

## Licensing Exam Practice Questions

### July 2013

A female client comes to see a social worker to discuss her relationship issues. According to the psychosocial perspective, the social worker should:

- (A) have her tell you about the issues affecting her life
- (B) begin training behavioral techniques
- (C) provide a referral to a psychologist for testing
- (D) refer to a marriage and family therapist

**The correct answer is A** Always take time to listen and explore your clients' needs and feelings. Exploration and learning are vital parts of the beginning of therapy. Clients often need to feel heard and understood. Often, you may be the only person in their life who will listen and hear their feelings, thoughts, ideas, etc.

**B IS INCORRECT** Training behavioral techniques is a very specific process for use with very limited modalities of treatment. It is generally considered a specialty and should not be used by anyone without the proper training.

**C IS INCORRECT** There is nothing specific here that you cannot handle. Psychologists are necessary for testing and certain functions.

**D IS INCORRECT** This is not a specialization issue. You can always refer later.

As a new clinical social worker you find yourself being told by your supervisor you need to be more confrontational. This seems at odds with the social work mission, until you supervisor explains the primary purpose of confrontation is to:

- A) demonstrate accurate understanding
- B) help a client change her view of a problem
- C) make a client aware of inconsistencies
- D) help the client identify alternatives to her present behavior

**The correct answer is C** Client's often have inconsistent views and values concerning a specific problem. This is a HUMAN problem we all fight with. Conflicts between what a client 'thinks' should be the solution and what the actual solution will be is the bread and butter of therapy. Just because we know we should do something does not mean we will act in the appropriate manner. (Think about cigarette smoking as an example)

**A is INCORRECT.** You demonstrate an accurate understanding by reflective listening (telling the client what you think you heard them say) and by asking questions for clarification. This response back to the client is the primary component of active listening. Rather than passively saying...Uh huh...

**B is INCORRECT.** This is the ultimate goal of many therapies and an end result you should always look to achieve. However, there are many ways to achieve it without confrontation.

**D is INCORRECT** This is definitely a part of therapy. Helping client's see alternatives and supporting them in their attempts to change their behavior is very powerful therapeutic intervention. But there are more ways to achieve this than through confrontation.

\*not affiliated with Association of Social Work Boards (ASWB®).

You have been hired, by a private, non-profit agency, which works with the HIV/AIDS population. The primary function of your unit is to educate sexually active individuals about the disease and to help them understand the importance of testing, life-style changes and treatment if necessary. What is the BEST way to describe your agency's type of prevention?

- A) crisis intervention
- B) tertiary prevention
- C) secondary prevention
- D) primary prevention

**The correct answer is C**Secondary prevention, also called "screening," refers to measures that detect disease before it is symptomatic. The goal of secondary prevention is to identify and detect disease in its earliest stages, before noticeable symptoms develop, when it is most likely to be treated successfully. With early detection and diagnosis, it may be possible to cure a disease, slow its progression, prevent or minimize complications, and limit disability.

*Reference:* <http://www.libraryindex.com/pages/722/Prevention-Disease-SECONDARY-PREVENTION.html>

**A is INCORRECT** Crisis intervention is a particular type of intervention geared towards a specific circumstance, which can overwhelm the client. Crisis intervention, may be provided at the Primary, Secondary or even Tertiary levels of intervention. Crisis intervention is not limited in scope.

**B is INCORRECT** Tertiary prevention efforts focus on people already affected by disease and attempt to reduce resultant disability and restore functionality.

Tertiary prevention programs aim to improve the quality of life for people with various diseases by limiting complications and disabilities, reducing the severity and progression of disease, and providing rehabilitation (therapy to restore functionality and self-sufficiency). Unlike primary and secondary prevention, tertiary prevention involves actual treatment for the disease and is conducted primarily by health care practitioners, rather than public health agencies.

*Reference:* <http://www.libraryindex.com/pages/723/Prevention-Disease-TERTIARY-PREVENTION.html>

**D is INCORRECT** Primary prevention is the inhibition of the development of disease before it occurs.

Primary prevention measures fall into two categories.

The first category includes actions to protect against disease and disability, such as getting immunizations, ensuring the supply of safe drinking water, applying dental sealants to prevent tooth decay, and guarding against accidents.

General action to promote health is the other category of primary prevention measures. Health

promotion includes the basic activities of a healthy lifestyle: good nutrition and hygiene, adequate exercise and rest, and avoidance of environmental and health risks.

Reference: <http://www.libraryindex.com/pages/721/Prevention-Disease-PRIMARY-PREVENTION.html>

You have been hired as a social work case manager for an urban based agency. Your mission is to assess the needs of the client, the client's family, and to arrange for, coordinate, monitor, evaluate and advocate for a package of multiple services to meet the specific client's complex needs. Social work case management is distinct from other forms of case management because it addresses all of the following EXCEPT:

- A) the client's Biopsychosocial status and the state of the social system in which the client operates.
- B) the need for the client to accept the services provided because they are identified as necessary by the social work case manager.
- C) intervention occurs at both client (micro) and system (macro) levels.
- D) the need for the social worker to develop and maintain a therapeutic relationship with the client.

**The correct answer is B** *Social Work always allows the client the right of self-determination. Just because you (the professional social worker) believes the client needs a certain services does not obligate the client to accept or utilize that service. The client is always in control.*

**A IS INCORRECT** *(This is a direct social work case management function!)*

The client's Biopsychosocial status and the state of the social system operating around the client are directly part of the definition of social work case management as promulgated by NASW. Reference: [http://www.naswdc.org/practice/standards/sw\\_case\\_mgmt.asp](http://www.naswdc.org/practice/standards/sw_case_mgmt.asp)

The primary goal of case management is to optimize client functioning by providing quality services in the most efficient and effective manner to individuals with multiple complex needs. Like all methods of social work practice, case management rests on a foundation of professional training, values, knowledge, theory, and skills used in the service of attaining goals that are established in conjunction with the client and the client's family, when appropriate.

**C IS INCORRECT** *(This is a direct social work case management function!)*

*All social work services are provided at the micro and macro level. This is what makes social work different (and a more powerful intervention than other clinical services). <in my humble opinion>*

**D IS INCORRECT** *(This is a direct social work case management function!)*

Without the development and maintenance of a therapeutic relationship, the ability of the social worker to determine and respond to the multiple levels of need of the client in their environment becomes impaired. Client's will often have needs which they may consider trivial or embarrassing and will not allow these needs to be known to the social work case manager until a bond of trust and empathy is created.

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You are sitting in a case staffing meeting at your agency while several other social workers are discussing their new cases and receiving feedback and suggestions. Of the four following situations, which one WOULD NOT lend itself to family therapy...?

- A) A 17 year-old son who needs to separate psychologically from his family
- B) A couple with two children that has decided to divorce.
- C) A separated couple with two children, one child in the family has an eating disorder
- D) An enmeshed family, where improvement in one member is likely to cause distress in the other members

**The correct answer is A** This is a situation where one member of a structural unit needs to leave (or be pushed out) of the structural unit. Individual therapy and crisis intervention during the separation are the best possible therapy choices. Family therapy may be appropriate after the separation and after a set period of time has passed, in order to explore the new role.

**B is INCORRECT** Divorce is usually a nasty business and the children often get the nastiest end of the stick. If there ever was a time for family therapy, it would be now. The family should explore its new roles and the expectations, both stated and implied, which are going to change in the new structure.

**C is INCORRECT.** An eating disorder is almost always a family therapy issue. Structural Family Therapy (Salvador Minuchin) would argue that only by restructuring all the roles in the family, can you help the individual with an eating disorder.

**D is INCORRECT.** All families are a structural unit with various roles ascribed to each member. When one family member's role begins to change because of growing awareness in therapy, the entire system will begin to destabilize and cause other family members stress until it again reaches a state of equilibrium. Another way to look at it is that family therapy will cause everyone some distress. That is kind of its purpose as it helps the family re-shape themselves.

## Licensing Exam Practice Questions April 2013

Terri showed up for his appointment very upset and anxious. She stated she is frightened because she has begun hearing the voices again. The voices that tell her she should kill herself. She has been hearing these voices for approximately 5 years and has two prior suicide attempts over this time. She states that the voices have become stronger over the past week. She says she had received a call from her mother that a friend from high school had completed a suicide attempt. Your FIRST intervention should be...

- A) complete a depression screen
- B) discuss the need for immediate inpatient hospitalization
- C) Begin a complete suicide risk assessment.
- D) ask Terri about her current medication compliance

**The correct answer is C.** In the realm of suicide risk, the loss of a friend or family member is a serious risk indicator. The shorter the time between the known suicide and the present, generally the greater

the risk. This one fact along with her continual cycle of hearing voices is enough to put you on HIGH ALERT.

**A IS INCORRECT.** Safety and self harm are the greatest problems right now. Underlying depression should be expected.

**B IS INCORRECT.** You are jumping to fast here. You should be aware of this possibility, but you need to review all risk and protective factors in a complete suicide risk assessment.

**D IS INCORRECT.** Nothing in the question deals with medication. When answering the questions on the test, deal only with the information given in the question.

Obsessive Compulsive Disorder appears to have a genetic component. Numerous studies have identified components of the disorder, including obsessive thoughts which often produce anxiety and by which the individual uses repetitive actions to reduce the anxiety. Which of the following statements DOES NOT describe our knowledge of this disorder?

- A) among first degree relatives there are four times as many cases of OCD than among non-relatives.
- B) We have discovered the specific genetic etiology of this disorder.
- C) Twin studies consistently show higher concordance of OCD in monozygotic\* than in dizygotic\*\* twins.
- D) Concordance ranges (both twins having the disorder) for monozygotic twins is greater than 80%

\*In monozygotic twins the egg is fertilized then splits, also called "Identical Twins"

\*\* in dizygotic twins two different eggs are fertilized, also called "Fraternal Twins"

**The correct answer is B.** We have not been able to locate a specific genetic etiology for this disorder

**A is INCORRECT.** This is an accurate statement about our knowledge of OCD [Hettema 2001].

**C is INCORRECT.** This is an accurate statement about our knowledge of OCD [Kim 2006]

**D is INCORRECT.** This is an accurate statement about our knowledge of OCD [APA 2007]

Kim SJ, Kim CH. (2006). The genetic studies of obsessive-compulsive disorder and its future directions. Yonsei Med J., 47(4):443-454.

American Psychiatric Association. (2007). Practice Guideline for the Treatment of Patients with Obsessive-Compulsive Disorder. Arlington, VA: American Psychiatric Association.

Hettema JM, Neale MC, Kendler KS. (2001). A review and meta-analysis of the genetic epidemiology of anxiety disorders. *Am J Psychiatry*, 158:1568-1578.

Lehavot K, Barnett JE, Powers D. (2010). Psychotherapy, professional relationships, and ethical considerations in the MySpace generation. *Prof Psychol Res Pract.*, 41(2):160-166.

You have begun working with a family in which there is a verified history of incestuous relationships. Of the following characteristics, which one is MOST often found in families in which incestuous relationships have occurred?

- A) Enmeshment of family members
- B) Relaxed attitude toward sexuality
- C) Symbiotic mother-child relationships
- D) Distorted communication patterns

**The correct answer is A.** Enmeshment is the inappropriate closeness of family members against a backdrop, of course, of developmental appropriateness.

As defined by Minuchin (1974), "family structure is the invisible set of functional demands that organizes the ways in which family members interact. A family is a system that operates through transactional patterns. Repeated transactions establish patterns of how, when, and with whom to relate, and these patterns underpin the system."

**B is INCORRECT.** A relaxed attitude towards sexuality does not directly correlate with boundary issues and sexual abuse issues. In an incestuous family, it is possible to have a very strict attitude towards the inappropriateness of sex, and still have the incest occur. They can be co-occur, but are generally not causal.

**C is INCORRECT.** Infants originally experience themselves as part of a symbiotic relationship with their mothers. Over the course of infant development, inevitable failures in perfect empathy and wish-fulfillment help children to recognize that their mother is a separate individual with her own thoughts and feelings.

However, in pathological development, emotionally deprived mothers may feel threatened by the infant's emergent sense of individuality and act in ways so as to promote and prolong this sense of parent-infant oneness. The consequences to the child can be severe, interfering with the ability to forge and assert a separate sense of identity. (Pine 1979).

**D is INCORRECT.** Distorted patterns of communication may well be seen in an incestuous family, but it is not necessarily a causal link. Many non-incestuous family have distorted communication patterns

You accept a referral from an agency on 65-year old male client. During the initial interview you learn he has been physically abusive to his wife of 40 years and he appears very depressed. He relates that two of his children will not talk to him and did not call him for his birthday this year. You quickly find you dislike this client intensely and have difficulty feeling any empathy for this client and his situation. That evening after the session you realize he reminds you of your spouse's step-father who was abusive to your spouse during their childhood. You should...

- A) Share your feelings with the client
- B) Talk to your supervisor about your reactions toward this client
- C) Accept your feelings as part of the therapeutic process when working with abusers
- D) Continue your sessions with the client and ignore your feelings

**The correct answer is B** Let your supervisor know how you feel, why you feel the way you do and how it might affect your interactions. Then, work with your supervisor on how you can either use this awareness to help the interactions with your client or whether you need to be replaced by another social worker. There will be clients you can work with and clients that 'trigger you' in ways that make therapeutic interactions impossible. This type of a reaction is due to the human condition. Don't run from it.

**A is INCORRECT.** This answer falls under the category "Nothing good will come of this..." The best you can hope for, is the client will understand your feelings and agree with you, but it will not establish any rapport and will probably build up a rather severe adverse reaction to you and your attempts at therapy. It would also bring up ethical issues, as the client is not responsible for how you feel and it is inappropriate to burden them with your issues.

**C is INCORRECT.** While you have to accept your feelings as part of any therapeutic process, the key ingredient is the level of consciousness you maintain in relation to your issues. You must be aware of your feelings as it will guide you during therapy, but you cannot let them control you. This type of situation was custom made for a clinical supervision staffing or a discussion with a colleague.

**D is INCORRECT.** The old 'bury your head in the sand and hope it goes away' trick. Not very useful, although you will see it used by many of your clients. NEVER ignore your feelings. This is the short path to malpractice, ethical violations and worse. Always have someone you can talk to. No one is strong enough to handle all situations alone.

You have been asked to work with a family with a known history of father-daughter incest. As you evaluate this family system, you should expect to see all of the following concerns in relationships EXCEPT...

- A) Daughter-Father communication will be distorted and symbolic
- B) family structure is very strict, with highly moralistic expectations
- C) reversal between mother-daughter roles and expectations
- D) highly supportive and sharing Daughter-Mother relationship

**The correct answer is D.** It would be very unusual for you to see a highly supportive mother-daughter relationship, given the role reversals and changes in role expectations which sustain the father-daughter incest cycle.

**A, B, & C are INCORRECT.** These are something you would expect to see.

You are seeing a client who brings in a plastic bag full of prescription bottles. Most are empty but you locate one which is half full. You realize, from this prescription the client probably is being treated for a seizure disorder. The medication you discovered was...

- A) Oxycontin
- B) Depakote
- C) Zoloft
- D) Abilify

**The correct answer is B.** Depakote is used to control seizures and seizure disorder.

**A IS INCORRECT.** Oxycontin is a powerful opiate-based pain medication.

**C IS INCORRECT.** Zoloft is a Serotonin Selective Re-uptake Inhibitor used for treatment of Depression.

**D IS INCORRECT.** Abilify is used to treat Bipolar Disorders and as a supplement to treat Major Depressive Disorder.

You work for a local mental health agency and have been seeing a client for 11 sessions in individual therapy. At the beginning of your next session the client reveals they are sexually attracted to you and have been having sexual fantasies about you for several sessions. They tell you they cannot imagine not coming in to see you. You are caught completely off-guard and do your best to try to process the information with the client. It becomes clear the client is fixated on the admission. Your BEST response is to...

- A) terminate the session and tell the client you need to reschedule with another counselor
- B) continue the session and ignore the revelation.
- C) stop the session and bring your clinical supervisor into the room
- D) accept the revelation and continue processing in therapy

**The correct answer is C.** The key to understanding this situation lies in the word "fixated". As a competent therapist, you would like to keep helping the client process the information, but when dealing with a fixated belief system, you are actually dealing with a very strong projection as a defense mechanism and extreme transference. The client is responding to their projection onto you, not reality. Getting a knowledgeable third-party in the room will allow the projection to be properly handled, will keep your client safe and will probably protect you during any future malpractice claim.

**A is INCORRECT.** This will be very damaging to the client as it will probably collapse the projection and could leave the client devastated or enraged.

**B is INCORRECT.** This will buy you trouble. You are essentially dealing with a person who is one step away from a Delusion, regarding the value of your relationship.

**D is INCORRECT.** This would be good if it was “accept the revelation, immediately and forcefully challenge the projection and then continue processing in therapy.” This is something you might see in a seasoned practitioner but I would never recommend this action to anyone without thousands of hours of face-face therapy experience.

You have been asked by a colleague to consult with a young couple who have two children, ages 6 and 2. They have recently been told, their 6-year-old child has an Affective Disorder. The diagnosis was made after a school referral to a clinical social worker. The **FIRST** thing you should do for this couple is...

- A) Complete a thorough BioPsychoSocial Assessment of the family
- B) Empower the parents through education about the disorder
- C) Refer the family to a support group for families with children of similar diagnoses.
- D) Help the parents identify different social supports for the child.

**The correct answer is B.** This family is coming from another clinician. You need to assume that an assessment has been done already. The couple’s primary problem is they do not know or seem to be aware of the issues addressed in an Affective Disorder. In truth, it is difficult to address an affective disorder without knowing more about the type e.g. Bipolar, Unipolar, etc. This family system needs information and knowledge in order to understand the tasks and obstacles in their future.

**A is INCORRECT.** You do not need to know all the details of their family before you provide them with information. The most primary issue is education, family information and history is important but can be obtained from the prior therapist or you can complete a full assessment later.

**C is INCORRECT.** Possibly...a good idea, but not a **FIRST** thing to do. This should fall quite far down on your priority list.

**D is INCORRECT.** There is nothing in the question, which indicates the parent have a deficit of social support systems. This is something, which could come much later if at all.

You have been working with a client who has been describing a behavior which causes them to feel uncomfortable, distressed, and burdened. According to the tenets of Ego psychology, this type of behavior would be **BEST** described as...

- A) Ego Synthesis
- B) Ego Dystonic
- C) Ego Syntonic
- D) Ego Harmonic

**The correct answer is B.** Denoting aspects of a person's thoughts, impulses, and behavior that are felt to be repugnant, distressing, unacceptable, or inconsistent with the self-conception.

**A is INCORRECT.** The ego's capacity to organize and unify other functions within the personality. It enables the individual to think, feel, and act in a coherent manner.

**C is INCORRECT.** Denoting aspects of a person's thoughts, impulses, attitudes, and behavior that are felt to be acceptable and consistent with the self-conception.

**D is INCORRECT.** This is not a concept of Ego-Psychology.

You are working with an adult female who is experiencing difficult relationships plagued by feelings of abandonment, idealization and devaluation of others with high positive regard and heavy disappointment or dislike. You believe this problem with relationships deals with unstable childhood experiences. Of the following treatment models, which would provide the BEST chance of success in therapy.

- A) Reality Therapy
- B) Person-Centered Intervention
- C) Solution-Focused Intervention
- D) Dialectical Behavioral Therapy

**The correct answer is D.** First you must understand you are dealing with a person suffering from a personality disorder, more specifically a cluster B (dramatic) disorder. All the current research indicates the best response for the Cluster B's comes from Dialectic Behavioral Therapy, a type of therapy created by Marsha Linehan.

**A, B, & C are INCORRECT.** Research does not support this modality as the most effective for Cluster B Disorders.

You have accepted a position working in a sheltered workshop. You will be trained by the last social worker before she leaves her post for a new job. The workshop is specifically designed to help individuals suffering from a developmental delay. You would expect the social worker training you to use a primarily focused on a behavioral approach. Of the following interventions, which would she be LEAST LIKELY to use to train you?

- A) Provide positive reinforcement to strengthen enhance work performance
- B) Assess current familial relationships
- C) Create a performance contract with the client
- C) Review a new client's past workplace behavior

**The correct answer is B** This is not a concern of the behavioral model. Behavioral models deal with current issues. It is also the modality best suited for work in a sheltered workshop with clients suffering from developmental delays.

**A, C, & D ARE INCORRECT** This is a behavioral intervention.

## Licensing Exam Practice Questions February-March 2013

Of the following drugs prescribed by a psychiatrist, which would be most likely prescribed for a diagnosis which included psychosis?

- A) Wellbutrin (Bupropion)
- B) Risperdol (Risperidone )
- C) Prozac (Fluoxetine Hydrochloride)
- D) Lithobid (Lithium Carbonate)

**The correct answer is B.** Risperidone is used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions) in adults and teenagers 13 years of age and older. It is also used to treat episodes of mania (frenzied, abnormally excited, or irritated mood) or mixed episodes (symptoms of mania and depression that happen together) in adults and in teenagers and children 10 years of age and older with bipolar disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). Risperidone is also 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 (a condition that causes repetitive behavior, difficulty interacting with others, and problems with communication). Risperidone is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain. Reference: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000944>

**A is INCORRECT.** Bupropion (Aplenzin, Wellbutrin, Wellbutrin SR, Wellbutrin XL) is used to treat depression. Bupropion (Wellbutrin XL) is also used to treat seasonal affective disorder (SAD; episodes of depression that occur in the fall and winter each year). Bupropion (Zyban) is used to help people stop smoking. Bupropion is in a class of medications called antidepressants. It works by increasing certain types of activity in the brain. Reference: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000970>

**C is INCORRECT.** Fluoxetine (Prozac) is used to treat depression, obsessive-compulsive disorder (bothersome thoughts that won't go away and the need to perform certain actions over and over), some eating disorders, and panic attacks (sudden, unexpected attacks of extreme fear and worry about these attacks). Fluoxetine (Sarafem) is used to relieve the symptoms of premenstrual dysphoric disorder, including mood swings, irritability, bloating, and breast tenderness. Fluoxetine is in a class of medications called selective serotonin reuptake inhibitors (SSRIs). It works by increasing the amount of

serotonin, a natural substance in the brain that helps maintain mental balance. Reference:  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000885>

**D is INCORRECT.** Lithium is used to treat and prevent episodes of mania (frenzied, abnormally excited mood) in people with bipolar disorder (manic-depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). Lithium is in a class of medications called anti-manic agents. It works by decreasing abnormal activity in the brain. Reference:  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000531>

You are evaluating an agency you intend to use as a referral agency . You are looking first and foremost at their use of evidenced-based practice models. This is MOST IMPORTANT because you need to...

- A) determine whether the agency is spending quality time with its clients.
- B) decide whether clients are being adequately served.
- C) verify that clinical staff are conducting utilization reviews.
- D) verify that services are provided in the most verifiable manner and with the best client outcomes.

**The correct answer is D.** Evidenced based practiced always lead to verifiable treatment and offer the best possibility for treatment progress.

**A is INCORRECT.** Evidenced based treatments will not necessarily translate into quality time with clients.

**B is INCORRECT.** There is no way to determine if clients are being adequately served by looking at evidenced based practices.

**C is INCORRECT.** Utilization reviews are an insurance issue and are not directly correlated to treatment success.

Marco is a clinical social worker who has just taken a position with a community mental health agency which primarily serves Latino families in a 30 mile radius. When dealing with families referred to the agency, Marco should be concerned FIRST with ...

- A) Use highly directive behavioral techniques.
- B) Avoid modalities which directly conflict with Latino cultures.
- C) Determine the degree of assimilation into American culture.
- D) Assume the family will have a strictly patriarchal structure.

**The correct answer is C.** The most important issue is to determine the level of acculturation to the predominant culture. This will assist Marco in determining treatment goals and plot a course for goals and objectives.

**A IS INCORRECT.** You must first ask yourself: Why would highly directive behavioral techniques be more effective in working with Latino? The obvious answer is there is no correlation between culture and behavioral therapy. B.F. Skinner, the creator of operant conditioning felt behavioral training trumped all cultural influence.

**B is INCORRECT.** Ask Yourself: What therapeutic modalities directly conflict with Latino culture? If you find one, please write me with its name and your argument

**D IS INCORRECT.** Latino families may have patriarchal structures or matriarchal structures. There is no clear research that indicate either structure is prevalent in Latino families.

A social work colleague is having problems addressing the resistance a client (who was referred by the court system) is giving them during therapy. They ask you for help. Your BEST response is to tell them...

- A) Explore the feelings underlying the resistance
- B) Confront the client on their resistance
- C) Point out the client's resistance and work out a behavioral contract to change this resistance
- D) Help the client re-order the resistance as an opportunity to grow

**The correct answer is A.** Client's almost always show some resistance at different times during therapy. Confronting their issues is always difficult and the process of therapy can be rather painful. This is increased by the possibility, in this case, they are court ordered and do not want to be there anyway. Exploring their feelings and validating them when you can will help develop a therapeutic bond between you and the client which could lead to some great therapeutic success.

Validating a response: (An Example) Client: "I am only here because the court says I have to see you before they will give my kids back." Social Worker: "Being forced to do anything never feels good. I am sorry we have to meet under these circumstances, however, the fact you have agreed to come here means you must care for your children a lot. Let's see what we can do to help you get done what the court is demanding?"

**B is INCORRECT.** Direct confrontation rarely works the way you want it to. It often works in TV Dramas, mainly because it is written in the script, but seldom works in real life. Therapeutic confrontation needs to be subtle, well thought out in advance, and there has to be a clear plan in place (in the social workers mind) as to alternative responses if the confrontation goes badly.

**C is INCORRECT.** A behavioral contract will only be effective if the client has acknowledged the behaviors and seems them as counter-productive. The resistance may be very productive for the client in trying to get their point across that they feel forced or coerced.

**D is INCORRECT.** Once again, this re-ordering can only take place after the client owns or accepts the behavior. This requires insight and acceptance to be a viable strategy.

You have been asked to consult with another social worker who is working with a 15 year-old girl. During her first visit the youth stated "I wish I could convince my parents to take me to a plastic surgeon". She presented with the following issues. She is preoccupied with her "large" jaw, "small" breasts and "uneven" skin and will ask her mother whether she looks okay at least a dozen times per day. She has begun to use heavy makeup and has also started wearing long sleeves and pants at all times in order to cover her skin. Her appearance concerns are so time-consuming and distressing that she has ceased to spend time with her friends and has dropped her extracurricular activities. What is her probable diagnosis according to DSM-IV or DSM-IV-TR symptoms?

- A) Schizophreniform Disorder
- B) Obsessive-Compulsive Disorder
- C) Body Dysmorphic Disorder
- D) Post Traumatic Stress Disorder

**B is INCORRECT.** Obsessive-Compulsive Disorder is characterized by obsessive thoughts and compulsive actions, such as cleaning, checking, counting, or hoarding. Obsessive-compulsive disorder (OCD), one of the anxiety disorders, is a potentially disabling condition that can persist throughout a person's life. The individual who suffers from OCD becomes trapped in a pattern of repetitive thoughts and behaviors that are senseless and distressing but extremely difficult to overcome. OCD occurs in a spectrum from mild to severe, but if severe and left untreated, can destroy a person's capacity to function at work, at school, or even in the home.

Treatment is by cognitive behavioral therapy and/or medication. One patient may benefit significantly from behavior therapy, while another will benefit from pharmacotherapy. Some others may use both medication and behavior therapy. Others may begin with medication to gain control over their symptoms and then continue with behavior therapy. The neurotransmitter serotonin can significantly decrease the symptoms of OCD. The first serotonin reuptake inhibitor (SRI) specifically approved for the use in the treatment of OCD was the tricyclic antidepressant clomipramine (AnafranilR). It was followed by fluoxetine (ProzacR), fluvoxamine (LuvoxR), and paroxetine (PaxilR). Large studies have shown that more than three-quarters of patients are helped by these medications. And in more than half of patients, medications relieve symptoms of OCD by diminishing the frequency and intensity of the obsessions and compulsions. Improvement usually takes at least three weeks or longer. If a patient does not respond well to one of these medications, or has unacceptable side effects, another SRI may give a better response. Medications are of help in controlling the symptoms of OCD, but often, if the medication is discontinued, relapse will follow. Indeed, even after symptoms have subsided, most people will need to continue with medication indefinitely, perhaps with a lowered dosage. Reference: [www.medterms.com/script/main/art.asp?articlekey=4610](http://www.medterms.com/script/main/art.asp?articlekey=4610)

**D is INCORRECT.** Post Traumatic Stress Disorder is a common anxiety disorder that develops after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Family members of victims also can develop the disorder. PTSD can occur in people of any age, including children and adolescents. More than twice as many women as men experience PTSD following exposure to trauma. Depression, alcohol or other substance abuse, or other anxiety disorders frequently co-occur with PTSD.

- Reliving the event through upsetting thoughts, nightmares or flashbacks, or having very strong mental and physical reactions if something reminds the person of the event.
- Avoiding activities, thoughts, feelings or conversations that remind the person of the event; feeling numb to one's surroundings; or being unable to remember details of the event.
- Having a loss of interest in important activities, feeling all alone, being unable to have normal emotions or feeling that there is nothing to look forward to in the future may also be experienced.

Feeling that one can never relax and must be on guard all the time to protect oneself, trouble sleeping, feeling irritable, overreacting when startled, angry outbursts or trouble concentrating.

Reference: [www.medterms.com/script/main/art.asp?articlekey=18779](http://www.medterms.com/script/main/art.asp?articlekey=18779)

You have just begun an initial session with a battered woman who is just starting to tell you about the story and history of abuse. The BEST thing you can do as a therapist is...

- A) during her disclosure ask her leading questions as a method of eliciting as much information as possible and to let her know you are supportive of her situation.
- B) Simply listen to her story and do not offer advice or suggestions.
- C) Stop her at different times during her discussion and provide her with an interpretation of her nonverbal behavior and statements to assist her in becoming more self-aware.
- D) Provide her with information about other domestic violence victims you have worked with in order to help her understand you are empathetic to her situation.

**The correct answer is B.** Listening empathically, with total attention, is probably the most powerful tool you have in your toolbox. Clients need to be HEARD. They need to feel they can communicate. When you have heard the entire situation you are then in a position to ask the question: "What can I do to help you get what you need?"

**A is INCORRECT.** It is never a good idea to ask a client "leading questions". With any therapeutic relationship there is a power structure in which the clinician holds more power than the client. It is possible, when asking leading questions, to give the client the idea that you are looking only for specific information and they may alter their story to please you. Leading questions are almost always bad.

**C is INCORRECT.** Providing clients with an interpretation of their thoughts, statements and non-verbal behaviors is an aspect of psychoanalysis that occurs AFTER A VERY LONG TIME IN THERAPY. Psychoanalytic psychotherapy can last for 3-5 years and the interpretive phase is only during the last couple of sessions. Anytime you provide an interpretation of a client's behavior or thoughts, it should be with their direct permission after a clear discussion of informed consent. (So they know what they are getting into.) Without a deep trust built over a long time this method will backfire and probably drive the client away. PS: Psychoanalysis takes years to learn and is a rather rigorous discipline. If you are interested in providing this type of therapy, there are PhD programs in psychoanalysis which take approximately 5 years to complete and usually require you to undergo psychoanalysis personally for several years.

**D is INCORRECT.** The best way to show empathy is to listen carefully, ask questions which allow the client to provide you with clarity and allow them to be in control. The fact that the client has come to you places you in the expert role, you do not need to prove it.

It is your fourth session with a client and they arrive 22 minutes late. Upon seating themselves on the couch they say, "I know I am late, I got stuck at work today and could not get away from my desk. This is the third time they are late to a session. You decide it is time to address this situation. Your BEST response is to say:

- A) Can you think of any reason why you want to avoid talking today?
- B) Maybe we need to explore what it means to you to come here for our sessions.
- C) I know that your work is important, but we will just have less time together today
- D) You seem to expect me to be angry with you. Let's talk about how you feel.

**The correct answer is B.** This approach allows them to open up and explain themselves. It is accepting and non-judgmental. It also gives you the chance to clarify roles and to ask the client to explain in to you, in more detail, what they are expecting from this process.

**A is INCORRECT.** This is a very confrontational approach and requires the client to agree to the fact that they don't want to work with you (Which may or may not be an accurate assumption). If they have been late to 3 of their four sessions, it is entirely likely that they are not completely invested in the therapeutic process and this type of confrontation may drive them away.

**C is INCORRECT.** This is a statement of the obvious and may be taken as a rebuke. If a client is wavering in relation to their investment in therapy, they may use this as an excuse to terminate and avoid working with their issues.

**D is INCORRECT.** This is definitely confrontation and assumes anger, for which there is no indication in the above information. Reluctance is not anger. It is entirely possible that the resistance is due to an upcoming breakthrough with the client and they are concerned that something they want to reveal may offend you or cause you to dislike them. They are the expert of their life, but you are the expert in psychotherapy.

You have been working with a client for six sessions and they are covered by BCBS Insurance. They have elected to pay in cash rather than use their insurance benefits. Their insurance company sent you a letter requesting information about the client's progress and the current focus of therapy. Your best response is to...

- A) throw the letter in the trash and forget about it.
- B) send the insurance company a complete copy of the file.
- C) verify the validity of the letter and then copy and send the file.
- D) Send the requested information only with the client's written authorization.

**The correct answer is D.**

While you could send the information with the client's verbal authorization, it would not be wise to do so. If the client later denied giving you authorization, it is a hearsay issue and cannot be resolved. A piece of paper with a client's original signature on it, in your file is a tremendous stress reducer in the event of litigation or complaint. I usually ask my clients to sign in BLUE INK, because it does not photocopy well and is easier to prove as genuine. Even if the client signs a release at the beginning of therapy, I would encourage discussing it with them prior to release and then letting them determine if release is still their preferred choice.

**A is INCORRECT.**

Personally, I like this answer the best even though it is wrong. Perhaps it goes to my dislike of insurance companies. You must respond because the letter could have consequences for the client's continued insurance coverage and /or liability. However, you can never release information on a client without their express consent. I make it a practice to always talk to my client before I take any action on a release of information request.

**B is INCORRECT.**

Only if you enjoy being the focus of lawsuits and complaints against your license. The client has the ultimate control over the release of their information.

**C is INCORRECT.**

Nope! Even if the letter is valid and the request for information form is appropriate, legal and binding, and your opportunity for payment is involved, the client always reserves the right to refuse to allow you to release information that does not comply with mandatory reporting requirements.

According to LaFromboise, Teresa D., Joseph E. Trimble, Gerald V. Mohatt, effective counseling strategies with Native American populations include all of the following EXCEPT:

- A) Assess level of acculturation
- B) Include families in interventions
- C) Providing therapy in a "value-free" environment
- D) Acknowledge the client's tribal and familial affiliation

**The correct answer is C.** Native American culture exists in a tightly knit web of values that bind the community and the individual. Their culture emphasizes the needs of the community over the needs of the individual and even the needs of the family over the needs of the individual. To live in a "value-free" environment would be similar to renouncing your heritage.

**A is INCORRECT.** This is very important when counseling the Native American client. American Indians and other ethnic minorities have been socialized to interpret their experiences in the world much differently than in the larger westernized culture. The greater the level of acculturation, the greater the need for sensitivity and treatment planning that includes the family and the community.

**B is INCORRECT.** The family is the primary base unit for Native American Culture. Native American socialization teaches the needs of the family and conformity to family values and tribal customs are more important than individual needs. The individual is completely connected to family and counseling

would not be effective without this aspect being considered in treatment planning and at the beginning of every session.

**D is INCORRECT.** Without tribal and familial affiliation, the individual ceases to exist. Unlike Western Culture where our socialization teaches that the individual must break free of family and be able to live on their own, independent of background and upbringing, Native American culture uses tribal and family affiliations as the backbone of its existence.

## Licensing Exam Practice Questions February 2013

You are school social worker called to a teacher's room because they have a six-year-old child who has scrapes on his knees and shins. At the classroom the teacher states this is not the first time the child has come to school with scrapes on his legs. As a mandated reporter your next BEST step is to:

- A) Make a report to child protective services
- B) Contact the parents and request a meeting
- C) Question the teacher about past incidents.
- D) Ask the school to provide medical evaluation.

**The correct answer is C** You are in information gathering mode. Scrapes and cuts on legs are very common for children of this age. You should not become worried unless there are many other identifiable facts. Gather as much historical information as you can.

**A is INCORRECT** You do not have enough information yet to do this.

**B is INCORRECT** You need to gather information from on-the-scene resources before looking at the parents.

**D is INCORRECT** Not yet! You are not even close to this level of intervention currently.

You are finishing your work with a client. As you begin the process of termination, your PRIMARY goal is ...

- A) Have the client give you feedback on your performance.
- B) Ask the client how they feel
- C) Summarize the progress and goals you have achieved
- D) Determine referral needs

**The correct answer is C** At the termination of the counseling relationship, your PRIMARY responsibility is to summarize goals and achievements. Remember, termination may occur because the

client is ready, or their insurance plan is done paying and they do not want to continue, or other factors in their life have come up and they need to put their time and resources elsewhere.

**A is INCORRECT** Your client is never required to give you feedback on your performance. The relationship is very complicated and not of equal power. In any counseling session, there are transference issues and projection issues. Asking a client to rate you would be inappropriate.

**B is INCORRECT** You should be asking the client how they feel continually during therapy. There is no specific need to start or stop this process during termination.

**D is INCORRECT** This should have been done in the beginning and referrals and linkage should be completed during therapy. If the referral has not been successful you may want to follow-up. If the termination is unplanned, you may want to follow-up. However, your primary objective is to summarize goals and objectives.

You are working for an agency that takes walking referrals. In the middle of your shift you have a walking referral, concerning a female who is a battered woman. She presents as scared and paranoid. Of the following actions, which intervention should you complete first ?

- A) Immediately begin assessment to begin case planning
- B) Assist the woman and identifying life patterns which should lead to abuse
- C) Obtain referrals for immediate safety
- D) Report the abuse to law-enforcement

**The correct answer is C** When you were dealing with the victim of domestic violence, the first thing you should do is ensure immediate safety. Immediate safety not only is required for the victim, but also of your agency and the people currently in your agency. When you are dealing with the domestic violence issue you don't know if the batterer is following the victim and may storm into your agency. Safety is of the utmost concern.

**A IS INCORRECT** There are many opportunities to begin assessment and plan for future intervention. This is a situation where the immediate action is to provide for the safety of the client.

**B IS INCORRECT** Assisting the woman understanding her life choices and patterns will not keep her safe at the moment. This is something which can be done by a therapist much farther down the road after numerous interventions to help her overcome the abuse and violence she suffered.

**D IS INCORRECT** Contacting the police might be something you would do in order to ensure the safety of the client, it would be only to ensure the safety of the client at the initial contact. There is plenty of time to document the abuse them and involve law-enforcement. In some jurisdictions, law enforcement may not become involved unless the victim is willing to testify.

You are working with a new client who has just come into your office and has begun a very detailed description of the events which have culminated in her current crisis and the need for your services. During her description, which if the following behaviors are NOT considered appropriate?

- A) When she is done speaking, summarize everything she has said
- B) Using body gestures, like...leaning forward and nodding
- C) Encouraging her with phrases like..."go on" and "um-hum"
- D) Interrupting her narrative when you feel you need to clarify details

**The correct answer is D** Interrupting during a narrative runs the risk of distracting the client and knocking her "off course." In this scenario, she is giving a clear and detailed narrative and you should be listening actively and taking notes. When she is done, you can request clarification on several items if you feel the need.

**A is INCORRECT** Summarizing for a client is always a good thing. It lets them know you are listening and lets them know you have an understanding of their situation. It can also be used as a technique to elicit information. If you summarize what you heard and you get it wrong, it can alert the client to things they did not report or relate.

**B is INCORRECT** 93% of all communication is either non-verbal or paraverbal. You can transmit a tremendous amount of information in your posture, gestures, facial expressions and tone of voice. The more body language you can use and can read, the easier the session will be.

**C is INCORRECT** Little phrases that allow the client to see you are actively listening and trying to keep up with them, are very important. If your client perceives you as interested and actively involved, you should have a better outcome in the therapy.

You are writing a proposal to your agency to begin a group therapy project. As you are listing the different aspects of the group, you realize the most important aspect you should consider for establishing membership in the therapy group is?

- A) Client diagnoses
- B) Goals of the group
- C) Length of each group session
- D) Personalities of individual group members

**The correct answer is A** When putting together a group therapy session. It is important to group the members together by their diagnoses. Each individual mental health diagnostic criteria set requires a slightly different intervention. For example, you would not want to run a group where you put people with ADHD in the same group as people who have chronic schizophrenia. When allowing a member into a group you should be careful to regard similar diagnostic characteristics.

**B IS INCORRECT** The goals of the group are not as important for determining the composition of the group. It is important to determine whether or not the group is providing the intervention that you wanted to be providing.

**C IS INCORRECT** Group sessions generally last between one hour fifteen minutes and one hour thirty minutes. They can go shorter or longer depending on the content of the group. However group therapy sessions tend to be the same length of time regardless what's being discussed, so you don't have to worry about the length of time in a group setting.

**D IS INCORRECT** The personalities of each individual involved in the group will vary widely and will have a great impact on the group. However, it should be clear that you do not need to know this information before you start the group.

You are in your fourth session with a man who is 32 years old, there's been married for six years. He and his wife have two small children. He states to you that he recently had a homosexual experience, and now realizes that he has been gay all of his life. He wants to talk to his wife but he is afraid she will become angry and he will not be able to see his children. Your best next course of action would be?

- A) Help the client plan for any upcoming legal actions.
- B) Tell the client they should remain in the closet until society is more accepting of their lifestyle.
- C) Explore with the client the possible outcomes of his revelation, and the possible issues he will face in the future.
- D) Explore with the client whether or not the single experience is worth giving up his marriage

**The correct answer is C** This is a great idea. The road he chooses to take must be his own, but your role is to help him look at all aspects of his situation and make a decision, with as much consciousness as he can bring to bear on the situation.

**A IS INCORRECT** This is definitely not your role. Do not go down this path. You could accidentally end up "Practicing Law without a License" which is often a felony.

**B IS INCORRECT** Never give this advice to a client. In fact, it is best to never give any advice to a client.

**D IS INCORRECT** Exploring is good, but this type of exploration is judgmental and biased towards staying in the relationship.

You are clinical social worker being trained in the use of cognitive behavioral therapy. Which of the following BEST describes the progress achieved as a result of the CBT intervention?

- A) The behavior of the family system
- B) Whether specific goals have been reached
- C) Behavior the client exhibits
- D) Cognitions the client exhibits

**The correct answer is C** CBT is a behavioral intervention. You need to measure behaviors.

**A IS INCORRECT** CBT is an individual intervention, not a group or family intervention

**B IS INCORRECT** This answer makes no sense on its face. You are measuring goals.

**D IS INCORRECT** Change is marked by new/different behaviors. Change in cognition leads to change in behavior, but you are looking for behavioral changes.

Of the following medications, which one is MOST LIKELY to be used for the treatment of bipolar disorder?

- A) Haloperidol
- B) Valium
- C) Luvox
- D) Abilify

**The correct answer is D** Abilify is also known as Aripiprazole. It is a partial dopamine agonist of the second generation class of atypical antipsychotics with additional antidepressant properties that is used in the treatment of schizophrenia, bipolar disorder, and clinical depression.

**A IS INCORRECT** Haloperidol (also called Haldol) is an older antipsychotic used in the treatment of schizophrenia and acute psychotic states and delirium. A long-acting decanoate ester is used as an injection given every four weeks to people with schizophrenia or related illnesses who have poor adherence to medication regimens and suffer frequent relapses of illness.

**B IS INCORRECT** Diazepam, first marketed as Valium, is a benzodiazepine drug. It is commonly used to treat anxiety, panic attacks, insomnia, seizures (including status epilepticus), muscle spasms (such as in tetanus cases), restless legs syndrome, alcohol withdrawal, benzodiazepine withdrawal, opiate withdrawal syndrome and Ménière's disease. It possesses anxiolytic, anticonvulsant, hypnotic, sedative, skeletal muscle relaxant, and amnesic properties and the pharmacological action of diazepam enhances the effect of the neurotransmitter GABA.

**C IS INCORRECT** Fluvoxamine (Luvox) is an antidepressant which functions as a selective serotonin reuptake inhibitor (SSRI). It is used for the treatment of major depressive disorder (MDD), obsessive compulsive disorder (OCD), and anxiety disorders such as panic disorder and post-traumatic stress disorder (PTSD).

You are finishing your work with a client. As you begin the process of termination, your PRIMARY goal is?

- A) Have the client give you feedback on your performance.
- B) Ask the client how they feel

- C) Summarize the progress and goals you have achieved
- D) Determine referral needs

**The correct answer is C** At the termination of the counseling relationship, your PRIMARY responsibility is to summarize goals and achievements. Remember, termination may occur because the client is ready, or their insurance plan is done paying and they do not want to continue, or other factors in their life have come up and they need to put their time and resources elsewhere.

**A is INCORRECT** Your client is never required to give you feedback on your performance. The relationship is very complicated and not of equal power. In any counseling session, there are transference issues and projection issues. Asking a client to rate you would be inappropriate

**B is INCORRECT** You should be asking the client how they feel continually during therapy. There is no specific need to start or stop this process during termination.

**D is INCORRECT** This should have been done in the beginning and referrals and linkage should be completed during therapy. If the referral has not been successful you may want to follow-up. If the termination is unplanned, you may want to follow-up. However, your primary objective is to summarize goals and objectives.

A common complication in alcohol dependence is elevated pulse and blood pressure, often in the hypertension range. The BEST description for this is?

- A) Direct toxicity to striated muscle
- B) Alcohol's effect on the liver
- C) How the kidneys remove alcohol from the blood
- D) Occurs only with binge drinking episodes

**The correct answer is A.** According to Lee (2002), people who had 6 or more drinks a day were twice as likely to suffer from hypertension than moderate drinkers (2 or less drinks a day) or nondrinkers. Increased serum GGT levels may be an indicator of an individual's susceptibility to the hypertensive effect of alcohol. The good news is when drinking stops, the blood pressure often returns to normal over a period of a few days.

Lee DH, Ha MH, Kim JR, Gross M, Jacobs DR. Gamma-glutamyltransferase, alcohol, and blood pressure: a four year follow-up study. *Ann Epidemiol.* 2002;12(2):90-96.

**B is INCORRECT** The effect on the liver is separate from overall cardio-vascular health.

**C is INCORRECT** The effect on the kidneys is separate from overall cardio-vascular health.

**D is INCORRECT** Research indicates this occurs primarily during alcohol dependence, without regard to binges.

Excessive drinking may interfere with the absorption, digestion, metabolism, and utilization of nutrients, particularly vitamins. Alcoholics often use alcohol as a source of calories instead of obtaining calories from a food source.

This behavior may lead to a nutrient deficiency and malnutrition. The BEST description of the damage done is?

- A) Direct toxic effects of alcohol on the small bowel
- B) Malnutrition, malabsorption, and ethanol toxicity
- C) Severe neurological damage.
- D) All of the above

**The correct answer is D.**

Alcoholics in the late stage of the disease may develop anorexia or severe loss of appetite, and refuse to eat. Alcoholics account for a significant proportion of patients hospitalized for malnutrition

Direct toxic effects of alcohol on the small bowel causes a decrease in the absorption of water-soluble vitamins (e.g., thiamine, folate, and B6). Studies have suggested that alcoholism is the most common cause of vitamin and trace- element deficiency in adults in the United States.

Alcohol's effects are dose dependent and the result of malnutrition, malabsorption, and ethanol toxicity. Vitamins A, C, D, E, K, and the B vitamins are deficient in some alcoholics. All of these vitamins are involved in wound healing and cell maintenance. Because vitamin K is necessary for blood clotting, deficiencies can cause delayed clotting and result in excess bleeding. Vitamin A deficiency can be associated with night blindness, and vitamin D deficiency is associated with softening of the bones. Deficiencies of other vitamins involved in brain function can cause severe neurological damage (e.g., deficiencies of folic acid, pyridoxine, thiamine, iron, and zinc).

Thiamine deficiency from chronic heavy alcohol consumption can lead to devastating neurological complications, including Wernicke-Korsakoff syndrome, cerebellar degeneration, dementia, and peripheral neuropathy. Thiamine deficiency in alcoholics who are suffering from Wernicke-Korsakoff syndrome leads to lesions and increased microhemorrhages in the mammillary bodies, thalamus, and brainstem. This syndrome can also be associated with diseases of the gastrointestinal tract when there is inadequate thiamine absorption.

**A, B, & C are INCORRECT** This is only part of the damage caused

You have begun working with a number of clients who are classified as dual-diagnosed. This means they have a mental health and a substance abuse diagnosis. The first thing you realize is the great variety of client presentation during your sessions. When working with this population, you should plan on focusing which diagnosis FIRST?

- A) The mental health disorder
- B) The substance abuse-dependency disorder
- C) The diagnosis coded on AXIS I
- D) The disorder with the most severe symptoms

**The correct answer is D.**

For years, there has been an artificial boundary between mental health counseling and substance abuse counseling. Most graduate programs offer only one class in chemical dependency and feel this is enough. Often the MSW enters the field with a lack of knowledge about substance abuse and substance dependency, but are confronted with a large number of mental health clients who are substance-involved.

As with any situation, you treat the most severe symptoms first, regardless of there being mental health or substance abuse. However, you need to keep in mind the problems are intertwined and cannot usually be separated. Get as much training as you can on substance abuse issues and counseling. You will be treating users, abusers and addicts in your practice.

**A is INCORRECT.**

Without further information, this is wrong. The mental health disorder could be in remission, not problematic or improperly given. Focus on the problems the client is currently coping with and make your clinical decisions broadly.

**B is INCORRECT.**

Substance abuse may be secondary or an adjunct to the real problems. Always focus on the most severe and disabling symptoms.

**C is INCORRECT.** Just because it is coded on AXIS I does not make it the most problematic issue. AXIS I is for mental health or substance abuse issues. It can have multiple diagnoses and some will most certainly be more serious than others.

Of the following, which statement is NOT TRUE about alcohol dependence in women, as compared to alcohol dependence in men.

- A) Women achieve higher concentrations of alcohol in the blood after drinking the same amounts of alcohol than men.
- B) Women produce a lower level of the enzymes required to break down alcohol.
- C) Neurophysiology is more compromised in alcoholic men than women.
- D) Because women generally have a higher percentage of body fat, they reserve alcohol in the body for longer periods of time.

**The correct answer is C** This is a false statement. Neurophysiology is more compromised in alcoholic women than men (Glazkov 2006).

**A is INCORRECT.** This statement is accurate (Frezza 1990).

**B is INCORRECT.** This statement is accurate.

**D is INCORRECT.** This statement is accurate.

Frezza M, di Padova C, Pozzato G, et al. High blood alcohol levels in women: the role of decreased gastric alcohol dehydrogenase activity and first-pass metabolism. *N Engl J Med.* 1990;322(2):95-99.

Glazkov VA, Sviderskaia NE. Gender differences in chronic alcoholism: EEG analysis. *Zh Vyssh Nerv Deiat Im I P Pavlova.* 2006;56(5):597-602.

While the use of marijuana only has little impairment on a driver, mixing even small amounts of alcohol with marijuana has severe impact on driving skills. According to the National Highway Traffic Safety Administration's National Center for Statistics and Analysis, which represents the MOST accurate percent of traffic fatalities which were alcohol related?

- A) about three-quarters
- B) about half
- C) about two-thirds
- D) about one-third

**The correct answer is D.**

In 2009, 32% of all traffic fatalities were alcohol related [NTSA 2009]. In addition to the 10,839 fatalities, around 250,000 injuries from crashes were alcohol-related.

The National Highway Traffic Safety Administration estimates that 3 out of every 10 people in the United States will be involved in an alcohol- related crash at some point.

Children riding in cars in which the blood alcohol content of the driver is elevated are particularly at risk.

In a study of persons who have been convicted of driving while impaired, 85% of females and 91% of males reported a lifetime alcohol use disorder.

**A, B, & C are INCORRECT These percentages are too high**

Ethical codes are based on the ethical principles of a profession. These codes outline the values of the profession. They also create a guide to steer the behaviors of the profession. Of the four overall ethical domains below, which one DOES NOT apply to the social work profession?

- A) The professional's qualities and characteristics
- B) Behaviors toward other professionals and colleagues
- C) Behaviors of professionals in a range of situations
- D) Behaviors of the client to the professional

**The correct answer is D This is not an ethical concern of the social worker**

**A, B, & C are INCORRECT** are in the ethical domain of our profession

Ethics are beliefs about what constitutes correct or proper behavior. The principles of "right conduct" and "how to live as a good person" are Basic elements in the Ethical principles of our profession. Our ethical code reflect's one's obligations or duties. These basic elements are principles common to the helping professions. When one talks about "The Duty to Keep A Promise"... they are referring to the concept of?

- A) Autonomy
- B) Confidentiality
- C) Fidelity
- D) Beneficence

**The correct answer is C.** Fidelity: The duty to keep one's promise or word

**A is INCORRECT.** Autonomy: An individual's right to make his or her own decisions

**B is INCORRECT.** Confidentiality: The duty to respect privacy and trust and to protect information

**D is INCORRECT.** Beneficence: The duty to do good

You solicit information about a client via an email request. The colleague sends you an email response with a summary of therapy. The email is not encrypted. You are concerned that the client's confidentiality may have been violated because you were not expecting an emailed response. The LEAST chance of the email being intercepted is When:

- A) The email is sent
- B) The email is received
- C) You print the email for the client's file
- C) The email is subpoenaed

**The correct answer is C.** Once received and printed it is in your hands and you can protect the information

**A is INCORRECT.** When the email is sent it goes to an email server and can be intercepted.

**B is INCORRECT.** Just before the email is received by the recipient, it leaves their email server on its way to their computer. It can be intercepted at this time.

**D is INCORRECT.** Your Internet or email provider keeps a copy of everything you send and will release it pursuant to a legal court-order request.

You are a clinical social worker with an on-line presence on a social media platform. You receive a request to be connected to or befriended by a client. The issue which should bring you the GREATEST concern regarding whether to accept the invite or not is"

- A) The concept of unintentional disclosure
- B) The concept of dual relationships
- C) The concept of enabling
- D) The possible confidentiality violation issues

**The correct answer is B.** The issue of dual relationships is at the heart of deciding whether or not to accept patients/clients as "friends" on social networking sites. If a patient or client invites a practitioner to be an online "friend," the practitioner can discuss dual relationships and the reasons why this is unprofessional and unethical; this request could become part of the clinical work (Lehavot 2010, Chin 2010).

**A is INCORRECT.** This is a concern and should be carefully screened for, but it is not the greatest concern.

**C is INCORRECT.** This is a problem regardless of on-line or face-to-face contact.

**D is INCORRECT.** This is a concern and should be carefully screened for, but it is not the greatest concern.

Lehavot K, Barnett JE, Powers D. Psychotherapy, professional relationships, and ethical considerations in the MySpace generation. *Prof Psychol Res Pract.* 2010;41(2):160-166.

Chin JJ. Medical professionalism in the Internet age. *Annals Acad Medicine Singapore.* 2010;39(5):345-347.

You are a clinical social worker providing services to a client. During a routine search of your social media account, you run across your client's profile and there is information posted by the client which contradicts information the client has given to you. Given your ethical duty surrounding the use of the information. You decide you should only use the information once you figure out how it's use would promote the well-being and welfare of the client. Your actions are BEST described by the ethical concept of:

- A) Nonmaleficence
- B) Beneficence
- C) Fidelity
- .D) Autonomy

**The correct answer is B.** Beneficence (the duty to do good): How would the information obtained from a social networking site promote the well-being and welfare of the client?

**A is INCORRECT.** Fidelity (the duty to keep one's promises)

If you were using this, you would ask ...How would the information gleaned about a client on a social networking site help promote trust?

**C is INCORRECT.** Nonmaleficence (the duty to do no harm)

If you were using this, you would ask ...What harm might emerge from using social networking sites to find information about the client? ..Or...How might this unintentionally harm the client?

**D is INCORRECT.** Autonomy (the individual's right to make his or her own decisions)

If you were using this, you would ask ...How does the information found on a social networking site help to promote the client's ability to make his or her own choices about what to share or not in the clinical sessions?

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