of **EXCEPT**:

Children typically disclose sexual abuse immediately after the event.

Definitive signs of genital trauma are uncommon in child sexual abuse cases.

Disclosure of sexual abuse by children is usually followed by a physical complaint or change in behavior.

Follow-up consultations are strongly recommended in cases of child sexual abuse.

Correct answer: Children typically disclose sexual abuse immediately after the event.

Though both adults and children can be sexually abused, there are several differences between the two groups which social workers and other clinicians working with survivors should be aware of. While adults who have been sexually abused might initiate contact with law enforcement and/or a medical professional immediately following the event, children typically do not because they are often threatened by their perpetrators, or they feel confused/ashamed about what happened to them.

According to the system described by Maslow's hierarchy of needs, which of the following is the **MOST** accurate statement about fulfillment of basic human needs?

The maintenance of adequate food, clothing, and shelter consistently takes first priority. Individuals may focus on fulfilling other "higher order" needs when those elements are perceived as sufficient and/or stable.

Humans strive simultaneously to balance fulfillment of basic needs with that in areas at different points in the hierarchy, and a hallmark of good adjustment/mental health is the ability to effectively function on all levels consistently.

The degree to which fulfillment of basic needs is defined as a value is primarily culturally determined, and may be altered or redefined by cultural transitions/acculturation of any individual.

Correct answer: The maintenance of adequate food, clothing, and shelter consistently takes first priority. Individuals may focus on fulfilling other "higher order" needs when those elements are perceived as sufficient and/or stable.

According to Maslow's theory, needs can be portrayed on a continuum at ordered levels (physiological, safety, love/belongingness, esteem, and self actualization), and the level of perceived need within each level is a primary factor in the motivation of the individual (in resource allotment, time/energy investment, cognitive/emotional activity, etc.). While the levels are not mutually exclusive, fulfillment of more basic needs in the hierarchy is generally perceived as a prerequisite or higher priority than those ranked higher on the above list. While there is considerable debate regarding parts of Maslow's theory, this question specifically focuses on primary, basic needs, which are rooted in biology and survival, which are generally agreed to be essential in situations.

Maslow's hierarchy of needs indicates that some needs are more important than others, and does not indicate that humans must balance these needs. Different cultural beliefs and attitudes are not addressed in Maslow's hierarchy. While some people may want to focus on needs higher in the hierarchy than others, Maslow indicates that there are basic needs that must be met first before other areas are pursued.

You have been working with a client, Sam, over the course of a few sessions now, and he has an anger problem. Before he started coming to you and he was angry, Sam would get into fights. Since he has started seeing you, to avoid hurting others, Sam now chops wood when he feels angry.

What type of defense mechanism is Sam **MOST** likely using?

Sublimation	
Compensation	
Regression	
Displacement	

Correct answer: Sublimation

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Sublimation occurs when a person has feelings and behaviors that are not socially acceptable and channels them into socially acceptable actions.

Compensation is when one makes up for deficiencies. Regression is when an individual returns to more infantile patterns. Displacement is directing negative feelings toward a person or thing that is not the real cause for the negative feelings. For example, a man being angry about work and his boss will yell at his dog.

You are meeting with a mother and her toddler, Timmy, for an initial assessment. During the assessment, the mother leaves temporarily to use the restroom. While she is gone, Timmy seems indifferent to the absence and sits in the same spot, playing with his one toy. When the mother returns, you note that he simply continues playing.

What type of attachment is Timmy MOST likely exhibiting?

Anxious-avoidant
Disorganized
Anxious-resistant
Secure

Correct answer: Anxious-avoidant

Attachment theory refers to the emotional bonds between a child and the caregiver(s) that are formed in the first one to two years of the child's life. Not only do these bonds affect the child's future relationships, but also how they can view the world around them. In this question, Timmy is exhibiting anxious-avoidant attachment, which is where he refrained from exploring his environment, even when his mother was there and, when she returned, he was as indifferent to her leaving as he was to her return.

Disorganized attachment is characterized by a child's unpredictable behavior upon the caregiver's departure and return. Anxious-resistant attachment is displayed when the child becomes highly distressed upon the caregiver's departure, but is ambivalent when they return. Secure attachment is characterized by the child freely exploring when the caregiver is present, being upset when the caregiver departs, and being easily soothed once the caregiver returns.

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions and throughout their lives. Which of the following **BEST** describes the defense mechanism, "denial"?

Ignoring unacceptable feelings

Ignoring feelings and objectively analyzing problems

Transforming emotional conflict into physical manifestations

Correct answer: Ignoring unacceptable feelings

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Denial is simply refusing to acknowledge that an event has occurred. The person affected simply acts as if nothing has happened, behaving in ways that others may see as bizarre.

The other options are incorrect. Intellectualization is a defense mechanism in which a client ignores their feelings and objectively analyzes the problem, and conversion is a defense mechanism in which a client transforms their emotional conflict into physical manifestations.

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions. Which of the following **BEST** describes the defense mechanism "compensation"?

Subconsciously trying to make up for undesirable characteristics

Consciously removing threatening thoughts from awareness

Acting in a manner that is the opposite of the unconscious trait

When anxiety is transformed into overt physical manifestations

Correct answer: Subconsciously trying to make up for undesirable characteristics

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Compensation is a defense mechanism in which a client would subconsciously try to make up for undesirable characteristics.

Suppression is a defense mechanism that occurs when a client consciously removes threatening thoughts from their awareness. Reaction formation is a defense mechanism in which a client acts in a manner that is the opposite of their unconscious trait. Conversion is a defense mechanism in which anxiety is transformed into overt physical manifestations.

If the federal government gave the state government \$1,000,000 to spend on enhanced medical services, what did the state government receive?

A categorical grant Grants in aid A block grant

Correct answer: A categorical grant

A categorical grant is a federal government grant that provides a state or local government with a chunk of money that is to be spent on specific items. In this question, this is an example of the terminology used in advocating for community resources.

The other options are incorrect. A block grant is a federal government grant that provides a state or local government with a chunk of money to spend how they see fit, and grants in aid are specific allotments of money for specific projects.

Akari, a young Japanese woman who moved to the U.S. to attend college, is referred for therapy with you by her college counselor after the sudden death of Akari's father in Japan. In the initial interview, you discover that Akari discusses her father's recent death with very little emotion and reports that she never cried about the fact that he had died, even at the time when she initially received a call from her mother to inform her. Akari also reports observing several daily rituals over an extended period, all focused on her father.

Of the following, the **MOST** important for you to recognize is:

Akari is following the behavior patterns/style of mourning that are established by her culture, which may not be well understood by many people with traditional American cultural backgrounds.

Akari may be suppressing much of her emotional reaction to her father's death, and may need assistance in learning how to appropriately handle such a traumatic experience.

Akari may have a more intuitive grieving style than would usually be seen in her current setting, and so she needs assistance in helping those around her to better understand and accept her way of dealing with grief.

Due to her origins and upbringing in a culture that promotes boundaries and discourages open expression of feelings to others, especially relative strangers, you may need to allow a great deal more time than with a client who has American cultural origins in order for Akari to begin to express how her father's death has truly affected her and work toward resolving her grief reaction.

Correct answer: Akari is following the behavior patterns/style of mourning that are established by her culture, which may not be well understood by many people with traditional American cultural backgrounds.

In assessing clients with cultural backgrounds that are different than yours, and in the case of major life events, it is critically important to refrain from imposing your expectations and/or American standards/expectations regarding what would be normal behavior. In this question, Akari is following a pattern of grief and mourning behaviors that are absolutely congruent with her Japanese culture.

Imposing the idea that her practices are abnormal is likely to do more harm than good, as well as being completely inappropriate and unprofessional. Because of that,

significant a manner "intuitive" :	it is unlikely that "allowing extra time" for Akari to become comfortable would evoke significant change in her bereavement related behavior, since she is already acting in a manner that is normal for/to her. This question is not an example of a client with an "intuitive" style of grief, as the key characteristic to that style of bereavement behavior is the fact that it emphasizes and not minimizes affective expression and experience.				

There are two types of social welfare: universal and selective. Which of the following **BEST** represents selective social welfare?

A program that provides benefits to a restricted group who demonstrates a need

A program that provides benefits for all members of society

A program that focuses on prevention

A program that is strictly emergency based

Correct answer: A program that provides benefits to a restricted group who demonstrates a need

Selective social welfare provides program benefits to a restricted group who demonstrates a need, whereas Universal social welfare provides program benefits for all members of society.

There is also an institutional view of social welfare, and that is one which is focused on prevention. A residual view of social welfare is one which is focused on short-term needs that are emergency based.

Prinka is a 20-year-old single mother of two children. She did not finish high school due to becoming pregnant as a teenager, and struggles to find gainful employment while also caring for her children. Prinka self reports that she currently lives with friends and often engages in substance use.

Prinka's children are **MOST** likely at high risk for:



Correct answer: Neglect

Neglect occurs when a child's needs are not met by their parents or caretakers. A list of factors present in parents that indicate a high risk for child neglect include: single parents with multiple children, a low level of education, unemployment, an unstable living situation, and substance abuse. In this question, Prinka has all of these factors so, unfortunately, her two children are at high risk for neglect.

Prinka's children are probably at some risk for physical abuse as well as neglect, but there is no indication in the question of such. Prinka's children might be at higher risk for disease if she does not get them vaccinated, but this is not stated in the question's information. Intellectual ability is primarily biologically determined, and the question does not indicate that her children are at risk for cognitive delays.

The theory that distinguishes social work from other fields of social sciences is:

Correct answer: Person-In-Environment theory

Social workers operate from a person-in-environment perspective, which stresses the belief that a person cannot be understood apart from their environment. This allows social workers to collect a large amount of information from various contexts when assessing clients and gives a multifaceted perspective when understanding individuals' problems.

The other options are incorrect because they are all examples of theories that are used by clinicians in various social sciences fields.

You contact a client's health maintenance organization (HMO) in order to obtain approval for more treatment sessions. During your call, the HMO social worker asks you specific details about your client's sexual abuse experiences, and you feel that the questions are very excessive.

Your **BEST** course of action is:

Refuse specific details about your client's experiences, but provide the general information as needed

Provide the HMO social worker with the needed information

Call the HMO social worker back after you obtain release from your client

Correct answer: Refuse specific details about your client's experiences, but provide the general information as needed

HMOs generally do not need to know the specifics about a client's experiences in order to approve more treatment sessions. However, if the HMO demands additional information that is specific to the client's experiences, then you will need to contact the client with the specific questions and obtain their release.

Do not provide the HMO with requested information until obtaining the client's consent. You may then call the HMO social worker back, but first, you must refuse to share specific details and give the general information needed.

The following is **ALMOST ALWAYS** found in individuals who experience prolonged periods of serious physical illness in early childhood:

Delays in achieving expected milestones in academic achievement and social development, for which a long-term prognosis is dependent on a number of factors and vary substantially from case to case

Assumption of a "sick role" within the nuclear family and long-term, most often permanent effects on relationships with parents and siblings

Lower than average tolerance for stress and higher incidence of anxiety related problems compared to healthy peers

Lasting concerns about somatic complaints and symptoms, and substantially more frequent utilization of medical resources throughout adulthood, relative to individuals who did not experience significant childhood illness

Correct answer: Delays in achieving expected milestones in academic achievement and social development, for which a long-term prognosis is dependent on a number of factors and vary substantially from case to case

Time and resources for medical treatment are likely to reduce the child's access to experiences that promote cognitive/social development, though many children with ongoing or historical chronic/serious illnesses evidence delays and/or relative weaknesses in academic achievement and social skills. The long-term implications of the above are mediated by multiple factors including the nature of the illness itself, social, familial, environmental, and internal/individual influences.

Serious physical illness in childhood does not always mean that relationships with family members are negatively affected, that the afflicted person has a lower than average tolerance for stress, or that there will be lasting concerns about somatic complaints.

What is the **MOST** important thing for you to do when you are working with a client from another ethnicity?

Openly discuss the possible background issues

Encourage the client to seek emotional support through their family

Contact the client's community to assure them a social support group

Correct answer: Openly discuss the possible background issues

When working with a client of a different ethnicity, it is important for the social worker to openly discuss their differences in order to avoid any differences that may interfere with a professional relationship and effective treatment.

The other options—encouraging the client to seek emotional support or connecting the client with a support group—may be needed/nessesary eventually, but not immediately.

You are assigned to a hospital medical unit and work with Steph, a patient recovering from abdominal surgery. The nurses on the unit describe this patient as "demanding, angry, impatient, and incredibly rude." You find during an initial visit with Steph that she has many complaints regarding the staff at the hospital not responding "fast enough," and indicating that she feels that the hospital routine/schedule is "very unpredictable and unreliable."

Which of the following would be the **BEST** approach for you to take?

Acknowledge that dealing with the hospital environment can be a difficult experience, so ask her to list aspects of the situation that she finds the most annoying or disturbing, and then invite her to discuss any additional items on future visits. Additionally, provide her with information and explanations about schedules, procedures, etc. and advise the nursing staff that providing Steph with advance notice of scheduled events, informing her of changes, etc. might be useful.

Provide Steph with feedback regarding the nurses' perceptions of her, and advise her that she might get a more satisfying response from staff if she approached them in a calmer and much more courteous way.

Initiate a very thorough psychosocial assessment to gain an understanding of factors in Steph's history and personality that might underlie her hostile attitude and could become a focus of future therapeutic work.

Ignore her complaining behavior, and reinforce any behaviors that indicate cooperation and courtesy, no matter how small they seem. Instruct the nursing staff to follow the same practice, and emphasize the need to set firm and consistent limits, and remain objective in response to Steph's very demanding behaviors.

Correct answer: Acknowledge that dealing with the hospital environment can be a difficult experience, so ask her to list aspects of the situation that she finds the most annoying or disturbing, and then invite her to discuss any additional items on future visits. Additionally, provide her with information and explanations about schedules, procedures, etc. and advise the nursing staff that providing Steph with advance notice of scheduled events, informing her of changes, etc. might be useful.

Anger frequently results from perceived powerlessness. In this question/situation, hospitalization is, by nature, a situation that almost always diminishes the patient's control of a number of areas. Under such conditions, patients like Steph may

relate to staff with anger as a means of expressing an uncomfortable inner experience, or indirectly conveying that others are responsible for their discomfort. Interventions may include acknowledging the individuality of Steph and her situation, maintaining a flow of information, and responding to realistic needs while setting firm limits regarding staff time. Steph should be updated/informed if changes or delays in her treatment or schedule are necessary.

Steph might not be receptive to feedback about her behaviors at this time, and it could be very counterproductive if you tried to talk to her about changing her approach. It may be helpful to conduct a psychosocial assessment eventually, but this would not directly address the problem. By ignoring Steph's behavior, you may alienate her and miss the chance to develop a therapeutic alliance with her.

Wilson is working as a social worker in a crisis center. He is meeting his client, Helen, for the first time, who is a 60-year-old woman who was recently diagnosed with terminal cancer. With no support system, Helen has found herself in a crisis and has made suicidal statements.

What should Wilson do FIRST?



Strongly encourage Helen to express her emotions

Help Helen plan further sessions

Help Helen identify her problems

Correct answer: Perform a thorough biopsychosocial assessment

Wilson's first action should be to perform a thorough biopsychosocial assessment for a variety of reasons. This includes a safety assessment, which is important because of Helen's suicidal statements. Performing this assessment will also help Wilson establish a therapeutic rapport with Helen.

The more Wilson and Helen speak, the more Helen will express her emotions throughout the process. However, devoting time to it should wait until other steps are complete, and preplanning Helen's future sessions could overwhelm her. Identifying the problems that are important to Helen will come after the first assessment has established the basics.

A client pretends to be ill for no other reason than to deceive his parents and friends, but not his social worker. Which of the following **BEST** describes the client's situation?

Factitious disorder
Malingering
Secondary gain
Tertiary gain

Correct answer: Factitious disorder

Factitious disorder is an act of deceiving others by pretending to be ill or injured. In this question, the client is guilty of factitious disorder and is not benefiting from pretending to be ill.

Tertiary gain is an advantage or a benefit that a person with mental or physical illness brings to others as a result of the illness. Secondary gain is an advantage or a benefit that one receives from a physical or mental illness. Malingering is an act of feigning disability or illness in order to avoid undesired obligations.

Psychodynamic theory would **MOST** strongly support the following idea regarding parents' and caregivers' interactions with children from birth to school age:

Subsequent behavior, relations with others, and mental health status are largely set by these interactions.

Interaction with significant others in early life is secondary to biological predisposition as a factor in the development of mental health problems.

Parent/caregiver influences are most often replaced by those of peers, when group dynamics of school classmates and social contact are introduced.

Those interactions can predispose individuals toward certain forms of psychopathology, while healthy coping responses are primarily influenced by peer interactions.

Correct answer: Subsequent behavior, relations with others, and mental health status are largely set by these interactions.

Psychodynamic theory, primarily derived from Freudian/psychoanalytic thought, holds that relationships with family/caregivers in early life are the primary determinant of most areas of psychosocial functioning throughout the life cycle.

It does not address biological predisposition to mental health problems or the interference of peer interactions. And, as was stated above, its primary focus is on the influence of relationships with primary caregivers early in life on later developmental stages of the individual.

The following **MOST** accurately expresses the criminal justice related impact of experiencing abuse/neglect during individuals' developmental years:

Those who are victims have a very significantly increased probability of juvenile and adult arrest for both general and violent crimes.

There is no particular pattern of criminal justice involvement in victims after reaching adulthood, but the probability of juvenile justice involvement is somewhat higher among abuse/neglect victims throughout adolescence.

The greatest proportion of arrests and convictions in the population of abuse/neglect victims can be seen in areas of behavior that may be highly related to maladaptive coping attempts.

While there is no difference in the arrest rate between victim and nonvictim peers during adolescence, the criminal justice impact of victimization during developmental years is primarily found in victims as young adults. Those with victimization histories have increased rates of violent crimes into adulthood.

Correct answer: Those who are victims have a very significantly increased probability of juvenile and adult arrest for both general and violent crimes.

Abuse/neglect as a child increases the likelihood of arrest as a juvenile by 59 percent, as an adult by 28 percent, and for a violent crime by 30 percent. A National Institute of Justice study found those with abuse/neglect histories are 11 times more likely to be arrested for juvenile criminal behavior, 2.7 times more likely to be arrested for violent and criminal behavior as an adult, and 3.1 times more likely to be arrested for one of many forms of violent crime (juvenile or adult).

The other options are incorrect because there is clearly an impact on criminal justice involvement in victims well through adulthood. There is a great proportion of arrests and convictions for violent crimes, not just maladaptive coping attempts, and there is a significant difference in arrest rates between victim and nonvictim peers during adolescence.

The family of Gregory, a developmentally delayed third grader, has been referred to you due to increased concerns regarding the child's speech and language, as well as socialization. The father of the child reports to you that, "Gregory was okay before he started at his current school, so it must be the school and the lack of training the teachers have."

Which of these **BEST** describes Gregory's father's behavior?

Denial
Acting out
Splitting
Reaction formation

Correct answer: Denial

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety.

A developmental delay occurs when a child has not gained the skills expected of them, compared to others at the same age. These delays may happen in the areas of function, speech and language, social skills and play. In the information provided in the question, it clearly states that the child is developmentally delayed. It also provides evidence that the father of the child does not accept the extent to which his child's disability is slowing his speech, language and socialization.

In general, the group likely to experience the most severe and extended problems coping with traumatic experiences related to catastrophic events (for example, natural disasters, acts of terrorism, etc.) is:

Those who are present in the immediate situation and suffer physical injury and/or property loss

Those who are present in the immediate situation, who escape quickly with few losses, and who witness others' injuries and/or property losses

Those who are involved in extended/long-term recovery activities

Correct answer: Those who are present in the immediate situation and suffer physical injury and/or property loss

The incidence of post-disaster sequelae of this type is on a continuum essentially connected with the degree of direct exposure and personal consequences. Those who directly experience catastrophic events and their consequences are statistically more likely to develop severe/long-term psychological sequelae than other groups.

In comparison, the prevalence of PTSD after disasters is lower among those who witness others' injuries and the general population. This does not discount the potential for members of any of these groups to be affected. However, this question focuses on general trends across groups.

Your client's racial/ethnic group is a target of oppressive societal prejudice/discrimination, severely constraining opportunities for them to achieve equitable treatment in many significant areas of life. In keeping with the theoretical model of learned helplessness, what is the **MOST** likely behavior pattern that might develop in this individual?

Depression, an attitude of pessimism, passivity, and little/no activity that might improve the individual's life conditions

Anger and blaming of society for conditions within the individual and the group to which they belong, with progressively increasing demands for others to take actions to alleviate the unfair conditions

Learning that playing a subservient role to members of the dominant culture yields the greatest benefits, the individual may develop patterns of self-deprecation and ingratiation, with primary motivation to manipulate situations controlled by those with power

The individual uses the status of being in an oppressed group to evoke pity from others

Correct answer: Depression, an attitude of pessimism, passivity, and little/no activity that might improve the individual's life conditions

Learned helplessness theory, which was originally formulated by Seligman, initially developed from animal behavior studies that involved inescapable, unavoidable, aversive experiences which could not be influenced by the animals' behavior. The theory has since been extended to human behavior and has been widely researched in the intervening years. Learned helplessness causes people to behave in a dependent or powerless manner, because they believe they cannot change their circumstances. Someone exposed to oppressive conditions is likely to develop an attitude of pessimism and passivity, as they believe they cannot do anything to improve their situation.

Learned helplessness is much more closely tied to depression and lack of motivation to change than to anger, manipulative behavior, or seeking pity.

Umar, a client who has come to you for therapy, is transgender. Which of the following would be the **MOST** appropriate way for you to approach your treatment with him?

Assume that his goals related to transitioning are personal and unique

Assume that he wants to discuss surgical options to help him transition

Assume that any transition efforts he has made have resolved all of his gender dysphoria

Assume that he wants a referral to hormonal therapy

Correct answer: Assume that his goals related to transitioning are personal and unique

Individuals who identify as transgender have personal and unique goals related to transitioning. Many individuals transition so that their physical characteristics align with their perceived gender. Assuming Umar's goals related to transitioning are personal and unique is the best choice here. We cannot assume that every transgender client is the same or will have the same reasons for transitioning.

It would not be appropriate to assume that Umar wants to discuss surgical options. Not every client will want surgery, and it can be costly.

Next, while transition efforts can resolve some dysphoria, they may not resolve all feelings of dysphoria, so this is not a safe assumption.

Finally, you cannot assume that he wants a referral to hormonal therapy. Clients will all have different needs related to transitioning, and you should not automatically assume that each transgender client will want hormonal therapy.

The perspective of behavioral treatment of depression is that depressive symptoms result from:

Absent or inadequate positive reinforcement

Ineffective learning of interpersonal skills

Failure to apply previously learned coping behaviors

Correct answer: Absent or inadequate positive reinforcement

Behavioral methods usually focus most heavily on stimulus/response/reinforcement triads, with the underlying theory that the element that determines the strength/duration of any given behavior pattern is reinforcement, or lack thereof.

It can be true that some individuals with depression engage in ineffective interpersonal skills and/or poor coping skills, but the question specifically asks about behavioral treatment.

The following is the **BEST** description of Case to Cause Advocacy:

The process of combining individual challenges with social action and reform efforts

Supporting a vulnerable person during treatment sessions

Encouraging individual clients to engage in self-sufficiency so that they can improve self-esteem

Accepting a client, even though the social worker may not have a clear understanding of their particular diagnosis

Correct answer: The process of combining individual challenges with social action and reform efforts

Case to Cause Advocacy refers to one of the keys of social work practice: the combination of individual clients' challenges with social action and reform efforts. The primary mission of social work is to enhance the well-being of humans, and social workers can do this by ensuring that they are working at a macro level to improve clients' lives.

That being said, Case to Cause Advocacy refers to the relationship between micro and macro practice in social work, and all of the other options focus on micro practice only. Social workers can use many helpful interventions in the context of individual, family, and group therapy, but these are not examples of Case to Cause Advocacy. Additionally, accepting clients who have diagnoses that the social worker is not familiar with is unethical.

The following is the **LEAST** accurate statement regarding a traumatic experience:

Traumatic events eventually self-resolve in an individual.

A disturbing event does not necessarily lead to trauma.

Trauma in childhood leads a person to further trauma.

Trauma can result from events that are not dangerous.

Correct answer: Traumatic events eventually self-resolve in an individual.

Trauma is the effect on an individual's nervous system after an event, or a series of events, that "teaches" the individual that the world can be scary, dangerous, and/or unpredictable. However, a number of diverse factors play a role in determining whether or not a given event will be traumatic and so, not all disturbing events necessarily lead to traumatized individuals. Research does show that trauma in childhood does generally lead people to experience further trauma later in their life, and trauma can result from events that are not conventially dangerous.

Trauma does not self-resolve in individuals in the usual course of the condition.

Darla, a 19-year-old young woman, has come to you for treatment of trauma. Throughout her teenage years, she suffered severe physical abuse, with her father as the perpetrator. She was prompted to come to treatment after her two-year-old child was removed from the home due to Darla's aggressive behavior toward the child. Darla was using excessive physical discipline, spanking the child with a belt, and leaving welts across his legs, arms, and buttocks.

What is **MOST** likely going on with Darla to cause this abusive behavior toward her son?

Identification with the aggressor
Projection
Compensation
Conversion

Correct answer: Identification with the aggressor

Identification with the aggressor is a defense mechanism that allows people to manage anxiety by behaving similarly to an aggressor. It can manifest as becoming abusive when an individual has been abused themselves. This aligns with Darla's experience of having been a victim of abuse, and later becoming aggressive with her own son.

Projection is a defense mechanism in which a person attributes their own undesirable beliefs to others.

Compensation involves making up for deficiencies by becoming competent or strong in other areas.

Conversion occurs when repressed urges manifest as bodily disturbances like pain.

Your client, Jesus, pretends to be terminally ill, so that he does not have to work. Which of the following **BEST** describes Jesus's situation?

Malingering Secondary gain Factitious disorder

Correct answer: Malingering

Malingering is an act of feigning disability or illness in order to avoid undesired obligations. In this question, your client, Jesus, is guilty of malingering, as he is avoiding his work obligations by pretending to be terminally ill.

Secondary gain is an advantage or a benefit that one receives from a physical or mental illness, and factitious disorder is an act of deceiving others by pretending to be ill or injured.

Medications like Xanax and Klonipin are categorized as:

Depressants
Stimulants
Opioids
Inhalants

Correct answer: Depressants

Depressants, which are also called "downers," are substances that slow brain function and can cause dizziness, fatigue, sluggishness, and disorientation. Medications like Xanax and Klonipin are two prescription depressant medications often overused and can cause serious complications if an overdose occurs.

The other options are not correct because stimulants cause temporary bouts of increased energy/alertness, opiods are substances that act on the nervous system to relieve pain, and inhalants are toxic substances that can be inhaled, such as gasoline, glue, or paint thinner.

Yang has been in recovery from opioid dependence for several years. Which of the following would be among the **LEAST** likely factors contributing to relapse?

Failure of previous treatment professionals to assure that Yang is integrated into adequate post-treatment support networks, prior to terminating treatment

Yang returns to environmental or social situations that were present during the period of active drug use

Yang experiences extremely stressful life events such as serious illness, changes in family structure/functioning, etc.

Yang has drug exposure (either casually or in the course of necessary medical treatment/procedures)

Correct answer: Failure of previous treatment professionals to assure that Yang is integrated into adequate post-treatment support networks, prior to terminating treatment

The assumption that "professional treatment" would necessarily have been involved in any given case is inherently flawed. There is an increasing accumulation of research evidence indicating that the majority of recovering individuals may never have sought/received "professional treatment" and have achieved success in recovery through other means. Because of this, "professional failure" would be the least significant factor among the available choices.

Environmental, social, and geographic factors are frequently cited by individuals and recovery programs as triggers for relapse, thus promoting advice to those developing recovery-based lifestyles to find ways to avoid such potential triggers. Generalized stress levels and re-exposure to substances, especially those closely related to previous drugs of choice, are also found to be significant factors in relapse.

Which of the following therapeutic approaches focuses on the elimination of maladaptive behavior by associating the behavior with a negative stimulus?

Aversion
Extinction
Flooding
Modeling

Correct answer: Aversion

Aversion therapy focuses on the elimination of a maladaptive behavior by associating the behavior to a negative stimulus. One example is the treatment of alcohol with the drug Antabuse.

Other examples of behavioral techniques are extinction, which means to withhold reinforcement; flooding, which pushes the feared stimulus toward the client in order to extinguish accompanying anxiety; and modeling, which allows a client to observe a model as a guide to a desired behavior.

The vulnerability theory of schizophrenia is **BEST** described as:

Vulnerability is defined by the interaction among several predisposing influences, including genetics and other biological/psychological/environmental factors. The theory proposes that every person has some degree of risk of developing schizophrenia, with the determining factor being levels of stress experienced by each individual.

The vulnerability theory primarily focuses on familial interactions as elements that predispose people to develop schizophrenia. The absolute most influential pattern that raises one's level of vulnerability is a dynamic in which maternal child interactions contain frequent/chronic patterns of incongruent communication.

Schizophrenia is thought to be primarily determined by genetic factors, and although research to date has not fully determined the genetic patterns of schizophrenics, current evidence indicates that it may not be a single gene, but an interaction among multiple genes, that determines an individual's vulnerability to the disorder.

The vulnerability theory states that a certain subgroup of the population that are considered "vulnerable" to the disorder will inevitably develop it, while those outside of that subgroup will not.

Correct answer: Vulnerability is defined by the interaction among several predisposing influences, including genetics and other biological/psychological/environmental factors. The theory proposes that every person has some degree of risk of developing schizophrenia, with the determining factor being levels of stress experienced by each individual.

Vulnerability, which is a concept that was originally proposed by Zubin in the late 1970s and still considered to be valid to this day, is a theory that focuses on stress as a mediator or trigger for developing schizophrenia, with each individual falling somewhere on a continuum of relative vulnerability to the disorder, determined by biological/psychological/social, and environmental factors. The level of stress that may induce the emergence of schizophrenia, according to vulnerability theory, is inversely related to the level of vulnerability.

The other options are incorrect because the vulnerability theory does not focus on familial interactions, it does not assert that schizophrenia is primarily determined by

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Individuals who become violent are **MOST** likely to be using:

Alcohol	
Heroin	
Cocaine	
Marijuana	

Correct answer: Alcohol

Individuals who abuse alcohol often become physically assaultive and less productive.

The other options are incorrect because individuals who use heroin, cocaine, and marijuana usually have feelings of euphoria, not violent thoughts.

What level of society is focused on groups and families?

Mezzo			
Macro			
Micro			

Correct answer: Mezzo

Social work practice is often divided into three practice categories: micro, mezzo and macro. Mezzo levels of society focus on groups and families.

The other options are incorrect because micro levels of society focus on one individual at a time, and macro levels of society focus on whole communities.

How would one's behavior likely have been maintained in the past, if their current behavior is particularly resistant to extinction?

Intermittent reinforcement

Intermittent punishment

Constant reinforcement

Correct answer: Intermittent reinforcement

Intermittent reinforcement is a schedule of reinforcement in which a response is supported sometimes, but not other times. The behavior modification theory suggests that intermittent reinforcement produces behaviors that are harder to change.

The other options are not correct because intermittent punishment would also produce behaviors that are difficult to change, as the individual would never know what to expect in terms of response. Constant reinforcement, if applied correctly, would likely produce the desired behavior over time.

The following is the **MOST** valid statement about the relationship between religious/spiritual beliefs and practices, and individuals' perceived locus of control:

Relatively strong religious or spiritual beliefs and/or practices may be tied to higher levels of internal locus of control.

Individuals for whom religion or spirituality is a highly valued concept demonstrate greater external locus of control, and this is shown by their attribution of control over events and personally relevant conditions to external sources.

There is no evidence of a relationship between religion/spiritual values and one's sense of locus of control. In fact, these characteristics are entirely independent of one another.

While those with strong religious or spiritual beliefs can benefit from a sense of hope that is provided by those beliefs, they simultaneously believe that the locus of control over their lives/conditions is external to them, and that their faith in such external forces will yield positive results independent of their own actions.

Correct answer: Relatively strong religious or spiritual beliefs and/or practices may be tied to higher levels of internal locus of control.

Although it might seem logical that religion/spirituality would be positively correlated with the external locus of control, the majority of research actually indicates the opposite. Religious beliefs may provide an indirect sense of control over situations (especially stressful ones) by believing that a "higher power" is in control, and the person therefore feels a bigger/better sense of internal control by engaging in self-directed activities like prayer, rather than depending on external agents.

The other options are incorrect because, as stated above, individuals who identify themselves as religious actually have a greater internal locus of control.

Which of the following is a level of awareness as defined by Freud?

Preconscious
Preconventional
Individualistic

Correct answer: Preconscious

Sigmund Freud believed that one's behavior and personality come from the constant interactions of conflicting forces that operate at three different levels of awareness: the preconscious, the conscious, and the unconscious. In the preconscious, there is all the information outside of one's attention, but it is readily available and accessible if/when needed. These thoughts and feelings can be brought to the conscious very easily.

The other options are incorrect, as they are not one of the levels of awareness.

A social worker was asked to be a guest speaker in a high school health class where he could educate the students about the effects of drugs and alcohol on adolescent brain development and decision making.

What type of prevention strategy is this an example of?

Primary	
Secondary	
Tertiary	
Quatinery	

Correct answer: Primary

Primary prevention has the goal of protecting people from developing a disease or, in this case, engaging in a behavior in the first place.

Secondary prevention occurs after the disease or injury occurs. Tertiary prevention focuses on managing complicated and/or long-term diseases or injuries. "Quatinery" is a fabricated answer choice.

You are working for a hospice agency and have been working with the family of Clint, a middle-aged man with terminal cancer. This large family immigrated from Mexico when Clint was in his early 20s, and have maintained strong ties to the town from which they originated, as well as retaining many aspects of the culture, family roles, and perspectives with which they were brought up.

In determining an approach to working in this case, the following is **MOST** likely to be an important consideration:

The possibility that standard protocols for providing complete information regarding details of medical information, prognosis, and treatment options directly to Clint and allowing him to decide what/when to share those with his family, may evoke strong negative responses from the patient and his extended family

The need to find resources and assist the family after Clint's death, with arrangements to transport his body back to Mexico, make funeral arrangements and bury him there

The fact that the patient and his family are likely to be highly emotionally reactive in the context of this type of crisis affecting the patriarch of the group, creating the need to plan for a great deal of extra opportunities for them to openly express and process their feelings

Correct answer: The possibility that standard protocols for providing complete information regarding details of medical information, prognosis, and treatment options directly to Clint and allowing him to decide what/when to share those with his family, may evoke strong negative responses from the patient and his extended family

Clint and his family's origins and ongoing traditions come from a collectivist culture in which the status/welfare of an individual is often very closely tied to the good of the family/social network. Because of this, family members may take on a greater role in care decisions than that of Clint. In many such cultures, families may become very upset if relevant information is revealed directly to the patient; in this case, Clint. Families and patients may place great value on their rights to limit information shared with them.

While this presents a conflict with standard informing practices, there is a need for flexibility to respect culturally-based communication systems that differ from American-based standards of informed consent. One possible effective approach to this issue is to ask Clint and his family directly how much information should be presented and to whom (and, ideally, valid signed agreements should be obtained, to document their preferences).

There is no indication that Clint's family will need assistance in handling his affairs after he has died or that the family is "highly emotionally reactive." As stated above, the family will likely want to be informed of any major medical changes before the patient and will want to work in collaboration with him.		

The **PRIMARY** risk of providing programs exclusively for domestic abuse perpetrators without parallel support services for their partners is that:

Partners may return to or stay in a dangerous relationship because the perpetrator is in a program

The abuser will misinform the victim about the program in ways that undermine the victim

Victims will not be able to support perpetrators in changes they are trying to make

The lack of parallel support for victims creates missed opportunities to increase their safety

Correct answer: Partners may return to or stay in a dangerous relationship because the perpetrator is in a program

The fact that the abusive family member is seen by the victim as engaging in some form of behavior change intervention is likely to persuade victims to resume or remain in potentially dangerous circumstances without the benefit of their own access to needed support/counseling services. Support of perpetrators' behavior change efforts, while it may seem "noble," can also be seen as indirectly extending a significant principle underlying domestic abuse itself—the idea that the victim is somehow obligated to the perpetrator.

The highest priority in such situations, in fact, is to reduce risk to victims and to remove them from implications that they are in any way responsible.

It is true that the abuser may intentionally misinform the victim, that the victim may not be supported, or that the victim may not be able to support the abuser, but these are not primary risks of providing support for domestic violence perpetrators without support for the victim.

Maximilian is a five-year-old boy who knows all of his letters and sounds, but is unable to read any full words. Based on Vygotsky's social development theory, the process of older children and adults helping Maximilian sound out words in books in order to learn how to read is known as the:



Correct answer: Zone of Proximal Development

Vygotsky's social development theory has an emphasis on the importance of social interaction in cognitive development. The Zone of Proximal Development is an area between what a child knows and does not yet know. In this question, it consists of skills that are too difficult for Maximilian to master on his own, but that can eventually be mastered with guidance from a more experienced person.

Cognitive development theory refers to Piaget's theory that children learn by interacting with their environments. Assimilation is the way that humans perceive and adapt to new information, and is not a term Vygotsky used. Psychosocial development was explained by Erikson as a series of stages children must pass through during development in order to become functioning human beings.

Jamie, a seven-year-old boy, is scheduled to undergo surgery to remove a tumor from his head and has been referred to you. When the physician explained the surgery to him, Jamie did not respond to the surgery itself, but he did respond to the explanation that part of the surgery involved catheterization.

His anxiety stems from which psychodynamic perspective of fear?

Mutilation
Death
Pain
Displacement
Correct answer: Mutilation
A young male child like Jamie could experience great anxiety about mutilation through castration, which could arise when the catheterization procedure is explained to him.
Since Jamie did not respond to the surgery itself, it is unlikely that his fear stemmed from death, pain, or displacement.

You're working with a family who has a four-year-old child. Based on Piaget's theory of cognitive development, which of the following would you **NOT** expect the child to be able to do at this age?



Correct answer: Understand the parents' point of view

Based on the child's age of four years, Piaget would place the child in the preoperational stage of development. At this stage, children engage in magical thinking. Their thinking is also concrete and egocentric. Based on this fact, children cannot understand others' points of view during this stage.

Children in the pre-operational stage can understand past vs. future.

They also tend to have imaginary friends; this behavior is actually quite typical.

Finally, the pre-operational stage is characterized by symbolic thinking.

Borderline personalities typically use the defense mechanisms of:

Distortion and repression Externalization and acting out Repression and denial

Correct answer: Splitting and projection

Borderline personalities are marked by impulsivity and instability in the realms of relationships, behaviors, and when it comes to self-image. Splitting is a defense mechanism in which the individual is unable to bring the positive and negative qualities of self and others into a realistic whole, whereas projection is a defense mechanism in which the individual denies certain undesirable characteristics in self and attributes them to others instead. Both of these defense mechanisms are very common in individuals with borderline personalities.

The defense mechanisms, distortion and repression, are typically common in individuals with schizotypal personalities. Antisocial personalities typically use the defense mechanisms of externalization and acting out, and passive-aggressive personalities use repression and denial.

You are assigned to work with a Japanese immigrant man who was referred to you due to growing symptoms of depression. He was recently terminated from a clothing sales position having been accused of stealing money from a cash register. He consistently says to you that he did not steal, but he knew who the thief was and that he was unfairly terminated "because the boss is American and he didn't believe me when I said I didn't do it."

The **FIRST** set of actions to take to determine if there was a valid problem regarding his credibility with the boss would include which of the following?

Find out more details about the situation, including the nature of the communication between the client and his boss

Explore with the client whether there is a possibility that he might hold a bias against Americans that might cause him to unfairly attribute the boss's actions to their cultural differences

Request the client's consent to contact the employer to advocate on his behalf for him to be reinstated

Correct answer: Find out more details about the situation, including the nature of the communication between the client and his boss

The urge toward advocacy is admirable and necessary in social work. However, as in most interactions with clients, assumptions can be very risky. This is especially true in matters where cultural styles of communication clash and hostile situations emerge based on ethnicity, race, or nationality. Such situations are complicated enough to untangle when there are no complicating cultural factors. In this question, culture seems to be at least part of the issue.

The best course of action is to further assess the situation, the communication styles at work, and the relative responsibility for what occurred.

Assumptions that the source of the problem is rooted in client bias or pathology may alienate the client and do not support the client's perspective. While advocacy may eventually be the desired action, it is not appropriate until more information is obtained

Caroline shows you a large tattoo on her arm dedicated to her childhood best friend, who recently passed away. She begins to cry and self-reports that it always makes her emotional when she looks at it too long because it reminds her of him and his amazing friendship.

The tattoo is a form of:

Symbolization
Substitution
Sublimation

Correct answer: Symbolization

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Symbolization is when the representation stands for some other thing, class of thing or attribute. In this question, the tattoo stands for Caroline's childhood best friend.

The other options, while both are also defense mechanisms, are incorrect because they do not best fit for this situation.

The following substance has the **HIGHEST** probability of death as a result of detoxification/withdrawal without close medical supervision:

Alcohol	
Heroin	
Methamphetamine	

Correct answer: Alcohol

Out of the drugs listed, alcohol has, by far, the highest rate of detoxification-related mortality. Withdrawal can have life-threatening complications.

While withdrawal from a number of drugs can be marked by high levels of physical and psychic distress/pain, of the drugs listed here, alcohol is the most probable to have life-threatening withdrawal related complications.

Christian, a client, reports to you that his wife has not come home for several days, and that he received a letter from an attorney indicating that she would be serving him with a divorce petition.

Which of the following descriptions of his behavior **BEST** illustrates the use of denial as a defense mechanism?

Christian calls his wife's workplace daily, telling her assistant that he is "calling for my wife" and leaves recorded messages calling her pet names, which indicates that he is following their established routine of activities and that she will be expected to arrive at various places as usual.

Christian reports to you that he revealed to friends immediately thereafter, "She must have gotten some hint that I was going to leave her and she got the jump on me."

Christian reports to you that he feels "relieved that she's gone, because I was feeling like it was time for me to move on to better things."

Correct answer: Christian calls his wife's workplace daily, telling her assistant that he is "calling for my wife" and leaves recorded messages calling her pet names, which indicates that he is following their established routine of activities and that she will be expected to arrive at various places as usual.

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Denial is simply refusing to acknowledge that an event has occurred. The person affected simply acts as if nothing has happened, behaving in ways that others may see as bizarre.

In this question, the best option that illustrates Christian's denial is him carrying on with their established routine of activities, as if he never received a letter from the attorney.

Ivan behaves in ways that are the opposite of his original subconscious traits. Which of the following defense mechanisms is Ivan using?

Reaction formation	
Displacement	
Projection	

Correct answer: Reaction formation

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Reaction formation occurs when a person feels an urge to do or say something and then actually does or says something that is effectively the opposite of what they really want.

The other options are incorrect. Projection occurs when a person has uncomfortable thoughts or feelings, they may project these onto other people, assigning the thoughts or feelings that they need to repress to a convenient alternative target. Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available.

Davine refuses to drive her car, even though it causes her family much disorganization. A result of her refusal to drive is that her husband has to take her everywhere, sometimes even missing work if she has an appointment.

Which of the following defense mechanisms is Davine demonstrating?

Regression	
Displacement	
Sublimation	

Correct answer: Regression

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Regression involves taking the position of a child in some problematic situation, rather than acting in a more adult way. This is usually in response to stressful situations, with greater levels of stress potentially leading to more overt regressive acts.

The other options are incorrect. Displacement is the shifting of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available. Sublimation occurs when a person chooses to divert their desires that are consciously intolerable and cannot be directly realized into creative activities that are acceptable. Sublimation channels this energy away from destructive acts and into something that is socially acceptable and/or creatively effective.

The following is **FALSE** about the concept of ego strength:

It is a mechanism only for coping with internal stress.

It is the way in which self juggles the demands of the world.

Greater ego strength is linked with fewer psychiatric crises.

Ego strength helps maintain internal stability.

Correct answer: It is a mechanism only for coping with internal stress.

Ego strength refers to the ability of the ego, or self, to deal with the conflicting demands of one's inner self, as well as the demands of the outside world. It is a collection of one's experience, motivation, and learned skills in negotiating the daily demands of existence. Ego strength is linked with fewer psychiatric crises and actually helps maintain internal psychiatric stability.

Ego strength is not only a mechanism for coping with internal stress, but a broader ability to address the demands of the environment as well.

Liam is a 23-year-old young man being raised by his parents in a middle-class neighborhood. When his grandparents became too old to care for themselves, the two of them moved in with Liam and his parents. When he was growing up, anytime someone in the family faced a problem, the entire family gathered together to brainstorm about it and figure out how it could be solved. When Liam got his first part time job, he gave a portion of the money he made to his parents to help the household, rather than keeping it for himself to spend out with his friends.

Liam's family can **BEST** be described as:

Collectivist
Independent
Enmeshed
Individualistic

Correct answer: Collectivist

A collectivist society is one in which members act in the best interest of the group rather than the individual. In this question, Liam's family always puts the family before the person, as evidenced by caring for Liam's grandparents, tackling problems as a group, and Liam contributing personal income to the household.

An individualistic family or society acts in the best interest of the individual rather than the group. If, in this question, Liam had kept his personal income for himself, tried to solve problems on his own, and his grandparents were sent to an assisted living facility rather than living with the family, this would have been an individualistic family or society. An enmeshed family is one that lacks boundaries, is dysfunctional, and is unnaturally close, and the question does not suggest that Liam's family members are these things. Here, independent is used as synonymous with individualistic, not collectivist.

Joshua is 22 years old. He has just graduated from college, and has moved into his own apartment, which he is able to maintain with income from a full-time job that utilizes the skills he learned during college. Which stage of the family life cycle is Joshua in?

Premarriage Family of origin experiences

Correct answer: Leaving home

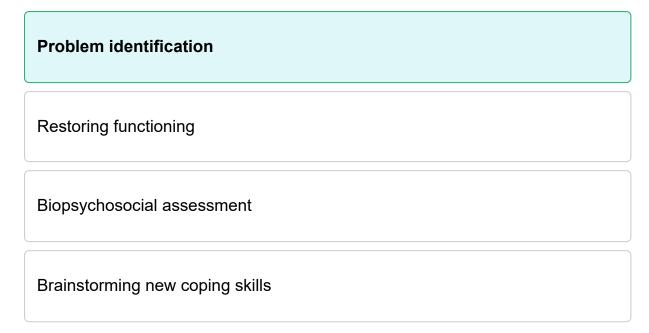
During the leaving home stage of the family life cycle, a person differentiates themselves from their family of origin and begins to work and establish financial independence. Joshua falls into this stage, as he has moved into his own apartment and has begun a job that allows him to pay for his own household.

During the premarriage stage, a person selects partners and develops a relationship, eventually deciding to create a home with someone. Joshua is not yet in this stage.

During the family of origin experiences stage, people maintain relationships with their parents, siblings, and peers. This stage develops the foundations for future family life. Joshua has previously completed this stage, successfully transitioning to leaving home.

You are working with a client, Shelby, in an acute care hospital, who is currently in a state of crisis due to a recent divorce and subsequent suicide attempt. At some point during the crisis intervention process, you will encourage Shelby to discuss what led up to when she made the decision to self-harm.

In which stage of the crisis intervention process does this discussion **BEST** belong?



Correct answer: Problem identification

The problem identification process of crisis intervention also includes the idea that the client will identify the stressors that forced the crisis. In this question, it would be Shelby's divorce leading up to her attempt.

Restoring functioning, preforming a biopsychosocial assessment, and brainstorming new coping skills are all stages of the process, but they do not include problem formulation.

Hannah, a high school student, is referred to you because of her negative feelings toward her sibling. She self-reports to you that she is not allowed to get her driver's license because Hannah's brother is sick, which has caused her parents a severe financial burden. Hannah clearly blames her brother for her current situation.

The **FIRST** thing you should do is:

Stabilize Hannah's feelings toward her brother

Set up weekly sessions to discuss Hannah's feelings

Determine how serious her brother's illness is

Correct answer: Stabilize Hannah's feelings toward her brother

The first thing you should do is to stabilize Hannah's feelings, as she is very clearly hurt and angry.

After stabilizing Hannah's feelings, you may want to set up additional sessions and, eventually, you can contact the family and gain more information about the severity of her brother's illness, but these are not the first things that you should do.

The following are all examples of normal physical development, **EXCEPT**:

A boy loses five pounds a year for five years beginning at age 11

A child starts her period at age 9

An adolescent boy grows four inches in a year

A girl gains 27 pounds between the ages of 12 and 16

Correct answer: A boy loses five pounds a year for five years beginning at age 11

During puberty, an individual's physical growth varies widely due to their genetics and environmental factors. However, during their adolescent years, both girls and boys are expected to gain a significant amount of weight as their bodies grow through change. In this question, the option of a child who is losing weight throughout puberty should be medically examined to ensure that there are no serious physical problems.

All of the other options are incorrect since they are examples of normal development.

A child is separated from her mother at six months of age, as the mother has a substance misuse problem and is unable to care for the child. The child is reunited with the mother later, but then experiences alternating periods of connectedness with and separation from her mother throughout early childhood. When the mother is engaged in treatment, she is able to care for her daughter. When she relapses into substance misuse, she is unable to care for her daughter, often resulting in the daughter's removal from the home.

Based on the separation from her mother, with which of the following is the daughter **MOST** likely to experience problems?

Attachment
Aging
Academics
Self-image

Correct answer: Attachment

Attachment involves a lasting psychological connection between humans, which develops when a caregiver provides safety and security for their child. A primary attachment figure like a mother becomes a secure base for the child, and disruptions to the attachment process during the first five years of life can have significant consequences. Since the child is separated from her mother, she is likely to be unable to form a secure attachment with her mother. The mother is also unlikely to provide ongoing safety and security, based on her substance misuse. Based upon these facts, the child is most likely to have problems with attachment.

None of the other answer options are correct. The issue described herein clearly aligns with attachment problems, based on separation from the mother.

.....

There are a number of defense mechanisms that clients can use in order to protect themselves during treatment sessions. Which of the following **BEST** describes the defense mechanism "repression"?

Subconsciously forgetting certain memories that are unacceptable

Refusing to even acknowledge that an event has occurred

When anxiety is transformed into overt physical manifestations

Justifying an unacceptable action in order to make it acceptable

Correct answer: Subconsciously forgetting certain memories that are unacceptable

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Repression involves placing uncomfortable thoughts in relatively inaccessible areas of the subconscious mind. This can mean that, when things occur that we are unable to cope with now, we push them away; either planning to deal with them at another time or hoping that they will fade away on their own accord.

Denial is simply refusing to acknowledge that an event has occurred. Conversion is a defense mechanism in which anxiety is transformed into overt physical manifestations. Rationalization is when something happens that we find difficult to accept and we make up a logical reason why it has happened.

Brad, a client, discusses his concern about his wife's recent behavior. Brad states that his wife is working long hours, is irritable with him and the children, and constantly wants to be left alone. He self-reports that he is having a hard time dealing with his wife's behavior because he knows that it is emotionally hurting their children.

You should **FIRST**:



Explore why Brad's wife may be reacting in this manner

Discuss additional family support for the children

Assess Brad's wife's mental health history

Correct answer: Discuss the intricacies of Brad's immediate situation

In order to help Brad, it is important that you discuss the intricacies of Brad's immediate situation before taking further action.

The other options might be appropriate steps for Brad's treatment, but not until you fully understand the intricacies of the immediate situation. Additionally, Brad's wife is not your client, Brad is, so you should focus on him.

A client, James, is working through substance abuse treatment and, during your session with him, he reports that he is focusing on maintaining a stable lifestyle and discusses the skills he has developed to accomplish this.

Which stage of substance abuse treatment is he at?

Habilitation/Rehabilitation	
Stabilization	
Regression	
Maintenance	

Correct answer: Habilitation/Rehabilitation

The three stages of Substance Abuse Treatment are:

- 1. **Stabilization**: The focus during this stage is to accept a substance abuse problem and establish abstinence.
- 2. **Habilitation/Rehabilitation**: During this stage, the focus is to remain substance free and create a stable lifestyle and coping skills.
- 3. **Maintenance**: The individual works to maintain the gains realized and avoid relapse during this stage.

Finn is a member of a group of social workers who are part of a cohesive, ongoing professional training program when she experiences the unexpected death of her father, with whom she had a very close and healthy relationship. Finn returns to the group a few days after his funeral and self-reports to the others, "I decided to get back to work as soon as possible, and since shortly after I found out my father had died, I've noticed myself doing a lot of things in ways that are a lot like him, that I think he'd be proud of. I didn't even cry at the funeral. In fact, a lot of people commented on how strong I was to not do that, but I guess I just viewed it as one more thing I was doing like him. Like, it seems sort of like a memorial to him."

Among the following, which would be the **MOST** appropriate perspective and action(s) on the part of Finn's colleagues?

Accept Finn's perspective on her behavior/interpretation of the events, express support for their colleague and, over the course of their subsequent interactions with her, periodically inquire about how she is doing. Additionally, they can ask Finn about family members' status/coping and be open to future discussion of this topic.

Finn is most likely exhibiting evidence of denial by so quickly returning to work and failing to exhibit what would be understood as normal/expected behavior for any grieving person, especially given the loss of a person so important to her. Her colleagues should point out to her the above possibility, remind her that this may predispose her to a "pathological grief reaction" and encourage her to consider taking some additional self-care actions.

Direct experience is often a valuable resource and can be utilized to inform practice for both Finn and her colleagues. This group should request that Finn give an informal presentation about her recent experience of this situation in an upcoming segment of their program related to work with grief and loss, so that her direct experience can be incorporated as material for discussion in the context of models they are learning about.

Professional boundaries extend to collegial relationships and interactions as well as those with clients. Although ignoring Finn's situation/comments would be unnecessarily rude and unsupportive of her as a person, her colleagues should make it clear to her that further mention of her personal experience/circumstances would absolutely be considered a boundary violation.

Correct answer: Accept Finn's perspective on her behavior/interpretation of the events, express support for their colleague and, over the course of their subsequent interactions with her, periodically inquire about how she is doing. Additionally, they can ask Finn about family members' status/coping and be open to future discussion of this topic.

This question combines application of knowledge about loss/grief processes with application of principles governing appropriate collegial behavior. Because of this combination, the best option is that which best incorporates both of those areas. Although Finn's colleagues are professionals and peers, they are also human beings, and death/loss/grief is a natural part of human experience. Collegial ethics ideally recognizes that factor and allows for some latitude in "colleague as person" relationships/interactions. While there is an "average" process that generally sets expectations for grief reactions/recovery, there is a range of responses to loss that is influenced by a wide variety of factors.

The other options are incorrect because it would be inappropriate to point out Finn's denial (if she is even experiencing this), to request that Finn give a professional presentation about her personal experiences, and/or to suggest that Finn refrain from talking at all about her personal experiences.

Which of the following individuals is **MOST** likely to have emotional and academic problems?

Leah, a 15-year-old girl from an affluent family who is enrolled in a private school and hopes to attend her mother's alma mater on a soccer scholarship, in hopes she will have something to talk about with her mother.

Jakob, a 14-year-old boy from a middle-class neighborhood who is not enrolled in any extracurricular activities, but often spends his evenings at home in a positive environment with his brother and single mother.

Stella, a 16-year-old girl who was born into poverty and is currently being raised by her loving grandmother. She is an active member of a welcoming and positive neighborhood after-school program.

Rhett, a 16-year-old boy from a wealthy suburb, who has a close, loving relationship with his father, who works often but makes an effort to stay in touch with his son about his daily activities.

Correct answer: Leah, a 15-year-old girl from an affluent family who is enrolled in a private school and hopes to attend her mother's alma mater on a soccer scholarship, in hopes she will have something to talk about with her mother.

Despite their many resources, it is not uncommon for children from affluent families to struggle academically and emotionally. Research shows this is most likely due to the fact that affluent parents tend to be more emotionally removed and/or place more pressure on their children to achieve than parents with lower incomes. Therefore, an adolescent, like Leah, who feels intense academic pressure, as well as expectations to succeed in all areas of her life, is most likely to suffer from emotional and academic problems.

The other options are incorrect because they describe situations where the individuals are all given positive attention by their family members or trusted adults. The research there shows that those who spend extra time with positive family members and trusted adults are less likely to suffer from emotional and/or academic problems.

Suicides and violent acts toward others are the **MOST** common in this population:

Individuals using substances

Individuals experiencing divorce

Children who are victims of sexual abuse

Individuals who have a high socioeconomic status

Correct answer: Individuals using substances

Individuals who abuse substances are at a much higher risk of attempting and committing suicide than those who are not addicted. This could be because these individuals are also more likely to suffer from mental disorders and sometimes use substances to mask symptoms. Additionally, individuals who abuse substances are also much more likely to commit violent acts and be the victims of violent crimes.

The other options are incorrect because these groups are less likely to commit both suicide and violent acts than individuals who abuse substances.

Nancy has trouble walking and cannot keep up with her friends when they are shopping, so she reports to you that she always buys them lunch and gifts to make up for her walking disorder.

What type of defense mechanism is the client **MOST** likely using?

Compensation	
Intellectualization	
Sublimation	
Displacement	

Correct answer: Compensation

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Compensation is a defense mechanism characterized by an individual's extreme efforts to counterbalance a deficiency.

Displacement occurs when there is a shift of actions from a desired target to a substitute target when there is some reason why the first target is not permitted or not available. Sublimation occurs when a person chooses to divert their desires that are consciously intolerable and cannot be directly realized into creative activities that are acceptable. Intellectualization occurs when the individual ignores feelings and analyzes problems as objectively as possible.

II. Assessment, Diagnosis, and Treatment Planning

II. Assessment, Diagnosis, and Treatment Planning

271.

Out of the following, which would be the **MOST** critical factor that could affect a client's motivation for entering treatment that a social worker should be aware of, in the earliest stages of a case?

The degree to which the client is seeking help for self-determined reasons, versus being pressured to do so by external sources

The amount of discomfort perceived by the client as created by the presenting problem(s)

How the client has coped with this or similar problems in their history

The amount of personal responsibility the client takes for the conditions that caused the presenting problem, relative to the degree to which these conditions are attributed to external sources

Correct answer: The degree to which the client is seeking help for self-determined reasons, versus being pressured to do so by external sources

A key to clearly understanding a client's initial motivation lies in analyzing the nature of the precipitating event. One's motivation can be heightened by pressure of acute distress, in the aftermath of a disaster, a crisis, experiencing real loss, acute fear or intense desire to reach an objective. However, the important question remains whether the client initiates therapy and seeks help for self-determined reasons, or if they were pressured to do so by external sources.

While the other answer options may be valid motivational factors, the strongest of these during the initial phase, is self-determined reasons versus being pressured.

Which of the following **BEST** describes the difference between screening and assessment in social work practice?

Screening focuses on determining the potential problems that a client needs more thorough assessment aimed at diagnosis and treatment

Screening is comprised of very structured questions, but assessments are less formal

Screening is completed by nonprofessionals, while assessments require skill and expertise associated with training and education

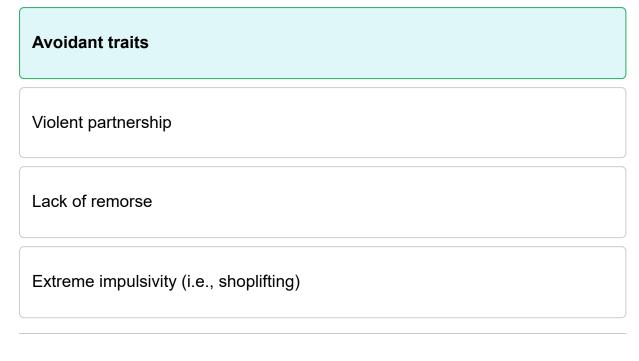
Correct answer: Screening focuses on determining the potential problems that a client needs more thorough assessment aimed at diagnosis and treatment

The process for evaluating the possible presence of a particular problem is called screening, and the outcome is usually a yes/no. Whereas, assessment is the process for defining the cause of the problem, determining a diagnosis and developing treatment recommendations.

The other two options are incorrect, because there are different standardized instruments and interview protocols that vary. Additionally, skill and expertise can be needed for both screening and assessment.

You are meeting with your client, Lea, for her intake in the county jail. She has been diagnosed with Antisocial Personality Disorder and states that she has always liked to do things "at the drop of a hat," like shoplifting or carjacking. Lea dislikes people and tries to avoid them, but she is in jail due to beating up her partner in crime and states that she does not care if "that thief ever gets out of the hospital."

Which of the illustrated thoughts and behaviors is **LEAST** like Antisocial Personality Disorder?



Correct answer: Avoidant traits

Antisocial Personality Disorder is mostly characterized by a pattern of impulsive, irresponsible, and sometimes violent/exploitative behavior. It can also be characterized by a lack of remorse or empathy for others.

Avoidant traits are not usually considered part of a diagnosis of Antisocial Personality Disorder.

A social worker is seeing a new client for therapy. During the session, the 16-year-old stated that she had previously been diagnosed with depression. The social worker engages the client in positive activities to reduce negative thoughts and feelings. This continues for six one-hour weekly sessions with follow-up homework assignments.

This can **BEST** be described as:

Evidence-based practice
Formal screening
Formal operations
Intervention

Correct answer: Evidence-based practice

Evidence-based practices are those in which the methods employed (for diagnosis, treatment, monitoring, etc.) have been researched, studied, and validated as safe, effective methods for a defined clinical population. The type of research often associated with evidence-based practice is frequently referred to as "best-practices research." Information to promote an evidence-based approach can be found in a variety of sources and forms (e.g., government-sponsored clearinghouses, peer-reviewed journals, training provided by institutions that develop/study intervention methods, etc.).

Formal screening is the interviewing or testing process that identifies areas the client might want to discuss. While it evaluates the possibility of concerns, formal screening is not used to diagnose a disorder. Formal operations is the ability to create a hypothesis and test it, in hopes to gain the answer(s) to the problem. When a social worker takes action over the client's request to provide support to help solve a concern, this is intervention. In this question, the social worker and client are working together in session, so evidence-based practice is the best answer.

If Fredrick cannot remember any of his life experiences after his 16th birthday, what type of amnesia does he **MOST** likely have?

Continuous Generalized Localized

Correct answer: Continuous

According to the DSM-5's section on Dissociative Amnesia, continuous amnesia is when a client has the inability to remember personal experiences after a particular point in their life.

Localized amnesia is when a client has the inability to remember something from a specific time period, and generalized amnesia is when a client has the inability to remember any of their personal life experiences.

You are working with a client, Doug, in a crisis center, who is homeless, addicted to methamphetamine, and is notoriously resistant to change. Doug comes into the crisis center in a state of personal crisis due to being robbed somewhere out in the community. During the crisis intervention process, you allow Doug to vent about being assaulted and robbed, which he happily does, but then asks what the point of it was.

Your **BEST** answer is:



It allows Doug to provide you with valuable data

It allows you to assess Doug's level of functioning

It helps build strategies for you to manage the crisis

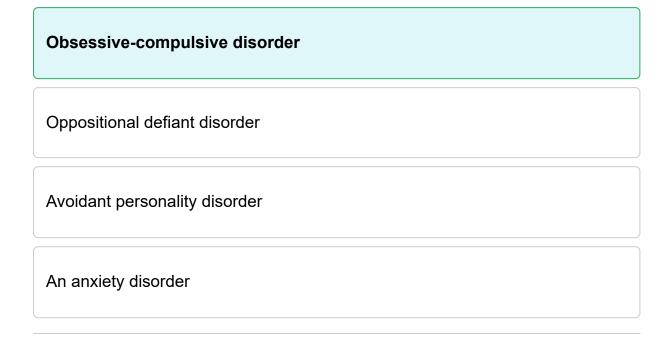
Correct answer: It allows Doug to deal with troubling emotions

The damage that is done to a person during a crisis is subjective, and the nature of the crisis is to temporarily destroy a person's ability to cope and function with circumstances. In this question, the point of allowing Doug to vent in this way is to allow him to explore his feelings and process them in a supportive environment, so that these emotions do not impede further progress.

All of the other choices could be correct, but only in certain circumstances. Some data can be gained by attentively listening to Doug's process. Also, it might be possible to gain some information and/or data about functioning through this interaction, and it might even help Doug brainstore ideas. However, the main purpose of Doug's expression is to find a place for emotions so they do not get in the way of the progress of the work.

You meet with Robyn, an 11-year-old girl, for individual therapy when you notice, during the initial session, that Robyn asks to leave multiple times to wash her hands and, when the two of you are coloring, she insists on staying within the lines and becomes close to tears from frustration if she "messes it all up!"

What diagnosis will you MOST likely consider for Robyn?



Correct answer: Obsessive-compulsive disorder

Obsessive-compulsive disorder is associated with a drive toward perfectionism and a preoccupation with rules so intense that the main idea of an activity gets lost. In this question, Robyn feels the compulsion to wash her hands numerous times and feels an intense pressure to color perfectly. You will still need to collect additional information from Robyn and her caretakers, but obsessive-compulsive disorder seems a likely diagnosis for her.

Oppositional defiant disorder is marked with blatant disrespect of authority figures and a persistent irritable mood. Avoidant personality disorder is defined by a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation. None of these characteristics were in the information in the question. Anxiety disorders are in a completely separate category from obsessive-compulsive disorders, and are also not characterized by obsessions or compulsions, which Robyn showed.

Lenny, an adult male client, experiences erotic pleasure by "flashing" others. Which of the following diagnostic categories **BEST** describes Lenny?

Sexual masochism Sexual sadism

Correct answer: Exhibitionism

According to the DSM-5, exhibitionism is when an individual experiences a sexual arousal by exposing genitals to those who do not wish to see them.

The other options do not fit the information offered in the question. Sexual masochism is when an individual experiences erotic pleasure by being subjected to pain or suffering, such as being beaten or bound, and sexual sadism is when an individual experiences erotic pleasure by inflicting pain on others.

Sheldon strongly feels as if he is the most important person in the room. Sheldon's thoughts are an example of which of the following?

Grandiosity Ideas of reference Delusions

Correct answer: Grandiosity

Grandiosity is when a client has an exaggerated sense of self-importance. It is a key term, like many others used in assessment and diagnosis.

The other options are incorrect because ideas of reference are thoughts that the behavior of others has something to do with the individual, and delusions are thoughts that one believes are accurate even though there is evidence against said beliefs.

Tyler has arrived with his wife, Gracey, for his appointment for therapy. You know that he has been diagnosed with Dependent Personality Disorder, and observe as he relies on Gracey to lead him down the hall toward your room and ask her where he should sit. During your session, Tyler admits that he does not like being alone because he feels helpless when he is alone. He also discloses that he turns to Gracey for most of his decision-making and for reassurance that he is doing the right thing throughout his daily routines.

Which of the indicated thoughts and behaviors is **LEAST** like Dependent Personality Disorder?



Correct answer: Agoraphobia

Dependent Personality Disorder is characterized by a persistent reliance on another person to meet one's emotional and physical needs. Making everyday decisions is difficult for people with Dependent Personality Disorder unless there is reassurance from their partner. There is also a fear of being alone and having to take care of themselves.

Agoraphobia is not part of the diagnostic criteria for Dependent Personality Disorder. It has to do with an extreme fear of leaving one's home or being in a place where escape can be difficult.

The following is **FALSE** in regard to the diagnosis of Somatic Symptom Disorder in the DSM-5:

It requires a specific number of somatic symptoms

It requires symptoms to persist for a significant length of time

It requires excessive worry about somatic symptoms

It requires symptoms that interfere with everyday functioning

Correct answer: It requires a specific number of somatic symptoms

Somatic Symptom Disorder is a disorder in which an individual has somatic symptoms that are extremely troubling or interfere a great deal with everyday life functioning, as well as excessive worry regarding the symptoms in question. In order to meet the diagnosis, an individual must present symptoms for a significant length of time.

However, there is no diagnostic requirement for a specific number of such symptoms.

You are particularly interested in your clients' social, familial, and professional relationships. You are **MOST** likely working from which perspective?

Systems theory
Psychoanalytical
Behavioral
Social learning theory

Correct answer: Systems theory

Many social workers operate from the systems theory perspective, as the systems theory perspective stresses the importance of clients' networks of relationships and interactions between them.

A social worker who operates from a psychoanalytical perspective believes that an individual's current state of dysfunction is a result of early childhood experiences. This can only be explored through conversations between the social worker/therapist and the client. A behavioral perspective is one based on the belief that one's behavior can be altered by offering positive/negative reinforcement. Social learning theory is the belief that individuals' behaviors are a result of direct observation of others.

Abraham is a mandated client who has committed numerous sexual offenses. You are meeting with him and want to collect information for a biopsychosocial assessment. In this situation, which of the following is **NOT** an accurate source of information for the assessment?

Abraham's reports and observations

Reports from law enforcement

Your observations of Abraham's behaviors

Abraham's family's observations and reports

Correct answer: Abraham's reports and observations

It is common for sexual offenders to minimize their deviant behaviors or deny them altogether, so in this question/case, Abraham's statements cannot always be trusted. While you should still interview him, be careful not to take all that he says at face value.

More reliable sources of information for your assessment include police reports, your own observations of Abraham, and family members' observations and reports.

Kathy attempts to re-chew food that has already been swallowed. Which of the following disorders does she **MOST** likely have?

Rumination Disorder
Anorexia Nervosa
Bulimia Nervosa
Pica

Correct answer: Rumination Disorder

Rumination Disorder is characterized by the re-chewing of food that has already been swallowed and then regurgitated.

The other options do not fit the information that is offered in the question.

Stefan is doing research at a mental hospital. During the tests, participants receive indepth psychotherapy. Stefan knows that, once the experiment is over, the treatment will end and because of this, the participants might suffer negative outcomes as a result.

What is Stefan's **BEST** course of action?

Ensure that participants are not at risk of harm

Finish the experiment as designed

Withdraw the experiment on ethical grounds

Give participants additional resources

Correct answer: Ensure that participants are not at risk of harm

Stefan's first obligation to his research is to ensure that participants are not at risk of harm due to the research design. In an ideal situation, the need for support for the participants would have been worked out in advance so that the research could proceed.

Finishing the experiment as designed does not address the concern of participants suffering negative outcomes. Withdrawing the experiment on ethical grounds may not be necessary and, unfortunately, giving participants additional resources during the experiment might foul the research.

The following is **NOT** a change to the Neurodevelopmental Disorders listed in the DSM-5:

Disruptive Mood Dysregulation Disorder was added as a new diagnosis for children up to the age of 18

Stuttering was renamed Childhood Onset Fluency Disorder

Mental Retardation was renamed Intellectual Disability

Correct answer: Disruptive Mood Dysregulation Disorder was added as a new diagnosis for children up to the age of 18

While all of the options reflect changes to the DSM-5, Disruptive Mood Dysregulation Disorder is listed in the Depressive Disorders, and not the Neurodevelopmental Disorders.

Josephina informs you that her employer combined two small offices into one office area, which also combined the billing staff with the administrative staff. She states that she now feels inadequate and depressed in her new office environment.

Which of the following disorders is Josephina MOST likely exhibiting?



Correct answer: Adjustment disorder

According to the DSM-5, an individual who is unable to adapt successfully to stressors in the environment demonstrates an adjustment disorder. In this question, since Josephina has just recently moved into a new office with new coworkers, she is experiencing feelings of inadequacy and depression, which are symptoms of an adjustment disorder.

An individual who experiences recurring panic attacks in situations in which there is no life-threatening stressor demonstrates a panic disorder. An individual who shows excessive distress when faced with the loss of a major attachment figure demonstrates separation anxiety disorder. These options do not match what is being described in the question, so these options are not correct.

The following type of validity is considered the **WEAKEST** because it is a subjective assessment:

Face validity
Content validity
Construct validity
Criterion validity

Correct answer: Face validity

In quantitative research, you have to consider the reliability and validity of your methods and measurements. Validity tells you how accurately a method measures something. If a method measures what it claims to measure, and the results closely correspond to real-world values, then it can be considered valid. There are four main types of validity: Construct, Content, Criterion and Face.

Construct validity: Evaluates whether a measurement tool really represents the thing we are interested in measuring. It's central to establishing the overall validity of a method.

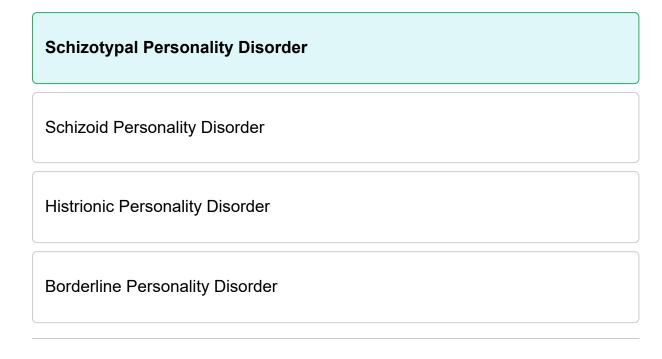
Content validity: Assesses whether a test is representative of all aspects of the construct. To produce valid results, the content of a test, survey, or measurement method must cover all relevant parts of the subject it aims to measure. If some aspects are missing from the measurement (or if irrelevant aspects are included), validity is threatened.

Criterion validity: Evaluates how closely the results of your test correspond to the results of a different test. To evaluate criterion validity, you calculate the correlation between the results of your measurement and the results of the criterion measurement. If there is a high correlation, this gives a good indication that your test is measuring what it intends to measure.

Face validity: Considers how suitable the content of a test seems to be on the surface. While it is similar to content validity, face validity is a much more informal and subjective assessment, and because face validity is a subjective measure, it's often considered the weakest form of validity. However, it can be useful in the initial stages of developing a method.

Brandie, a social worker in an acute treatment center, is meeting her client, Harry, for the first time. Harry is dressed in a navy blue suit and old tennis shoes, with a dandallion over one ear. He speaks with an Australian accent for the length of the assessment and seems sincere when he states that he can make it snow if he wishes hard enough.

Which of the following personality disorders is **MOST** like Harry's presentation?



Correct answer: Schizotypal Personality Disorder

Schizotypal Personality Disorder is defined by a pattern of behavior involving peculiarities of speech and dress, and signs of near-delusional "magical thinking." Based on the information offered in the question, Schizotypal Personality Disorder is the best option.

None of the other Personality Disorders listed are characterized by the indicated pattern of thoughts and behavior.

Which of the following **BEST** describes localized amnesia?

Inability to remember anything from a specific time period

Inability to remember pieces of a particular experience

Inability to remember experiences after a particular time period

Correct answer: Inability to remember anything from a specific time period

Localized amnesia is when a client has the inability to remember something from a specific time period. It is addressed in the DSM-5 along with other amnesias under Dissociative Amnesia.

The other options are not correct. Selective amnesia is when a client has the inability to remember segments of an experience within a particular time, and continuous amnesia is when a client has the inability to remember personal experiences after a particular point in their life.

Which of the following is **MOST** true about the use of collateral sources of information during the social work assessment process?

Collateral sources can enhance the trustworthiness of information collected from a client when collateral information agrees with information provided by a client.

You do not need consent from a client to contact collateral sources whom you know will provide helpful information.

You can never contact collateral sources because of confidentiality concerns.

It's important to contact collateral sources with every client assessment, because clients are often dishonest about their problems.

Correct answer: Collateral sources can enhance the trustworthiness of information collected from a client when collateral information agrees with information provided by a client.

Social workers often make use of information from collateral sources during the assessment process. Collateral sources like family members or past treatment providers can offer valuable information about the client's history of problems. When collateral information aligns with information from clients, the trustworthiness of this information increases.

The other statements here are not true. You must still obtain consent from clients to contact collateral sources, even if you believe they will provide helpful information.

It is also not true that you can never contact collaterals. These sources are often helpful.

Finally, it would be inappropriate to assume that all clients are dishonest, so the last answer option is not correct.

A social worker would use which of the following assessment tools to diagnose individuals with psychopathology?

Minnesota Multiphasic Personality Inventory

Adolescent Concerns Evaluation

Child and Parent Report of Post-traumatic Symptoms

Wechsler Intelligence Scale

Correct answer: Minnesota Multiphasic Personality Inventory

The Minnesota Multiphasic Personality Inventory is a personality test for the assessment of psychopathology and consists of 550 statements, of which 16 are repeated.

The Wechsler Intelligence Scale for Children is used to measure children's intellectual and cognitive abilities, the Adolescent Concerns Evaluation is used to measure the risk of a child running away, and finally, the Child and Parent Report of Post-traumatic Symptoms is used to measure post-traumatic symptoms.

Jeremy has been referred to you for assessment after having behavioral problems at school. He is ten years old, and he frequently argues with his teacher. He is disobedient in the classroom, and he purposely annoys his peers.

Which diagnosis is most likely?



Correct answer: Oppositional defiant disorder

Oppositional defiant disorder is characterized by defiant, hostile, and disobedient behaviors displayed towards authority figures. Common symptoms include arguing with adults, disobeying rules, and annoying others intentionally. Jeremy's behaviors are consistent with oppositional defiant disorder.

Intermittent explosive disorder involves repeated outbursts of impulsive or aggressive behavior. In this disorder, outbursts are out of proportion to the situation causing them.

Conduct disorder is characterized by behavior that violates others' rights or expected social norms. Individuals with conduct disorder are aggressive toward people or animals, and they are known to destroy property and seriously violate rules. Jeremy's symptoms do not appear severe enough to align with conduct disorder.

Finally, antisocial personality disorder is linked to a history of conduct disorder during childhood, and it continues into adulthood. People with antisocial personality disorder are impulsive and deceitful, and they disregard others' rights, while showing a lack of remorse.

If Jane avoids confrontation with her husband by continuously apologizing, what type of communication role is she using?

Placater	
Computer	
Blamer	

Correct answer: Placater

The placater role, like Jane in this question/situation, is a communication pattern used by those who avoid confrontation by apologizing, avoiding disagreements, and attempting to gain the approval of others.

The other options are incorrect because the computer role is a communication pattern used by those who feel vulnerable and respond to threats by pretending they are harmless, and the blamer role is a communication pattern used by those who act superior, find fault, behave dictatorially and attribute their problems to others.

While reviewing a client's chart, you notice that in your notes, you described her as being in the "phallic stage." What is the age range of the client?

Ages 3-5

Age 2

Age 5 to puberty

Birth to age 1

Correct answer: Ages 3-5

The stages of development were proposed by Sigmund Freud. His belief was that these stages shape an individual and are the product of psychosexual development theory. From birth to age 1, a child is in the "oral stage." A child is in the "anal stage" at age 2, which is when the child is toilet-trained. From ages 3 to 5, a child is in the "phallic stage." The "genital stage" lasts the longest, from the beginning of puberty until death.

Hannah, age 24, was brought in for treatment by her family because they are concerned about recent changes in Hannah's behavior. She is usually an outgoing, sociable person, but lately, she has been keeping to herself, mumbling when no one else is present, and refusing to answer phone calls from friends. It has also been over two weeks since Hannah has talked to anyone and has remained in the same position on her bed, and absolutely refuses to move on her own. When family members have moved Hannah's limbs in an attempt to help her out of bed, she maintains the pose no matter how uncomfortable it appears.

Hannah is MOST likely:

Catatonic
Paranoid
Severely depressed
Anxious

Correct answer: Catatonic

The DSM-5 description of schizophrenia with catatonia includes marked psychomotor disturbance such as decreased motor activity. In addition to exhibiting symptoms of schizophrenia, such as social isolation and hallucinations, Hannah is also exhibiting symptoms of catatonia such as stupor and posturing.

While she may be paranoid as well, as this is another symptom of schizophrenia, there is no indication in the information offered in the question that this is so. Severe depression would be marked by a depressed affect and changes in eating or sleeping habits, which are not mentioned in the question. There are also no indications that Hannah is anxious.

The following is a requirement for a diagnosis of cannabis use disorder:

Symptoms occur within a 12-month period

A period of at least three years of using cannabis

Mood-related symptoms occur simultaneously with cannabis use

Repeated episodes of legal trouble due to cannabis use

Correct answer: Symptoms occur within a 12-month period

Symptoms of cannabis use disorder must occur within a 12-month period in order to be diagnosed. Individuals with cannabis use disorder must have at least two of the listed criteria in order to qualify for a diagnosis. The full criteria include unsuccessful efforts to reduce the amount of cannabis used, a failure to fulfill obligations (at home, work, or school), cannabis use in physically hazardous situations, increased tolerance of cannabis, and withdrawal symptoms when attempts to stop taking cannabis are made.

There are no criteria that state an individual must have used cannabis for at least three years, and there is also no criteria that state an individual must experience mood-related symptoms when using cannabis, and it is possible that an individual would meet the diagnosis of cannabis use disorder without having experienced legal trouble.

Evan, a client, expresses to you that he can only bowl strikes if he wears his lucky socks. Evan's thoughts are an example of:

Magical thinking
Grandiosity
Delusions
Ideas of reference

Correct answer: Magical thinking

Magical thinking is the thought process used when an individual attributes experiences and perceptions to unnatural phenomena. In this question/situation, Evan's magical thinking is his believing that his socks will bring strikes when he bowls.

The other options are incorrect. Grandiosity is when a client has an exaggerated sense of self importance, and delusions are thoughts that one believes are accurate even though there is evidence against said beliefs. Ideas of reference are thoughts that the behavior of others has something to do with the individual.

.....

The following disorder is **MOST** characterized by very distressing thoughts/feelings about physical problems such as pain or fatigue:

Somatic Symptom Disorder Illness Anxiety Disorder Conversion Disorder

Correct answer: Somatic Symptom Disorder

Factitious Disorder

Somatic Symptom Disorder is a mental disorder characterized by intensely unpleasant thoughts/feelings about a physical symptom.

The other disorders listed are all classified under Somatic Symptom and Related Disorders, but do not match the information that is provided in the question.

The following is **NOT** an element of treatment planning according to the SMART template:

Action-based
Measurable
Specific
Time-specific

Correct answer: Action-based

Action-based is not an element of SMART treatment planning objectives. Instead, in the SMART template, the A stands for Achievable. As a whole, the template suggests that objectives should be: Specific, Measurable, Achievable, Relevant and Timespecific.

Which of the following is the **BEST** indicator that a child is experiencing malnourishment from their parents?

When a child begs for food

When a child demonstrates infantile behavior

When a child is afraid to go home

Correct answer: When a child begs for food

When a child begs or steals food, they are most likely experiencing malnourishment.

The other options are not correct. When a child becomes afraid to go home, they are most likely being physically abused. When a child demonstrates infantile behavior, they are most likely being sexually abused.

Irina states that she likes it when her partner submits to her because she experiences erotic pleasure when she inflicts pain on him. Which of the following diagnostic categories **BEST** describes the client?

Sexual sadism Exhibitionism Sexual masochism

Correct answer: Sexual sadism

Sexual sadism is when an individual experiences erotic pleasure by inflicting pain on others.

The other options are incorrect. Exhibitionism is when an individual experiences a sexual arousal by exposing their genitals to those who do not wish to see them, and sexual masochism is when an individual experiences erotic pleasure by being subjected to pain or suffering, such as being beaten or bound.

You're assessing a new client's risk of suicide. Which of the following would **NOT** be a risk factor?

Engagement in mental health treatment

History of suicide attempts

Recent loss of a relationship

Access to a firearm

Correct answer: Engagement in mental health treatment

Engagement in quality, effective mental health treatment is not a risk factor. In fact, participating in treatment and having access to services are protective factors for suicide.

A history of suicide attempts, the recent loss of a relationship, and access to a firearm are all risk factors for suicide.

Giselle is a 41-year-old woman seeking services from you due to feelings of depression. She reports that she has felt extremely sad for about one week, and has only been able to get out of bed one of the days due to extreme fatigue. Giselle claims she has stopped eating and "just cries all of the time."

When considering a diagnosis for Giselle, why might you **NOT** give her a diagnosis of major depressive disorder?

Giselle has not shown symptoms of depression long enough

Giselle has not had hallucinations or delusions

Giselle was able to get out of bed once

Giselle does not complain of feelings of worthlessness

Correct answer: Giselle has not shown symptoms of depression long enough

Individuals must meet the criteria for major depressive disorder for at least a twoweek period in order to secure a diagnosis of major depressive disorder. In this question, it states that Giselle has only had depressive symptoms for about one week, so you may make a provisional diagnosis of major depressive disorder until her symptoms last two weeks or longer.

While hallucinations or delusions may occur sometimes, they are not required. It is also not a required criterion for individuals to be unable to get out of bed. It is true in this question that Giselle does not complain about feeling worthless, but this is only one of the possible criteria for depression and is not absolutely necessary in order for an individual to meet the full criteria for a diagnosis of major depressive disorder.

The following medication would be used to treat nocturia in children:

Doxepin (Sinequan)

Desvenlafaxine (Pristiq)

Duloxetine (Cymbalta)

Correct answer: Doxepin (Sinequan)

Doxepin is a tricyclic antidepressant which is used to treat nocturia (bedwetting) in children. It is one of many common prescription medications that social workers should know.

Desvenlafaxine and duloxetine are selective serotonin and norepinephrine reuptake inhibitors that are used to treat depression, diabetic neuropathic pain, and generalized anxiety disorder.

The following is a formative rather than a summative evaluation of social work practice:

Needs assessment

Cost-benefit analysis

Impact evaluation

Effectiveness survey

Correct answer: Needs assessment

A formative evaluation is a practice evaluation done while services are still underway. An example of this is a needs assessment.

A summative practice evaluation is completed after service delivery is complete, and the three other answer options are all examples of summative evaluations.

A systems perspective to sexual dysfunction would **MOST** likely evaluate which of the following?

Whether a medical problem is contributing to psychological dysfunction and thus sexual dysfunction

Whether unresolved family of origin issues are causing sexual dissatisfaction

Whether irrational thoughts related to sex are leading to sexual problems

Correct answer: Whether a medical problem is contributing to psychological dysfunction and thus sexual dysfunction

The systems perspective is useful for evaluating sexual dysfunction. This perspective looks at how different systems affect each other as well as the system as a whole. If a person has a medical problem, their biological system could be influencing their social/psychological systems, leading to problems with sexual functioning.

The psychodynamic approach would evaluate whether unresolved family of origin issues are causing sexual dissatisfaction.

Irrational thoughts related to sexual problems would likely be evaluated in cognitive behavioral perspectives, but not in a systems perspective.

Which of the following is **NOT** a specifier when making a diagnosis of major neurocognitive disorder?

With intellectual impairment

The medical etiology of the disorder

Severity

With or without behavioral disturbance

Correct answer: With intellectual impairment

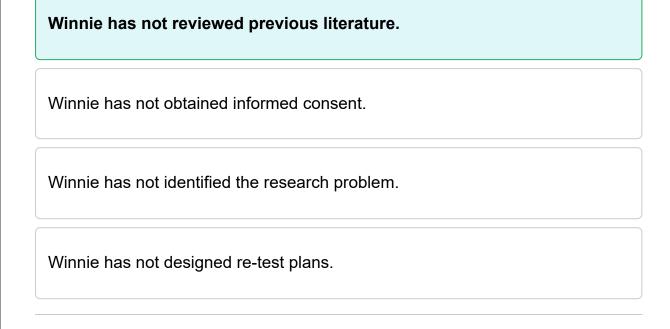
There are several specifiers that apply when making a diagnosis of major neurocognitive disorder. With intellectual impairment is not one such specifier.

When making a diagnosis of major neurocognitive disorder:

- The diagnosis should specify medical etiologies of the disorder. These could include Alzheimer's disease, frontotemporal degeneration, lewy body disease, vascular disease, traumatic brain injury, etc.
- The severity of the disorder should be specified as mild, moderate, or severe.
- Finally, the social worker should specify if the disorder is with or without behavioral disturbance.

Winnie is doing research at a mental hospital about how effective long-term hospital stays are in treating schizophrenia. She has clearly stated her hypothesis, described the data that she will need to test it, and also described the means by which she will use the data to test her hypothesis. However, Winnie has left something out of her research design and cannot remember what.

Which of the following did Winnie **MOST** likely leave out?



Correct answer: Winnie has not reviewed previous literature.

Winnie should review what has already been written about the effectiveness of long-term hospital stays in treating schizophrenia before embarking on her research design.

Obtaining informed consent, though a necessary step, is not a part of experimental design; neither is designing re-test plans. Based on the information in the question, Winnie has adequately identified the research problem.

You are working with your client, Mick, in a crisis center. Mick has bipolar disorder, is addicted to methamphetamine, lies about his legal situation, and is very resistant to treatment. At the time of this session, Mick has just been evicted from his apartment and states that he does not know what to do. You work out a detailed, ten-step plan that will help Mick out with his immediate situation and with housing, and present it to him in a detailed and compassionate conversation.

What have you done **WRONG**?



Correct answer: You did not involve Mick enough

The key ingredient to any crisis plan is the client's empowerment. In fact, a big part of creating such a plan is to train clients that they can use an organized process to solve problems on their own. In this question, if Mick has not had a chance to arrive at his own goal (which very well might not be housing), then the plan you have created will not mean a lot to him.

All of the other answer options reflect goals that Mick may or may not have. Again, his end goal may not be housing. Without involving him in formulating a plan, we do not know how to proceed.

A social worker's 27-year-old client discloses that he has experienced lessened interest in normal activity, insomnia, and low self-esteem on a daily basis for two or more years. Which type of mood disorder is the client **MOST** likely to be diagnosed with?

Persistent depressive disorder	
Disruptive mood dysregulation disorder	
Anxiety disorder	
Bipolar II disorder	

Correct answer: Persistent depressive disorder

Persistent depressive disorder is a mood disorder that occurs for most of the day, every day, and is characterized by sadness, irritability, insomnia, indecisiveness, and low self-esteem.

Disruptive mood dysregulation disorder can only be diagnosed in children up to the age of 18. Bipolar II disorder is a mood disorder that is characterized by one or more major depressive episodes and one or more hypomanic episodes.

A single subject design is **MOST** appropriate in this type of clinical practice environment:

Inpatient psychiatric facility

Private practice

County health department

Correct answer: Inpatient psychiatric facility

A social worker should have control over the client's environment when using a single subject design, which means an inpatient psychiatric facility would be the most appropriate clinical practice environment.

The other options are incorrect because a social worker would not have as much/any control over the client's environment in an outpatient setting, like a private practice or a county health department.

One of the **MOST** likely contributions that a social work researcher's perspective might make in investigating the efficacy of a new/innovative intervention method would be:

Studying and documenting the effects of culture, race, and/or ethnicity related to outcomes and client/participant perceived effectiveness of the intervention

Exploring statistical interactions between various levels of exposure to treatment and measures of symptom improvement

Comparing the efficacy of the model in question against more established models, in the context of the research participants' genetic vulnerability to the disorder being treated

Correct answer: Studying and documenting the effects of culture, race, and/or ethnicity related to outcomes and client/participant perceived effectiveness of the intervention

Given the research priority indicated in the information in the question, the social work research perspective/contribution would be greatest (and most likely) in an area in which social work espouses the greatest value and focus.

While it would not be prohibited or impossible for a social work researcher to address the areas contained in the other options, those areas can be seen to be within the primary purview of professions other than social work (i.e., psychology, anthropology/sociology, biology/medicine, etc.).

You are in session with a client, and he reports that he has been experiencing physical symptoms, such as headaches, upset stomach, and extreme fatigue. There is no medical explanation for these symptoms. You do not believe the client is falsifying symptoms or trying to adopt the sick role; rather, you think they have developed in response to the stress in his life.

Which of the following is the **MOST** likely cause of these symptoms?

Somatization
Factitious disorder
Malingering
A paraphilic disorder

Correct answer: Somatization

Somatization occurs when psychological distress is experienced as physical symptoms. Persistent somatization can cause distress and disability. Given that you believe the client's symptoms have developed in response to stress, somatization is the best answer here.

We can rule out factitious disorder, because the client does not desire to adopt the sick role.

We can also rule out malingering, because there is no indication the client is falsifying problems.

A paraphilic disorder does not fit with these symptoms, as this type of disorder involves atypical sexual interests that cause distress.

Medications initially developed to treat seizure disorders (epilepsy), such as Depakote, Tegretol and Lamictal, have also been found to have efficacy as:

Mood stabilizers Anti-anxiety drugs Antipsychotics

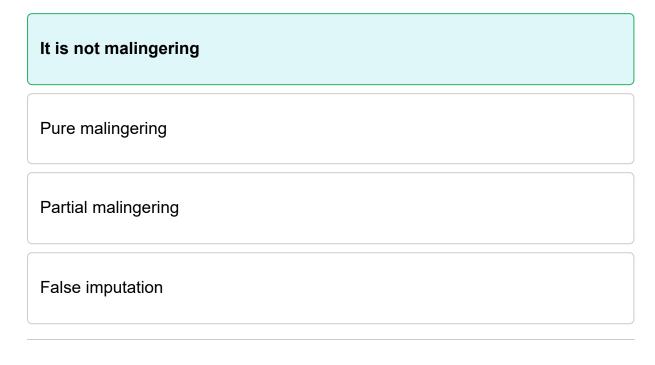
Correct answer: Mood stabilizers

A group of anticonvulsant drugs including Depakote (Valproic Acid), Tegretol (Carbamazepine), Lamictal (lamotrigine), and Topamax (topiramate) are now approved and have been found useful for use as mood stabilizing agents, most notably in a substantial number of cases of Bipolar Disorder.

These medications are not known/approved to be effective for the treatment of anxiety or psychosis.

Reuben has appeared at the door of the crisis center on a very hot day. He begs to be admitted, self reporting that he is experiencing loud voices that are instructing him to hurt others. You know that he is diagnosed with Schizoaffective Disorder. When Reuben is admitted to the comfortable and air-conditioned facility, you observe him to be experiencing obvious relief from the heat, as well as appearing to respond to internal stimuli.

What kind of malingering is this **MOST** like?



Correct answer: It is not malingering

In this question, Reuben has given no indication that he is exaggerating or fabricating his symptoms. Even when viewed covertly, he seems to be experiencing hallucinations.

Just because he experiences relief from the heat, he cannot be said to be malingering until we have more evidence of deception or exaggeration. There was no information in this question that would suggest this. Because of this, the other types of malingering do not apply in this scenario.

A loss of self-esteem is a primary characteristic of:

Depression Anxiety Posttraumatic stress disorder (PTSD) Autism spectrum disorder

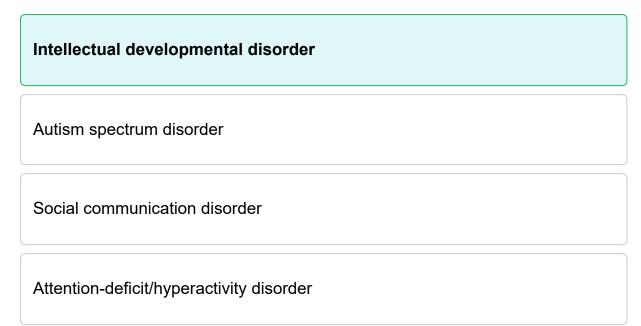
Correct answer: Depression

Depressive disorders are mental disorders characterized by sadness, emptiness, and/or an irritable mood, as well as changes that can be somatic and/or cognitive. These changes can significantly impact an individual's ability to function, and one of these cognitive changes is the belief that one is worthless/a loss of self-esteem.

Because the other options are not characterized by low self-esteem, they are incorrect options.

Gabriel, a nine-year-old child, has come to you for an assessment. His mom reports that Gabriel struggles with reasoning and problem-solving, as well as adaptive behaviors like getting dressed and maintaining personal safety.

Which of the following diagnoses do you **MOST** suspect?



Correct answer: Intellectual developmental disorder

Children with intellectual developmental disorder have limitations in intellectual functioning, which includes deficits in reasoning, problem-solving, and learning. These deficits are combined with deficits in adaptive behavior. The description of Gabriel most aligns with this diagnosis.

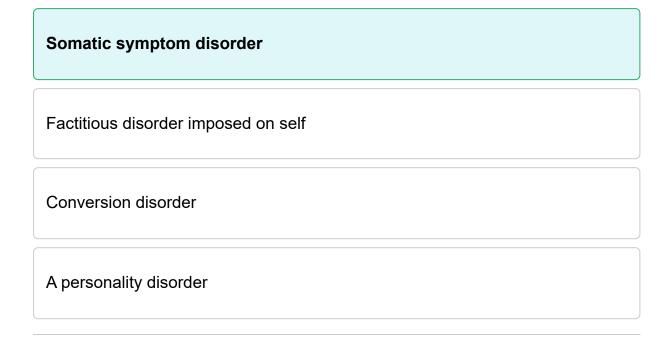
Autism spectrum disorder involves deficits in social communication and interaction alongside restricted interests and behaviors. This does not align with the description of Gabriel.

Social communication disorder, which is characterized by difficulties utilizing and comprehending both verbal and non-verbal communication in social interactions, also does not align with the description of Gabriel.

Finally, attention-deficit/hyperactivity disorder involves ongoing patterns of inattention, hyperactivity, and impulsivity that impede daily functioning. These symptoms were not mentioned in the description of Gabriel.

Ricky, a 53-year-old man, has seen more than 15 pain specialists for the "muscle aches" he has experienced over the past three years. He is taking multiple medications and has trouble keeping track of his diagnoses, doctors, and which tests he has had, but expresses great resignation about being sick. Ricky's pain has kept him from promotions at work and from forming romantic relationships.

You would **MOST** likely diagnose Ricky as having:



Correct answer: Somatic symptom disorder

Somatic symptom disorder is defined by physical (somatic) symptoms that result in significant disruption of daily life. Individuals, like Ricky, with somatic symptom disorder are preoccupied with excessive thoughts, feelings, or behaviors related to the symptoms. In this question, Ricky has devoted an excessive amount of time and energy to his health concerns, as well as experiencing persistent thoughts about trying to keep track of everything he has done and seen.

Factitious disorder imposed on self is a falsification of physical or psychological symptoms and is extremely manipulative in nature, which does not seem to be true for Ricky, based on the information offered in the question. Conversion disorder requires that the symptoms present with altered motor or sensory function, and that clinical findings indicate there is no relationship between the symptoms and a medical condition. There is no indication in the information provided that Ricky is suffering from a personality disorder.

You are assigned the case of Jem, a young adult woman who is in a rehabilitation facility recovering from an auto accident in which she incurred a head injury. Jem's medical chart includes nursing notes indicating, "Patient continues to display signs of ideational apraxia noted earlier by attending, particularly affecting her ADLs in dressing and hygiene practices."

Which of the following is the **BEST** inference that can be made about this information?

Jem is having difficulties with performing the required movements/coordinating her activities to dress and groom herself independently, which may be a result of her head injury, and may or may not be resolved with appropriate remedial work.

Jem may be suffering from depression or another diagnosable psychiatric problem, secondary to the traumatic incident and adjustments to her current situation, which is likely to have a negative effect on her motivation and create apathy toward engaging in activities of daily living.

Jem has become comfortable with and/or dependent on others in the inpatient setting to help her accomplish everyday, basic tasks such as self-care and dressing, and it may be likely that her ideas about autonomy and self determination will become a focus of treatment during her rehabilitation.

Jem may be malingering or taking on a victim/sick role to obtain special treatment, possibly to build a case for legal or government assistance purposes, and her behavior is probably designed to demonstrate how disabled she has become as a result of her accident.

Correct answer: Jem is having difficulties with performing the required movements/coordinating her activities to dress and groom herself independently, which may be a result of her head injury, and may or may not be resolved with appropriate remedial work.

According to the DSM-5's section on Neurodevelopmental Disorders, apraxia is a result of damage to the brain's cerebral hemispheres, specifically those areas of the brain that control voluntary movements. Apraxia creates deficits in performing movements that a person knows how to do, is physically able to carry out, and is motivated to do. For example, an apractic individual may be willing and able to do something, but there is a disconnect between the concept/idea of the activity and the actual motor signals sent by the brain that direct the required sequence of activities to

			epression, does
not indicate that the client lacks autonomy, and does not indicate that the client is malingering due to secondary gains.			

Yam Yam, who is diagnosed with borderline personality disorder, can be expected to exhibit which type of behavior?

Boundary manipulation

Insight development

Obsessiveness

Correct answer: Boundary manipulation

According to the DSM-5, individuals with borderline personality disorder exhibit manipulation of others, unpredictable behavior, lack of anger control, intense mood shifts, identity disturbance, and chronic feelings of emptiness.

Individuals with borderline personality disorder often lack insight, and may obsess at times, but the illness is not characterized by obsessiveness.

You're performing an assessment of a client, and they're discussing their medical and developmental history with you. Which dimension are you assessing with the discussion of medical and developmental history?

Biological
Psychological
Social
Spiritual

Correct answer: Biological

Social workers assess client problems using the biopsychosocial-spiritual-cultural lens to understand the various systems in a client's life. This lens aligns with the ecological perspective, which views problems as systemic. Medical and developmental history, current medications, and family history of medical problems all fall under the biological dimension.

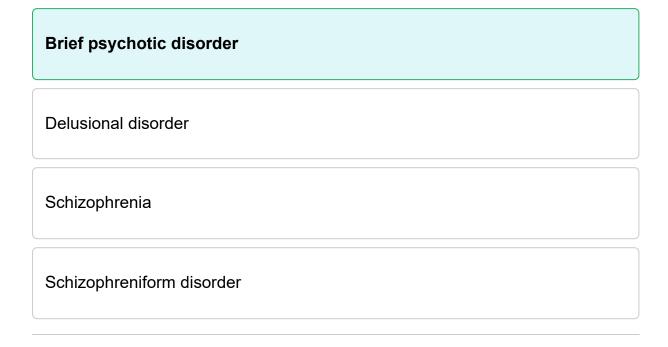
The psychological dimension includes psychiatric symptoms and problems, history of psychiatric problems, and current stressors.

The social dimension emphasizes family of origin, support systems, abuse history, education, relationship status, and work history.

The spiritual dimension assesses how a client's religious or spiritual beliefs affect their functioning.

You have a patient who presents for treatment after being referred by her concerned spouse. The patient has been experiencing hallucinations, with sudden onset. After your first appointment, the patient's spouse states the symptoms have disappeared, and she has returned to her previous state of functioning, with symptoms lasting only a few weeks.

What is the **MOST** likely diagnosis?



Correct answer: Brief psychotic disorder

Brief psychotic disorder involves a sudden onset of psychotic symptoms, like hallucinations and delusions. The duration of the disorder is brief, with symptoms lasting less than one month and patients returning to their previous level of functioning. This is the most likely diagnosis for the patient in question, as she had a sudden onset of hallucinations, but symptoms lasted just a few weeks.

Delusional disorder involves delusions lasting at least one month. This does not fit, as there is no indication the patient had any delusions, and her symptoms resolved in under a month (within a few weeks).

Schizophrenia is a long-lasting mental health disorder, with a disturbance lasting at least six months. The patient's symptoms were too short in duration to meet the criteria for schizophrenia.

Schizophreniform disorder is characterized by psychotic symptoms lasting between one and six months, which does not fit here, given that the patient's symptoms resolved in a few weeks.

You notice that Jolene, a client, often makes statements such as, "I'll never amount to much," and she has difficulty bringing positive and negative qualities of herself together. This is known as:

Splitting
Manipulation
Multiple personality disorder
Dissociation

Correct answer: Splitting

Psychological Defense Mechanisms are unconscious, involuntary techniques that reduce anxiety. Splitting is one during which people are divided into good and/or bad. Individuals who engage in splitting cannot pick up on slight nuances in feelings, and are unable to hold mixed feelings about self or others at the same time.

There is no indication in the question that the client is trying to manipulate you. Multiple personality disorder was once known as dissociative identity disorder. It is a mental illness characterized by the appearance of two extremely distinct identities that alternately control one person's behavior. Dissociation refers to a state of being disconnected from something else.

Tim strongly believes something, even though it is inaccurate and there is evidence against his beliefs. Tim's thoughts are an example of which of the following?

Delusions Ideas of reference Magical thinking

Correct answer: Delusions

Delusions are thoughts that one believes are accurate, even though there is evidence against said beliefs.

The other options are not correct because ideas of reference are thoughts that the behavior of others has something to do with the individual, and magical thinking is the thought process used when an individual attributes experiences and perceptions to unnatural phenomena.

In the DSM-5, the following is **NOT** a restriction on the symptoms of premenstrual dysphoric disorder:

Symptoms must occur most severely during peak menses

Symptoms must occur in the final week before onset of menses

Symptoms must improve within a few days after onset of menses

Symptoms must be minimal or absent in the week after menses

Correct answer: Symptoms must occur most severely during peak menses

While assessing premenstrual dysphoric disorder, it is not necessary that symptoms must occur most severely during peak menses. They can occur at any time during menses, or not during menses at all.

Symptoms must occur in the final week before onset of menses, symptoms must improve within a few days after onset of menses, and symptoms must be minimal or absent in the week after menses to be diagnosed.

Marshall, who has worked for the same company for 30 years, is assigned to a supervisor who he intensely dislikes. A few months later, the supervisor is forced to relocate to a different city in order to care for a critically ill family member. Marshall expresses to you that he feels guilty because his repeated wishes that the supervisor would leave have resulted in the illness of the family member.

The thought process illustrated above is **BEST** described as:

Magical thinking	
Thought insertion	
Projection	

Correct answer: Magical thinking

Magical thinking is a process by which a person assumes a correlation between their actions/thoughts and environmental events, when any actual causal connection between what that person does/thinks is illogical (and most often impossible).

The other options are incorrect. Thought insertion is the delusion that the thoughts in one's mind are not one's own, and projection is the process of defending oneself against undesirable characteristics by denying those characteristics in themselves, but seeing them in others.

The following is **NOT** a likely cause of malingering:

A desire for attention Avoiding work Escaping legal action Getting a government benefit

Correct answer: A desire for attention

Malingering is the full or partial feigning of symptoms for some kind of benefit, usually an external one and, though it is possible as part of a malingering profile, the desire for attention would most likely be part of a different diagnosis.

Reynolds admits that he receives erotic pleasure by looking into his neighbors' windows when they are showering. Which of the following diagnostic categories **BEST** describes Reynolds's behavior?

Voyeurism	
Fetishism	
Pedophilia	

Correct answer: Voyeurism

According to the DSM-5, voyeurism is when an individual experiences erotic pleasure by watching unsuspecting individuals while they are undressed or engaged in sexual activities.

The other options are not correct. Fetishism is when an individual experiences an erotic attraction to an object or a body part, such as clothing or hair. Pedophilia is when an individual experiences an erotic attraction to children.

The following is **TRUE** regarding diagnoses outlined in the DSM-5:

Asperger's disorder is no longer a diagnosis in the DSM-5.

Categories of substance abuse and substance dependence have been added to the DSM-5.

The DSM-5 eliminates the developmental issues related to diagnoses.

The DSM-5 has reduced the specificity for major/mild neurocognitive disorders.

Correct answer: Asperger's disorder is no longer a diagnosis in the DSM-5.

In the DSM-5, the diagnoses of autistic disorder, Asperger's disorder, and pervasive developmental disorder have been combined into autism spectrum disorder. Symptoms of these disorders represent a continuum from mild to severe impairments in social communication and restrictive repetitive behaviors instead of being distinct disorders.

The DSM-5 has actually taken away categories of substance abuse and dependence and replaced them with specific substance abuse defining the specific disorders. Additionally, the DSM-5 has added developmental issues related to diagnoses because there are many disorders more frequently diagnosed in childhood and others are more applicable to later adulthood. Finally, the DSM-5 has enhanced the specificity for major/mild neurocognitive disorders due to technological developments in neuroscience throughout the past 20+ years.

Tiffany is a 23-year-old woman who comes to you complaining that she is tired of "making bad things happen." She tells you that every time she forgets to brush her teeth, a natural disaster occurs somewhere in the world. Tiffany also states that sometimes she thinks "bad thoughts" about other people, causing them to become injured or otherwise harmed.

She is **MOST** likely showing signs of:

Magical thinking
Hallucinations
Dementia
Grandiosity

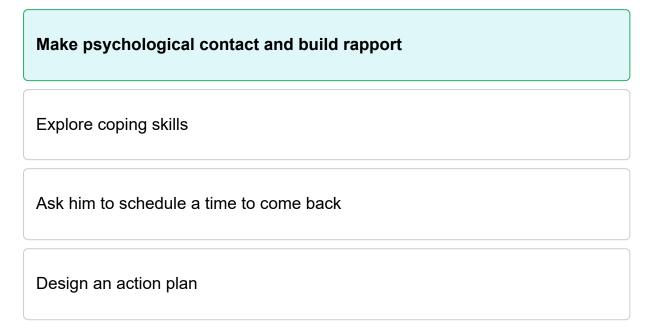
Correct answer: Magical thinking

Magical thinking is a kind of thinking in which the client illogically believes that their thoughts or actions can influence others' behaviors or change events. In this question, Tiffany wrongly believes that her own actions are directly connected to disastrous events in other places of the world. She also believes her thoughts can cause others to be harmed.

The remaining answers are all common symptoms of mental disorders, but they do not describe Tiffany's experience based on the information in the question. Hallucinations occur when someone sees or hears people or things that do not actually exist. Dementia is a general term for a decline in mental ability, and grandiosity refers to an unrealistic sense of superiority.

A man enters the emergency department of the hospital where you are working. He appears shaken and reports that he has just walked from a train crash where he saw so many people die.

Once his safety has been established, what is the **NEXT** thing you should do?



Correct answer: Make psychological contact and build rapport

Since the man is safe and able to communicate with you, the next thing to do is begin establishing a therapeutic bond that will direct all later developments and his progress.

Exploring new coping skills and designing an action plan are stages that come after trust has been established. Asking him to schedule a time to come back and discuss the tragedy he just saw can potentially be unsafe.

For the past few years, a client has experienced numerous depressive and hypomanic symptoms, which has caused impaired social functioning. Which type of mood disorder is the client **most** likely diagnosed with?

Cyclothymic disorder
Persistent depressive disorder
Bipolar I disorder
Bipolar II disorder

Correct answer: Cyclothymic disorder

According to the DSM-5, cyclothymic disorder is a mood disorder that lasts for more than two years and is characterized by depressive symptoms, hypomanic symptoms, and impaired social functioning.

Persistent depressive disorder is a mood disorder that occurs almost every day and is characterized by: sadness, irritability, fatigue, indecisiveness, pessimism, dyssomnia, poor appetite or overeating, and low self-esteem. Bipolar I disorder is a mood disorder that is characterized by a single or by recurrent manic episodes or hypomanic episodes. Bipolar II disorder is a mood disorder that is characterized by one or more major depressive episodes and one or more hypomanic episodes.

Which of the following assessments would be used to assess personality?

Myers-Briggs Type Indicator

Rorschach Inkblot Test

Thematic Apperception Test

Correct answer: Myers-Briggs Type Indicator

My Myers-Briggs Type Indicator is a forced choice, self-report assessment that classifies individuals according to four different dimensions of personality. It is the only personality assessment listed here.

The Rorschach Inkblot Test is a projective assessment that evaluates perceptions.

The Thematic Apperception Test is projective and asks clients to make up stories about ambiguous pictures. This test can be used to reveal emotions, conflicts, and client needs.

You ask yourself, "Does this test measure the concept that it is intended to measure?" What type of validity is this?

Construct validity Face validity Criterion validity Content validity

Correct answer: Construct validity

In quantitative research, you have to consider the reliability and validity of your methods and measurements. Validity tells you how accurately a method measures something. If a method actually measures what it claims to measure and the results closely correspond to real-world values, then it can be considered valid. There are four main types of validity: Construct, Content, Criterion, and Face.

Construct validity evaluates whether a measurement tool really represents the thing we are interested in measuring, which is expressed in the information in question.

Content validity assesses whether a test is representative of all aspects of the construct, face validity considers how suitable the content of a test seems to be on the surface, and criterion validity evaluates how closely the results of your test correspond to the results of a different test.

The following represents the **BEST** definition of "translational research" relevant to social work practice:

It is the adaptation of findings of basic empirical research performed according to rigorous scientific methods, so that knowledge acquired in those settings can be extended into practical application and naturalistic field research settings.

It is social science research that specifically focuses on the mechanisms and dynamics underlying the intermingling of cultural elements established/originated in different settings or locations.

It is linguistic research that studies the way in which language, vocabulary, common terms, and word usage move from one ethnicity, nationality, or culture into another.

It is an area of research that concentrates on the mechanisms by which genetic influences on behavior are manifested, and how critical said genetic influences are transmitted in the population.

Correct answer: It is the adaptation of findings of basic empirical research performed according to rigorous scientific methods, so that knowledge acquired in those settings can be extended into practical application and naturalistic field research settings.

Translational research is a set of methods that essentially focuses on moving research findings from laboratory or "basic" studies into practical use. The "translational" aspect of this type of work comes from the emphasis on utilizing findings from highly controlled, rigorous studies in ways that directly impact populations in need of improved/modified models.

The other options are incorrect because, despite its name, translational research actually does not have anything to do with culture, language, or genetic influence.

You are working in a crisis center as a social worker, and your latest client is a young single father with a mood disorder who is being stalked by his neighbor. Which of the following is the **LEAST** important in helping him resolve his crisis?

Discussing his mental illness

Ensuring his safety

Finding resources to assist him with his child

Developing a plan with him to return to work

Correct answer: Discussing his mental illness

Crisis intervention is primarily aimed at ensuring the client's safety, finding supportive resources, and attempting to reestablish normal functioning as much as possible.

In this question, a discussion of the client's diagnosis may not even be on his agenda, currently. If it is identified by him as a problem, then it should be part of planning. However, if it is not, it should not come up in any discussion until the client wishes. There is not enough information given to let us know if the client has identified his diagnosis as a problem, so this is the best answer for being the least important at this time.

The **PRIMARY** goal of permanency planning is:

Living in stable and long-term homes

Ensuring treatment decisions are individually based

Improving educational outcomes

Correct answer: Living in stable and long-term homes

Permancy planning is the approach to child welfare that is based on a belief that children need permanence to thrive.

Child protection services should focus on getting children into and maintaining permanent homes, above all else, so the other options are incorrect.

You are conducting a session in a women's shelter with a woman, Teddi, who has recently experienced sexual assault and displacement. You have established that Teddi is not a danger to herself or others, and you have been able to form a rapport and even make her smile once or twice.

What is the **NEXT** thing you should do to help Teddi resolve her crisis?

Identify the major problems

Encourage an exploration of feelings and emotions

Generate alternatives and coping strategies

Implement an action plan

Correct answer: Identify the major problems

Once safety and rapport have both been established, the work of identifying the major problems to be addressed can begin.

While you should never discourage the exploration of feelings and emotions, this comes after identifying the sources (or perceived sources) of the problems facing the client. Finding alternatives and coping skills, as well as implementing an action plan, are both things that will also come in later stages of the process.

Mr. and Mrs. Bryant are engaged in marital counseling, and you notice that they repeatedly avoid discussing potentially conflicting topics by engaging in increasingly loud arguments with one another about increasingly tangential details that do not address any real issues. You tell the couple that for the next few sessions, they will only be "engaging in small talk, and we are all going to have to speak really loudly, because I am developing a hearing problem."

During these next few sessions, you then yell a question at the couple that is directly relevant to their marital conflict, and continue to challenge their responses by saying things like, "Not yelling loud enough! Why are you talking about that? What you're saying is not irrelevant enough!"

The above can be **BEST** described as the use of what type of technique?

Prescribing a symptom
Symptom escalation
Joining the system

Correct answer: Prescribing a symptom

One of the most frequently employed techniques in couples'/family therapy involves various forms of "paradoxical intervention," in which behaviors assessed by the therapist as dysfunctional or nonproductive, are actually encouraged/promoted/prescribed by the therapist. The core idea of the use of paradox is that the therapist sets conditions/instructions that actually give permission and/or require that a certain set of behaviors become the focus (perhaps be performed in an exaggerated way like shouting that you cannot hear them), sometimes even to a point of seeming to reach ridiculous proportions. Involved participants develop a sense of how the behaviors are interfering, and/or they "spontaneously" choose to change the behaviors/interactions.

In this question, you are not implementing a symptom escalation by encouraging symptoms. While using this technique, you might sometimes "join" the system to figure out its rules and patterns, but here you are interrupting the system rather than joining it.

During a family treatment session, a social worker notices that the son has become very unattached to his mother and is strongly identifying with his father. Which of the following complexes **BEST** describes the son's actions?

Castration anxiety
Electra complex
Oedipus complex
Authority complex

Correct answer: Castration anxiety

Sigmund Freud's theories surrounding personality include Castration anxiety, which has to do with a young child's fear of having his genitals cut off by his father, if the child desires his mother. Based on the information in the question, the social worker is seeing the son being very unattached to his mother, which represents the child's intention to show his father that there is no desire for his mother.

When a young child develops an erotic interest and attachment to the parent of the opposite sex and feelings of rivalry with the parent of the same sex, it is called an Oedipus complex. An Electra complex is when a young female child develops an unconscious sexual attraction to her father. Finally, another one of Freud's theories is the Authority complex, which is when an individual has repressed concepts of authority, which they satisfy by projecting power onto certain individuals.

Which of the following would be a purpose for empirical studies that is **LEAST** frequently a primary goal of social work research?

Contribution to theories of normal human behavior with studies performed under various sets of carefully controlled circumstances/conditions

Refinement of practice methods in order to determine means by which a technique or method of interest may be modified to achieve greater efficiency or efficacy

Comparison of a variety of programmatic approaches that address a defined set of problems/issues, to inform recommendations for optimal design of service delivery systems

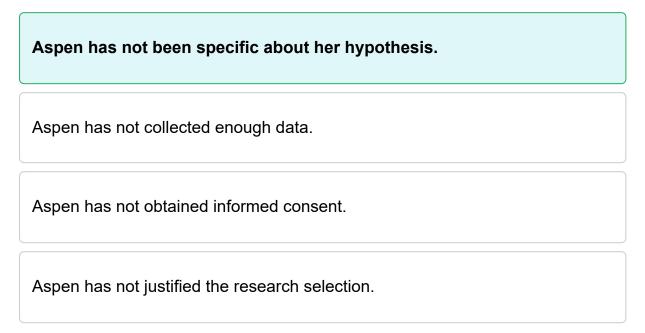
Correct answer: Contribution to theories of normal human behavior with studies performed under various sets of carefully controlled circumstances/conditions

The research philosophy and approaches of social work have undergone a variety of transformations in the course of the developmental history of social work research. More recently, social work researchers have recognized the value of using research techniques to support core principles and activities that are central to social work as a profession. Because of this, the most frequent and highly valued purposes of social work research have evolved to concentrate in those areas, including developing/improving frameworks for practice/outcome optimization, assembling a body of knowledge that can be directly applied to practice, and studies of groups or social problems most at the center of the social work field. The latter category of research activity may be used to provide policy-related input to those in positions to influence legislative or other critical policy decisions.

At one time, there was an emphasis on rigorous application of scientific methods/measures and testing of behavioral theories, which derived from a number of other behavioral science areas, but this approach has largely been replaced by the objectives in the previous paragraph.

Aspen is working on designing a research project that measures the effect of poverty on school performance on children. She has reviewed previous literature on the subject, demonstrated the need for the research, and she has described what will be needed to test her ideas and the method of collecting that data. Furthermore, she has described how to test whether or not her results are valid.

What part of research design has Aspen **MOST** likely left out?



Correct answer: Aspen has not been specific about her hypothesis.

Aspen has done every important part of research design except being very specific about what is to be measured. In other words, what question her research is meant to answer.

In this question, based on the information provided, Aspen has outlined data collection methods and justified the research. When it comes to informed consent, it is not part of research design, though it is an ethical step in all social research that has to do with people.

Polly is providing care to a client who is at the acute care hospital in a state of crisis. The client is a 42-year-old female with three children, all of whom seem to be in some kind of distress. The family had all been evicted from their apartment that day. Polly has assessed their basic safety, made psychological contact and, with the mother, identified the major problem as housing. The woman has taken her time to express her emotions through her rage and some tearfulness.

What is the **NEXT** thing that Polly should do?



Begin contacting homeless shelters without the mother's knowledge

Arrange food for the children

Do trauma-based brief intervention

Correct answer: Explore possible solutions with the mother

After the process of crisis intervention has continued long enough to establish safety and rapport, identify major problems, and allow for the processing of emotions, it is time to begin crisis planning. The first step of crisis planning is helping the client, (in this question, the mother), explore possible solutions.

The issues of housing and shelter are key ones to be addressed, but the process of collaboratively exploring solutions is not only therapeutic in its own right, it is part of the process that this client will use in subsequent crises. In this question, psychotherapeutic intervention may not even be called for.

If Yulia is diagnosed with obsessive compulsive behavior, she is **MOST** likely to start taking:

Citalopram (Celexa)

Lorazepam (Ativan)

Buspirone (BuSpar)

Correct answer: Citalopram (Celexa)

Social workers should be familiar with the medications that their potential clients might be taking. Citalopram (Celexa) is a selective serotonin reuptake inhibitor, which is used to treat obsessive compulsive behavior, major depression, and anxiety.

The other options are both anti-anxiety agents. However, they are used in treating anxiety and panic disorders and not obsessive compulsive disorder.

If Elizabeth, a client, is diagnosed with bipolar disorder, she will **MOST** likely start taking:

Carbamazepine (Tegretol)

Phenelzine (Nardil)

Tranylcypromine (Parnate)

Correct answer: Carbamazepine (Tegretol)

Carbamazepine treats bipolar disorder, seizures, and nerve pain. Some brand names include (but are not limited to): Tegretol, Carbatrol, Equetro, and Epitol.

Phenelzine and tranylcypromine are both monoamine oxidase inhibitors that are used to treat atypical depression.

The following is/are the **LEAST** valid statement(s) regarding a mental status exam:

It is a standardized test performed or ordered by medical doctors. Most often, these exams are used to provide information regarding a patient's neurological status in the context of an incident such as a stroke, head injury, or seizure.

The essential focus of a mental status exam is the concept of orientation to time, place, and person.

Results of a mental status exam may be one component of a clinically-based assessment of an adult client's "legal competence."

The contents, extent, and degree of formality of mental status exams may vary considerably based on the setting, the purpose, and client-related factors.

Correct answer: It is a standardized test performed or ordered by medical doctors. Most often, these exams are used to provide information regarding a patient's neurological status in the context of an incident such as a stroke, head injury, or seizure.

Mental status exams are tools that can be useful across a wide array of contexts (though they are not exclusively medical) and vary in extent/formality accordingly. These exams involve the assessor capturing an individual's orientation to time, place, and person, and/or the ability of the individual to be tried in criminal cases and the capacity to provide informed consent.

While mental status exams may be part of an overall medical evaluation, they are not specifically used to assess for neurological symptoms.

The following is **MOST** characterized by faking an illness for some sort of personal gain:

Malingering

Factitious Disorder

Somatic Symptom Disorder

Illness Anxiety Disorder

Correct answer: Malingering

Malingering is faking a physical or mental illness for the purpose of some kind of external reward and personal gain. This is not to be confused with Factitious Disorder, which is done for inner psychological reasons, and not external reward and personal gain.

The other options do not match the information offered in the question, though they are also all listed under Somatic Symptom and Related Disorders.

How long must an individual experience difficulty falling asleep or maintaining sleep in order to meet the criteria for insomnia disorder?

Three months	
One year	
Six months	
Two weeks	

Correct answer: Three months

Insomnia disorder is marked with complaints of dissatisfaction when it comes to sleep quality, or initiating/maintaining sleep. The symptoms must occur at least three nights a week for a minimum of three months in order for a diagnosis of insomnia disorder to be made.

You have been asked to see Mikey, a 10-year-old boy, due to inattentive behavior in class and some sexually inappropriate remarks made toward teachers. The boy denies any sort of sexual abuse and does not say where he learned the remarks he makes toward teachers. You meet with Mikey for three weeks, then call his parents. When talking with you, his father presents as extremely defensive and argumentative. He states that he doesn't think Mikey has a problem and refuses to meet with you in person. Mikey's mother agrees that her son's behaviors are disruptive, but offers no suggestions as to why. The mother says she will only meet with you if the father agrees to do so.

Your **BEST** course of action would be to:

Continue meeting with Mikey until the parents agree to come

Refer Mikey and his parents to an outside agency

Call Child Protective Services and make a report of child abuse

Tell Mikey's mother it is in her best interest to meet with you alone

Correct answer: Continue meeting with Mikey until the parents agree to come

You are correct in believing that it is important to engage Mikey's parents in a discussion about his behavior. Because the parents will not yet agree to come, you should continue meeting with him alone to provide support and, hopefully, implement some helpful interventions to improve Mikey's behaviors in the meantime. As a social worker, you can use your engagement skills to continue to involve the parents in the treatment process, with the hope that they will agree to meet with you.

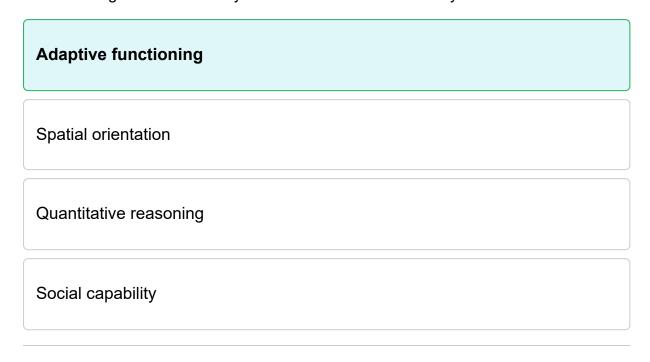
The other options are incorrect, as they are not a fit for the best course of action at this time.

There is no indication that Mikey's parents would agree to meet with an outside agency as opposed to you, the school social worker, so a referral elsewhere would likely be unhelpful.

The parents are not abusing Mikey, so making a report to Child Protective Services is not appropriate.

You should not attempt to split the parents, but should respect each parent's decision as to when they are ready to meet with you.

The following is one of the ways in which intellectual disability is assessed:



Correct answer: Adaptive functioning

Adaptive functioning, which is the skill of exporting knowledge to new environments, is one of the ways in which intellectual disability is assessed.

Though the other options can be assessed as part of intelligence testing and behavioral assessment, they are not used in diagnosing intellectual disability.

The following is **MOSTLY** characterized by an exaggeration of physical symptoms for sympathy:

Factitious Disorder

Somatic Symptom Disorder

Conversion Disorder

Illness Anxiety Disorder

Correct answer: Factitious Disorder

Factitious Disorder is most characterized by an exaggeration of physical symptoms, largely for interpersonal gain and sympathy associated with being sick.

While the other disorders are all found under Somatic Symptom and Other Related Disorders, they do not match the information in the question.

In working with a woman residing with an emotionally abusive partner who frequently uses, but has never carried out threats of physical violence, which of the following would be the MOST likely initial step for you to take in a sequence of strategies to assist the client in determining what actions to take in the situation?

Help her to develop, review, and periodically revise a personal/household "safety plan" that includes specific, concrete information regarding what she should do, physical escape routes and resources, if the partner acts on threats.

Work with the client to develop/rebuild her self-esteem by helping her to cultivate outside activities that allow her to develop her interests/talents and provide reinforcement/encouragement from others.

Refer the client for additional engagement in a domestic violence peer support group, so that she develops a social support network with others who have experienced similar situations.

Help the client develop more adequate and consistently practiced assertiveness techniques, and work with her to determine, express, and effectively enforce limits on her partner in regard to behaviors that she will/will not accept and tolerate.

Correct answer: Help her to develop, review, and periodically revise a personal/household "safety plan" that includes specific, concrete information regarding what she should do, physical escape routes and resources, if the partner acts on threats.

While none of the offered options are completely inappropriate, the key concept here is "immediacy." The act of formulating a safety plan is an essential step that can assist clients to recognize and concretize resources and strategies to help them feel less trapped and more empowered. It is also potentially quite useful as a "planning" mechanism that may provide literally more physical and psychological safety in escaping a situation of escalating danger.

Encouraging outside activities, expanded networking and assertiveness/limit setting, while they might seem to have a therapeutic purpose and are not universally contraindicated, in some cases may serve to provoke or escalate abuse/danger to the client, depending on the abusive partner's patterns/methods of controlling behavior.

An exaggerated sense of self-importance is often found in clients who are diagnosed with which of the following personality disorders?

Narcissistic personality disorder

Borderline personality disorder

Paranoid personality disorder

Histrionic personality disorder

Correct answer: Narcissistic personality disorder

Narcissistic personality disorder is characterized by attention-seeking behavior, oversensitivity to failure, and an exaggerated sense of self-importance.

A paranoid personality disorder is characterized by pervasive distrust and suspiciousness of others. Borderline personality disorder is characterized by instability in interpersonal relationships, a fluctuating idea of self-image, and maladaptive behavior. Histrionic personality disorder is characterized by attention-seeking behavior, but it can also be indicated by "over the top" or melodramatic behavior.

The following statement is **TRUE** about hoarding disorder:

The severity of hoarding increases with each decade of life.

Hoarding behaviors are the worst during adolescence.

It is very difficult to distinguish hoarding behaviors from developmentally appropriate collecting behaviors.

There is no known trigger for hoarding behaviors.

Correct answer: The severity of hoarding increases with each decade of life.

Hoarding disorder is characterized by a pattern of persistent difficulty when it comes to parting with possessions, and often manifests in the accumulation of possessions. This causes significant distress. Hoarding begins early in life, often during early adolescence, and causes clinically significant impairment by an individual's mid-30s. The severity of hoarding tends to increase with each decade of life, so that individuals with hoarding behaviors in their 50s are extremely more impaired than those in their 20s.

It is easy to distinguish hoarding behaviors from collecting behaviors, and individuals with hoarding disorder often report that a stressful and/or traumatic life event occurred before the onset of their hoarding behaviors.

A client has an obsessive urge to wash his hands. The following mania would **BEST** classify the client:

Ablutomania Erotomania Megalomania

Correct answer: Ablutomania

According to the DSM-5, ablutomania is an obsession with washing hands.

The other options are incorrect, as erotomania is an obsession with objects that lead to sexual desire and megalomania is an obsession with being important.

In which of the following cases, is concrete thinking **LEAST** likely to be a prominent feature?

Posttraumatic stress disorder

Traumatic brain injury

School phobia in a kindergarten-aged child

Correct answer: Posttraumatic stress disorder

Concrete thinking is a hallmark of early childhood development; as such, it is commonly found in almost all children prior to reaching an age range of about 7-11 (when most children begin to develop the ability to think abstractly). It is also most frequently found in people who have suffered head injuries or other forms of traumatic brain injury. A kindergarten-aged child, age 5 or 6, has not yet reached the stage to think abstractly and, therefore, their thought processes are governed by concrete thinking.

Concrete thinking has not been observed as a frequently occurring symptom of individuals with posttraumatic stress disorder, except perhaps under conditions in which it could be explained by preexisting conditions and/or head injuries incurred along with the traumatic incident(s) that led to PTSD.

.....

Vinny is doing research at his local community mental health organization. He assigns participants randomly to two groups where one group receives an intervention and one does not. Afterward, Vinny plans to measure the results.

What kind of research design does this **BEST** describe?

Experimental
Quasi-experimental
Pre-experimental
Interrater

Correct answer: Experimental

This design has both ingredients to create a true experimental design: the measure of intervention versus non-intervention, and random assignment of participants.

Quasi-experimental research only has the intervention and comparison groups; preexperimental research only measures the effect of an intervention. Interrater is not a type of research design.

The following circumstance would be the **LEAST** appropriate and/or effective for you to use primarily open-ended questions while conducting an interview with a client:

When gathering concrete information that needs to be highly structured/precise, and/or under conditions in which there are pressing time constraints

When interviewing clients who have well-documented histories of severe psychiatric disorders

Under circumstances in which the client being interviewed is hostile, agitated, or in some other way in a highly activated state

Correct answer: When gathering concrete information that needs to be highly structured/precise, and/or under conditions in which there are pressing time constraints

Open-ended questions are structured in a manner that invites (or sometimes, even requires) maximum volunteering of information and elaboration from the respondent. In general, they are considered to be the preferable structure on which to rely, in order to elicit details and provide opportunities for clients to open up and speak at liberty regarding the topic at hand.

However, open-ended questions may not be either warranted or desirable in the service of completing certain casework tasks. Additionally, if quickly obtaining basic information on which subsequent discussion is to be based, economy of time recommends that closed-ended questions may be preferable.

The other options are not correct, as they do not best fit the question.

You ask Abram, a client, "If you witnessed money falling out of a man's pocket, would you keep the money or return it to the man?" What are you assessing?

Conscience
Dependency
Reality testing

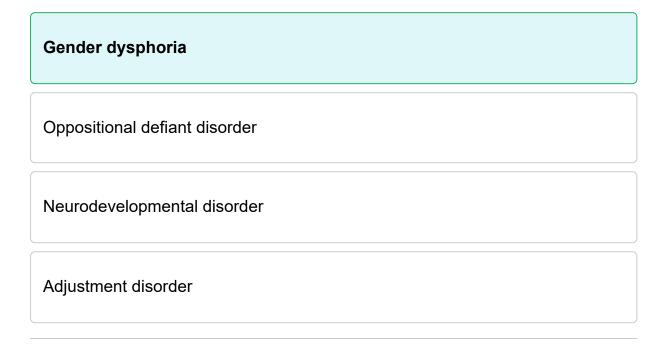
Correct answer: Conscience

Conscience is an individual's sense of right and wrong. In this question, you are asking Abram about his sense of what is right or wrong, which is part of a general assessment of his personality and functioning.

The other options are incorrect because dependency is when an individual has a reliance on other people or things for their existence or support, and reality testing is a client's ability to judge the external world objectively and to distinguish between it and what is in their own mind.

You are meeting with Ginny, age nine, for therapy. Ginny's parents have been concerned about her desire to act and dress like a boy since the age of five. During her sessions with you, Ginny insists that you call her "Grant" and says that she is going to "grow up to be a man." She often takes on the masculine role during play therapy and refuses to engage in any type of feminine behavior.

You might consider which diagnosis for Ginny?



Correct answer: Gender dysphoria

According to the DSM-5, gender dysphoria is a marked incongruence between one's assigned gender and one's experienced gender for at least six months. Though Ginny was born female, she clearly feels as if she is male and has been feeling this way for the last four years.

All of the remaining answer options are incorrect because none of their criteria are indicated in the question. Oppositional defiant disorder is marked by blatant disrespect of authority figures and a persistent angry or irritable mood. A neurodevelopmental disorder is marked by deficits in social, academic, or occupational functioning. Adjustment disorders are stress-related conditions.

A disorder that is **MOST** characterized by actual physical symptoms that have no physical basis is:

Conversion Disorder

Factitious Disorder

Unspecified Somatic Symptom and Related Disorder

Illness Anxiety Disorder

Correct answer: Conversion Disorder

Conversion Disorder is a mental disorder most characterized by the sufferer having physical symptoms that are actually experienced, but have no physical basis or explanation.

The other options are disorders that are listed under the heading Somatic Symptom and Related Disorders, but do not match the information offered in the question.

You are meeting with a 33-year-old woman with an anxiety disorder for the first time. The following should be your **PRIMARY** goal for the initial session:

Allow your client to tell her story in her own words

Assess the need for medication management

Develop a treatment plan for your client

Gather information for a biopsychosocial assessment

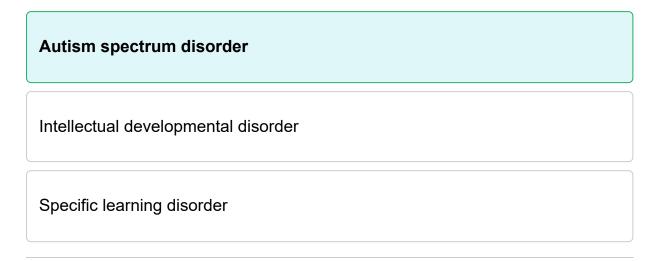
Correct answer: Allow your client to tell her story in her own words

During the initial session with your client, your main goal should be to allow her to express herself in her own words. This not only gives you a picture of how your client perceives the problem, but also helps her to feel accepted and valued when given the chance to talk about her life without being judged.

Your primary goal is not to decide if the client needs medication, and you will want to gather information for the biopsychosocial assessment and formulate a treatment plan within the next several sessions, but neither of these should be your primary goal for the first, initial session.

A six-year-old child presents for assessment of behavioral concerns. She is struggling in school, because she becomes extremely upset about minor changes to the routine. She has a difficult time interacting with peers and shows little interest in friendships. Her interests are restricted to gardening and planting flowers, so she has a difficult time relating to peers or carrying on back-and-forth conversation.

Which diagnosis is **MOST** likely?



Correct answer: Autism spectrum disorder

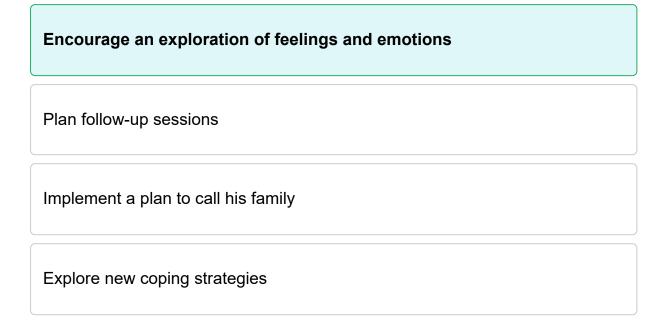
Autism spectrum disorder involves difficulties with communication and social interaction, as well as repetitive patterns of behavior and interests. The child in this scenario most likely meets diagnostic criteria for autism spectrum disorder, based on her difficulties with social interaction and interests that are restricted to gardening and planting.

Intellectual developmental disorder is characterized by difficulties with reasoning, problem-solving, learning, and adaptive behavior. Children with intellectual developmental disorder have a difficult time functioning independently. There is no indication in the question that the child has difficulty with reasoning, problem-solving, learning, or adaptive behavior; her challenges are with social communication and interaction, in line with autism spectrum disorder.

A specific learning disorder occurs when a child has average to above average intelligence but has difficulty in one or more core academic areas, including reading, writing, or mathematics. This does not align with the description in the question.

You are intervening as a social worker in a crisis center with an adolescent who has just been kicked out of his home by his family. The client, Ke, denies that he wants to hurt himself or anyone else, and the two of you have formed a therapeutic bond.

After Ke decides that homelessness, income, and school are priorities to be addressed in this crisis, what is the **NEXT** thing you should do?



Correct answer: Encourage an exploration of feelings and emotions

In crisis intervention, the first thing to do is to establish the safety of the client. The next is to establish and build rapport, and then afterward, the major problems can be identified. Only once these steps are complete, is it an appropriate time to allow the client to express their emotions and process the events in a more open-ended way.

Planning follow-up sessions should wait until all other steps are complete. Exploring new coping strategies and implementing a crisis plan are things that should follow the client's free expression of their feelings. In this question, calling Ke's family might be a step at some point with Ke's consent, but should not be a step during the first session and before his feelings and emotions are addressed.

The following kinds of practice evaluations happen while services are **STILL** being offered:

Formative evaluation

Summative evaluation

Concurrent evaluation

Normative evaluation

Correct answer: Formative evaluation

Formative evaluations are conducted while services are still underway, while a summative evaluation is performed after services have finished.

The other options, concurrent and normative evaluations, are evaluations that are not used to examine social work practice.

Which of the following is the **BEST** indicator that a child is being physically abused?

The child shows aggressive behavior toward other children

The child is unwilling to change their clothes for gym

The child arrives at school early and leaves late

Correct answer: The child shows aggressive behavior toward other children

When a child is aggressive toward other children, it is most likely because they are being physically abused.

The other options are incorrect, but when a child is unwilling to change their clothes for gym, they are most likely being sexually abused, and when a child arrives at school early and stays late, they are most likely being maltreated.

Sexual dysfunction is **MOST** commonly identified for further assessment through:

Client self reports

Relationship problems

Biopsychosocial assessments

Correct answer: Client self reports

In many cases, clients recognize that there is a problem interfering with the enjoyment of a sexual relationship. From the client's self reports, social workers can then begin with complete histories for symptoms and referrals for physical exams.

Sexual dysfunction is not going to be initially identified through medical screening or social work assessments, and while sexual relationships are linked to the health of relationships, most relationship problems do not involve sexual dysfunction and vice versa.

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How many symptoms must be "active" to diagnose Schizophrenia, according to the DSM-5?

Two
One
Five
Four
Correct answer: Two
The DSM-5 changed the number of active symptoms needed for a diagnosis of

Schizophrenia to two when, previously, there had been one.

Additionally, these active symptoms must be present for at least a month.

The following type of practice evaluation is completed **AFTER** services are finished:

Correct answer: Summative evaluation

A summative evaluation of practice is done after services are finished, whereas a formative evaluation is done as services are being delivered. The options conclusive and concurrent evaluations are evaluations that are not used to gauge social work practice.

The following individual is the **MOST** likely to have a panic disorder:

A 23-year-old female

A 70-year-old male

A 14-year-old adolescent

An individual between the ages of 40 and 60

Correct answer: A 23-year-old female

Even though onset after age 45 can occur, it is extremely unusual, and research has shown that the median age of panic disorder is 20 to 24 years.

You are employed by a shelter for women, and are working with a client, Gwen. Gwen is in crisis after facing a domestic assault and subsequent displacement. In your first session with Gwen, you presented her with many resources, got her to commit to an action plan, built some rapport, and gave her plenty of time to explore her feelings. Even though you feel like you did a great job, Gwen left the first session a little early and has not returned to the others.

What was your **FIRST** mistake?



Not taking time to establish rapport

Not identifying major problems

Not providing trauma-informed psychotherapy

Correct answer: Not following an orderly process

Even though your intentions were good, you forgot that haphazard and rushed crisis care can actually do damage. By operating in a logical and ordinal way, not only is the proper therapeutic progress followed, but the crisis intervention structure will palliate and reassure the client, in this case, Gwen, that she can use a stepwise process to solve her problems.

It is not clear from the information provided in the question how much time was spent establishing rapport, and we can only imagine that if a crisis plan was made, that some major problems would be identified. However, these must follow a certain order to be truly effective, and providing psychotherapy may not be indicated in the crisis situation at all. Assuming that, like most, this first session with Gwen was an hour long, that is a lot of information and steps to squeeze into an hour, instead of, again, taking the time with Gwen and reassuring her that she can use a stepwise process to solve her problems.

The medication, Zyprexa, is prescribed for:

Schizophrenia

Major depressive disorder

Panic disorders

Attention-deficit/hyperactivity disorder

Correct answer: Schizophrenia

Zyprexa, which is also known as olanzapine, is an atypical antipsychotic medication. It is approved for the treatment of schizophrenia, which is a mental disorder characterized by disorganized thinking, hallucinations, social withdrawal, lack of emotional expression, and false beliefs. Other atypical antipsychotics include aripiprazole (Abilify), quetiapine (Seroquel), and risperidone (Risperdal).

Major depressive disorder is usually treated with selective serotonin reuptake inhibitors (SSRIs) or tricyclic antidepressants (TCAs), panic disorders are sometimes treated with SSRIs or with benzodiazepines such as Xanax or Ativan and, finally, attention-deficit/hyperactivity disorder is treated with a stimulant medication like Adderall.

In an initial interview with a new client, your main focus and important goal is which of the following?

To establish rapport with the client while building a sense of comfort with the therapeutic environment.

To explain policies and procedures and confirm that the client clearly understands them.

To obtain as much information as possible regarding the presenting problem and relevant client history.

To define overall goals for the therapeutic process.

Correct answer: To establish rapport with the client while building a sense of comfort with the therapeutic environment.

The primary priority in the initial worker-client interview with a new client is to set the foundation on which to develop a working relationship. Trust and a strong relationship between worker and client will affect the clients' progress down the line.

The following type of validity assesses whether a test is representative of all aspects of the construct:

Content validity
Construct validity
Criterion validity
Face validity

Correct answer: Content validity

In quantitative research, you have to consider the reliability and validity of your methods and measurements. Validity tells you how accurately a method measures something. If a method measures what it claims to measure, and the results closely correspond to real-world values, only then can it be considered valid. There are four main types of validity: Construct Content, Criterion and Face.

Content validity: Content validity assesses whether a test is representative of all aspects of the construct.

Construct validity: Construct validity evaluates whether a measurement tool really represents the thing we are interested in measuring.

Face validity: Face validity considers how suitable the content of a test seems to be on the surface.

Criterion validity: Criterion validity evaluates how closely the results of your test correspond to the results of a different test.

A social worker meeting with Olivia, a 12-year-old client, realizes that she has made significant progress on her treatment plan goals. However, new concerning behaviors have emerged that need to be addressed.

Before changing Olivia's treatment plan, what should the social worker do **FIRST**?

Discuss the proposed treatment plan changes with Olivia

Secure permission from Olivia's parents to change the goals, and then discuss the changes with Olivia

Contact Olivia's insurance company to notify them of the changes

The treatment plan goals should not be changed at all. If the goals are reached, then therapy should be terminated.

Correct answer: Discuss the proposed treatment plan changes with Olivia

Social workers should always engage in client-centered therapy, which requires the client's involvement in the process of determining treatment goals and plans to achieve them. In this question, the social worker should not change the treatment plan without speaking to Olivia, even though she is a minor, first.

The social worker might feel more comfortable speaking with her parents about changes in the treatment plan but, again, should talk with Olivia first. Olivia's insurance company will probably want to know about changes in the treatment plan, but there is no reason why the social worker would have to contact the insurance company before talking with her. It is very common for treatment goals to be reached during the course of therapy, and if Olivia is not ready to terminate, then the goals can be revised. There is no information in the question that would lead us to believe that Olivia is ready to terminate, so this is not the best answer to what the social worker should do first.

You're working with a client to clearly define their problem, generate possible solutions, and arrive at goals for treatment. At what stage of the problem-solving process are you?

Planning
Assessment
Intervention

Correct answer: Planning

During the planning stage, the client and social worker collaborate to clearly define the client's problem. They also evaluate causes of the problem, generate potential solutions, and arrive at goals that move the client toward their preferred lifestyle. The stage described in the question is the planning stage.

During the assessment stage, the client provides information to the social worker to help with defining the problem and potential solutions.

The intervention stage occurs when the client is actively using support networks to make progress and achieve lasting change.

Xi is driven by his wife to the hospital, where she informs you that her husband is addicted to painkillers and has just lost his job because of it, which has led to an attempt to overdose. Once Xi has been deemed medically safe and he has had a chance to chat with you for a while and establish a therapeutic bond, what is your **BEST** next step?

Identifying problems

Psychotherapy

Research drug treatment options with him

Exploring job possibilities

Correct answer: Identifying problems

After basic safety and a therapeutic bond has been established, in crisis intervention, it is then time to assist the client in identifying the major problems facing them.

Psychotherapy may or may not be indicated at this time, but in this question, there was no information to indicate that this was the best next step. Drug treatment may also be a good idea, but it may or may not be what Xi identifies as his issue. Exploring job possibilities is important too, but it will be up to Xi to identify it as his goal.

You administer a depression scale to a group of clients on a Tuesday, and then again on Friday. You then calculate the correlation between Tuesday's scores and Friday's scores, and find that the scores are consistent.

Your depression scale has:



Correct answer: Test-retest reliability

Test-retest reliability refers to whether a measurement is consistent from one time to another. In this case, your depression scale has test-retest reliability, as the scores were consistent across two different times.

Face validity refers to whether assessments appear to measure what they're supposed to measure, at face value.

Convergent validity refers to whether constructs are similar to other constructs to which they should be similar.

Interrater reliability refers to whether different assessors view the same phenomenon similarly.

According to the DSM-5, the following is **NOT** considered a manic symptom:

Aggressive outbursts
Increased self-esteem
Eccentric activities
Increased sociability

Correct answer: Aggressive outbursts

Though rapid mood swings in/out of anger may be part of a manic profile, specifically having aggressive outbursts are not.

Increased self-esteem, eccentric activities, and increased sociability are a few examples of the manic symptoms diagnosed in the DSM-5.

Mr. and Mrs. Harris have recently separated and plan on getting a divorce. Immediately after the Harrises told their children about the separation, their 13-year-old child began having behavioral problems at school and is frequently sent to the principal's office. Their other child still does fairly well in school, but withdraws from other family members when at home, spending hours alone in her room and refusing to come out even during mealtimes.

You are meeting with this family and might initially hypothesize that the children's reactions:

Reflect an adjustment reaction to the news of the parents' separation

Existed long before the parents decided to separate

Is a projection of the parents' marital discord

Suggest that the parents' decision to separate was made prematurely

Correct answer: Reflect an adjustment reaction to the news of the parents' separation

Because the concerns described in the information in the question did not exist prior to Mr. and Mrs. Harris' announcement that they were going to be separated, you can hypothesize that their children's behavioral problems are due to the changes taking place within the family. The best thing that you can do in this situation is to normalize the children's reactions as developmentally appropriate responses to their parents' separation.

The other options are incorrect, as they do not best match the timeline of the separation and the behaviors, and you should not suggest that the parents made a decision to separate prematurely, as the decision has already been made and that is not the reason the family is seeking services.

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Which axis of the DSM-5 is used to diagnose general medical conditions?

There are no axes in the DSM-5
Axis IV
Axis I

Correct answer: There are no axes in the DSM-5

DSM-IV-TR uses a multiaxial format. However, the DSM-5 uses a dimensional approach to diagnosis. Any medical conditions are listed underneath psychiatric diagnoses.

Brittaney appears at the crisis center on a very hot day and wishes to be admitted, claiming to be suffering from auditory hallucinations. You know that Brittaney has been diagnosed with schizophrenia and that she is compliant with a long-acting pharmaceutical treatment regimen that is meant to control her symptoms. When admitted to the air-conditioned facility, Brittaney appeared only to be experiencing great relief from the heat. Though her symptoms appear to still be present when she is observed by the security cameras without her knowledge, she does not appear to be suffering from them quite as badly. When urine-tested, Brittaney tests positive for cocaine and PCP.

Which kind of malingering is Brittaney **MOST** likely guilty of?

False imputation
Brittaney is not malingering at all.
Pure
Partial

Correct answer: False imputation

False imputation is the attribution of symptoms to another source for gain. In this question, Brittaney's symptoms are very likely the result of her drug experience rather than her actual mental illness, which is schizophrenia. Based on the information in the question, we know that she is compliant with pharmaceutical treatment and should therefore not be experiencing troublesome hallucinations based on her diagnosis.

The other kinds of malingering stated do not match the circumstances and information that is offered in the question.

The following is **MOSTLY** characterized by the experience of hallucinations or delusions:

Schizophrenia

Schizophreniform Disorder

Schizoaffective Disorder

Schizotypal

Correct answer: Schizophrenia

Schizophrenia is most characterized by the experience of hallucinations or delusions, though other symptoms do exist.

While the other disorders listed are similar, they do not match with the stated symptoms that are offered in the information in the question.

Psychotropic drugs that are classified as Selective Serotonin Reuptake Inhibitors, or SSRIs, have been found to be **MOST** effective in which of the following disorders?

Major depressive disorder and, more selectively, for anxiety disorders

Psychotic disorders

Bipolar disorder

Attention-deficit/hyperactivity disorder (ADHD)

Correct answer: Major depressive disorder and, more selectively, for anxiety disorders

Although originally developed as an antidepressant medication, SSRI medications have also been found to be effective in treating a variety of anxiety disorders. They are often prescribed along with medications more specifically indicated for those conditions.

Psychotic disorders are typically treated with antipsychotic medication, bipolar disorders are treated with mood stabilizers, and ADHD can be treated with a stimulant.

Your client, Ginny, has been diagnosed with Avoidant Personality Disorder. She is attracted to a man she sees at her apartment complex, but will not even hint at her interest in him for fear of rejection. When asked if she would like to attend a regular book club with some of her co-workers, Ginny wants to make sure that they are all co-workers who she knows like her before agreeing to attend. Ginny happily volunteers for evening shifts to avoid working with people, and states that she really would rather never be around people at all because she dislikes others so, so much.

Which of the described thoughts and behaviors is **LEAST** like Avoidant Personality Disorder?

Dislike for others
Avoiding social contact
Fear of rejection
Obsession with being liked

Correct answer: Dislike for others

Though people with Avoidant Personality Disorder do follow a pattern of avoiding social contact, insist on being liked in order to take part in gatherings, and are intensely afraid of rejection, they actually do crave the feared contact and do not generally dislike others.

You meet regularly with Keith, a teenage boy, and his father for family therapy, and you notice that every time Keith loses a hockey game or gets a bad grade on a test, he reassures his father.

This is known as:

Diminishing generational boundaries
Double bind communication
Role reversal
Child abuse

Correct answer: Diminishing generational boundaries

Children often express empathy with a parent without it being pathological. As children develop, they become more emotionally mature and begin to be more sensitive. This is part of normal development and should be encouraged. In this question, Keith is offering his father reassurance to comfort him after Keith loses a game or gets a bad grade, instead of Keith's father reassuring his son.

Double bind communication is the expression of two conflicting emotions or messages at the same time, which causes confusion in the recipient. There is no information in this question that leads us to believe double bind communication is taking place, or that child abuse is occurring. While some may think this is an example of role reversal, it is important to remember that Keith is simply expressing a healthy, developmentally appropriate reaction toward his father.

The MAIN purpose of an initial client interview is:

To determine the client's reasons for seeking treatment, and to ensure that the scope of treatment is well within the social worker's practice

To establish a therapeutic rapport so the client feels comfortable returning

To complete a biopsychosocial assessment

To configure a treatment plan for the client

Correct answer: To determine the client's reasons for seeking treatment, and to ensure that the scope of treatment is well within the social worker's practice

The first step of treatment involves defining the presenting problem and deciding whether the client's needs can be best met by the agency and you, as the social worker. If it is decided that the client can be helped by meeting with the social worker, treatment for the client can (and should) proceed.

While it is also important to establish a therapeutic rapport with the client in order to help the client feel accepted, this is not the main task of an initial session. The social worker may begin working on the biopsychosocial assessment and formulating a treatment plan only after the client and social worker have reached an agreement about the client's treatment.

What is a "mascot" in the context of family therapy?

A family member who jokes to alleviate pain

The standout performer academically

A family member who takes the blame for dysfunction

The family member who fades into the background

Correct answer: A family member who jokes to alleviate pain

In family therapy, it is important to address what could be persistent roles within a family that have come about in reaction to an issue of dysfunction such as substance use. One such role is the "mascot," a family member who becomes a joker to distract from or alleviate the pain of unresolved conflict within the family.

The standout academic performer would most likely be the "hero" role. Taking the blame for dysfunction most closely corresponds with the "scapegoat" role, and a family member who fades into the background becomes the "lost child."

These concepts are somewhat plastic in practice, but these are the major roles.

Jake starts to miss appointments with you after achieving his goals, but prior to this happening, he had great attendance and had made substantial progress. Jake's missed appointments are **MOST** likely an indication of:

Jake's readiness to terminate services

Jake's dissatisfaction from/with achieved outcomes

Jake's codependency, which needs to be addressed as a treatment issue

Correct answer: Jake's readiness to terminate services

Missing appointments, like Jake is from this question, can be an indicator that the client is ready to terminate. A client may want to practice their new skills and do not think they need to continue to see you.

There is no indication in the information offered in the question that Jake is dissatisfied, and codependency occurs when a client does not want to end the therapeutic relationship, despite having achieved goals.

You are referring a young client, Abigail, age 10, to therapy due to concerns by her parents about Abigail's eating habits, as well as a history of making excuses for teachers and her friends to avoid the cafeteria at school. She also declines to get together with her friends and family when the activities involve eating. Abigail's parents are worried that all of this has led to her losing 7 pounds recently.

Because of this, you might consider a diagnosis of:

Avoidant/Restrictive Food Intake Disorder
Anorexia Nervosa
Bulimia Nervosa
Binge-Eating Disorder

Correct answer: Avoidant/Restrictive Food Intake Disorder

Avoidant/Restrictive Food Intake Disorder (ARFID) was previously known as "Feeding Disorder of Infancy or Early Childhood." It is characterized by picky eating and a lack of interest in eating, as a whole. Many with ARFID have significant weight loss or are underweight. In this question, it is stated that Abigail has lost weight recently and she declines social engagements, therefore harming her relationships.

Anorexia Nervosa, while similar, is defined when a disturbance in the way one's body weight and/or shape is experienced. In this question, there are no indicators that Abigail thinks she is overweight or that she is afraid of gaining weight. These are two common characteristics of individuals with Anorexia Nervosa. Individuals with Binge-Eating Disorder consume an unusually large amount of food and feel that they are unable to stop eating. In this question, there are no indicators that Abigail has these concerns. Finally, Bulimia Nervosa is characterized by purging after periods of eating.

The following type of validity in quantitative research considers how suitable the content of a test seems to be on the surface:

Face validity
Content validity
Criterion validity
Construct validity

Correct answer: Face validity

In quantitative research, you have to consider the reliability and validity of your methods and measurements. Validity tells you how accurately a method measures something. If a method measures what it claims to measure, and the results closely correspond to real-world values, then it can be considered valid. The four main types of validity are Criterion, Face, Content, and Construct validity.

Face validity considers how suitable the content of a test seems to be on the surface, while others evaluate, assess, or measure other things.

The diagnostic criterion for intellectual disability does **NOT** include:

Language and communication problems

Onset of deficits during the developmental period

Deficits in adaptive functioning

Deficits in intellectual functioning

Correct answer: Language and communication problems

Intellectual disability, which is also known as intellectual developmental disorder, is a disorder that has its onset during the developmental period and is one that includes both intellectual and adaptive functioning deficits. The intellectual functions include planning, reasoning, problem solving, and academic learning. Adaptive functions include abilities that meet standards for personal independence and social responsibility.

While language and communication problems are sometimes present in individuals with intellectual disabilities, these are not criteria for a diagnosis.

You are meeting your client, Margey, for her intake session. Margey has been diagnosed with Schizoid Personality Disorder and does not like meeting with you, or anyone else. She states that she can hear voices telling her to lie to you. She also does not express much empathy when relating the story of a family friend's death in the family. When you engage in regular back-and-forth conversation to try and get to know Margey, she does not seem very interested and, instead, asks the purpose of the innocent questions with apparent suspicion.

Which of the preceding actions/behaviors by Margey is **NOT** a characteristic of Schizoid Personality Disorder?



Correct answer: Hallucinations

Hallucinations of any kind are not a characteristic of Schizoid Personality Disorder.

In this question, Margey's lack of empathy, her avoidance of people, and a fearfulness of intimacy are all characteristic of her Schizoid Personality Disorder diagnosis, which is also marked by an intense introversion and obsession with one's own thoughts.

After working with a client who has rapid, frenzied speech over the course of multiple sessions, he also reports that he has both major depressive and hypomania episodes. Which mood disorder would you **MOST** likely diagnose this client with?

Persistent Depressive Disorder Cyclothymic Disorder Bipolar I Disorder

Correct answer: Bipolar II Disorder

Bipolar II Disorder is a mood disorder that has a pattern of major depressive episodes and hypomanic episodes. The major depressive episodes last at least two weeks, while the hypomania episodes last at least four days.

Persistent Depressive Disorder is a mood disorder that occurs most every day and can be characterized by irritability, fatigue, indecisiveness, and low self-esteem. Cyclothymic Disorder is a mood disorder that lasts for more than two years and has depressive symptoms, hypomanic symptoms, and impaired social functioning. Bipolar I Disorder is a mood disorder that is characterized by a single or by recurrent manic episodes or hypomanic episodes.

Kyla, a teenage girl, comes in to see you for therapy. Her skin is obviously damaged from being picked at and she has to be verbally redirected to stop when she comes in to see you.

Which of the following disorders does Kyla **MOST** likely have?

Excoriation Disorder

Trichotillomania

Other Specified Obsessive Compulsive and Related Disorder

Body Dysmorphic Disorder

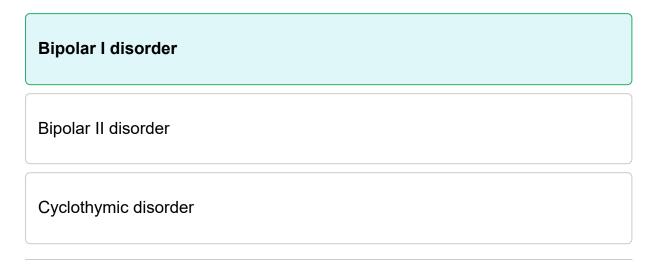
Correct answer: Excoriation Disorder

The primary feature of excoriation disorder is compulsive skin picking.

Trichotillomania is marked by hair pulling. Body dysmorphic disorder is the repetitive behaviors linked to flaws in physical appearance, and other specified obsessive compulsive and related disorder would not apply in this case, as there is a specifier: the skin picking.

Janice has experienced several episodes during which her mood is excessively euphoric, and she has little need for sleep. During these episodes, she takes on many projects, and she engages in risky behavior, such as spending large sums of money investing in new business ventures. She sometimes convinces herself that she is the owner of a Fortune 500 company, which is not true.

Which diagnosis is **MOST** likely for Janice?



Correct answer: Bipolar I disorder

To be diagnosed with bipolar I disorder, a person must experience at least one manic episode. They may potentially experience hypomanic or depressive episodes as well. A manic episode is characterized by an abnormally elevated mood, which is present in the description of Janice. Manic episodes also involve risky behavior and reduced needs for sleep, which also aligns with the description of Janice.

Individuals with bipolar II disorder experience at least one major depressive episode and at least one hypomanic episode. Hypomania is a less severe form of mania. There is no indication in the description that Janice has ever had a major depressive or hypomanic episode, so she would not meet bipolar II disorder criteria.

Cyclothymia involves periods of depressive symptoms and hypomanic symptoms that do not meet the full criteria for depressive and hypomanic episodes. This does not fit with the description of Janice. There is no indication she has ever had depressive symptoms, and her symptoms, as described, align with a manic episode.

You are interviewing Jordie, a new patient who presents with symptoms of depression. She self-reports recent changes like weight gain, headaches, fatigue, suicidal thoughts, and inability to concentrate. Jordie also mentions that she started new medication for a medical condition three weeks ago.

What is the next **MOST** appropriate step?

Advise that Jordie consult with her doctor to discuss medication side effects

Conduct a comprehensive psychosocial history and explore precipitating events

Hospitalize Jordie until her suicidal thoughts subside

Arrange a psychiatric consultation to prescribe an antidepressant

Correct answer: Advise that Jordie consult with her doctor to discuss medication side effects

Discussing medication side effects and whether they could be to blame for these symptoms is crucial because medications can cause or exacerbate symptoms such as those Jordie is experiencing. Exploring this first will help determine if her symptoms are related to the new medication before moving on to other interventions. It's important for Jordie to consult with her doctor, because it would be outside the social worker's scope of practice to determine if a medication for a physical health issue is causing side effects.

Conducting a comprehensive psychosocial history is important, but may not be immediately feasible, given Jordie's current cognitive difficulties and depressive symptoms.

Hospitalizing Jordie without further assessment may be premature, as her suicidal thoughts need to be better understood in context.

Arranging for an antidepressant prescription would also be premature before ruling out medication-related causes for her symptoms.

Which of the following BEST describes selective amnesia?

Inability to remember pieces of a particular experience

Inability to remember any personal life experiences

Inability to remember experiences after a particular time period

Correct answer: Inability to remember pieces of a particular experience

According to the DSM-5, selective amnesia is when a client has the inability to remember segments of an experience within a particular time. It is part of the larger diagnostic discussion of Dissociative Amnesia.

The other options are incorrect, as continuous amnesia is when a client has the inability to remember personal experiences after a particular point in their life, and generalized amnesia is when a client has the inability to remember any of their personal life experiences.

In order to be diagnosed with conduct disorder, how many symptoms must be present?

Three	
Five	
Nine	
One	

Correct answer: Three

Conduct disorder is usually diagnosed before adulthood with a variety of symptoms that violate social norms and the rights of others. Three of a set of fifteen symptoms from domains such as aggression to animals and people, destruction of property, deceitfulness, theft, and serious violations of rules are necessary to make the diagnosis.

The following statement is the **LEAST** applicable regarding the diagnosis/characteristics of social anxiety disorder:

The onset and symptoms of the disorder are consistently linked to a traumatic experience involving public embarrassment or ridicule from others, usually in early childhood. The disorder leads to pervasive avoidance of social situations.

The disorder is marked by strong fear of public embarrassment and negative judgment of others, and the way in which it is manifested may vary widely between individuals with the disorder, ranging from very specific situations/activities to those that are much more generalized/broader in scope.

People with social anxiety disorder often develop anxiety/fear about engaging in fairly common/routine activities while in the presence of/observed by others. They usually acknowledge that the fear is unfounded or out of proportion to the situation, but cannot readily control their reactions when actually in the fear-evoking circumstances.

Correct answer: The onset and symptoms of the disorder are consistently linked to a traumatic experience involving public embarrassment or ridicule from others, usually in early childhood. The disorder leads to pervasive avoidance of social situations.

Social anxiety disorder, also known as social phobia, is marked by a strong fear of being embarrassed/negatively judged by others. The fear can be so severe that it interferes with everyday activities. Many diagnosed with social phobia fear engaging in common/necessary activities while in others' presence (for example: public restroom use, eating/drinking in front of others, etc.). For some, the problem only arises in certain situations, while in others, symptoms manifest in almost any social setting. The range of scenarios that evoke fear in those with the disorder are too extensive to be defined in terms of a specific phobia. Because of this, continued use of the term "social phobia" to describe the disorder may lead clinicians to misdiagnose those whose avoidance of social situations is relatively mild.

While there may be some environmental factors at play in terms of the etiology of the disorder, there is no consistent link to a traumatic experience in sufferers' past/childhood.

The symptom that is **LEAST** likely to be present in a depressive disorder is:

A period of elevated mood lasting one week or longer

Suicidal thoughts

Temper outbursts and irritability

Changes in sleeping and eating habits

Correct answer: A period of elevated mood lasting one week or longer

Depressive disorders in the DSM-5 refer to disorders that are classified by a depressed/irritable mood, along with impairments in daily functioning. A period of elevated mood lasting one week or longer refers to an episode of mania, which is a required symptom of bipolar I disorder, not a depressive disorder.

The other options are incorrect, because they are all symptoms that may indicate a depressive disorder. These symptoms include suicidal thoughts, temper outbursts and irritability, and changes in sleeping and eating habits.

Of the following drugs prescribed by a psychiatrist, which would be **MOST** likely prescribed for a diagnosis which included schizophrenic psychosis?

Risperdal (Risperidone)

Lithobid (lithium carbonate)

Prozac (fluoxetine hydrochloride)

Correct answer: Risperdal (Risperidone)

Risperdal (Risperidone) is used to treat the symptoms of schizophrenia in adults and teenagers 13 years of age and older. It can also be used to treat episodes of mania in adults and in teenagers and children 10 years of age and older with bipolar disorder. Additionally, Risperidone is used to treat behavior problems such as aggression, self-injury and sudden mood changes in teenagers and children 5-16 years of age who have autism. Risperidone is in a class of medications called atypical antipsychotics, and it works by changing the activity of certain natural substances in the brain.

The other options, while they are medication, are not correct. Prozac (fluoxetine hydrochloride) is used to treat depression, obsessive compulsive disorder, some eating disorders, and panic attacks. Lithobid (lithium carbonate) is used to treat and prevent episodes of mania in people with bipolar disorder.

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Max, a regular displaced visitor at the crisis center, is seeking to be admitted on a very hot day. She has a diagnosis of Bipolar I Disorder with Psychotic Features. Pounding on the door until redirected, Max states that she believes the government has sent agents to kill her and that they are on their way. She appears to be in a state of near total mental collapse. When admitted to the building, Max experiences obvious relief from the heat and seats herself comfortably on a couch. Observed without her knowledge of the crisis center's security cameras above, Max still seems a bit paranoid, but does not appear to be as suffering nearly as vividly as before.

Which type of malingering is Max MOST likely guilty of?

Partial malingering	
Pure malingering	
False imputation	
She is not malingering	

Correct answer: Partial malingering

Partial malingering is present when the client exaggerates real symptoms.

The other options listed are forms of malingering, but do not match the circumstances based on the information offered in the question. Pure malingering is the total fabrication of symptoms, and false imputation is the deliberate misattribution of existing symptoms for gain.

Schizotypal personality is **BEST** distinguished from schizoid personality by which of the following?

Individuals diagnosed as schizotypal do not engage readily in social interactions/relationships based on paranoid-level fear of social contacts, as well as sets of odd beliefs, frequent perceptual distortions/sensory illusions, and situationally incongruent affect and/or behavior. Schizoid individuals' relative lack of social relationships is based on a perception of a lack of need for or connection with others, with little or no unusual thoughts, beliefs, or perceptions.

Schizotypal personality is manifested by periods in which schizophrenic like psychotic symptoms are readily observable (but do not meet the criteria for diagnosis of schizophrenia), while schizoid personality is marked primarily by pervasive, chronic lack of socialization that is driven by paranoid suspicions and mistrust of others.

Schizotypal and schizoid personalities can best be differentiated from one another by the degree and level of severity of impairment in object relations, with individuals identified as schizoid displaying more pronounced impairment, largely due to periods of bizarre thoughts and behaviors which alienate others.

Correct answer: Individuals diagnosed as schizotypal do not engage readily in social interactions/relationships based on paranoid-level fear of social contacts, as well as sets of odd beliefs, frequent perceptual distortions/sensory illusions, and situationally incongruent affect and/or behavior. Schizoid individuals' relative lack of social relationships is based on a perception of a lack of need for or connection with others, with little or no unusual thoughts, beliefs, or perceptions.

According to the DSM-5, there are many similarities between schizotypal and schizoid personalities. Most notable of the similarities is the inability to initiate or maintain most relationships (those with family of origin sometimes being an exception). Primary differences between the two seem to be that those labeled as schizotypal avoid social interaction because of paranoid quality fear of people. Schizoid individuals, viewing themselves more as observers rather than as participants in their environments, seem to sacrifice intimacy in order to preserve a sense of autonomy needed to maintain perceptions of autonomy and independence.

You are working with a young woman at an acute care hospital who recently found out she is pregnant. She is currently in a state of crisis about what to do and is very worried about what her family's reaction to her pregnancy will be, as well as many other stressors.

Which of the following is **MOST** important to address the early stages of crisis intervention?



Correct answer: Her basic safety

There will be many things to do in the relatively short amount of time for crisis intervention but, by far, the most important thing to address is the client's basic safety. This should be done proactively and not assumed. During this, questions about suicidal and homicidal ideation will need to be asked, even if these have not been stated by the client.

All of the other options are important, but will follow once the first step (ensuring her basic safety) has been completed.

Rica, a new client who is elderly, appears to have difficulty attending to the conversation with you. She looks at the floor often to avoid eye contact and seems to be distracted easily by noises and changes in the environment. Her affect is flat while her responses are delayed.

Which of the following is **MOST** congruent with Rica's clinical presentation?

Depression	
Delirium	
Dementia	
Stroke	

Correct answer: Depression

Rica is expressing some of the common markers of depression: a flat affect, distraction, and avoidance of eye contact.

In someone with delirium, one would expect to see much greater impairment. With dementia, the depressive signs may not be as evident and attention would be more normal. There are no major signs of stroke here, except perhaps speech latency, but this question does not offer enough information to choose that as the answer.

You are reviewing a client's record and note that the client is 10 months old and putting objects in her mouth to suck on. At which stage of Freud's Psychosexual Stages of Development is your client in?

Oral Stage
Phallic Stage
Genital Stage
Latency Stage

Correct answer: Oral Stage

The stages in which an individual matures are a product of Sigmund Freud's Psychosexual Development Theory. A child in the Oral Phase is Birth to age 1. During the Oral Phrase, some sources of pleasure are sucking, biting and chewing activities that involve the mouth.

A child in the Anal Phase is age 2. A child in the Phallic Phase is age 3 to age 5. A child in the Latency Phase is age 5 to puberty. The Genital Phase lasts from adolescence until death.

Rita, who has been receiving services over a substantial period in a cancer treatment center, arrives for a scheduled chemotherapy treatment. The nurse assigned to update the recent history and preparation for chemotherapy observes obvious changed behavior in Rita compared to her usual presentation, so the nurse refers her to you, the social worker. You note that Rita seems remote, self-absorbed, and noticeably sad.

You should **FIRST** assess which of the following?

Rita's present life situation and any changes that may have occurred since the last visit

Rita's recent compliance with recommended medical care

Any concerns that Rita has about dying

Correct answer: Rita's present life situation and any changes that may have occurred since the last visit

The ideal way to begin such an assessment is "start where the client is," which you could do by discussing Rita's present life situation.

Assessing compliance with medical care would be outside of your area of expertise (and would optimally be done by the nurse, or referred by the nurse to a physician). Presuming that Rita's behavior is specifically related to any "death and dying" concerns involves a number of "second-guesses" or imposition of logical, but unconfirmed, assumptions about her experience.

If Sully's behavior changed when he was removed from the environment that was causing the behavior, what type of behavior modification is present?

Negative reinforcement Positive reinforcement Extinction

Correct answer: Negative reinforcement

Negative reinforcement is the strengthening of a desired behavior through the use of avoidance conditioning. In this question, when Sully's behavior changes when he is removed from an environment, negative reinforcement is present.

The other options are incorrect. Positive reinforcement is the strengthening of a desired behavior by adding a reward, and extinction is the weakening of a conditioned response by discontinuing reinforcement after the response occurs.

Which of the following would be harmful to a client in crisis?

Becoming anxious in response to their situation

Rapidly establishing a collaborative relationship with a client

Allowing the client to maintain ownership of the crisis

Operating according to a general blueprint for responding to crisis situations

Correct answer: Becoming anxious in response to their situation

Becoming anxious in response to the client's crisis could be harmful. Even if you are reasonably worried for the client, becoming outwardly anxious could worsen the crisis.

All of the other answer choices are appropriate social worker actions during a crisis, and they are unlikely to be harmful.

The **MOST** important element to consider prior to contacting a client's collateral sources for information to contribute to an initial assessment of the client is:

Capacity for obtaining client consent to contact involved parties

The possibility that collateral sources among the client's personal relationships might give unreliable/inaccurate information

Conflicts of interest between involved parties might lead to breaches of trust with the client

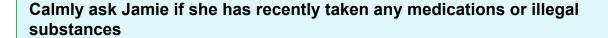
Correct answer: Capacity for obtaining client consent to contact involved parties

The key concern in any situation of this nature is to support core social work values/ethics, including the principle of "informed consent." There may be instances in which collateral sources of various types are consulted for client-related information, in which the client in question may lack decisional capacity or legal status, where formal consent by the client is not possible or valid. However, when at all possible, the client should be consulted and any/all reason(s) for hesitating to consent should be discussed and/or accounted for.

It is true that collateral sources may be inaccurate, or that conflicts of interest may lead to a breach of trust with the client. However, the question asked what is the most important element to consider, and that would be the ability to obtain consent from the client to contact collateral sources, so the other options are incorrect.

You are meeting Jamie, a 27-year-old new client for the first time, and she appears to be sweating profusely, a bit disoriented, and experiencing rapid mood swings throughout the session. At least three times during the session, Jamie suddenly stiffens up and looks over her shoulder as if she has heard something behind her that bothered her, despite sitting with her back to the wall.

Which of the following should you do **FIRST**?



Conduct a suicide risk assessment on Jamie

Call Jamie's friends and/or family members to inquire about her behavior

Diagnose Jamie with a psychotic disorder

Correct answer: Calmly ask Jamie if she has recently taken any medications or illegal substances

Before moving forward with the session, you should calmly ask Jamie if she has recently taken any medications or illegal substances. Based on the information in the question, from what you can visibly see, Jamie is exhibiting side effects common for many substances including: paranoia, mood swings, and physiological symptoms (profusely sweating). Once you have her answer, you can then move forward with deciding how to handle intervening with Jamie.

You should not call any of Jamie's friends or family members unless she agrees with you to do so, and that information was not provided in the question. You could conduct a suicide assessment, but only after determining the cause of her symptoms. You should also refrain from diagnosing Jamie with a psychotic disorder unless you are absolutely certain that her symptoms are not caused by substance use, and that certainty can only come after asking her if she has recently taken any medication or illegal substances.

The following kind of reliability in social work research addresses the consistency of a test across the time domain:

Test-retest reliability

Interobserver reliability

Parallel forms reliability

Internal consistency reliability

Correct answer: Test-retest reliability

Test-retest reliability measures the degree to which a test is consistent across/over time.

Interobserver reliability measures the difference between the experience of different test participants. Parallel forms reliability addresses the consistency of different tests taken from the same content. Internal consistency reliability assesses the consistency of items within a test.

You have been working with Mrs. Sheeran, who has been receiving mandated treatment following a short period of incarceration after drug possession and breaking/entering charges. Mrs. Sheeran has two young children who are currently being cared for by their grandmother, and Mrs. Sheeran would like to get a job and find a place to live so that her children can move back in with her. While Mrs. Sheeran has made significant progress in treatment, she would like to continue seeing you for therapy, even after her mandated course of treatment is over.

Which of the following **SHOULD** be an updated treatment plan goal for Mrs. Sheeran's new treatment plan?

Find Mrs. Sheeran employment and a residence so that her children can live with her

Help Mrs. Sheeran work through traumatic childhood experiences that could have led to her current behaviors

To bring the grandmother to treatment to discuss codependency issues

To continue working with Mrs. Sheeran as a mandated client to ensure that she follows through on her goals

Correct answer: Find Mrs. Sheeran employment and a residence so that her children can live with her

Based on the information offered in the question, Mrs. Sheeran's self-reported goals are to find a job and a place to live, which are practical and concrete goals. You should respect the principle of self determination and follow Mrs. Sheeran's lead by creating a plan that helps her achieve her goals.

The other options are incorrect, as there is no reason for you to address traumatic childhood experiences, no need to make her continue as a mandated client since she herself stated that she would like to continue, and the information offered in the question does not indicate that Mrs. Sheeran is codependent.

Johnny, a client, is assigned to you in a hospital setting, after being admitted from the emergency room because Johnny indicated he was severely harassed by his employer, and had begun to experience extreme anxiety and "problems remembering" related to the extreme pressure in his workplace. Medical evaluations ruled out neurological or any drug-related factors. In speaking with you, Johnny repeatedly points out "memory gaps," expresses extreme distress over the impact of traumatic experiences at work, and indicates that if he doesn't "recover completely," he may take legal action against the company for which he works. Johnny is overheard by nursing staff talking with his visiting coworkers, and describing details and quoting specific things his employer had said to him.

Which of the following is the **MOST** likely diagnosis of Johnny, based on information offered in the question?

Malingering
Factitious disorder
Dissociative amnesia

Correct answer: Malingering

Malingering can usually be detected in individuals faking amnesia. They typically exaggerate and dramatize their symptoms, and there is obvious potential gain financially, legally, or personally, for pretending loss of memory.

The other options are incorrect because they do not best fit what is being described about Johnny. Factitious disorder is a diagnosis that covers a group of mental disturbances in which individuals intentionally feign physical or mental illness without obvious benefits, and dissociative amnesia is usually marked by a gap or series of gaps in their recollection of their life history. These gaps usually coincide with episodes of abuse or severe trauma.

You are assigned the case of Edward, a 55-year-old man with chronic schizophrenia whose psychotic symptoms have largely been controlled with antipsychotic medications, to work with him on improving his social skills and support network. You observe that he moves very slowly, often rocks back and forth when sitting, and seems to have a pattern of odd facial expressions about which he seems unaware/unconcerned.

The following is the **MOST** probable conclusion about these behaviors to be considered by you in this case:

The behaviors are probably related to the long-term effects of antipsychotic drugs and are unlikely to be under Edward's voluntary control. This may warrant a medical consultation and/or may need to be considered in formulating effective treatment strategies.

The behaviors may be driven by residual, mild psychotic thought processes and constitute Edward's habitual responses to intrusive thoughts, etc. and/or a mechanism he has developed to gain a sense of control by physical means.

The behaviors indicate a probable underlying condition not previously diagnosed that causes Edward to fidget, move abnormally, and display impulsive or involuntary movements/facial expressions.

The set of behaviors exhibited by Edward have been learned over time and serve to "protect" him from the demands of social interaction by alienating others and making them hesitant to approach him.

Correct answer: The behaviors are probably related to the long-term effects of antipsychotic drugs and are unlikely to be under Edward's voluntary control. This may warrant a medical consultation and/or may need to be considered in formulating effective treatment strategies.

The behaviors indicated in the information in the question are among a (larger) set of symptoms of Tardive Dyskinesia, a syndrome of neurological side effects of prolonged ingestion of antipsychotic drugs. Edward's age and the fact that his psychotic symptoms have been well controlled with medication indicate that he has likely been taking these medications over an extended period, increasing the probability/severity of these side effects.

There are overlaps between his condition and some other neurological disorders, but given the established history, it is unlikely those diagnoses would have been

After your client, Pam, requests involuntary inpatient admission because she self reports experiencing the loss of impulse control, you schedule a psychiatric evaluation for her. The psychiatrist, however, declares that Pam is capable of living successfully in the community if she continues therapy and starts medication.

What should you do in order to help Pam understand?

Explain what the requirements of medical necessity are

Refer Pam to another psychiatrist for a second opinion

Ask why Pam is experiencing a loss of impulse control

Contact Pam's family to make them aware of her instability

Correct answer: Explain what the requirements of medical necessity are

In this example/question, the best thing for a social worker to do would be to explain what the requirements of medical necessity are to help Pam understand why she was turned away from inpatient admission.

While a social worker might do the other three options (with consent), these would not directly help Pam understand why she was turned away from inpatient admission.

You are employed by a college's counseling center and often meet with young adults who are not sure where their lives are headed, or what careers they want to pursue and lack direction.

These individuals **MOST** likely have:

Poor ego functioning

A history of physical or sexual abuse

A below average level of intelligence

High levels of self-esteem

Correct answer: Poor ego functioning

Ego functioning refers to the degree to which an individual has insight into their thoughts and feelings, is able to engage in self-directed behaviors, and has self-esteem, empathy, and moral development. In this question, the college students you meet with can be described as having poor ego functioning because, based on the information offered in the question, they lack sufficient insight and find it difficult to engage in self-directed career activity.

There is no indication in the question that the college students have a history of physical or sexual abuse, or a below average level of intelligence and, rather than a high level of self-esteem, individuals with poor ego functioning have lower levels of self-esteem.

Cleo, a concerned mother, took her five-year-old son in for a mental health assessment. Bruce seems overly friendly to strangers and happy to speak with them, even when it means leaving Cleo behind. He physically engages strangers, as well, by pulling on their clothes for attention and attempting to receive hugs from them and/or climbing on their laps.

Which of the following diagnoses **MOST** resembles the case?



Correct answer: Disinhibited Social Engagement Disorder

Disinhibited Social Engagement Disorder is a new diagnosis in the DSM-5 and is characterized by a type of spontaneous physical and emotional engagement with strangers by children. This diagnosis replaces the specifier of indiscriminately social/disinhibited type with respect to Reactive Attachment Disorder. The previously used/known diagnosis, Reactive Attachment Disorder, is now reserved for the more introverted type of presentation.

Posttraumatic Stress Disorder and Adjustment Disorders are both listed under Trauma- and Stressor-Related Disorders in the DSM-5, but they do not match the presented symptoms based on the information in the question.

If Michelle flinches or changes the subject anytime someone mentions a painful procedure or an incident that sounds painful, what is she **MOST** likely suffering from?

Acrophobia Aquaphobia

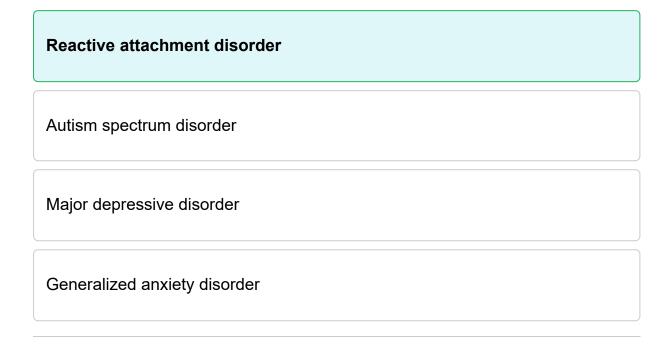
Correct answer: Algophobia

Algophobia, which is classed along with other specific phobias in the DSM-5, is the fear of pain.

Aquaphobia is the fear of water, and acrophobia is the fear of heights.

Charlotte is an eight-year-old girl in the custody of Child Protective Services. She has been in the system since she was a toddler after multiple reports were made that Charlotte's hygiene was not attended to, she was underweight, and often spent days in her crib with very limited interaction with others. You notice that Charlotte is often sad, becomes irritable when her foster parents try to hug or compliment her, and she appears indifferent when she meets new adults.

In terms of a diagnosis, as Charlotte's social worker, you might suspect:



Correct answer: Reactive attachment disorder

Reactive attachment disorder (RAD) is characterized by a consistent pattern of emotionally withdrawn behavior toward adult caregivers. Children with RAD are often minimally social and emotionally responsive to others, have a limited positive affect, and have episodes of unexplained irritability or sadness. Children with RAD have often experienced severe neglect that prevents them from being able to form lasting and secure attachments.

While there is some overlap between RAD and autism spectrum disorder, autism spectrum disorder occurs no matter what the quality of care was like in early childhood. Major depressive disorder is characterized by depressed affect, changes in sleep habits and appetite, and a decrease in an individual's energy levels. Generalized anxiety disorder is characterized by irrational and persistent worry and anxiety about a wide range of topics.

Among a cluster of conditions that can be found in infants and young children, marasmus and kwashiorkor are **MOST** likely to be diagnosed in which of the following situations?

Living conditions in which nutritional and dietary inadequacies are severe and chronic, such as those prevalent in regions with widespread poverty or affected by natural disasters that seriously limit food supplies

In infants and children who have been in some form of "custodial care," like orphanages, which, especially in some overseas regions, provide little or no significant contact with caretakers and, therefore, create neglect syndromes

These disorders and others in the same category are most frequently found in areas with high levels of environmental pollution/toxins that affect drinking water supplies

These are conditions that are most likely to be diagnosed as a secondary effect of serious physical abuse of children, resulting from episodes of repeated trauma and bodily injury

Correct answer: Living conditions in which nutritional and dietary inadequacies are severe and chronic, such as those prevalent in regions with widespread poverty or affected by natural disasters that seriously limit food supplies

Both marasmus and kwashiorkor are diseases caused by severe nutritional deficiencies. In kwashiorkor, the deficiency is specific to inadequate protein intake, and marasmus is caused by deficiencies of both proteins and carbohydrates. These disorders (as well as similar ones) most frequently occur in geographic/national regions in which there is extreme poverty, and/or in children whose previous breastfeeding regimen has been supplanted by the need of a newborn sibling and other sources of adequate dietary elements are scarce. Such disorders are sometimes found in adoptions of special needs children, and they can lead to a variety of developmental problems and/or fatalities if not quickly and aggressively addressed with adequate medical nutritional interventions.

The other options are incorrect because, while some children in orphanages may have marasmus and kwashiorkor, not all children with marasmus and kwashiorkor are neglected. These diseases are related to malnutrition rather than toxic water supplies, and marasmus and kwashiorkor have nothing to do with abuse or trauma.

Jamie previously threw a tantrum before he had to brush his teeth, and when his dad stopped giving him attention, he threw fewer and fewer ones until he stopped altogether eventually. Now, he brushes his teeth without any problems.

What type of behavior modification is present?

Negative reinforcement Positive reinforcement

Correct answer: Extinction

Extinction is the weakening of a conditioned response by discontinuing reinforcement after the response occurs. In this question, Jamie's dad is trying to take away what was previously provided as reinforcement (a tantrum) while the desired behavior (tooth brushing) continues. The learned tantrums have become extinct.

The other options are incorrect because they do not best match the information that was offered in the question. Positive reinforcement is the strengthening of a desired behavior by reinforcing a desired object or approval, and negative reinforcement is the strengthening of a desired behavior through the use of avoidance conditioning.

Neuroticism, anxiety sensitivity, and reports of childhood sexual and physical abuse are common when there is a diagnosis of:

Panic disorder

Posttraumatic stress disorder (PTSD)

Schizophrenia

Major depressive disorder

Correct answer: Panic disorder

Panic disorder is characterized by recurrent unexpected panic attacks, which is when an individual experiences physiological changes like an increased heart rate, dizziness, sweating, and shaking. Individuals with panic disorder also experience persistent concern or worry that additional panic attacks will occur, so they change their behavior to avoid having any future panic attacks. It is quite common for individuals with panic disorder to report neuroticism, anxiety sensitivity, and childhood sexual and physical abuse.

The remaining options are incorrect, as none of these diagnoses are as closely related to reports of neuroticism, anxiety sensitivity, or childhood abuse.

The following items **MOST** accurately reflect elements and purposes of a biopsychosocial assessment:

Such assessments are comprehensive. They include historical and current information on the client and significant others, the client's strengths/weaknesses, a formulation of recommendations, and may be revised throughout the course of treatment.

Information regarding the financial status of clients and/or significant others is specifically excluded from the biopsychosocial assessment as it does not fit the purposes of the assessment.

These assessments are usually reserved for use in cases where problems are very complex and/or there is lack of clarity about the role of biological factors in a given case.

Correct answer: Such assessments are comprehensive. They include historical and current information on the client and significant others, the client's strengths/weaknesses, a formulation of recommendations, and may be revised throughout the course of treatment.

Biopsychosocial assessments contain information about client status and background, including relevant familial factors, from a multidisciplinary perspective. They are recommended as tools to guide treatment, and may evolve or be revised when new information or events emerge throughout the course of treatment.

The financial status of the client may be included if it is relevant to the client's presentation, and biopsychosocial assessments should be written on every client, not just those who are extremely complex.

Of the following drugs, which is **MOST** commonly prescribed for schizophrenia?

Correct answer: Mellaril (Thioridazine)

Mellaril is a drug in the class labeled "typical antipsychotics" and is most often used to treat positive symptoms of schizophrenia.

Neurontin is used to treat seizure disorders. Tegretol is used to treat seizure disorders and/or bipolar disorders. Paxil is used to treat depression, anxiety, and obsessive-compulsive disorder.

William is a social worker in a crisis center and is helping his client, Radio, who has been displaced by a natural disaster and is currently in a state of crisis. Radio cannot seem to focus on the biopsychosocial assessment that William must do in order to help him. Radio is unable to stand still and is instead pacing, weeping, and insisting that William does not understand his crisis.

What is the **MAIN** point of insisting on the process?



It allows for a therapeutic confrontation

It assists in stepwise crisis intervention

It ensures Radio will be assessed for immediate safety

Correct answer: It forces a therapeutic organization of thought and behavior

It may not seem that William is being very therapeutic, and, of course, there should be some time for sympathy to be offered to people like Radio who are in a crisis. However, as soon as it is possible, going into an organized process will be therapeutic for the client. As shown in this question, there may be resistance to it, but the focus of organized crisis intervention is to force the client's mind to focus on the immediate situation.

Confrontation has no place in crisis intervention and though the assessment does help in stepwise crisis intervention, the process has a general therapeutic value in its own right. Finally, the assessment will definitely address Radio's immediate safety, but that is not its main purpose or value.

A diagnosis of adjustment disorder in an adult with no previous history of psychiatric problems is **PRIMARILY** dependent on:

The identification of at least one psychosocial stressor to which symptoms can be attributed, with symptoms beginning no more than three months after the onset of stressor(s)

Symptoms that begin during a period of psychosocial stress and do not last more than six months

Anxiety or depression that results from one or more life events of the type that would be normal and expected in the course of adult life

A specific syndrome that can be tied to a period of psychosocial stress, including symptoms of panic, rumination about or repeated review of triggering stressors, sleep disturbance, and widely varying course of onset, from immediate to several months after the stressful event(s)

Correct answer: The identification of at least one psychosocial stressor to which symptoms can be attributed, with symptoms beginning no more than three months after the onset of stressor(s)

According to the DSM-5, adjustment disorder must include some defined stressful event(s), with symptoms beginning within three months after the initial introduction of the stressor(s).

An adjustment disorder must begin within three months after the stressor, but may last more than six months post onset. Note that the key element here is the duration of the stressor(s) with justification to add a modifier of "chronic" if symptoms continue more than six months after the stressor terminates. In terms of the type of life events that are considered stressful, they may or may not be normal and expected.

You've been working with Dominique, a client with anxiety, for 12 months. She has met all treatment goals, and it's clear to you that she's ready for termination. However, she expresses she is not ready to terminate, and she wants to continue to see you weekly.

What is the **BEST** way to handle this situation?

Discuss Dominique's fears and move toward termination

Continue treatment until Dominique is comfortable terminating

Immediately refer Dominique elsewhere

Discharge Dominique immediately for non-compliance

Correct answer: Discuss Dominique's fears and move toward termination

The best choice here is to discuss Dominique's fears and move toward termination. It is not ethical to continue to treat a client who doesn't need services any longer. However, you should have a discussion to explore Dominique's fears, so her concerns are validated. Then, move toward termination.

Continuing to treat Dominique when she doesn't need it would be unethical.

Immediately referring her elsewhere is also not the best choice. She already has a client-social worker relationship with you, so you should discuss with her moving toward termination.

Immediately discharging her without discussion could cause harm and would not be clinically appropriate.

The following is characterized by delusions and/or hallucinations occurring for a period of less than six months:

Schizophreniform Disorder

Schizotypal Disorder

Schizophrenia

Schizoaffective Disorder

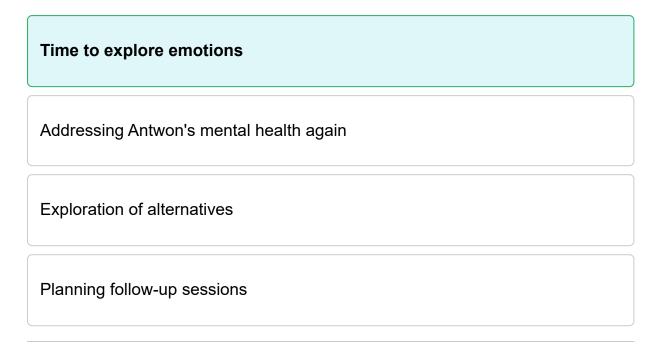
Correct answer: Schizophreniform Disorder

Schizophreniform Disorder can sometimes be referred to as "short-form" Schizophrenia. While it has all of the clinical hallmarks of Schizophrenia, it does not last the full six months, which is required for the diagnosis.

The other disorders listed do not match the stated symptoms.

You have been performing crisis intervention at your local hospital. Your latest client is a young man, Antwon, with severe depression who has come out to his family as gay and has become displaced as a result. You have been able to confirm that Antwon will not hurt himself or anyone else. You and Antwon have formed a solid therapeutic bond, and together have identified several major problems to work on. You have both gone on to work on a crisis plan that he feels good about.

What have you left out?



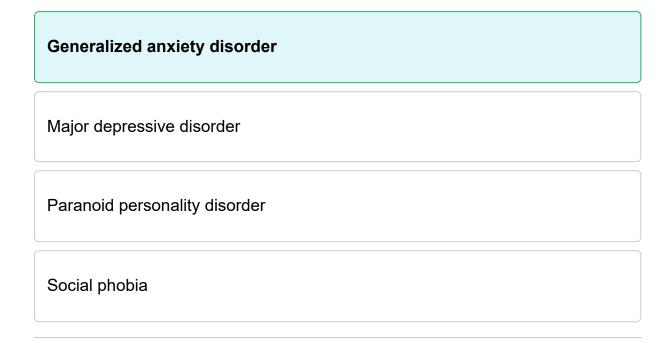
Correct answer: Time to explore emotions

Even before crisis planning, it is important to allow the client to explore and normalize the emotions that they have experienced as a result of the crisis. This will allow them to process and reduce the acuity of these emotions so that more effective planning can result.

While planning follow-up sessions is important, this should be the last thing to do in the process. In this question, it is stated that you have already confirmed that Antwon will not harm himself or others, so addressing his mental health might come up again later, if at all, but not right now. Finally, the exploration of alternatives would be what informs the plan that you and Antwon have worked on together.

A 47-year-old man tells his social worker that he is often worried about his health. Upon further discussion with the social worker, the man reveals that he worries about his son's safety for no particular reason, as well as his own financial situation and his job. The man feels as if he cannot control these worries and wonders if he will always feel this way.

According to the DSM-5, the **MOST** probable diagnosis for this middle-aged man is:



Correct answer: Generalized anxiety disorder

Generalized anxiety disorder is a period of excessive anxiety and worry that the individual finds difficult to control. In this question, the man worries about a wide variety of topics for no particular reason and indicates that he finds those worries difficult to control. He also states that he wonders if he might always feel that way.

Major depressive disorder is characterized by depressed affect, feelings of worthlessness, and a loss of interest in most activities. Paranoid personality disorder is characterized by pervasive suspicion and a generalized mistrust of others. Social phobia is the intense fear or anxiety in everyday social situations.

You are reviewing a client's record and notice that the client is described as being in the "genital phase." What is the age of the client?

Puberty to death

Age 1 to age 3

Age 3 to age 6

Correct answer: Puberty to death

The phases in which an individual matures are a product of the psychosexual development theory. The genital phase lasts from adolescence/puberty to death.

A child in the oral phase is from birth to age 1. A child in the anal phase is aged 1 to age 3. A child in the phallic phase is aged 3 to age 6. Though it is not an option here, a child in the latency phase is aged 6 to puberty.

You're working with a client for therapy services. The client experiences episodes of an extremely elated mood, during which he engages in multiple projects, goes without sleep, speaks quickly, and shows risky behaviors, such as unprotected sex, fast driving, and substance misuse. You refer him to a psychiatrist for assessment.

Which of the following medications would you **MOST** expect the psychiatrist to prescribe to this client?

Lamictal	
Concerta	
Ativan	

Correct answer: Lamictal

Based on the description of the client's symptoms, he appears to be experiencing mania, in line with a bipolar disorder diagnosis. Lamictal is a mood stabilizer used to treat bipolar disorder. This is the medication you'd most expect the client to be prescribed.

Concerta is used to treat ADHD, which does not seem to be the client's diagnosis, based on the client displaying symptoms of mania.

Ativan is an anti-anxiety medication. There is no indication this client is experiencing anxiety.

You are working with a couple for marriage counseling. When you bring up the topic of sexual abuse, the wife becomes visibly uncomfortable. She avoids making eye contact and gives minimal responses to your questions.

How should you proceed?

Offer individual treatment in conjunction with couples therapy

Avoid addressing the topic

Discuss with the client the importance of addressing this uncomfortable topic

Correct answer: Offer individual treatment in conjunction with couples therapy

Sometimes, clients may be uncomfortable discussing sensitive topics in the presence of family members. In couples counseling, the wife may be uncomfortable discussing a sexual abuse history in the presence of her husband. In this case, you could offer individual treatment to the wife, so she has a confidential space to discuss sensitive topics.

Avoiding the topic is not the best choice here. It could be harmful to the client to avoid addressing this issue.

You should also not tell the client it's important to address the topic; it could be harmful to prompt her to discuss it during couples counseling if she is not comfortable doing so.

If Nancy, a client, self-reports that she panics every time anyone mentions climbing a ladder or flying in an airplane, what is she **MOST** likely suffering from?

Acrophobia Aquaphobia Agoraphobia

Correct answer: Acrophobia

Acrophobia is the fear of heights.

The other options are incorrect, as aquaphobia is the fear of water and agoraphobia is the fear of wide, open spaces.

Avery is a patient at an acute care mental hospital, and he presents himself with a unique way of speaking where he uses certain phrases over and over. Avery reports loneliness, dresses in odd ways, and believes in a number of conspiracies. When Avery walks on the tiles at the hospital, he shows extreme focus and is careful not to step on any of the seams.

Which of the following personality disorders will Avery **MOST** likely be diagnosed with?



Correct answer: Schizotypal Personality Disorder

Schizotypal Personality Disorder is mostly characterized by odd patterns of speech and behavior, a strange way(s) of dressing oneself, and a range of bizarre beliefs or magical thinking. All of these are shown through the information in the question.

The other options are all personality disorders, but they do not match the information in the question.

A person who believes that irrelevant or benign stimuli are directly related to them is experiencing which of the following?

Ideas of reference

Hypochondriasis

Learned helplessness

Correct answer: Ideas of reference

Ideas of reference are beliefs that irrelevant or benign stimuli are directly related to oneself or are personally significant. They may also be called delusions of reference.

Hypochondriasis occurs when someone is abnormally preoccupied with having or developing a disease, even when they have evidence that they do not have such a disease.

Learned helplessness occurs when a person feels they have no control over a situation, and they then behave as if they are powerless to change.

A client with an eccentric mannerism would **MOST** likely be diagnosed with which of the following personality disorders?

Schizotypal Personality Disorder

Paranoid Personality Disorder

Borderline Personality Disorder

Narcissistic Personality Disorder

Correct answer: Schizotypal Personality Disorder

According to the DSM-5, Schizotypal Personality Disorder (STPD) is a condition that is characterized by a consistent pattern of hindered relationships due to their symptoms: distorted views of reality, lack of empathy, eccentric manners of speaking, and suspiciousness.

Paranoid Personality Disorder is characterized by suspiciousness of others. Some symptoms of Borderline Personality Disorder are impulsive behavior, lack of control of anger, identity disturbance, and chronic feelings of emptiness. Narcissistic Personality Disorder is characterized by behavior that seeks approval and fragile self-esteem.

The following version of the DSM eliminated the multiaxial system in an attempt to present a more simplified approach:

DSM-5

DSM-IV-TR

DSM-III

Correct answer: DSM-5

While previous versions of the DSM used a multiaxial system for diagnostic and treatment purposes, the DSM-5 eliminated this system in an attempt to simplify documentation.

A 67-year-old man, George, comes to see you for therapy following his divorce from his wife, who he was married to for 21 years. George is suffering with feelings of depression and low self-esteem, and you believe that he would best benefit from a treatment plan that aims to increase opportunities for him to have satisfying relationships.

Before you create this plan, however, which of the following should occur?

A thorough biopsychosocial assessment

A medication trial to relieve George's feelings of depression

A clinical diagnostic assessment

A termination agreement

Correct answer: A thorough biopsychosocial assessment

A treatment plan is a necessary component of therapy and other social work services. However, the biopsychosocial assessment includes information about, in this case, George's inner workings, social relationships, and the environment used to inform the development of the treatment plan.

Medication trials are not always necessary in order for a treatment plan to be developed, especially since not all clients require medication. A clinical diagnosis is also not required in order for a treatment plan to be developed. A "termination agreement" is a bit of a vague term here. However, termination is the final phase of treatment, so it does not occur until after the treatment plan goals are reached, and you and George are not yet at that point.

One main **DIFFERENCE** between schizoaffective disorder and schizophrenia is:

Schizoaffective disorder includes a drastic change in mood while also experiencing symptoms of schizophrenia.

Schizoaffective disorder is often first present in childhood, but schizophrenia only develops during young adulthood or later.

Unlike schizophrenia, schizoaffective disorder lacks emotional turmoil and confusion.

An individual who has been diagnosed with schizoaffective disorder must experience symptoms for at least six months, whereas an individual with schizophrenia can be diagnosed after only two months.

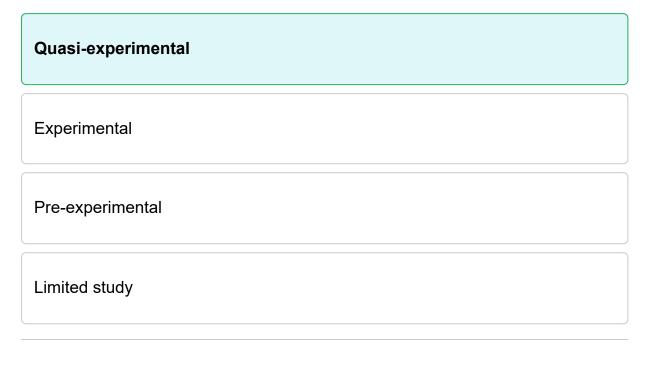
Correct answer: Schizoaffective disorder includes a drastic change in mood while also experiencing symptoms of schizophrenia.

The criteria for schizoaffective disorder include an uninterrupted, consistent period of illness during which there is either an episode of major depression or mania. This drastic change in mood must happen simultaneously with symptoms of schizophrenia, and these include at least one month of delusions/hallucinations, disorganized speech, disorganized or catatonic behavior or negative symptoms.

The typical age of onset for both schizoaffective disorder and schizophrenia is young adulthood. While individuals with schizophrenia may not experience any periods of drastic changes in emotions, this is a criterion for schizoaffective disorder. Symptoms of both schizoaffective and schizophrenia must have been present for at least one month.

Edna is doing research at the local mental hospital. Her design is to compare a group that receives a specific treatment with a group that does not. She picks which participants are assigned to which group.

What type of research is this?



Correct answer: Quasi-experimental

This research is quasi-experimental, because it compares control to experimental groups but assignment to the groups is nonrandom.

Experimental research includes both elements: random assignment and experimental/control design, and pre-experimental research only performs intervention. The option, limited study, is not a type of research design.

MJ has been working with her client, Jenni, to manage her crisis after discovering her husband wants a divorce. Through a process that has lasted about two months, Jenni and MJ established a relationship, identified issues to be worked on, and arrived at a good crisis plan which Jenni implemented. MJ asks Jenni if they can meet again in a few weeks, but Jenni says that her crisis is over, and politely asks why.

What is MJ's **BEST** reply?



Explain that Jenni should still process her emotions

Explain that Jenni will still need to be assessed for self-harm

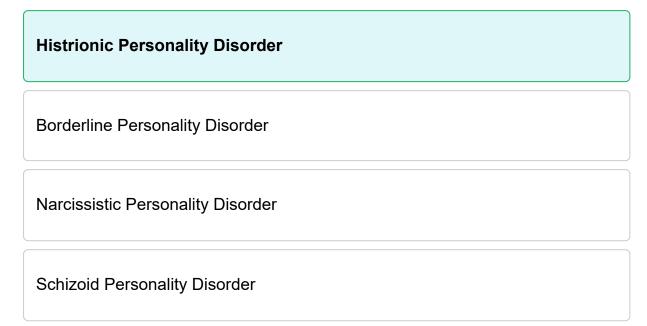
Explain that Jenni may re-enter crisis

Correct answer: Explain that it is important to check back in with Jenni

All of the other answers have an element of truth, but the real reason to encourage a follow-up session is to check back in on the status of the client, which in this case, is Jenni. As she emerges from the crisis, she might have a period in which her restored functioning is fragile. Crisis can also bring up long-standing issues, and these might be things that Jenni needs a forum to process.

Miles is meeting his client, Maverick, for therapy. Over the past few months of sessions, Miles has noticed that Maverick tends to sexualize his appearance, tends to overdramatize his experiences, and goes out of his way to seek attention in any way he can.

What personality disorder is Maverick MOST likely suffering from?



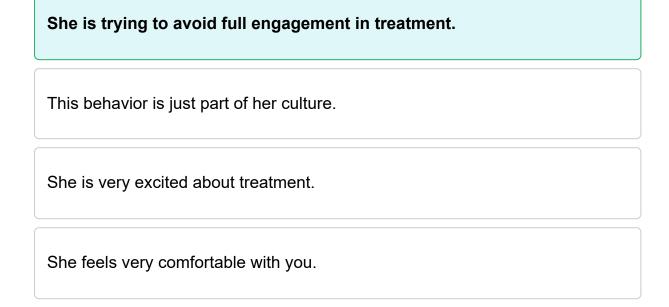
Correct answer: Histrionic Personality Disorder

Based on the information in the question, Maverick appears to suffer from Histrionic Personality Disorder. This disorder is most characterized by aggressive and risky attention-seeking, some of which may be sexualized, and the overdramatic and melodramatic expression of life events.

While the other options are personality disorders, they do not match the information in the question.

You're working with Jazmine, a young woman who was referred by the court for an assessment after being arrested for drug possession. During your first appointment, Jazmine is overly complimentary to you, to the point that you almost feel uncomfortable.

Which of the following is the **BEST** potential explanation for Jazmine's overly complimentary behavior?



Correct answer: She is trying to avoid full engagement in treatment.

Flattering the social worker is a common sign of resistance or lack of readiness for change. A client who is overly flattering may hope to soften the social worker, so the social worker does not try to facilitate change in the client. Jazmine is most likely being overly complimentary because she is not yet ready to fully engage in substance misuse treatment. Being complimentary can soften the social worker and make the social worker less likely to push Jazmine toward action.

While people may behave in a certain way based on culture, this is not the best assumption here. Since the client is court-ordered and was arrested, it would be reasonable to assume she may present with resistance.

Being overly excited about treatment or very comfortable with you are potential alternate explanations, but since the client is being overly flattering to the point you're uncomfortable, the best explanation is that Jazmine is not ready to engage. This is a common behavior shown when a client is resistant to change.

In preparing to make a treatment plan with your patient, Carey, you have heard him describe his depression in detail. You then gathered medical data and accounts from other providers about Carey's mental health history, and you brought these two elements together and performed a detailed assessment.

What should you do **NEXT**?



You should establish rapport with Carey

You should give time for the expression of emotions

You should collect more data

Correct answer: You should plan with Carey

The point of treatment planning, according to the classic SOAP (Subjective, Objective, Assessment and Plan) format, is eventually to arrive at concrete steps that will help the client or patient achieve their goals.

While establishing rapport is necessary, it is not exactly a part of treatment planning per se. There is also no stage assigned to the expression of emotions. Collecting more data may be necessary, but it is not the next step which the question asked for.

A family that is stuck in the separation individuation phase of development might present with:

When her son is asked a question, the mother often answers for him

An adolescent constantly challenges and breaks his family's rules and skips school

A toddler is resistant to potty training and often screams when her parents attempt to convince her to use the toilet

An adolescent is compliant with school rules but acts out when at home

Correct answer: When her son is asked a question, the mother often answers for him

The separation individuation stage of development is the point where an individual begins distinguishing themselves as having a separate identity from their primary caregivers. Caregivers who have not allowed a child to pass through this stage of development might discourage their child from forming new relationships and will speak for their child instead of allowing their child to express their own opinions.

The other options are all examples of children or adolescents who are trying to establish their own identities.

The following is ${f NOT}$ a stage of treatment planning:

Re-evaluation	
Planning	
Engagement	
Evaluation	
Correct answer: Re-evaluation	
In order, the stages of treatment planning are Engagement, Assessment, Planning, Intervention, Evaluation, and Termination.	
Re-evaluation is not listed. Therefore, it is not a stage of treatment planning.	

The following is the **MOST** representative definition of the distinction between subjective and objective data:

Subjective data is comprised of information provided by a client about their situation/problem, but objective data is obtained from the observations of a professional regarding a client.

Subjective data is based on impressions and perceptions on the part of a client or a professional observer. Objective data is concrete, ideally measurable observations of behavior, symptoms or signs related to a specific condition.

Subjective data is based on internal experience such as sensations or feelings, whereas objective data is based on observable, verifiable, and concrete information.

Subjective data often involves preferences or value judgments. Objective data is comprised of observed/measured information without regard to its individually determined meaning.

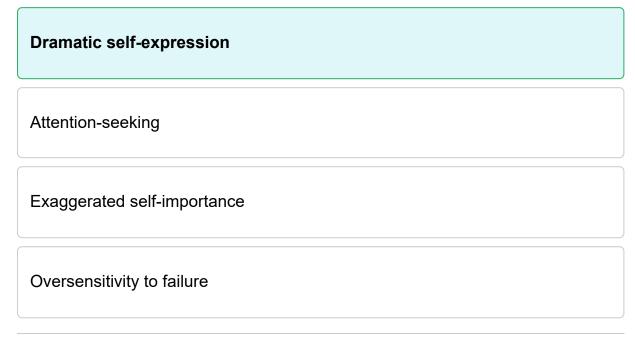
Correct answer: Subjective data is comprised of information provided by a client about their situation/problem, but objective data is obtained from the observations of a professional regarding a client.

Data obtained/exchanged in social work can be classified as subjective and objective. The traditional definition of subjective information is that which a person/client reports to an assessor/listener. Objective information is constituted by evident, measurable, and verifiable observations. A key skill development area is learning to differentiate between self-influenced impressions and objective information, and to appropriately/effectively utilize various types of data.

Subjective data is comprised of impressions of a client by a professional and by the clients themselves, while objective data is more concrete, factual data.

Elly has been diagnosed with Narcissistic Personality Disorder, and gets infuriated when she has to wait in line for anything because of her sense of self-importance. Her self-expressions are "over the top" and extremely melodramatic. When she failed a quiz in a college elective, Elly was extremely disappointed and upset with herself. She becomes very uncomfortable and impatient when she is not the center of attention, and is obsessed with her dream of becoming a famous singer with screaming fans around the world.

Which of the above thoughts and behaviors is **LEAST** like Narcissistic Personality Disorder?



Correct answer: Dramatic self-expression

Narcissistic Personality Disorder is most characterized as a behavioral pattern involving exaggerated self-importance, a hypersensitivity to failure, and near-delusional fantasies of unlimited success. With this disorder, excessive attention-seeking is also an element.

Dramatic self-expression is not usually considered diagnostic of Narcissistic Personality Disorder.

Which of the following is **NOT** a phase in trauma-informed care?

Goal-Setting and Recovery

Safety and Stabilization

Mourning and Remembrance

Reconnection and Reintegration

Correct answer: Goal-Setting and Recovery

Goal-Setting and Recovery is not a stage in the standard approach to traumainformed care.

Trauma-informed care does include Safety and Stabilization, Mourning and Remembrance, and Reconnection and Reintegration.

What are the outward characteristics of antisocial personality disorder?

Indifference and manipulation

Grandiosity and self-involvement

Impulsivity and suicidal behavior

Preoccupation with social rejection and feelings of inferiority

Correct answer: Indifference and manipulation

Indifference toward the feelings of others and a tendency to engage in manipulative behaviors are characteristics of an antisocial personality. Additional criteria include: exhibiting illegal behaviors, failure to plan ahead, aggressiveness, disregard for the safety of others, and a strong lack of remorse.

Grandiosity and self-involvement are characteristics of someone with a narcissistic personality disorder. Impulsivity and suicidal behavior are characteristic of someone with borderline personality disorder, and preoccupation with social rejection and feelings of inferiority are very common in individuals with avoidant personality disorder.

The following type of reliability in social work research is the **MOST** concerned with the way two tests drawn from the same material are consistent with each other:

Interobserver reliability Test retest reliability Internal consistency reliability

Correct answer: Parallel forms reliability

Parallel forms reliability is concerned with the way in which different tests drawn from the same content are consistent with each other.

Test retest reliability measures the consistency of a test across time, internal consistency reliability is concerned with the degree of consistency within the same test, and interobserver reliability measures the way different participants experience the same test.

Individuals who have been diagnosed with hoarding disorder share this common characteristic:

Indecisiveness
Punctuality
Strong planning skills
Apathy

Correct answer: Indecisiveness

Hoarding disorder can be characterized by persistent difficulty when it comes to parting with possessions and often manifests in an accumulation of possessions that clutters active living areas. This can cause clinically significant distress. Common features of hoarding disorder include indecisiveness, avoidance, procrastination, difficulty planning, and distractibility.

As stated above, individuals with hoarding disorder are often avoidant, and procrastinate rather than be punctual. They lack very strong planning skills, and are often passionate rather than apathetic about the items that they have/hoard.

criterion.

Kit is meeting with her client, Cal, who has been diagnosed with Paranoid Personality Disorder. During their session, Cal paces and seems unable to be at ease. He answers most of Kit's questions with a suspicious retort rather than an answer, saying, "I can't tell you. This is how you'll make fun of me later with your friends or whoever." Cal also self reports the fact that his recent ex-girlfriend passed away during a robbery the day before. However, he then states with some sincerity that she "deserved it for everything she did to me." Eventually, Cal becomes aggressive and attempts to attack Kit, resulting in his ejection from the facility.

Which of the stated facts about Cal is **NOT** necessarily characteristic of Paranoid Personality Disorder?

Psychomotor agitation
Unforgiving attitude
Aggressive outburst
Paranoid ideas
Correct answer: Psychomotor agitation An unforgiving attitude, the idea that others are demeaning the individual, and even aggressive outbursts are common diagnostic elements for people with Paranoid

Personality Disorder, but it does not involve psychomotor agitation as a diagnostic

The diagnostic criterion for a neurocognitive disorder **MUST** include:

Delirium

Childhood onset

A genetic component

Developmental changes in cognition

Correct answer: Delirium

Neurocognitive disorders begin with delirium and then are followed by syndromes of major or mild neurocognitive disorder. Diagnostic criteria for delirium include a disturbance in attention and awareness that is developed over a short period of time, and an additional disturbance in cognition.

Neurocognitive disorders typically do not develop during childhood. While it is common for neurocognitive disorders to have a genetic component, this is not a requirement for this diagnosis. And as is stated above, one criterion is that there is a noticeable disturbance in cognition, but this does not necessarily have to relate to developmental changes within an individual.

Yulia is diagnosed as a kleptomaniac, meaning she would **MOST** likely do which of the following?

Steal something

Start a fire

Pick at her own skin

Correct answer: Steal something

According to the DSM-5, kleptomania is a disorder characterized by failed attempts to stop the impulse to steal.

The other options are not correct. Pyromania is a disorder characterized by failed attempts to stop the impulse to start fires, and dermatillomania is a disorder characterized by failed attempts to stop the impulse to pick one's own skin.

You are hired as a consultant to a school district with the focus on implementing a series of "best practice" protocols derived from research on classroom-based behavior management techniques.

Of the following, which factor would be **MOST** likely to have an effect on the successful integration of the new program into the system?

The degree to which "organizational change management" is incorporated into the overall plan for implementation, throughout the duration of the project

Limitations on time involved school staff/administrators reviewing and understanding the underlying research literature on which the program was founded

Difficulties in obtaining parents' investment/participation in adopting the methods to use outside of the school setting in order to provide consistency between practices employed by the schools and those of children's home environments

Correct answer: The degree to which "organizational change management" is incorporated into the overall plan for implementation, throughout the duration of the project

The concept of change management is critical to the success of most activities that require modifications or adjustments among members of an organization, and the design and quality of change management activities can "make or break" the outcomes of any such effort. The application of this concept is one example of assessing organizational function and applying the results.

The optimal method for delivering staff education/training related to evidence-based practice research would not require the involved recipients to read/understand original "source material," but instead, training materials would be "translated" in advance, to easily comprehensible, practically stated materials that could be presented in training sessions. One of the primary benefits/rationales for a well designed and thorough change management plan is to assist involved personnel in accepting the methods being adopted, and incorporate methods of minimizing or effectively addressing resistance.

Finally, any expectation that home- and school-based methods would/should match may be unrealistic, and parents' rights to self-determine home-based practices are a given. While educators may not always agree with parents' attitudes or behaviors and

You agree to meet with Rauw and Trevor, a couple with two children. Rauw and Trevor explain to you that they are deeply concerned about their oldest child, who has recently begun to bite other children when they are in social settings. The fathers cannot think of any particular stressors that have occurred in their life or the child's life, but are afraid that their child is suffering from a mental illness because of this behavior and want your input.

What piece of information **MUST** you obtain before making any recommendations?



Who cares for their child most of the time

The status of the fathers' relationship

The dynamics of the relationship between the fathers' children

Correct answer: Their child's age

While biting is an aggressive behavior that can be considered socially unacceptable, it is also developmentally appropriate depending on the child's age. In many children between the ages of 1 and 3 who are experiencing a "biting stage," they do so when they are unable to express their frustration and/or anger to communicate their feelings.

In this question, you should find out how old the child that Rauw and Trevor are worried about is, and if this child is within this developmental window, you should acknowledge the fathers' concerns, but advise them that the behavior is actually appropriate. You may then provide them with basic suggestions about how to handle the behaviors until the stage passes.

If their child is older than age 3, you may then want to gather additional information about the two fathers and all caretakers, as well as the dynamics of family relationships within the home to possibly identify other reasons for their child's behavior. However, you should first investigate to determine whether the behavior is developmentally appropriate before recommending further treatment.

Kennedi admits that when she witnesses two people talking, she feels as if the people are talking about her. Which of the following is an example of Kennedi's thoughts?

Ideas of reference Grandiosity Magical thinking

Correct answer: Ideas of reference

Ideas of reference are thoughts that the behavior of others has something to do with the individual. It is a term commonly used in diagnosis and assessment.

The other options are not correct. Grandiosity is when a client has an exaggerated sense of self-importance, and magical thinking is the thought process used when an individual attributes experiences and perceptions to unnatural phenomena.

All of the following are associated with borderline personality disorder, **EXCEPT**:

Control of aggressive drives

Emotional dysregulation

Poor impulse control

Correct answer: Control of aggressive drives

Individuals who have borderline personality disorder tend to see the world around them in black and white/all or nothing thinking, and these views lead to intense emotional reactions that are unable to be regulated. Additionally, individuals with borderline personality disorder also act impulsively.

You are a social worker in a crisis center and are working with your client, Ross, who has entered crisis after being repeatedly sexually assaulted by his wife. The two of you have worked together through an assessment, established rapport, and have now moved on to discuss the problem at hand. Part of this discussion is around the causes of the situation. Ross wants to know what the point of that is.

What is your **BEST** response?



Identifying causes will help Ross process his emotions

Identifying causes will help Ross implement his crisis plan

Identifying causes will help Ross access further resources

Correct answer: Identifying causes will help Ross navigate future crises

So far, Ross has done half of the work up to this stage of crisis intervention. Problem identification is generally easy for clients, who want to discuss their problems anyway, whereas addressing causation can be much more difficult. However, a crisis is a teaching process, and part of that learning is for Ross to understand both the process of current events and the style of his reaction to them.

While the other answers have some merit, the real purpose of this part of crisis intervention is still to enable the client's learning. Addressing causation may help Ross process his emotions and it will contribute to implementing his crisis plan, and through doing so, it can then grant Ross access to resources.

If you were developing a program evaluation system within your agency, what type of information should you be **MOST** concerned about providing?

Information that will improve program outcomes for clients

Information that will positively identify the agency within the community

Information that will satisfy the government's requirements

Correct answer: Information that will improve program outcomes for clients

A program evaluation system is established to improve client outcomes. Because of this, while developing a program evaluation system, you should be most concerned with providing information that will improve the program outcomes for its clients.

A well developed program evaluation system may positively identify the agency within the community and/or satisfy the government's requirements, but that is not what you should be most concerned with.

Disruptive mood dysregulation disorder is **NOT** characterized by:

Frequent random speech

Outbursts that occur three+ times a week

Irritable and/or angry mood

Onset before the age of 10 years old

Correct answer: Frequent random speech

Disruptive mood dysregulation disorder (DMDD) is a diagnosis characterized by recurrent temper outbursts that occur three+ times a week, an irritable and/or angry mood most of the time, and these must be present for at least 1 year in at least two settings. This diagnosis also requires the onset of symptoms to occur before the age of 10 years old, but the diagnosis can only be made between the ages of 6 and 18 years old.

DMDD does not include the presence of frequent random speech.

Which of the following is **NOT** included in the DSM-5-TR as a mental disorder?

Correct answer: Obesity

Obesity is a medical condition and, therefore, is not included in the DSM-5 as a mental disorder. A range of genetic, physiological, environmental, and behavioral factors can vary across individuals, contributing to this condition.

The other options are all mental disorders that fall under the category of feeding and eating disorders.

Avoidant/restrictive food intake disorder occurs in individuals who place extreme limitations on their food intake due to lack of interest in food, sensory sensitivities, or concerns related to negative consequences of food.

Rumination disorder involves repeated regurgitation of food, while pica involves consuming non-food substances like paper.

The **MOST** characteristic personality trait of anorexia nervosa is:

Perfectionism
Ambivalence
Codependence
Manipulation

Correct answer: Perfectionism

Anorexia nervosa is an eating disorder where the extreme fear of getting fat leads to a restriction of calories and a disturbance in the way in which one's body is developed. Individuals with this condition often struggle with perfectionism, as no measure of thinness is ever viewed as "good enough" for many individuals with anorexia nervosa, no matter how unhealthy they become.

Individuals with anorexia nervosa do not often struggle with ambivalence and there is no evidence that indicates individuals with anorexia nervosa are typically manipulative or codependent.

AliceMae is conducting research on children with autism at a large treatment center. Her research design is to intervene with the patient and then measure the results. What has AliceMae **MOST** likely left out of her research design?

Baseline data
Intervention data
Post-test
Informed consent

Correct answer: Baseline data

Unfortunately, without some idea of where the children are to begin with, AliceMae's data will be meaningless.

Intervention data is not a part of research design. A post-test is implied in the question, as AliceMae will be collecting data afterward. Informed consent is absolutely necessary in clinical research ethics but, again, it is not an actual part of the design.

You are employed by Child Protective Services and determine that David, a four-yearold child, has been sexually abused by a relative who provides care for him on a regular basis. David's parents adamantly deny that the abuse has occurred.

You should:

Take measures to ensure David's safety

Confront the parents with your information

Suggest the family receive therapy while David is still living at home

Force David's parents to admit the abuse

Correct answer: Take measures to ensure David's safety

In this question, the safety of David is the most important issue to consider. Because of this, you should be primarily concerned that he is kept safe, which, in this question, would likely mean not returning to his parents' (or the relative's) care in the near future.

While it would be appropriate for you to confront the parents with your information, the primary concern should not be for the parents to admit to the abuse but, again, to ensure David's safety. Similarly, you cannot force David's parents to admit the abuse has occurred.

You meet with a group of young adults. Marlin, a young man, has an affect that often does not match up with the content of the conversation. For example, he will often laugh when discussing serious issues or cry when expressing feelings of anger.

You should:

Ask Marlin if something is bothering him or if something is wrong

Do nothing and wait for the other members of the group to pick up on the discrepancy

Invite Marlin for an individual session to discuss his issues

Ask group members if any of them feel the same way as Marlin

Correct answer: Ask Marlin if something is bothering him or if something is wrong

In situations like this, it is your responsibility to note the discrepancies between messages group members are expressing to each other. This makes explicit something that is occurring in the present moment. You are also serving as an example for other group members by acknowledging anger and making it clear that a range of emotions in the group is acceptable.

The other options are incorrect because by doing nothing, you are missing out on a valuable opportunity to demonstrate positive communication skills to the rest of the group. It is possible that no other group members may feel comfortable pointing out the discrepancies in Marlin's communication patterns. You can address the discrepancies within the context of the group rather than within the context of an individual session. You could ask group members if anyone feels the same as Marlin, but this would likely be confusing as it is unclear exactly what he is feeling.

A client comes to you for court-ordered treatment for an alcohol use disorder after his second charge for driving under the influence. The client tells you that he doesn't have a problem with alcohol, and treatment is a waste of his time.

Which of the following would be the **MOST** accurate statement about your work with this client?

The client appears to be in the pre-contemplation stage of change, so your interventions should be appropriate for this stage of change.

The client is simply difficult, so you must accept that he will likely make limited progress.

You should evaluate whether the client actually has an alcohol use disorder, because he might not need treatment.

Correct answer: The client appears to be in the pre-contemplation stage of change, so your interventions should be appropriate for this stage of change.

There are various different stages of change, and change can be difficult to achieve. It's important to consider the client's stage of change when implementing interventions. This client appears to be in the pre-contemplation stage, as he is in denial of the problem.

It would not be clinically appropriate to simply label the client as difficult and assume he will not make progress. Seeing a client in such a negative light could impede progress.

Finally, the most accurate statement here is not that you should evaluate whether the client has an alcohol use disorder. He has received two alcohol-related charges, and he has been court-ordered to treatment. The more likely issue here is that the client is in denial of the problem.

The following medication is used to treat chronic obstructive pulmonary disorder (COPD):

Advair Diskus	
Crestor	
Lantus	
Lisinopril	

Correct answer: Advair Diskus

Advair Diskus is used to treat asthma and chronic obstructive pulmonary disorder (COPD).

The other options listed are medications that are used to treat different physical problems and, therefore, are incorrect.

Remi is a 50-year-old man seeking services from you for his severe anxiety regarding social relationships. However, upon your initial interview with Remi, you notice that he jumps from one topic to another and seems easily distracted and extremely impulsive.

When formulating the treatment plan, you should:

Primarily focus on Remi's concerns about his anxiety

Primarily focus on your observations of Remi's behavior

Reflect on Remi's past relationships

Indicate that Remi is inaccurate in his perception of what his real problem is

Correct answer: Primarily focus on Remi's concerns about his anxiety

You should respect Remi's right to self-determination and focus on the problem that he brought in for therapy, which is his severe anxiety.

At some point, it might be appropriate for you to discuss how he seems easily distracted and can be extremely impulsive, but this cannot be before addressing Remi's own concerns about his anxiety. Remi's treatment plan should state clear and concrete goals that he will be working toward, so reflecting on his past relationships is probably not appropriate, and you should not indicate that Remi's perception of his own problem is inaccurate because this would be disrespectful; it would undermine his perceptions of himself and it could ruin any rapport between you two.

While reviewing a client's medical history, you find a medical assessment note indicating that the client was observed to be suffering from "ataxia" during a recent emergency room consultation.

The **MOST** appropriate conclusion that you can draw from that information is:

The client displayed poor coordination of voluntary movements, which might have been observed and/or further assessed in one or more of several functional areas.

The client was most likely to have come into the emergency room under the influence of an illicit drug or alcohol.

The client probably has suffered some form of stroke or head injury, and this, among other symptoms, was an initial observation of the acute effects of that incident.

The client was demonstrating cognitive difficulties in language processing, which is mostly affecting the ability to process and correctly interpret spoken language.

Correct answer: The client displayed poor coordination of voluntary movements, which might have been observed and/or further assessed in one or more of several functional areas.

Ataxia is a neurological sign defined by lack of voluntary coordination of muscle movements and is commonly encountered in neuropsychiatric assessments. Ataxia is a nonspecific clinical manifestation usually involving parts of the nervous system that coordinate movement, such as the cerebellum, and can affect body movements, speech, eye movements, eye hand coordination, ability to swallow, etc.

Although ataxia is frequently associated with intoxication and may show similar signs (staggering gait and poor balance), it is by no means the only cause of the symptoms. Without much more information, it is impossible/inappropriate to infer any particular cause. There is no indication in the information offered in the question that the client suffered a stroke or head injury, or that the client demonstrated cognitive difficulties in language processing.

You work at a substance abuse program and meet with Mrs. Popkins, who recently decided that she should stop drinking alcohol. At her initial appointment, Ms. Popkins self reported to you that she has not had any alcohol in five days. The day after this session, Mrs. Popkins shows up to the clinic and appears disheveled and agitated. She loudly declares, "Let me in! I have an appointment with my social worker," and refuses to leave until she is seen.

You can hypothesize that Mrs. Popkins is **MOST** likely:

Intoxicated

Suffering from withdrawal symptoms

Experiencing delusions due to an underlying psychotic disorder

Experiencing a normal range of emotions associated with rehabilitation

Correct answer: Intoxicated

It is very common for individuals who have recently entered rehabilitation programs to relapse. Based on the information offered in the question, Mrs. Popkins is most likely intoxicated, which can manifest in agitated and demanding behaviors.

It is unlikely that the verbally aggressive, demanding behavior would be a symptom of withdrawal, and there is no indication in the information offered that Mrs. Popkins has a psychotic disorder or that she is experiencing delusions. Though some individuals in rehabilitation programs can feel strong emotions as they go through withdrawal, Mrs. Popkins' behavior and outburst is more consistent with intoxication than with sobriety.

The Kelce family met with you due to problems with their eldest daughter who was recently hospitalized for suicidal behavior. Upon interviewing the family, you notice that all family members agree with one another and convey a sense of harmony. However, you believe that these interactions were forced and think there are likely many dysfunctional patterns beneath the surface.

This is known as:

Pseudomutuality
Detachment
Enmeshment
Codependency

Correct answer: Pseudomutuality

Pseudomutuality occurs when family members mask the dysfunctional dynamics that are threatening to the family. In this question, you, as the social worker, picked up on the fact that, even though family members in this situation agree with each other constantly, there was an underlying current of dissent and conflict that the family was trying to hide.

Detachment is when family members rarely, if ever, talk about their feelings with each other and often operate in their own spheres of existence instead of relying on other family members for feedback or emotional security. Enmeshment occurs when boundaries between family members are non-existent, and so family members lack autonomy. Codependency is when one or more people support or enable another's addiction or other dysfunctional behavior. These three options are incorrect, based on the information that was offered in the question.

Freddy, a 15-year-old client, has been referred to you by his psychiatrist for individual therapy. The boy's psychiatrist has diagnosed him with oppositional defiant disorder. What presentation might you expect from Freddy?

Freddy may present as irritable or angry with you, and you may find it difficult to engage him in constructive tasks.

Freddy will likely engage in delinquent behaviors, such as stealing and lying.

You may be harmed by Freddy, as there is a high likelihood he is physically aggressive.

Freddy will exhibit a wide range of emotions and will ignore you when you ask him questions.

Correct answer: Freddy may present as irritable or angry with you, and you may find it difficult to engage him in constructive tasks.

Oppositional defiant disorder (ODD) is characterized by a pattern of angry or irritable mood, argumentative or defiant behavior or vindictiveness lasting at least 6 months. Individuals with ODD often do not discriminate as to how they present to authority figures, so Freddy will likely be irritable or angry with you, and you may find it difficult to engage him in constructive tasks.

Behaviors such as stealing and/or lying are more common in individuals with conduct disorder, which is usually more severe than ODD. Individuals with ODD can be aggressive at times, but it is more likely that Freddy will simply be defiant and irritable and possibly verbally aggressive. He might ignore you, as a way of being oppositional, but will probably mainly present as angry, rather than exhibit a wide range of emotions.

Which of the following **BEST** characterizes a core symptom of borderline personality disorder?

Fear and/or avoidance of rejection by others

Alternating periods in which affective extremes are prominent, ranging from elation to despair and depression

Periods in which significant others are perceived as having malicious intentions toward the diagnosed person

Correct answer: Fear and/or avoidance of rejection by others

According to the DSM-5, the fear of (and efforts to avoid and prevent) real or imagined abandonment (for example, rejection) by others is among the top ranking elements in borderline personality disorder.

The other options are incorrect. Alternating periods in which affective extremes are prominent, ranging from elation to despair and depression, is consistent with a mood disorder. Periods in which significant others are perceived as having malicious intentions toward the diagnosed person is consistent with paranoid personality disorder.

Miles is a 65-year-old man whose wife recently passed away. While gathering information for the initial assessment, you realize that Miles's thoughts are often disorganized and he has trouble remembering things. When asked about his medical history, Miles self-reports that he has been excessively tired lately and has developed a slight limp.

Which of the following actions should you take?

Refer Miles for a neurological exam and medical evaluation

Give Miles a diagnosis of major depressive disorder

Explain to Miles that all of his symptoms are normal grief responses

Assume that Miles is using substances to cope with the loss of his wife

Correct answer: Refer Miles for a neurological exam and medical evaluation

Miles's symptoms include extreme tiredness, a limp, disorganized thinking, and poor memory. All of these may be explained by a medical diagnosis, so you should refer him for a neurological exam to rule out any medical diagnoses before assuming that they are symptoms of a mental illness.

The question does not indicate that Miles has any symptoms of major depressive disorder, other than fatigue. A limp and disorganized thinking are not necessarily part of a normal grief response, and there is no indication in the information offered in the question that Miles is using substances to cope with recent life stressors.

The following is the type of validity in quantitative research that evaluates how closely the results of your test correspond to the results of a different test:

Criterion validity
Content validity
Face validity
Construct validity

Correct answer: Criterion validity

With quantitative research, you have to consider the reliability and validity of your methods and measurements, with the validity telling you how accurately a method measured something. If a method correctly measures what it claims, and the results closely correspond to real-world values, then it can be considered valid.

There are four main types of validity: Construct, Content, Face and Criterion.

Criterion validity evaluates how closely the results of your test correspond to the results of a different test. Face validity evaluates how suitable the content of a test seems to be on the surface. Content validity assesses whether a test is representative of all the aspects of the construct. Construct validity assesses whether a measurement tool really represents the things you are interested in measuring.

If Kendal starts to hyperventilate anytime he is near water, he is **MOST** likely to suffer from:

Aquaphobia

Haphephobia

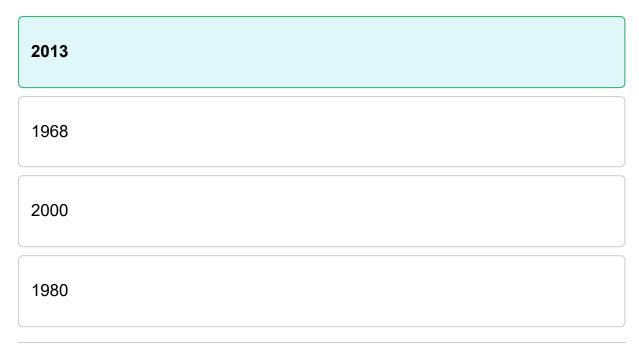
Agoraphobia

Correct answer: Aquaphobia

Aquaphobia, classed under Specific Phobia in the DSM-5, is the fear of water.

The other options are incorrect because haphephobia is the fear of being touched and agoraphobia is the fear of leaving home or going to unfamiliar places.

The *Diagnostic and Statistical Manual of Mental Disorders* is a manual of the standard classification of mental disorders and is used by mental health professionals in the United States. The most recent 5th edition (DSM-5) was released in what year?



Correct answer: 2013

The DSM-5 is the most recent version of the Diagnostic and Statistical Manual used in the diagnosis of mental disorders.

The DSM-II was released in 1968, the DSM-III was released in 1980, and the DSM-IV-TR was released in 2000.

If Jackson refuses to leave his home and becomes panicked when he has to leave, what is Jackson **MOST** likely suffering from?

Agoraphobia Aphephobia Algophobia

Correct answer: Agoraphobia

According to the DSM-5, agoraphobia is the fear of leaving home or going to unfamiliar places. It is addressed along with other phobias in the Anxiety Disorders section.

The other options are not correct because algophobia is the fear of pain and aphephobia is the fear of being touched.

Difficulty sustaining attention, losing necessary items, and becoming forgetful in daily activities is a combination of symptoms frequently found in individuals with:

Attention-deficit/hyperactivity disorder Bipolar disorder Generalized anxiety disorder Persistent depressive disorder

Correct answer: Attention-deficit/hyperactivity disorder

Attention-deficit/hyperactivity disorder is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning. Major signs of the disorder include difficulty sustaining attention, losing necessary items, and becoming forgetful in daily activities, as well as an inability to follow through on tasks and becoming easily distracted.

Individuals with bipolar disorder exhibit symptoms of a manic episode, which include persistently elevated mood for at least one week that is severe enough to cause marked impairment in functioning. The symptoms of generalized anxiety disorder include excessive anxiety and having a feeling of worry that is extremely difficult to control. Persistent depressive disorder is characterized by depressed mood most of the day that lasts for at least two years.

The parents of Chris, an eight-year-old child, state that they are concerned about Chris's behavior because he threatens to punch other children every day during recess.

Chris is **MOST** likely exhibiting the following:

Conduct disorder Adjustment disorder Separation anxiety disorder

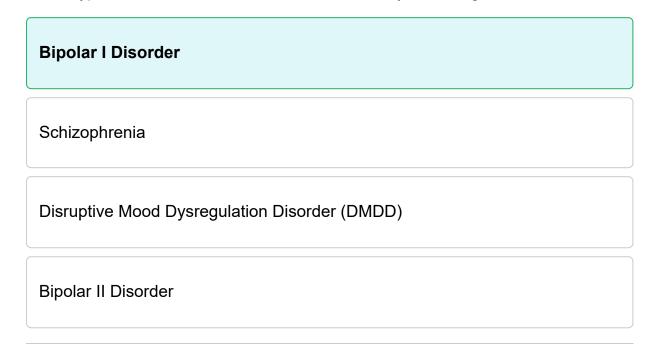
Correct answer: Conduct disorder

According to the DSM-5, an individual who repetitively demonstrates a patterned behavior in which violates age-appropriate norms and social rules demonstrates a conduct disorder. In this question, since Chris threatens to punch other children on a regular basis, he is demonstrating a patterned behavior that is not normal for their age.

The other options are not correct. An individual who is unable to adapt successfully to stressors in the environment demonstrates an adjustment disorder. An individual who shows excessive distress when faced with the loss of a major attachment figure demonstrates separation anxiety disorder.

A client informs you that he experiences recurring manic episodes where he is full of energy and does not feel the need for sleep. He disclosed that these episodes can last up to seven days.

Which type of mood disorder is the client **MOST** likely to be diagnosed with?



Correct answer: Bipolar I Disorder

Bipolar I Disorder is a mood disorder that is defined by manic episodes, or hypomanic episodes. Based on the information in the questions, we are informed that he is having manic episodes that can last up to seven days.

Schizophrenia can be diagnosed if the individual has at least 1 month of active symptoms, but the symptoms are delusions, disorganized speech and hallucinations. The client in the questions does not show any of these. Disruptive Mood Dysregulation Disorder (DMDD) is characterized by children up to 18 years old who show persistent irritability and episodes of out of control behavior. Bipolar II Disorder is a mood disorder that involves at least one depressive episode that lasts two weeks and at least one hypomanic episode that lasts at least four days. Again, these symptoms and behaviors are not described in the question.

Development/diagnosis of autism spectrum disorder in children is **LEAST** likely to be linked to which of the following as a factor?

Reactions to one or more of the immunization (vaccination) series that are usually administered in infancy and early childhood

Interaction of several genetic factors, with parents/siblings/relatives who may exhibit signs of autism (or may have been diagnosed with autism themselves)

Prenatal/perinatal factors such as closely spaced pregnancies and parental age, especially that of the father, at the time of the child's conception

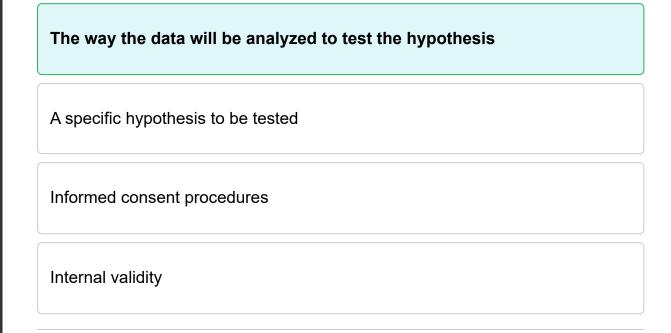
Correct answer: Reactions to one or more of the immunization (vaccination) series that are usually administered in infancy and early childhood

Genetic problems have been found to be associated with autism, potentially with involvement of multiple genetic factors that may affect susceptibility to brain development and symptom severity. Each genetic problem may account for a small number of cases, but the overall influence of genes is likely to be significant. Families who have one child with autism have been found to have an increased risk of the disorder in the child's siblings. It is relatively common for parents/relatives of an autistic child to have some degree of problem with social or communication skills or to engage in autistic behaviors. A 2010 study found an increased risk of autism in children based on parental age, with fathers over 40 showing the strongest influence.

Despite widespread media attention, no link has been found between vaccines and autism.

In designing research inside her state mental health department, Jilly has identified the need to study the impact of pollution on mental health. She has reviewed the existing literature on the subject and clearly stated the hypothesis she will test, as well as describing the data in detail that she will need to test it.

What has Jilly **LEFT OUT** of her research design?



Correct answer: The way the data will be analyzed to test the hypothesis

Although the other necessary ingredients are present, Jilly has not shown exactly how she will use the data she wants to collect to test the hypothesis that she has clearly stated.

Informed consent is necessary, but not a part of the research design process, and internal validity is not a part of experimental design.

Madeline is a college student and is meeting with you for the first time. She complains of general apathy toward her studies and social life, extreme fatigue, a loss of appetite, and feelings of worthlessness.

When formulating a diagnosis, you would **MOST** need to know:

How long Madeline has been experiencing symptoms

What social support Madeline has

If there is a history of depression or suicide in Madeline's family

What medications or medical problems Madeline has

Correct answer: How long Madeline has been experiencing symptoms

The duration of Madeline's symptoms is important for several reasons, because depressive disorders are outlined in the DSM-5 with a duration criterion for each type. Therefore, it is essential that you find out this information in order to make an accurate diagnosis.

The remaining answer options are incorrect. Once you find out how long Madeline has been experiencing symptoms, you can gather information about her support system, family psychiatric history, and any medications or medical problems Madeline might have. Again, this information should come only after you find out the duration of her symptoms.

An impairment in social communication combined with the lack of ability to engage in social relationships is often found in individuals with:

Autism spectrum disorder Major depressive disorder Social phobia Dissociative disorders

Correct answer: Autism spectrum disorder

Individuals with autism spectrum disorder show deficits in social communication and social interaction across multiple contexts. They may not be able to pick up on social cues, engage in socially acceptable ways of interacting with others and have developmentally appropriate friendships/relationships.

Major depressive disorder is characterized by changes in appetite/sleep habits, feelings of worthlessness, and a loss of interest in most activities. Social phobia is a very intense fear or anxiety in day-to-day social situations. Dissociative disorders are characterized by a disruption in the normal integration of behavior, consciousness, and memory, and are very often experienced as interruptions in awareness with a loss of continuity in subjective experience.

The following is **NOT** a category of symptoms supporting a diagnosis of Autism Spectrum Disorder:

Aggressive gestures

Social communication and/or interaction

Restricted behaviors

Repetitive behaviors

Correct answer: Aggressive gestures

Aggressive gestures can appear as part of Autism Spectrum Disorder, but they are not explicitly part of its diagnosis.

The DSM-5 arranges autistic behavior into the broad categories of social communication and/or interaction, and restrictive and repetitive behaviors.

The following is **NOT** a mental disorder in the DSM-5:

Childhood Bipolar Disorder

Premenstrual Dysphoric Disorder

Persistent Depressive Disorder

Disruptive Mood Dysregulation Disorder

Correct answer: Childhood Bipolar Disorder

There is no diagnosis of childhood bipolar disorder in the DSM-5.

Disruptive mood dysregulation disorder (DMDD) is diagnosed in children up to 18 years who exhibit symptoms of extreme, out of control behavior. Both premenstrual dysphoric disorder and persistent depressive disorder are real disorders and they are listed under the section called Depressive Disorders in the DSM-5.

You and a client are discussing their recent diagnosis of oppositional defiant disorder (ODD).

All of the following are criteria for ODD, **EXCEPT**:

Exhibits a pattern of destruction of property for at least 6 months

Exhibits an angry/irritable mood for at least 6 months

Exhibits a pattern of vindictiveness and/or argumentative behavior for at least 6 months

Often blames others for their mistakes or misbehavior

Correct answer: Exhibits a pattern of destruction of property for at least 6 months

Oppositional defiant disorder (ODD) is a type of behavior disorder, and is mostly diagnosed in childhood. Clients with ODD are defiant, disobedient and/or hostile toward peers, parents, and authority figures.

However, unlike children/individuals who have been diagnosed with conduct disorder (CD), those with OCC do not destroy property.

In social research designs using statistical methods of regression analysis, which of the following **BEST** describes the concept of regression?

It is a measure of the strength and direction (positive or negative) of a relationship between one variable of interest and one or more other variables.

It describes a result in which, over a period of time, data that indicated change (e.g., in a behavior or symptom) shows evidence of returning to original (baseline) levels.

It is a statistic that provides evidence of the degree to which one variable or event causes another.

It is a condition in which a person copes with stress by behaving in an immature or age inappropriate way.

Correct answer: It is a measure of the strength and direction (positive or negative) of a relationship between one variable of interest and one or more other variables.

Regression as a statistical method bears little or no resemblance to the definition of psychological/psychodynamic regression. It is a measure of the degree to which one variable (or a measure of that variable) is related to one or more others.

The other options are incorrect because regression does not assume that finding a significant relationship also implies or verifies causality. In this case, it is also not "where a person copes with stress by behaving in an immature or age inappropriate way" because this is describing regression as a defense mechanism.