



WELCOME to the  
*Social Work Exam Prep*  
**BOOTCAMP®**

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One Day Workshop

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One Day Social Work Exam Prep Workshops  
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# Social Work Exam Prep Bootcamp



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**Please review Before using this workbook.**



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Dr. Edith Chaparro, PhD, LCSW-R

About The Author

Hello fellow social workers, my name is Dr. Edith Chaparro, PhD, LCSW-R. I earned my masters in clinical social work from New York University and then obtained my PhD in psychology. For almost fifteen years, I have been successfully helping social workers pass their licensing exam. After years in private practice, I became aware of the difficulty social workers were having with their licensing tests. Many colleagues approached me for help because of my mastery of the material. I was surprised to discover that there was not a concise and accessible program available to social workers. Consequently, I took it upon myself to create my own. My goal is to help as many social workers as possible obtain their license in the shortest amount of time. I believe this will have a long term positive impact upon our profession. By getting social workers licensed and putting them in the field, I can reach more clients than I can through private practice alone.

If you are serious about passing, I welcome you to try my innovative approach.

See you in class!!!

Dr. Chaparro ☺





**What's Your Learning Style**

Choose the first answer that comes to mind a, b, or c.

- QUESTION 1. When you study for a test, would you rather
- a) read notes, read headings in a book, and look at diagrams and illustrations.
  - b) have someone ask you questions, or repeat facts silently to yourself.
  - c) write things out on index cards and make models or diagrams.
- QUESTION 2. Which of these do you do when you listen to music?
- a) daydream (see things that go with the music)
  - b) hum along
  - c) move with the music, tap your foot, etc.
- QUESTION 3. When you work at solving a problem do you
- a) make a list, organize the steps, and check them off as they are done
  - b) make a few phone calls and talk to friends or experts
  - c) make a model of the problem or walk through all the steps in your mind
- QUESTION 4. When you read for fun, do you prefer
- a) a travel book with a lot of pictures in it
  - b) a mystery book with a lot of conversation in it
  - c) a book where you answer questions and solve problems
- QUESTION 5. To learn how a computer works, would you rather
- a) watch a movie about it
  - b) listen to someone explain it
  - c) take the computer apart and try to figure it out for yourself
- QUESTION 6. You have just entered a science museum, what will you do first?
- a) look around and find a map showing the locations of the various exhibits
  - b) talk to a museum guide and ask about exhibits
  - c) go into the first exhibit that looks interesting, and read directions later
- QUESTION 7. What kind of restaurant would you rather not go to?
- a) one with the lights too bright
  - b) one with the music too loud
  - c) one with uncomfortable chairs
- QUESTION 8. Would you rather go to
- a) an art class
  - b) a music class
  - c) an exercise class
- QUESTION 9. Which are you most likely to do when you are happy?
- a) grin
  - b) shout with joy
  - c) jump for joy
- QUESTION 10. If you were at a party, what would you be most likely to remember the next day?
- a) the faces of the people there, but not the names
  - b) the names but not the faces
  - c) the things you did and said while you were there

QUESTION 11. When you see the word "d - o - g", what do you do first?

- a) think of a picture of a particular dog
- b) say the word "dog" to yourself silently
- c) sense the feeling of being with a dog (petting it, running with it, etc.)

QUESTION 12. When you tell a story, would you rather

- a) write it
- b) tell it out loud
- c) act it out

QUESTION 13. What is most distracting for you when you are trying to concentrate?

- a) visual distractions
- b) noises
- c) other sensations like, hunger, tight shoes, or worry

QUESTION 14. What are you most likely to do when you are angry?

- a) scowl
- b) shout or "blow up"
- c) stomp off and slam doors

QUESTION 15. When you aren't sure how to spell a word, which of these are you most likely to do?

- a) write it out to see if it looks right
- b) sound it out
- c) write it out to see if it feels right

QUESTION 16. Which are you most likely to do when standing in a long line at the movies?

- a) look at posters advertising other movies
- b) talk to the person next to you
- c) tap your foot or move around in some other way

Total your a's, b's, and c's = \_\_\_\_\_

If you score mostly A's = Visual Learners

- take numerous detailed notes
- often close their eyes to visualize or remember something & like to see what they are learning
- benefit from illustrations and presentations that use color
- Benefit from lectures – instruction while taking written notes

If you score mostly B's = Auditory Learners

- sit where they can hear but needn't pay attention to what is happening in front
- acquire knowledge by reading aloud & remember by verbalizing lessons to themselves
- Benefit from Audio CD's or material for learning information
- Benefit from lectures and instruction *without* written notes.

If you score mostly C's = Kinesthetic Learners

- need to be active and take frequent breaks
- rely on what they can directly experience or perform
- activities help them perceive and learn

### Westside Test Anxiety Scale

Rate the following, from extremely or always true, to not at all or never true. Use the following 5 point scale. Circle your answers:

5- Extremely/always true 4- highly/usually true 3- moderately/sometimes true 2- slightly/seldom true 1- not at all/never true

1) The closer I am to a major exam; the harder it is for me to concentrate on the material.	5	4	3	2	1
2) When I study for my exams, I worry that I will not remember the material on the exam.	5	4	3	2	1
3) During important exams, I think that I am doing awful or that I may fail.	5	4	3	2	1
4) I lose focus on important exams & I can't remember material that I knew before the exam.	5	4	3	2	1
5) I finally remember the answer to exam questions after the exam is already over.	5	4	3	2	1
6) I worry so much before a major exam that I am too worn out to do my best on the exam.	5	4	3	2	1
7) I feel out of sorts or not really myself when I take important exams.	5	4	3	2	1
8) I find that my mind sometimes wanders when I am taking important exams.	5	4	3	2	1
9) After an exam, I worry about whether I did well enough.	5	4	3	2	1
10) I struggle with written assignments, or avoid doing them, because I feel that whatever I do will not be good enough. I want it to be perfect.	5	4	3	2	1

\_\_\_\_ **ADD up the 10 questions** < \_\_\_\_ > Divide the sum by 10. This is your Test Anxiety score.

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What does your score mean? < \_\_\_\_ > Test Anxiety score (from 10 item scale).

Interpreting your test anxiety scores:

1.0—1.9 Comfortably low test anxiety

2.0—2.5 Normal or average test anxiety

2.5—2.9 High normal test anxiety

3.0—3.4 Moderately high (some items rated 4=high)

3.5—3.9 High test anxiety (half or more of the items rated 4=high)

4.0—5.0 Extremely high anxiety (items rated 4=high and 5=extreme)

**Rationale.** The scale is constructed to measure anxiety impairments, with most items asking directly about performance impairment or about worrying, which interferes with concentration. Simple indications of physiological stress are found to be relatively weak indicators of performance impairments. Incapacity (memory loss and poor cognitive processing) — 6 Items #1, 4, 5, 6, 8 & 10

Worry (catastrophizing) — 4 Items #2, 3, 7, 9 Physiological symptoms — no items.

**Recommendations.** We have found that students who score at least 3.0 or more on our scale (moderately high anxiety) tend to benefit from anxiety reduction training, experiencing lower anxiety on tests and achieving higher grades.

See: [www.amtaa.org](http://www.amtaa.org) for test anxiety information

See: [www.amtaa.org/solutionsCDs.html](http://www.amtaa.org/solutionsCDs.html) for test anxiety reduction Trainings on CD.

See: [www.peacewithmyself.com/test.htm](http://www.peacewithmyself.com/test.htm) for "active control" anxiety reduction Training.

© by Richard Driscoll & Westside Psychology. You have permission to reprint this scale for personal use or to screen students in schools and colleges. Please include copyright, author, and web address.

[www.amtaa.org/scaleWestside.html](http://www.amtaa.org/scaleWestside.html)

**Time-Management** ..... Doing too little? - **Procrastination** -- Allow yourself plenty of time for studying.

- 1) What is studying...re-reading our material, listening to Bootcamp CD's, until you have understanding a the ability to explain it in your own words. Re-do all quizzes in the book SEVERAL times.
- 2) When? Every day...minimum 2 hours ...Use the time management schedule.
- 3) Where? Minimum noise level, library, on train (looking over workbook) (soft music for ADD).

ACRONYMS: R.U.S.A.F.E.

ACRONYMS: R.U.S.A.F.E.  
 MNEMONIC DEVICES: EX: Please Excuse My Dear Aunt Sally – Order of operations in math.  
 Have a friend/family member Quiz you. Go Over weak areas.

**WEEKLY STUDY SCHEDULE – “MINIMUM of 2-3 HOURS” a day 5x a week.**

**Grand Total=100 hours minimum**

Week of \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What exam							
did I retake?							
How many							
test Ques?							
What material							
did I review?							
How long?							
30 min- minimum							
1 hour?							
						total of hours for entire week =	

## WHAT DOES IT TAKE TO GET LICENSED?

FIRST OFF, LIKE ALL PROFESSIONALS, YOU MUST EARN YOUR LICENSE!

IN ORDER TO ACCOMPLISH THIS, YOU MUST FOLLOW OUR FORMULA FOR SUCCESS:

$$T+M+S+K=P$$

**T = TRUST** – Trust our Proven Methods

**M= MOTIVATION** - IT TAKES 100 HOURS (minimum) OF STUDYING to be ready for Your EXAM.

**S = SKILLS** - THERE ARE 4 SPECIFIC SKILLS needed to PASS YOUR EXAM.

1. KEY WORDS 2. Distractors: FARM GRITS ROAD 3. R.U.S.A.F.E 4. Bootcamp Steps

**K= KNOWLEDGE** ~THE CORE OF THIS EXAM IS:

1. Code of Ethics
2. DSM 5
3. Safety Red Flags (P. 16)
4. Community Practice (Indirect Practice)

If your FOUNDATION is STRONG, you will EASILY GRASP all of the other CONTENT AREAS. I.E. Defense Mechanisms, Diversity, Group, Administration, Supervision, etc.

**P= PASS** you MUST be scoring consistently in the high 90's in ALL AREAS to PASS your license exam.

FOLLOW OUR "FORMULA FOR SUCCESS" & YOU WILL EARN YOUR LICENSE IN AS LITTLE AS 2-3 MONTHS.

\_\_\_\_\_, LMSW <---- Fill in your name!

\_\_\_\_\_, LCSW <---- Fill in your name!

Technique 1:

**KEY WORD CATEGORIES**

= FOCUS ON

1. \***Who** is the identified patient?

**IDENTIFY** the person(s) in crisis "**HOT SEAT**" **this is the person(s) YOU need to address.**

Ex: individual, child, adolescent, family, couple, group, community, etc.

2. **Who** are you in the paragraph? Ex: Social worker, Supervisor, intake worker, etc.

3. **What** session are you in? Ex: Initial session, established client, or end of therapy?

4. **What** ages do you see? Ex: 5, 13, senior, infant, teenager, etc.

5. \***SAFETY Red Flags** *Tip: S.A.U.L.S. H.A.R.M.* Suspects abuse, Abuse, Unexplained marks or bruises, Life threatening situations, Suicidal references/thoughts/plan, Homicidal references/thoughts/plan, Alcohol/drug recent increase, Real intent/plan, Multiple recent losses

6. **Strong words or Phrases**? Ex: Feelings, extremely upset, distraught, recently, on the verge of an emotional collapse, etc.

7. **Symptoms or Duration**? Ex: worthlessness, flashbacks, 6 months, 2 years.

8. **Diagnosis**? Ex: Borderline, Histrionic, Major depressive, Schizophrenic disorders.

9. **Direct requests**? EX: I want help with feeding my family.

10. **Quotations** Ex: "I will shut your mouth permanently".

11. **Qualifiers** EX: First, Next, Last, Best, Most, Except, etc.

→ narrows down possibilities

Technique 2:

**\*DISTRACTORS\* ~ F.A.R.M G.R.I.T.S R.O.A.D ~**

eliminate answers

- These are answers that look appealing at first glance. ✗
- They are incorrect more than 99% of the time. ✗ *what do you do first?*  
*because they are not what we would do right away.*

**\*\*THIS EXAM IS "SHORT TERM THERAPY," NOT "LONG-TERM!"\*\*****\*\*THIS EXAM IS "HERE AND NOW," NOT "DO LATER!"\*\*****DON'T CHOOSE THESE AS ANSWERS! ELIMINATE THEM!!!**

- Do not: **F**ocus on **unresolved** issues/**unresolved** conflicts, underlying causes, latent problems, examining the distant past, psychoanalysis Ex: the history/origin/basis of the anxiety.
- Do not: **A**dvice give/**J**udge- Ex: Tell your client to get a job.
- Do not: **R**ecommend to a "**support group**" Ex: Recommend a bereavement group, Recommend AA.
- Do not: **M**ake an appointment for your **own** therapy Ex: Schedule the client for an individual session.
- Do not: **G**ive pamphlets or literature Ex: Make a list, Give books, Send a Memo, no PAPERWORK.
- Do not: **R**ecommend your **own** therapy session (individual, family, couples) that's a "DO LATER!"
- Do not: **I**nform parents or speak to parents (when the identified client is not the parents).
- Do not: **T**erminate (3 exceptions) 1- you or client are moving 2- client reaches goals nothing new/no crisis 3- Client is not paying for sessions & no crisis.
- Do not: **S**peak to the supervisor (except transference or counter-transference, personal conflicts with client, personal problems that are interfering with therapy, or bias against your client).
- Do not: **R**espect self-determination- (if the patient is mentally unstable) Ex: thinking impaired.
- Do not: **O**ffer the contract as a reminder to the client Ex: Contract with the client on specific goals.
- Do not: **A**llow clients to lead the session Ex: Let the group decide who should be terminated.
- Do not: **D**o nothing or say nothing Ex: Don't take further action on this matter.

**STAY AWAY FROM FARM GRITS ROAD!**

# HOW DO YOU ANSWER QUESTIONS that say **FIRST/NEXT?**

90% of (LMSW) 95% of (LCSW) EXAM \* Code of ethics

Technique 3: **R.U.S.A.F.E** what to do first/next?

Rule out medical-  
choose medical  
answer, not SW  
answer

If you see "**Physical complaints**" Headaches, sexual dysfunction, aches & pains → are the main issue  
Ex: refer to a physician, medical clinic, doctor, medical evaluation, etc.

Under the influence---→

**"Do not treat"** Ex: do not treat intoxicated clients.

~~code of ethics~~ violates code of ethics - mentally unstable  
Delusional/Hallucinating→

Do not treat delusional/hallucinating clients. Ex: refer to psychiatrist

Save Lives-

when you see a  
red flag, choose  
safety

If you see "**Safety Issues**" Real intent, bruises, suicidal plan. Ex: Duty to warn, report abuse (child/elder), 911, mobile crisis, emergency room.

Assess Before Action-

When the main idea is not clear. Assess, Ask,  
or **D.I.C.E:** Determine, Identify, Clarify, Explore the problem  
Ex: Clarify what the client means by depression.

Feelings--→

Choose answers about feelings. Ex: **Acknowledge** the client's feelings

Concerns/→  
dilemma

Start with the (identified client): **(A.I.D.) Assist, Inform, or Discuss**  
the concerns with the (identified client).  
Ex: **Discuss** the problem with the client or **inform** the adolescent of concern.

Empower-

If the client is **mentally stable/ALERT**  
Ex: Respect the client's decisions, encourage the community to help themselves.

\* right to treatment

\* respect choices/decisions

\* help them help themselves

\* start w/ them, not others

no assumptions



The answer is in  
the question.

\*not sw knowledge

## \*8 BOOTCAMP STEPS FOR ANSWERING QUESTIONS\*

Follow the 8 steps for EACH Question:

includes all 1-3 techniques

Follow procedure

1. Read questions carefully... **\*\*DON'T RUSH\*\*** this is a **"READING Exam"**

**\*LOOK FOR KEY WORDS AND PHRASES\***

\*LOOK FOR CLUES → key words, phrases (technique 1)

2. **DON'T ADD** information that is not in the question from your personal experience; PLEASE no adding extra info. Ex: What ifs? <sup>no assumptions</sup>  
**DON'T compare** exam questions to each other...they are **NOT** the SAME! <sup>no extra info</sup>

3. **Identify these 3 areas: "P.P.L."** 1. **The Problem Sentence** = identify the problem sentence that the social worker MUST address (99% of the time this is the sentence before the very end. 2. **Person(s)** = identify who to address? Look at the problem sentence & address the person in crisis or in the "HOT SEAT"  
**Last sentence:** Make sure you answer the last sentence.

Ex: What should the social worker do **FIRST**:

What is main idea of the question

4. Read **EACH** answer **CAREFULLY** – EACH word counts!

Read all answers thoroughly, all 4

5. Eliminate 2 answers- Use **DISTRACTORS** or **KEY WORDS** or **P.P.L.**

eliminate easiest 2 (only 2) (technique 2)

6. Choose the answer- Use **R.U. S.A.F.E** or **KEY WORDS** or **P.P.L.**

pick only one

7. Check your **ANSWER BY MATCHING IT TO THE P.P.L.** <sup>does answer match main idea?</sup>  
<sup>check back to question</sup> \* Problem sentence, person, last sentence

8. **AFTER YOU CHECKED IT, NEVER** change your answer.

If it matches the main idea, leave it.

**"THAT'S THE BOOTCAMP RULE!!"**

LET'S PRACTICE!**Abbreviation: Social worker = SWKR**

1. A physician has recommended nursing home placement for a 92-year-old patient who is currently in the hospital with leg problems and Neurocognitive issues. The patient's 80-year-old wife insists that she can continue caring for him at home. As part of the discharge plan, the hospital SWKR should:

- A- Convince the wife that the physician's recommendations should be followed
- B- Support the wife in finding a second opinion
- ☒ C- Assist the wife to explore home health care service options
- D- Recommend that the wife discuss nursing home placement with her children

LOOK FOR THE PPL: PROBLEM SENTENCE? THE SENTENCE BEFORE THE LAST SENTENCE:

= The 80-year-old wife insists that she can continue caring for him at home.

PERSON? = The 80-year-old wife ← WHO TO ADDRESS! Notice...the WIFE is in the

PROBLEM Sentence... so SHE IS IN THE "HOT SEAT".

LAST SENTENCE = As part of the discharge plan, the hospital SWKR should: (FIRST)

MAKE SURE YOU MATCH YOUR ANSWER WITH THE PPL!

2. During an assessment with a pregnant, unmarried teenager and her mother, the teenager states firmly that she wants to keep her baby. The mother asks the SWKR to explain to the daughter how difficult it will be to care for the baby. The teenager states, "I don't want to be talked out of keeping my child".  
The SWKR should FIRST:

- A. Provide the teenager with the positives and negatives of caring for a baby
- B. Explore the mother's feelings about her daughter's pregnancy
- ☒ C. Discuss the teenager's feelings about being forced into a decision
- D. Facilitate communication between the mother and daughter

3. A mother seeks help for her child at a local child guidance clinic. She asks the SWKR not to tell her husband about the appointment. The SWKR should FIRST:

- A- Respect the client's wishes and continue to work with her
- B- Explain to the client that the entire family should be seen
- C- Explore the husband's feelings about seeking guidance
- ☒ D- Explore the client's reasons for not wanting her husband involved

4. A recently widowed 86 year old man is encouraged by his minister to obtain mental health services. Since the death of his wife of 50 years, he has not been able to sleep, has little energy, and often skips meals. The SWKR conducts an interview. The SWKR should FIRST:

- A- Conduct a mental status examination
- B- Consult with collateral sources
- ☒ C- Acknowledge the client's feelings of loss
- D- Provide information about depression

5. A teenager and mother see a SWKR because of increased anger, family conflict, and defiance at home. The mother reveals that the teenager was sexually abused at an early age, and has never talked about it with anyone. The teenager denies memory of the abuse. The SWKR should FIRST:

- A- Recommend individual treatment for the teenager
- ☒ B- Normalize the teenager's reactions
- C- Develop a treatment plan for family therapy
- D- Provide education for anger management skills

6. A social worker sees a couple after the birth of their first child. They are very stressed by the demands of parenthood. What should the social worker do FIRST:

- A- Ask the couple what family resources are available
- B- Refer the couple to a pediatrician
- ☒ C- Determine what is causing the stress
- D- Refer them to a support group for new parents

7. During an initial session a client becomes progressively more anxious and overwhelmed while discussing presenting problems. The social worker should FIRST:

- A- Sensitive direct the interview toward initiating relaxation techniques
- ☒ B- Assist the client in breaking the concerns down into more manageable parts
- C- Reassure the client of the social worker's intention to help
- D- Encourage the client to summarize the concerns

8. A female client is seen by a social worker for feeling depressed. She explains that she does not understand why she feels this way because she has no problems in her life. She further explains that she has a great job, a nice spouse, and healthy children. The social worker should FIRST:

- A. Assess the client's family history of depression
- B. Identify the specific beliefs fueling the depression
- C. Refer the client for a psychiatric medication evaluation for antidepressants
- ☒ D. Clarify what the client means by depression

9. A 15 year old Native American/First Nations boy is referred to the school SWKR by his teacher for "disrespectful behavior". The child had recently transferred to the school, and the teacher reported that the student did not pay attention and refused to make eye contact when reprimanded. During the interview, the SWKR notes that the student keeps his head turned away, avoiding eye contact, but he explains that he was paying attention in class. The SWKR should FIRST:

- A- Attribute diagnostic significance to the lack of eye contact
- ☒ B- Be aware of the meaning of different communication styles
- C- Initiate education for the school staff on cultural differences
- D- Assess the significance of eye contact for the teacher

10. A nursing home SWKR has a client who is elderly and mentally alert. The client declines a medical procedure that most likely will prolong life. An adult child tries to persuade the SWKR to change the client's mind about the decision. The SWKR should:

- ☒ A- Respect the client's capacity to make the decision
- B- Explain to the client the treatment choice that has been made
- C- Allow the client's family member to make an appropriate choice
- D- Challenge the adult child's decision only if it seems to violate ethical principles

## CODE OF ETHICS

Along with this outline, you **MUST** read the "NASW" Code of Ethics in its entirety for the exam!!

### Ethical Responsibilities Directed Towards Clients

- \*1. **"KEEP THE CLIENT'S BEST INTEREST IN MIND".**
  - \*2. **Respect & promote right to self-determination** when client is mentally alert/stable. If the client is unstable mentally, hallucinating, intoxicated. **DO NOT RESPECT SELF- DETERMINATION.**
  - \*3. **INFORMED CONSENT: A Written AGREEMENT which MUST be SIGNED by the client** to undergo treatment after confidentiality, potential risks, benefits, and associated costs are disclosed to client. If minor/mentally unstable, the legal guardian **MUST** provide written consent.
  - \*4. **Avoid CONFLICTS OF INTEREST:** Issues that **interfere with the social worker's impartial judgment and discretion**, even if it results in termination with a particular client. Ex: **DO NOT** provide individual therapy to two or more people who have a relationship with each other; such as treating siblings individually. Provide referrals as needed.
  - \*5. **Avoid dual relationships:** A relationship with clients outside of therapy. Ex: Paying a client to paint your office.
  - \*6. **Bartering:** An exchange of goods/services for therapy services is not allowed unless it's a common practice in the community.
  - \*7. **Obtain a professional translator FIRST** or use a **professional colleague/mental health practitioner** if a client **DOES NOT** speak the language of the social worker. *never family or non professional*
  - \*8. **Provide a client with reasonable access** to his/her records. (FIRST Explore/Discuss the reason for the record request or FOLLOW law/jurisdiction of state).
  - \*9. **Ensure CONTINUITY** of services. Ex. Continue treatment with client as needed.
  - \*10. **ABSOLUTELY NO RELATIONS with Clients PAST or PRESENT.** **AVOID**
  - \*11. **Do not disclose any confidential information** relating to the client without their written consent unless required by law. Exceptions: Safety, Subpoena/court order, and law Suit (if a client sues you).
- \* **Mandated Reporting - Social workers are required and responsible for reporting any instances of abuse or Suspected abuse.** Abuse includes: physical, sexual, emotional, neglect. Report abuse of children, elders, & vulnerable adults. *financial*
- \* **Subpoena by the court:** If a social worker is subpoenaed/court ordered or required to testify in court, the social worker may be required to disclose certain information concerning a client, even though the information normally would be considered "confidential information". *we do NOT assess abuse → violation of COE - report & someone else investigates*

\* **DUTY TO WARN:** Social workers **MUST** warn a threatened victim of any harm that his/her client may cause when there is a REAL INTENT (PLAN). \* *Turns off*

\* **HIV Decisions - NOT DUTY TO WARN!** Exam questions that have clients with HIV engaging in unprotected sex and *possibly* spreading the HIV disease \*\* Choose the Following:

- 1- **FIRST** urge your client to disclose his situation to their partner.
- 2- **FIRST** urge/encourage your client to use safe sex practices.
- 3- Research/follow state laws as needed.

### \* Ethical Responsibilities to Colleagues: *(mental health professionals) - anywhere, not co-workers only*

1. **"Refer" to a colleague who possesses certain specialized knowledge or training in an area that would better assist the client.** However, the SWKR may accept the client but **MUST** become **COMPETENT** in that area.
2. **Consultation:** with an expert or knowledgeable colleague - **DISCLOSE the LEAST AMOUNT OF INFORMATION.**
3. **First SPEAK with a Colleague:** to discourage, prevent, and correct unethical conduct.
4. **Avoid relationships with colleagues:** that may cause conflicts of interest. Ex: Supervisor & supervisee.

**Ethical Responsibilities in Practice Settings:** ✕

1. Accurately document services in client records while keeping client's best interest in mind. ✕
2. Maintain records securely for a period of time consistent with state laws. ✕

**Ethical Responsibilities as Professionals:** ✕

1. Monitor and evaluate policies and the implementation of programs. ADVOCATE when necessary.

**Code of Ethics QUIZ****Social Worker = SWKR**

1. A SWKR in private practice is treating a client for over six months. The SWKR notices that the client is not making any type of progress. The SWKR will BEST serve the client by:
  - ☒ A. Seeking consultation from an experienced colleague about the client :
  - ☐ B. Searching professional literature for discussions of similar case situations
  - ☐ C. Recommending termination
  - ☐ D. Continuing the present treatment plan until the client suggests termination
2. Two male clients on a treatment unit have had sex with each other. One of them is known to the SWKR to be HIV positive. The other client is unaware and is at risk. What should the SWKR do FIRST in relation to the client at risk:
  - ☐ A. Suggest that he abstain from sexual activity
  - ☒ B. Discuss the risks of sexual activity with him
  - ☐ C. Confront both clients while they are together
  - ☐ D. Direct him to be tested for HIV
3. In sessions with a SWKR, a client has established the goals of empowerment. Each week the client mentions involvement with homeopathic treatment, from which he derives benefit. The SWKR's PRIMARY responsibility is to:
  - ☐ A. Discourage the client's use of nontraditional methods
  - ☐ B. Explain that social work intervention is less effective when combined with other therapies
  - ☐ C. Ask the client for permission to contact the homeopathic therapist for information
  - ☒ D. Continue working with the client toward the treatment goals
4. A client recently diagnosed with terminal cancer discloses this information to a SWKR and asks that it be kept from the family. What is the social worker's responsibility in this situation:
  - ☒ A. To respect the client's request and continue supportive involvement
  - ☐ B. To tell the client that the social worker is obligated to inform the family
  - ☐ C. To convince the client to make the family aware of the diagnosis
  - ☐ D. To confront the client with the consequences of this decision
5. A SWKR seeks consultation on a difficult problem a client is experiencing. The SWKR feels he needs expert advice on this complex issue. For the initial session the SWKR should:
  - ☐ A. Bring the client's entire file for the consultant to review
  - ☐ B. Answer all questions as fully as possible that the consultant has regarding the client
  - ☐ C. Bring tape recordings of the sessions with the client
  - ☒ D. Disclose the least amount of information necessary
6. A SWKR is assigned a client who is believed to be a victim of domestic violence. The client does not speak English and is accompanied to the interview by family members. The SWKR does not speak the client's language, but several non-clinical employees are fluent in it. The SWKR's most appropriate action is:
  - ☐ A. Ask a family member to translate
  - ☐ B. Ask one of the agency employees to translate
  - ☒ C. Request the services of a professional translator
  - ☐ D. Attempt to conduct the interview without assistance

7. A major problem with managed care (HMO) mental health services for chronically ill patients is that
- ☐ A. HMO's are flexible with the number of sessions
  - ☐ B. HMO's can provide excellent case management, but poor clinical services
  - ☒ C. Clients needing longer term supportive services are rarely able to receive them in managed care
  - ☐ D. Payment for services is slow and inadequate
8. An insurer asks a SWKR to fax a client record to determine payment. The SWKR should
- ☐ A. Comply with the insurer's request
  - ☐ B. Refuse the insurer's request
  - ☐ C. Mail the record instead because of confidentiality concerns
  - ☒ D. Seek the client's written permission before revealing any confidential information
9. Following a speech on sexual abuse, a SWKR learns that the local newspaper amplified her qualifications. Due to the article, she received many phone calls asking her for consultation services. The SWKR should:
- ☐ A. Do nothing
  - ☐ B. Contact the local NASW ethics board and ask for guidance
  - ☒ C. Ask the newspaper to publish a correction and notify callers of the error
  - ☐ D. Call colleagues and let them know she was not responsible for the error
10. A SWKR smells alcohol on a colleague's breath during working hours. The social worker should FIRST:
- ☐ A. Report the colleague to the agency administrator
  - ☐ B. Speak to a supervisor
  - ☐ C. Notify the ethics committee
  - ☒ D. Discuss the issue with the colleague
11. A social worker faced with a practice situation that may pose an ethical dilemma should FIRST consult the:
- ☐ A. current supervisor
  - ☐ B. social work licensing board
  - ☒ C. professional code of ethics
  - ☐ D. most experienced colleague

ANSWERS FOR QUESTIONS 12 & 13 are on the bottom of this page.

12. Parents bring their adult son to see a social worker. The son is diagnosed with schizophrenia and lives with them. They explained that their son assaulted the father earlier and now they are afraid of him. During the interview, the social worker finds that the client is floridly psychotic, agitated, and unwilling to be hospitalized. The social worker should **FIRST**:

- ☐ a) Help the parents file a police report for the assault
- ☒ b) Work toward an emergency psychiatric commitment
- ☐ c) Assist the parents in filing a restraining order
- ☐ d) Attempt to convince the son to take his medication

13. Under which of the following situations may a social worker share a client's case record without the client's permission?

- ☐ a- The social worker receives a request from the lawyer for the record.
- ☐ b- The client's medical insurance company request copies of the case record.
- ☒ c- The social worker's agency supervisor requests copies of case notes for supervision
- ☐ d- The social worker seeks consultation from a colleague at another agency

Answer for #12 is B: the problem sentence reveals that the client is unstable and needs medical attention.

#13 is C: the social worker's supervisor has the ability to share the case without the client's permission.

## SAFETY RED FLAGS OUTLINE

**\*SAFETY Red Flags Tip: S.A.U.L.S. H.A.R.M.** Suspects abuse, Abuse, Unexplained marks or bruises, Life threatening situations, Suicidal references/thoughts/plan, Homicidal references/thoughts/plan, Alcohol/drug recent increase, Real intent/plan, Multiple recent losses.

- Learn the Safety Red Flags; you will need them to help you answer Safety Questions.

**IMPORTANT RULE:** When you spot a Red Flag- Your answer MUST address the Red Flag!!! ✱

### SAFETY RED FLAGS

### ANSWERS TO CHOOSE!

<u>When to Assess for Safety?</u>	
1 Suicidal ReferenceThoughts/Ideation -> Ex. Client says: I want to end my life.	1 Assess/Clarify the Suicidal Reference/ Thought/Ideation Ex. Assess for Suicide
2 Multiple/Recent Losses -> Ex. Client loses job, apartment, family member.	2 Assess/Clarify for Suicide Risk Ex. Assess for Suicide/Depression.
3 Increased Alcohol/Drug Intake -> Ex. Client drinks more alcohol due to recent loss.	3 Assess/Clarify for Suicide Risk Ex. Assess for Suicide/Depression.
4 Homicidal Thoughts/Ideation -> Ex. Client says: I want to kill my neighbor.	4 Assess/Clarify Threat Ex. Clarify if there is a real intent.
<u>When to SAVE a LIFE? No Assessment Here!</u>	
5 Real Intent/Plan	5 Take action to Save a Life
6 Suicidal Plan/Intent -> Ex. Client says I will take all my meds.	6 911, ER, PSYCH ER, Mobile Crisis
7 Homicidal Plan/Intent -> Ex. Client says he will kill the neighbor with his gun.	7 Duty To Warn Ex. Warn the neighbor
8 Suspects/Abuse (emotional, physical, sexual, neglect) Ex. You suspect a child is being abused.	8 MUST Report to Authorities Ex. Report the abuse to Child Protective Services
9 Unexplained Marks/ Bruises -> Ex. You notice unexplained bruises on an Elder.	9 MUST Report to Proper Authorities Ex. Report bruises to Adult Protective Services
10 Life Threatening Situation <i>ex. hazing</i>	10 Take action that Saves a Life

**\*\* For Domestic Violence Exam Questions:** (can be safety, not always)

- Develop a Safety Plan with the client. ✱
- Educate client on domestic violence situations. ✱
- Provide information regarding domestic violence to client. ✱

SW cannot report DV

SAFETY QUIZ

1. A client sees a SWKR for a gambling problem. During one session, the client talks of feeling excessive stress that week because of a job loss and the client's child acting out. The client reveals hitting the child three days ago and leaving bruises on the child's leg. The SWKR should NEXT

- A- Meet with the child for further assessment
- ☒ B- Inform the child protection agency
- C- Focus the session on stress management and parenting skills
- D- Refer the client to an anger management group

2. A client, diagnosed as borderline personality disorder, is verbalizing destructive thoughts directed at herself. While she does admit to depression, she denies any intention to act on the thoughts. The SWKR should FIRST:

- A. Seek inpatient hospitalization of the client
- ☒ B. Explore with the client the basis of the depression
- ☒ C. Complete a suicide risk assessment
- D. Refer the client to a psychiatrist for medication

3. A SWKR is treating a 30 year old divorced male client who sees his children every weekend. He reports that he suspects his ex wife may be beating the children. The SWKR should FIRST:

- A. Explore the client's feelings about possible abuse
- ☒ B. Ask if the client has contacted child protective services
- C. Arrange a session with client's wife
- D. Gather more information regarding his suspicions

4. A SWKR completes an assessment with a male client with a history of anger and violence. The client reports that he believes that his wife is having an affair and he intends to harm her upon her return from a trip. What is the MOST appropriate action

- A- Assess the client's reality testing
- B- Suggest that the client make an appointment for marital therapy
- ☒ C- Inform the client that you are obligated to warn his wife
- D- Discuss with the client the reason for his suspicions

5. A SWKR meets with a client who appears distraught and reports feeling worried about her elderly mother who live in a group home. The client says that her mother's glasses have been broken twice and her legs have marks on them that look as though she has been restrained. The mother denies that any abuse has occurred but the client notices that her mother's behavior has suddenly changed. The SWKR should help the client to:

- A. Talk with the group home supervisor to investigate the abuse
- B. Talk to the mother about the possibility of abuse
- C. Ask the mother's physician to verify the injuries
- ☒ D. Make a report to the appropriate authorities

6. A 35 year old client has recently experienced the death of a parent and the loss of a job, and has increased consumption of alcohol. Which of the following areas should be assessed FIRST by the social worker?

- A. Financial resource availability
- ☒ B. Potential for suicidal behavior
- C. Need for grief counseling
- D. Extent for substance abuse

7. A SWKR sees a child for therapy and suspects the mother is physically abusing the child. The SWKR is concerned that if a report is made to the child protection agency, the child will no longer trust the social worker. What should the SWKR do NEXT:

- A. Immediately discuss the situation with a supervisor
- B. Recommend a psychiatric evaluation for the mother
- ☒ C. Report the suspected abuse
- D. Obtain additional information from the mother



DSM - V

Changes: The Multiaxial System (5 axis) has been removed. The diagnoses are listed in terms of priority. Categories have been reorganized. \*Includes various age groups.

**What is a clinical diagnosis?** A diagnosis that causes significant impairment or distress and may require medical intervention such as medication. The diagnosis must meet specific criteria regarding symptoms and duration. *more significant, more damage to function, other prob*

NEURODEVELOPMENTAL DISORDERS:Intellectual Disability/Intellectual Developmental Disorder: (previously mental retardation):

In order to properly diagnose, assessment of both cognitive capacity (IQ) and adaptive functioning is needed. *psychologist + IQ test*

Adaptive functioning deficits include 3 domains: conceptual (learning), social, and practical (personal care).

Severity: mild, moderate, severe, or profound. \* Severity is based on adaptive functioning, not on IQ. *your assessment*

Autism Spectrum Disorder (ASD): Combination of DSM-4 TR diagnoses such as autism and asperger's. *- common in kids*

No longer Pervasive Developm. Disorder. Symptoms must be present since early childhood. Based on 2 core domains: 1) Deficits in social communication and social interaction: failure to hold a conversation, reduced sharing of interests, failure to initiate social interactions, lack of eye contact and facial expressions, maintaining and understanding relationships. 2) Restrictive, repetitive patterns of behaviors, interests or activities: motor stereotypes, lining up toys, inflexible routines, distress at small changes, strong attachment, hyper/hypo-reactivity such as excessive smelling or touching of objects. *communication & behavior*

Severity based on support: Level 1 (requiring support), Level 2 (requiring substantial support), Level 3 (requiring very substantial support). This is based on the amount of support needed due to ASD challenges.

Attention-Deficit/Hyperactivity Disorder (ADHD): Diagnostic criteria: Criteria include various age groups.

- 1) Inattentive Symptoms: Fails to pay attention or misses details related to school, work, and activities. Difficulty sustaining attention in tasks. Difficulty staying organized. Forgetful.
- 3) Hyperactive Symptoms: Often fidgets, taps hands, squirms in seat. Leaves classroom or workplace. Often runs or climbs in situations where inappropriate. Talks excessively. Difficulty waiting his or her turn.

*Inattention & Hyperactivity*

SCHIZOPHRENIA SPECTRUM & Other Psychotic Disorders:

Schizophrenia: - Duration: at least 6 months or greater. 2 symptoms are always needed; Hallucinations, delusions, disorganized thinking (speech), disorganized or catatonic behavior. Catatonic = muscular rigidity, mental stupor (no psychomotor activity), not speaking, echolalia (repeating another's words), echopraxia (repeating another's movements). *+ 6 months +, 2 symptoms needed*

Schizophreniform: Same symptoms of schizophrenia but DURATION is at least 1 month and LESS than 6 months. Triggered by Turmoil or High stress in several areas of daily functioning. *1 month - 6 months, same symptoms*

Schizoaffective disorder: Same symptoms of schizophrenia with major depressive, manic, or mixed episode.

Brief Psychotic disorder: Same symptoms of schizophrenia. Duration is at least 1 day but less than 1 month.

Delusional disorder: 1) The presence of 1 or more delusions for 1 month of greater. Irrational Beliefs;

Specify types: Persecutory (being maliciously treated), Grandiose: false belief that one is a genius has special powers (delusion of grandeur).

Similarities? they all have similar symptoms. Hallucinations, delusions, disorganized speech, etc.

Differences? Schizophrenia: 6 months or greater. Schizophreniform: Less than 6 months.

Schizoaffective: involves mood episodes. Brief Psychotic Disorder: Less than 1 month.

hallucination vs. delusion  
false sensory experience (on senses), not fixed  
false irrational belief fixed

**III) BIPOLAR & RELATED DISORDERS:**

**Bipolar I:** (manic-depression) 1 or more manic episodes with abnormally elevated, irritable mood; pressured speech, excessive pleasurable, high-risk activity, cycling between mania & depression.

**Bipolar II:** Major depressive episodes with at least one hypomanic episode (less manic).

**Cyclothymic Disorder:** Chronic, fluctuating mood with many hypomanic & mild depressive symptoms.

**IV) DEPRESSIVE DISORDERS:**

*child* **Disruptive Mood Dysregulation Disorder:** Diagnosed in children up to age 18. Persistent irritability and anger, frequent severe temper outbursts, occurring 3 or more times a week, occurs in at least 2/3 settings,

**Major Depressive Disorder:** Feeling sad, empty; worthlessness. Significant weight loss/gain, insomnia/excessive sleep, loss of interest. Thoughts of suicide. Duration of symptoms: 2 Weeks or more. \* Evaluate for depression or suicide when key symptoms of depression are identified.

**Persistent Depressive Disorder:** (Dysthymia) Chronic Depression- symptoms are less severe than major depression and last longer. Duration of symptoms: 2 Years or more. *world, tired*

**V) ANXIETY DISORDERS:**

**Separation Anxiety:** (includes adults) Persistent and EXCESSIVE distress when separated from home or major attachment figure/s. Children criteria: CLINGING, SCHOOL REFUSAL, SLEEP REFUSAL – unless that person is nearby. At least 4 weeks in children and adolescents. In adults must be at least 6 months. Could be any significant relationships; sibling, spouse, adult child. Persistent worry about major attachment figures.

**Panic disorder:** Brief recurrent intense fear. PANIC ATTACKS. May include: palpitations, sweating, feeling of choking, dizziness, numbness, fear of dying.

**Agoraphobia:** Fear of being in public spaces, enclosed spaces, standing in a crowd, outside of the home.

**Generalized Anxiety disorder (GAD):** EXCESSIVE worry with PHYSICAL symptoms. May experience: Sweating, nausea, agitation, headache, stomachache. Duration of symptoms: at least 6 months or greater.

**VI) OBSESSIVE-COMPULSIVE & RELATED DISORDERS:**

**Obsessive-compulsive disorder:** Intrusive recurrent thoughts or compulsive behaviors (hand washing, ordering) mental (counting, repeating words). Time-consuming tasks. *- medication*

**Hoarding disorder:** Difficulty discarding or parting with possessions, regardless of their actual value. Living in an overly congested and cluttered life surrounded by an accumulation of possessions. *- now in DSM 5 - cluttered*

**Trichotillomania:** The compulsive urge to pull out one's own hair leading to noticeable hair loss.

*bad scars, infections*

**VII) TRAUMA- & STRESSOR-RELATED DISORDERS:** *- children & adults*

**Reactive attachment:** LACK OF ATTACHMENT to caregiver. Ex. Foster care children. *- past trauma - can't give/ receive love*

**Post-traumatic stress disorder (PTSD):** RE-EXPERIENCING/RE-CALLING a severe trauma, Nightmares, Flashbacks. Have symptoms for one month or more. Symptoms usually start within 3 months of the event. May include: directly experiencing, witnessing, or learning about an event. *4 weeks +*

**Acute stress disorder:** Occurs within one month of experiencing a trauma, severe anxiety and dissociative symptoms. May include: directly experiencing, witnessing, or learning about an event. *- recent trauma*

**Adjustment disorder:** Emotional or behavioral symptoms responding to a sudden stressor. Occurs within 3 months of stressor/s. Specify: with depressed mood, with anxiety, with mixed anxiety & depressed mood.

*not just a negative event that could trigger*

**VIII) SOMATIC SYMPTOMS & RELATED DISORDERS: MAJOR CHANGES.**

**Illness Anxiety disorder:** Preoccupation with having or acquiring a serious illness. No Physical symptoms required. Repeatedly checks for signs of illness. Specify: whether client seeks medical attention or avoids doctors.

**Somatic Symptom disorder:** One or more somatic symptoms that cause distress and disrupt daily activities.

Persistent thoughts, feelings, & behaviors in relation to somatic complaints. Specify: mild, moderate, severe.

**Conversion disorder:** Physical pain/symptoms with no medical cause due to Stress/Emotional CONFLICTS.

Alters Motor or Sensory functions. Symptoms may include: Numbness, paralysis, loss of sensation.

*\* neurosensory = CONVERSION +*

*due to trauma*

*stress response*

*physical symptoms are present but stress*

**Factitious Disorder:** there are two types: *fake for attention*

**Factitious Disorder Imposed on Self:** Intentionally produced or FAKING physical or emotional symptoms for attention-seeking purposes. *(Munchausen's)*

**Factitious Disorder Imposed on Another: (previously by proxy)** the abuse of another/ falsification of physical or psychological symptoms in another, typically a child, in order to seek attention or sympathy for the abuser.

*or make them sick (Munchausen's by proxy) - abuse &*

**Infeigning:** (condition associated with factitious disorder) **FAKE** an illness for a **PERSONAL GAIN** or purpose. **FAKE AN ILLNESS** or faking an injury to collect disability payment. *\* for gain \**

*\* Not a diagnosis \**

**DISRUPTIVE, IMPULSE-CONTROL, & CONDUCT DISORDERS:** *- children & adults*

**Oppositional Defiant Disorder:** Grouped into 3 types: **Angry/irritable mood:** loses temper, easily annoyed.

**Argumentative/defiant behavior:** Often argues with adults/authority figures, does not follow rules, blames others.

**Activeness:** Spiteful or vindictive at least twice within the past 6 months. *\* verbal & annoying*

**Conduct Disorder:** **SERIOUS** Violations. **Violates other Rights**, Bullies, Shoplifts, Truancy. *- cuts school to do bad criminal behavior*

**NEUROCOGNITIVE DISORDERS:**

**Amnesia:** Disturbance in attention, awareness, consciousness, disorientation. Develops over a **short period of time** (hours-days). Medical or substance induced. Examples: **DEHYDRATION, HEAD TRAUMA, MALNUTRITION.** *Recent medical issues*

**Neurocognitive Disorder:** Early cognitive decline from a previous level in cognitive domains: Complex attention (errors on routine tasks), executive functioning (difficulty multitasking), learning and memory (difficulty recalling events), language (word-finding difficulty), perceptual-motor (rely on others for directions), or social cognition (decrease in recognizing social cues).

**Specify:** Alzheimer's, Traumatic Brain Injury, HIV, Parkinson's, medical condition.

**Major Neurocognitive Disorder:** Significant decline in cognitive domains: Complex attention (difficulty with multiple stimuli), executive functioning (decision-making), learning and memory (requires frequent reminder), language (recalling names), perceptual-motor (difficulty driving, walking at night), or social cognition (identifying emotions).

**Specify:** Alzheimer's, Traumatic Brain Injury, HIV, Parkinson's, or medical condition.

**Klonsky's Syndrome:** Short-term memory loss and other cognitive related symptoms associated with chronic alcohol use.

*- awareness is changed*

*- neurocognitive - years to come out from mild to major*



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## References

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (5th Ed.)*.

American Psychiatric Association, & American Psychiatric Association. (2013). Highlights of changes from DSM-IV-TR to DSM-5. Arlington, VA: American Psychiatric Association.

## QUIZ

A client who experienced severe neglect by his biological parents during infancy meets with a social worker for an evaluation. The client lived with several foster families before being adopted at the age of five. Despite receiving consistent nurturance from his adoptive family, the client has failed to bond with them. The social worker notes that the client's ambivalence toward others could indicate the presence of:

- Conversion disorder
- Selective mutism
- Separation anxiety disorder
- Reactive attachment disorder

2. A social worker is working with a client who is severely depressed. The social worker has learned that earlier in the year the client bragged to others of his perceived importance, went without sleep for several days, spent large amounts of money, and talked rapidly. The MOST likely diagnosis for this client is:

- a- Schizoaffective disorder
- b- Cyclothymic disorder
- c- Persistent depressive disorder
- d- Bipolar I disorder

3. A social worker meets with a college student who reports of nightmares and continually feeling "on edge". The student missed classes because she loses track of time and is afraid to walk around campus. The client describes breaking up with her boyfriend more than a month ago after a violent argument where he tried to kill her. The student's diagnosis is:

- a- Dissociative amnesia
- b- Nightmare disorder
- c- Adjustment disorder
- d- Posttraumatic stress disorder

4. A social worker is evaluating the level of functioning of an elderly client admitted to the hospital for severe malnutrition. During the interview, the client displays anxiety, confusion, and disorientation, which is not usual for the individual. The client's emotional state is MOST likely due to:

- A. Neglect
- B. Persistent depressive disorder
- C. Alcohol use disorder
- D. Delirium

5. A social worker meets with an adolescent who frequently misses school and is having academic problems. Psychological testing found the client is above average intelligence, but with poor impulse control and at high-risk for antisocial behaviors. The social worker completes the social history to:

- A. Explain the client's developmental progress
- B. Understand factors that affect the client's behavior
- C. Make the most appropriate educational placement
- D. Assess family expectations for the adolescent

6. A SWKR assesses an adolescent who feels worthless and who recently began failing in school. For the past two months she has had difficulty sleeping in maintaining concentration in school. The teachers describe her as inattentive, irritable, and agitated. What should the social worker do FIRST:

- A. Evaluate the client for depression
- B. Ask the teachers to complete a behavior checklist for attention deficit disorder
- C. Refer the client for a substance abuse evaluation
- D. Schedule an assessment for special education services

7. A social worker sees a 60-year-old man who reports feeling irritable and unhappy in his 35 year marriage. The man also describes loss of interest in his longtime hobbies, and trouble sleeping. Six months ago he had a serious heart attack and is currently on disability after working on little life. The social worker should FIRST:

- A. Suggest the client begin volunteer work
- B. Recommended couples therapy
- C. Refer the client to an exercise program
- D. Refer the client for medication evaluation

ANSWERS: 1- D, 2-D, 3-D, 4-D, 5- B, 6- A, 7- D

## PERSONALITY DISORDERS

(There are no changes for Personality Disorders in the DSM-5)

- people are rational
- ego syntonic  
don't think they have problem  
adults 18+  
no children  
long pattern of negative behaviors determined
- key words - focus
- 1) **Paranoid Personality:** Inappropriate **SUSPICION**, MISINTERPRETATION of the actions of others as **THREATENING. FEELING PERSECUTED.** \*not an irrational psychotic person  
persecuted/mistreated
  - 2) **Schizoid Personality:** **LONER**; **UNCARING TO FORM RELATIONSHIPS "COULD CARE LESS"** about the responses of others. **not** <sup>again</sup> **psychotic** - being alone, no value in relationships  
not lonely
  - 3) **Schizotypal Personality:** Deficit in interpersonal relatedness; thought and behavior peculiarities. **MAGICAL THINKING & ODD BELIEFS.** - strange behaviors, superstitions, eccentric "off center"
  - 4) **Antisocial Personality:** Violations of the rights of others. Stealing, acting out sexual behavior, drinking, & drugs. Failure at work & home. **ANTI-SOCIETY/CRIMINAL BEHAVIORS. ADULT CRIMINAL.**  
prior conduct disorder
  - 5) **Borderline Personality:** Instability in relationships, Self destructive (cutting), Intense mood shifts. Fear of being alone. **MANIPULATIVE! NO BOUNDARIES! THE THERAPIST MUST ESTABLISH STRICT BOUNDARIES!** \* manipulator\*  
(first)
  - 6) **Histrionic Personality:** Excessive emotionality & attention seeking. **DRAMA QUEEN, SEEKS PRAISE/APPROVAL.** performer\*
  - 7) **Narcissistic Personality:** A **GRANDIOSE** sense of self-importance, fantasies of unlimited success, feelings of **ENTITLEMENT, EXPLOITING OTHERS, LACK OF EMPATHY.** power & money \*  
cannot put selves in other's positions/feelings
  - 8) **Avoidant Personality:** Avoids socializing for **FEAR OF NEGATIVE SOCIAL REJECTION**, yet they desire closeness. → lonely \*low self-esteem
  - 9) **Dependent Personality:** A pervasive pattern of dependent and submissive behavior, lack of self-confidence, and inability to function independently. <sup>submissive</sup>
  - 10) **Obsessive-Compulsive Personality:** Perfectionism & inflexibility. **RITUALISTIC** Behaviors. <sup>perfectionist</sup>  
<sup>no meds</sup> <sup>not OCD (clinical) \*</sup> <sup>exhausting, time-consuming</sup>  
<sup>don't want help</sup> Personality Disorders QUIZ <sup>can function, don't think anything's wrong</sup>

1. A client diagnosed with borderline personality disorder demands an immediate appointment with the SWKR after an argument with her boss. What should the SWKR do NEXT:

- A- Assess the client for possibility of current drug use
- B- Ask the client for further information about the incident
- ☒ C- Explain to the client she will be seen at the next scheduled session
- D- Refer the client to a social worker who has immediate time available

2. Allen is a loner. He prefers to be alone in his room reading books. His family invites him for Thanksgiving dinner but he finds no desire to enjoy this time. His behavior is consistent with the personality disorder:

- A- Obsessive compulsive
- ☒ B- Schizoid
- C- Antisocial
- D- Schizotypal

3. A client being treated by a social worker has been diagnosed as having Axis I major depressive episode and Axis II borderline personality disorder. The social worker should recommend

- ☒ A- Establishment of clear therapeutic boundaries with the client
- ☐ B- Short-term therapy in view of the potential for intense transference with a therapist
- ☐ C- Long-term therapy to uncover all painful material from the past
- ☐ D- Placement in a self-help group

4. Mario is a person who identifies himself as having unlimited success nothing he does ever goes wrong and whatever he accomplishes is the greatest amongst his colleagues. He lacks empathy towards others and constantly takes advantage of coworkers on his way up the corporate ladder. Mario's personality disorder is:

- ☐ A- Histrionic
- ☐ B- Borderline
- ☐ C- Denial
- ☒ D- Narcissistic

5. While assessing a 25 year old male he informs that he has a history of assault and drug dealing. He also shares that since age 15 he had a life of truancy and lying in school. SWKR should consider which diagnosis

- ☐ A- Borderline
- ☐ B- Schizoid
- ☒ C- Conduct
- ☐ D- Histrionic

6. Mrs. K has been in treatment for the past three months. She says she feels inferior and worthless with family and friends. She avoids closeness and fears dependence. She feels that others are more in control and "happy about their lives". She also experiences sudden mood shifts in which she appreciates her achievements, feels good and sees others as the problem. Mrs. K's condition could be diagnosed as:

- ☐ A. Overanxious reaction to adulthood
- ☒ B. Borderline personality disorder
- ☐ C. Narcissistic personality disorder
- ☐ D. Depression

7. A social worker meets with a new client. The client recently began college and she is having difficulty with adapting to college dorm life. She explains having a hard time choosing courses and which outfits to wear for class. The lack of decision making is having a negative effect on her attendance. Which initial personality disorder should the social worker consider:

- ☐ A. Schizotypal personality disorder
- ☒ B. Obsessive Compulsive Personality Disorder
- ☐ C. Antisocial Personality Disorder
- ☐ D. Dependent Personality Disorder

8. Juan is a 45 year old male who has been attending therapy sessions for several years. He finds life to be uninteresting and routine. Although Juan has a supportive wife and outgoing daughter, he defines his life as dull. In addition, Juan stays home instead of meeting with friends because he often feels rejected by others. Juan's diagnosis would be:

- ☐ A. Antisocial personality disorder and Schizoid personality disorder
- ☒ B. Persistent depressive disorder and Avoidant personality disorder
- ☐ C. Reactive attachment disorder and Borderline personality disorder
- ☐ D. Generalized anxiety disorder and Schizoid personality disorder

## DEFENSE MECHANISMS - all unconscious except suppression

\* **Defense Mechanism:** An unconscious reaction to avoid unwanted/unpleasant emotions.\*

**Displacement:** Take out Unwanted/Unpleasant emotions onto someone LESS THREATENING or innocent.

Ex. A supervisor makes you angry. You take out the angry emotion on a safer source, such as a spouse or friend.

**Introjection:** To internalize someone else's emotions or beliefs. Ex. A shy person incorporates a confident friend's attitude.

**Projective Identification:** Seen in <sup>(absorption)</sup>borderline personality disorder; Identifying others as having the unwanted emotion one is feeling; however, he/she does not demonstrate those emotions. Ex. Sally, a client with borderline disorder, is feeling angry. However, Sally does not demonstrate angry emotions. She then states that her therapist is "in an angry mood."

**Splitting:** Clients with borderline personality disorder identify a person as either all good or all bad to simplify their unpleasant and complex emotions. Ex. "She's a great therapist"... moments later, "she's a horrible therapist."

**Rationalization:** Making excuses and justifying actions to avoid unwanted emotions. Ex. You weren't hired for a job you wanted. You then state, "It's too far a commute anyway." <sup>addict's</sup>

**Denial:** Refusing to acknowledge the truth or facts. "I'm not an alcoholic," Yet, you attend happy hour daily.

**Repression:** Burying unpleasant thoughts, memories, and forgetting them. vs. <sup>vs. suppression - consciously choosing</sup> suppression

**Sublimation:** A positive way of getting rid of unwanted feelings. Ex: you release your anger at a kickboxing class. <sup>activity</sup>

**Reaction-Formation:** Turn unpleasant feelings into the opposite feeling. Ex. A person that has a loss shows happiness.

**Undoing:** Taking back unwanted behaviors with praise or gifts. Ex. "Making up" for scolding your children through gifts. <sup>DV</sup>

**Isolation of Affect:** Expressing no emotion when confronted with difficult events. No emotion during a crisis.

<sup>emotionally numb - trauma</sup>

1. A client yells at her husband every day after getting home from her job. After further discussion with her social worker, the woman reveals that she is actually angry with her employer. What defense mechanism has the wife been using

A- Projective identification

☒ B- Displacement

C- Reaction Formation

D- Repression

2. Marshal told his assistant that his work was inadequate; his character was in question, his personal habits were disgusting, and his attitude was unfriendly. The assistant expected to be fired, yet the next day, Marshal sent him an expense Smartphone and assigned him to a top account. What defense mechanism does this behavior demonstrate

A- Guilt

B- Repression

☒ C- Undoing

D- Splitting

3. Robert feels the tension building up each time he and his wife argue. He decides to take boxing lessons to release the pressure inside him. He is using which defense mechanism

A- Repression

B- Regression

C- Reaction Formation

☒ D- Sublimation

4. A client tells a social worker that her house burned down, and she lost all her possessions. The client shows no feelings while telling her story. This is an example of

A- Sublimation

B- Reaction Formation

C- Undoing

☒ D- Isolation of Affect

5. A client discusses long and irrelevant stories during each session. When the social worker asks the client questions related to his problem, he quickly answers the question and continues with the story. The client is using:

A. Projective identification

☒ B. Avoidance <sup>(B)</sup>

☒ C. Suppression

D. Denial



### Family & Couples Treatment

**RULE: FAMILY & COUPLES** Exam Questions: Choose the correct "IDENTIFIED CLIENT". It may be one member more. Once you've chosen the IDENTIFIED CLIENT (PPL), your ANSWER must MATCH the IDENTIFIED CLIENT. **The Identified family member is normally the one who is in crisis or is the center of the problem, "HOT SEAT".** For instance, if the "daughter" is the one with the problem, your answer should address the daughter, or if ENTIRE family displays issues/problems, then your answer should address the family as a WHOLE unit.

**Structural Family Therapy:** Theorist/Minuchin: Goal is to promote restructuring the family system by establishing subsets/boundaries to avoid enmeshment. Enmeshment is defined as having no clear boundaries, overly dependent.

**Triangulation:** When one family member communicates to another family member through a third family member. Ex. "child caught in the middle of parent's argument".

**Couples therapy:** Understand & resolve conflicts to improve the relationship (same rule applies to couples). - identify person

**Paradoxical Directive:** Instructing clients to continue their maladaptive behaviors with the goal of bringing about awareness & change. Ex: "A method used in marital therapy: instruct couple to continue bickering, to allow them to be aware of their behaviors and develop solutions".

1. A family presents for family therapy. During the interview, the social worker discovers that the father abuses alcohol. What is the social worker's FIRST intervention:

- A. make an individual appointment with the father
- B. involve the family in completing a genogram
- ☒ C. work with the father regarding his need for chemical dependency assessment
- D. conduct a comprehensive assessment of family members

2. A married couple in recovery for long term substance abuse request therapy. They report a deteriorating relationship with excessive arguments. The SWKR should FIRST:

- A. teach the couple anger management skills
- ☒ B. assess for substance abuse relapse in either partner
- C. teach the couple communication skills
- D. assess for domestic violence in the relationship

3. A SWKR sees a couple for marital therapy. At the conclusion of the first session, the husband telephones the SWKR states, "I have to tell you something, but don't tell my wife about it." The SWKR's MOST appropriate response is:

- A. recommend that the couple be seen by the social worker individually prior to initiating marital therapy
- B. assure the client that his confidence will be respected
- C. recommend that the husband and wife see separate therapists for their individual needs
- ☒ D. advise the husband that the disclosure should be reserved for the marital session

4. A family is referred by a teacher because their child is disruptive in the classroom. During the interview, it becomes to the SWKR that the parents are worried with unemployment and threatened eviction. The SWKR should FIRST:

- A. assist the parents in understanding the importance of the child's school behavior
- B. arrange an assessment interview with the child
- ☒ C. discuss the issues the parents have identified
- D. assist the child to talk to the parents about the child's own concerns

5. The mother of a 10-year-old girl sees a school SWKR and says that her daughter has been refusing to come to school because she is teased about her mother being a lesbian. The mother, who confirms that she is a lesbian demands that the school punish the students who have been teasing her daughter. The SWKR should FIRST:

- ☒ A. encourage the mother not to overreact to the child's report
- B. educate classmates to understand alternative lifestyles
- C. meet with the child to discuss problem-solving strategies
- D. suggest that a transfer to a school might be appropriate

6. In private practice you meet a 15-year old adolescent and her parents mainly because the daughter is breaking curfew disobeying their authority, and failing in school. The mother states at the initial session that she is overwhelmed and that they need your help. After acknowledging the family's distress, the social worker should:

- A. recommend that the therapist meet individually with the 15 year old daughter
- B. formulate goals with the family members
- ☒ C. clarify the parents' expectations of the social work intervention
- D. contract with the adolescent on specific behavior goals



Answers to these questions are on the bottom of the page.

7. A social worker begins treatment with a couple by asking several questions about their marital history.

The social worker is most likely:

- ☐ A. looking for the unspoken, unidentified problem.
- ☒ B. understanding how the present problem evolved
- ☐ C. identifying the person with the most problems
- ☐ D. searching for the strengths in each spouse

8. A social worker is finalizing a permanency plan for a young child who has been in a foster-to-adopt placement for over a year. The foster parents appear reluctant to proceed with the adoption. The social worker should NEXT:

- ☐ A. review the child's placement history
- ☒ B. ask the foster parents about their ambivalence
- ☐ C. move the child to another home
- ☐ D. arrange for a case conference

9. A single mother sees a social worker due to anxiety issues. The client has difficulty securing childcare for her two preschool children following the sudden death of her mother, who always watched over the children. The client complains that she is overwhelmed and never has any time for herself. After empathizing with the client, the social worker should NEXT:

- ☐ A. Begin grief therapy
- ☐ B. Refer the client for a medication evaluation
- ☒ C. Explore child care resources in the community
- ☐ D. Refer the client to a support group for single parents

10. A couple seeks therapy due to continuously arguing, though they agree in one area. The husband, Frank's beginning career as a college professor. Both are pleased with his choice of profession and the salary is rewarding. His wife constantly demands attention and feels ignored by Frank. Yet, Frank is on the verge of an emotional collapse due to his doubts of starting a new career and the stress involved in becoming a new instructor. The social worker's primary focus in treatment should be:

- ☐ A. Identify the underlying causes that have created the marital conflict
- ☒ B. Provide support to Frank and help him work through the stresses involved in his recent career choice
- ☐ C. Recommend individual therapy for Frank
- ☐ D. Help the wife to increase her sense of dependence

11. A SWKR is working with a family with three children and the youngest child uses a wheelchair. The parents are concerned since the child is withdrawn from outside activities and appears depressed. The child explains that his mother hovers over him, and that his siblings dislike him because he has no chores at home. He expresses an interest in staying with a cousin for a week over the school break and says he wants more responsibility at home. The SWKR should FIRST:

- ☐ A. Support the mother's understandable need to be protective
- ☐ B. Focus on the youngest child's need for greater self esteem
- ☒ C. Help the family address the youngest child's expressed needs
- ☐ D. Suggest the family explore outside activities for the youngest child

#### ANSWERS:

Question 7: B The social workers asks questions to identify the presenting problem.

Question 8: B The foster parents are the "identified persons" —the problem is about their reluctance.

Question 9: C The client is overwhelmed, address her immediate concerns/direct request.

Question 10: B Frank is in the "hot seat" and needs immediate assistance.

Question 11: C the youngest child is the "identified client" and the problem, which is his direct quest, is for more responsibility and dependence.

Indirect vs. Direct = therapy vs face to face

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## \* Community Organization ~Key Concepts: \*

- \* A- NOT Direct Practice - THIS IS INDIRECT PRACTICE <sup>group therapy</sup> - community, admin, supervision,
- \* B- Social Work role is to "WORK WITH THE COMMUNITY" NOT DIRECTLY FOR THEM
- \* C- Identify Members with a COMMON INTEREST \*\*\* KEY WORDS- CONSENSUS, AGREEMENTS
- \* D- Does not provide individual counseling or family counseling - <sup>counselors will have to do it</sup> have to do it
- \* E- EMPOWER community MEMBERS to strengthen their community to prevent future dilemmas!
- \* F- ADVOCATE as needed for the DISADVANTAGED! <sup>poor, disabled, tenants/landlords, homeless</sup>

## 4 MODELS of Community Organization

### \* LOCALITY DEVELOPMENT: <sup>neighborhood, cluster, broker, empower</sup>

- Purpose: Work with the community to solve a common problem at the community/local level. Think Neighborhood.

<sup>(middle scale)</sup> • Social Worker's Role: ENABLER: "E" for EMPOWER. Helps members use own resources to problem solve.

- BROKER: Mediates & Negotiates between community groups- links community with services.
- Examples/Key words: NEIGHBORHOOD ASSOCIATION, Residents, Community, Schools, community mental health clinics. <sup>use own resources, link members together</sup>

### \* SOCIAL PLANNING: <sup>problems & programs</sup>

- Purpose: Determine a range of solutions to problems AND Develop Programs to solve problems. <sup>implementing, creating</sup>
- Social Worker's Role: EXPERT: Gather Data & Facts used to resolve problems.
- Examples: Planning homeless shelters & after school recreation programs. <sup>planning / development / shelter after school programs</sup>

### \* SOCIAL ACTION: ADVOCATE

- Purpose: Assist community members who NEED assistance/the DISADVANTAGED. You will need to take Action and CONFRONT on their behalf.
- Social Worker's Role: ADVOCATE: Represent the disadvantaged & ACTIVIST: <sup>voice for</sup> Bargaining & confrontation. <sup>action for</sup>
- Examples: Landlord & tenants, women's rights movement, the homeless, TENANT ASSOCIATION.

### \* SOCIAL REFORM: <sup>change social policy - all communities</sup>

- Purpose: Work with other organizations. Work towards policy change. FORM COALITIONS. Bring organizations together. <sup>effect</sup>
- Social Worker's Role: ORGANIZER: Joins groups and institutions together to take joint action toward specific goals.
- Example: Bring Mothers Against Drunk Driving (MADD) & Fathers Against Drunk Driving (FADD) together.

## Community Organization QUIZ

1. A community worker meets with families who are upset about the care they are receiving at their local hospital. The families want improved services and courteous treatment. They meet for many weeks and are now considering strategies presenting their demands to the hospital director. The families should FIRST:

- A. Send the social worker with the list of demands to speak with the director
- \* B. Send the leaders of the group to meet with the director and present their demands
- C. Arrange a meeting since the director is unreceptive and may reject the demands
- D. Contact the media and have them do a story on the staff's behavior

2. A group of social workers plan to develop a multicultural advocacy group. Their first goal is to organize a diverse group of local community members. The FIRST step in building their group is to:

- A. Distribute pamphlets regarding the goals for the multicultural advocacy group
- B. Encourage a focus on several unrelated issues that attract diverse groups
- \* C. Identify a common interest so that issues are relevant to many people
- D. Determine the strategy for their advocacy group

3. A community worker at a neighborhood center is approached by a small group that wants to work on changing community educational priorities. The social worker's FIRST major task would involve:

- ☒ A. Determining a strategy of action
- ☐ B. Electing a leader so that the group may have clear leadership and representation
- ☐ C. Identifying if there is broader interest on the issue among other community members and leaders
- ☐ D. Formalizing the structure of the group

4. A SWKR notes that there are increasing numbers of homeless individuals with mental illness in the downtown area. Many business owners reject them, often making the problem worse. What is the BEST approach to this problem:

- ☒ A. Invite businesses and social service agencies to discuss possible solutions
- ☐ B. Provide information on psychiatric disorders to business owners
- ☐ C. Distribute information to businesses on how to refer for mental health service
- ☐ D. Request that churches provide space to shelter homeless persons

5. A SWKR organizes a tenant association in a dilapidated building. The Alves family have problems, including their 12-year-old son being arrested for minor offenses. During a meeting they request to evict the Alves family because their son has threatened others. The family does not participate in the association. The social worker SHOULD:

- ☒ A. Remind the tenants of their central concerns and the need for the association to stress unity in the building
- ☐ B. Inform the Alves' that they should find a new place to live where they will have fewer problems
- ☐ C. Tell the tenants that they have no right to decide who can live in their building
- ☐ D. Ask the delegation to meet with the Alves family to discuss the group's concerns - *empower*

6. A community SWKR begins work in a neighborhood. The worker finds that there is little organized effort to improve the schools or any other local institutions. The most appropriate model to use in considering strategies would be:

- ☐ A. Social reform
- ☐ B. Social planning
- ☒ C. Locality development
- ☐ D. Social action

7. A tenant association has problems with the landlord. He does not provide sufficient heat, sanitation, maintenance services, or hallway lighting, and will not discuss the building's problem with them. The tenants ask a local agency for assistance, and a community SWKR is assigned to help. The social workers approach is likely to be

- ☐ A. Social reform model
- ☐ B. Social planning model
- ☒ C. Locality development model
- ☐ D. Social action model

8. A neighborhood association wants to insure that a community meeting will have a high attendance. The meeting will be heavily advertised through direct mail and newspaper advertisements. To insure good attendance, they should FIRST

- ☒ A. Identify topics that have wide appeal and are of concern to the community
- ☐ B. Invite sponsors from other community groups and well-known local officials
- ☐ C. Ask a well known community member to speak
- ☐ D. Include refreshments and an opportunity for socializing

9. A social worker in a small community finds the area lacking in services and without organization. The social worker would most likely focus on:

- ☐ A. Request services in neighboring areas
- ☒ B. Demonstrate the effectiveness of services by assuming personal responsibility and leadership in organizing them.
- ☐ C. Identifying the needs of the community and developing a community-wide approach
- ☐ D. Record instances in which people sought services and could not find them

10. A SWKR is developing a community program to address conduct problems in youth. What should the SWKR do FIRST to reach the greatest number of at risk youth

- ☐ A. Establish a wilderness program for delinquent youth
- ☐ B. Develop a specialized day treatment program for adolescents
- ☐ C. Start an outpatient clinic for delinquent youth and their families
- ☒ D. Set up a primary prevention program for a targeted population

## GROUP THERAPY ~ KEY CONCEPTS - indirect practice

1. Group members **SHARE A COMMON PROBLEM** & are there to **SUPPORT EACH OTHER**.
2. The therapist is there to **ALLOW THE GROUP** to come to resolutions and resolve conflicts.
3. The therapist should intervene only if there's a threat of violence/physical fight.
4. The therapist must acknowledge the feelings of an individual if in crisis.\*
5. A therapist must **NOT** consult with individuals out of Session unless crisis/safety.
6. The therapist must **ALLOW** confrontation when there is denial or rationalization.

SWKR =  
facilitator

share a problem &  
have a similar level  
of function.

\* Irvin Yalom, M.D. - A pioneer in group theory. Yalom developed factors that are associated with therapeutic group experiences: \*Universality- helps people see that what they are going through is universal & that they are not alone.

\* Catharsis or Abreaction- Venting feelings to group members helps relieve pain, guilt, or stress.

\* Boston Model - (Garland, Jones, & Koldny) - STEPS FOR GROUP PROCESS - (close-ended groups)  
members & leaders (dynamic for each step)

1. Preaffiliation: Ambivalence, testing, seeking approval. Leader: MUST establish Authority & discuss guidelines.
2. Power & Control: Struggle over control of the group, conflict occurs among subgroups. allow group to settle into dynamic!
3. Intimacy: Conflicts diminish, sense of "we-ness" increases, norms and roles become clear, **COHESION**.
4. Differentiation: Freedom of personal expression, improved group skills in analyzing & working through problems.
5. Separation: Group achieves termination. silent member clown devil's advocate  
monopolizer surreyout

### GROUP Therapy QUIZ ~ remember ~> ALLOW THE GROUP

1. A SWKR leads a group of adults in a senior citizens center. During a group meeting, one client says that she is going to kill herself and her husband. The threat appears to reflect real intent rather than being ideational. The SWKR would

- A. Maintain the confidentiality of the communication
- B. Include the issue in the process report to discuss with a supervisor
- ☒ C. Talk with the client's husband
- D. Speak to the center consultants

2. A 13 year old is a member of a treatment group for first offenders. During the initial session, the member brags to the others about vandalizing he did in the neighborhood. The social worker should:

- A. discuss the client's behavior with his parents
- B. confront the client about his behavior
- ☒ C. encourage the client to talk about the possible motivation for his behavior
- D. report the client to the juvenile authorities

3. During group therapy sessions, one of the members continuously blames others in the group for the depression and hopelessness the member experiences. In an effort to address the client's concerns, the social workers should FIRST:

- A. tell the client that these feelings stem from fears
- ☒ B. encourage the client to talk about feelings within the group
- C. discuss and explain the guidelines for the group process
- D. encourage the group to be more sensitive to the client's feelings

4. A sexual abuse perpetrator can finally acknowledge that he is in group therapy because he sexually molested his young stepdaughter. However, he says he was unable to resist her seductive behavior toward him. The BEST approach for the group leader would be to

- A. Involve the group in a general discussion of what leads to sexual molestation
- ☒ B. Encourage group members to confront his rationalization
- C. Offer sympathy for the difficult position in which he finds himself
- D. Meet him individually and confront his unwillingness to accept responsibility

5. In a group session, a woman in her early twenties reports that her husband has begun to lose interest in his friends.

The SWKR WOULD

- A- Encourage her to express her feelings
- B- Suggest that her husband enter marital counseling
- C- Reflect on the issue as pathological, requiring medication
- D- Note that it is normal

6. In managed care groups, SWKRS use skills that encourage "wellness." The goals of managed care are UNLIKELY to

- A- Encourage members to take more responsibility for transferring benefits gained in groups to other experiences
- B- Make greater use of community support programs
- C- Pay attention to assessing and monitoring progress towards better health and wellness
- D- Encourage long-term treatment programs

7. Over a period of several months a SWKR thoroughly prepares a client for joining a group, including establishing of a contract for three months of participation. After one group session, the client informs the SWKR that she will not return to the group. The SWKR should FIRST:

- A- Remind the client of the contract committing to three months of participation
- B- Terminate the client from all services
- C- Discuss the client's failure to integrate with the group
- D- Encourage the client to return to the group to discuss her reasons for leaving

8. A group swkr is conducting an ongoing inpatient group in a psychiatric hospital. A member of the group complains about his caseworker. The issue seems to involve the client's feeling that he is not getting enough attention from her. He has also expressed feelings about not getting enough attention from group members. The SWKR would

- A- Suggest that the patient discuss the matter with his caseworker after allowing the patient to express his feelings
- B- Allow the expression of feelings and encourage the group to help the patient resolve the issue
- C- Raise the issue at the next staff meeting
- D- Speak to the caseworker in private about this matter

9. Married men in group therapy discuss intimacy issues. As one man discusses difficulties in communication with his wife, the worker notices a discrepancy between the content and the emotional tone. The SWKR would

- A- Allow the group to pick up on the discrepancy
- B- Speak to the client about a referral to a caseworker since he seems to have strong unexpressed feelings
- C- Reflect that the client seems to have strong unexpressed feelings about this matter
- D- Ask the client if he might want to have couple's counseling since the issue seems difficult to discuss

10. A group of adolescents are meeting in a junior high school. The group is meeting to discuss their poor school attendance. One young woman reveals that she is being sexually abused by her father. The group SWKR would

- A- Do nothing immediately and await additional information at future group meetings
- B- Speak to the girl at the end of the meeting before reporting it to the authorities
- C- Speak to his or her supervisor before speaking to the young woman
- D- Call the parents immediately after the meeting to advise them that a report will be made to the child protective agency

11. What is the MOST effective technique for helping social work students develop group work skills

- A- Assign the students to observe a group
- B- Direct the students to co-facilitate a group
- C- Have the students join a self help group
- D- Require students to review literature on group dynamics

**ADMINISTRATION KEY CONCEPTS - indirect practice**

**RULE: Administration Exam Questions:** When you identify the social worker as an administrator, manager, or a team member, look for answers that address STAFF and CONVENE TEAM MEETINGS!

**KEY Words- TEAM WORK, CONVENE STAFF MEETINGS & BROAD BASED COMMITTEES.**

A. If the social worker is part of a treatment team - -> the social worker **ADDRESSES** the TEAM/STAFF.

B. Administrator: Establishes a broadly based "committee" that brings together all segments of the agency including STAFF & sometimes CLIENTS, to develop ways for assessing the problem, decision making, & proposing solutions.

C. The board of director is NOT on the social worker's TREATMENT TEAM.

D. The executive or board of director is concerned with funding NOT with immediate staff issues.

1. A change in policy that affects scheduling, time-off, and compensatory time, began in your agency. The staff is upset by rumors about the changes, and they are not sure what the implications will be. The administrator believes the changes will not have any substantial effect on the staff. As an administrator you would:

A. Distribute a written summary of the changes

B. Discuss this important matter at the weekly supervisory conference

C. Distribute a summary to staff and wait for questions from the staff

☒ D. Convene a meeting of the staff immediately to discuss the policy changes, the effect on workers, and seek feedback

2. A manager is asked to write a grant proposal that could fund several needed services. What should the social worker do FIRST:

☒ A. Assemble a team of staff members to obtain input

B. Identify money in the budget to hire a professional developer

C. Delegate all non-related responsibilities to other administrators

D. Obtain consultation on writing grant proposals

3. A 38-year-old patient with schizophrenia is in a long term unit of a psychiatric hospital with little alleviation of symptoms. The patient refuses to take a new anti-psychotic medication, but continues to take other older anti-psychotic medications. What approach would the SWKR recommend to the treatment team:

A. Obtain a court order to ensure that the patient will take the new medication

B. Develop a behavior modification plan requiring more socialization activities

☒ C. Have the treatment team and patient meet to review the treatment plan

D. Obtain outside psychiatric consultation for review

4. The executive director of an agency is visited by a SWKR who expresses various complaints about the agency. The executive director should address this by:

A. Initiating a series of meetings with staff to address the complaints

☒ B. Listening carefully and re-direct the social worker to their immediate supervisor

C. Suggest that that social worker write a letter of complaint to their immediate supervisor

D. Requesting a joint meeting with the executive director, the social worker, & the immediate supervisor

5. The MOST effective method to make sure you will have future funding in an agency is to

A. Write proposals to large foundations

☒ B. Make broad-based efforts directed at attracting many small contributions

C. Concentrate on attracting a few large private contributions

D. Sponsor a concert

6. Tension is rising among staff in the social work department. Administrators suspect the tension is a result of increasing caseloads & chaotic working conditions. There are no immediate solutions to these problems. To ease the situation, the administrator might FIRST:

A. Send a memo reflecting the administration's awareness of the problems

☒ B. Meet with employees to gather more information about their concerns and recommendations

C. Do nothing since discussing the issue would raise expectations

D. Consider monetary and educational alternatives to limit negative feelings

## SUPERVISION KEY CONCEPTS

**Rule: Supervision Exam Questions:** When you identify the social worker as a SUPERVISOR:

- Handwritten notes: COUNTERTRANSFERENCE, transference, client brings past into therapy, Sublimates past into therapy, identified person*
- ✗ A. The answer will include the SUPERVISOR speaking directly to the SOCIAL WORKER, supervisee, or social work student/intern.
- ✗ B. The supervisor is there to **educate** the social worker and **improve** job performance.
- ✗ C. The supervisor is there to deal with issues of **transference** and **counter-transference**, personal conflict, personal problems, or bias against the client. Basically, anything that may interfere with the client's treatment.
- ✗ D. The supervisor is supportive, but does not explore the social worker's inner feelings (i.e. provide therapy).
1. Sympathizing with clients who depend on welfare is difficult for a social worker. While growing up, the social worker was on welfare. The clinical supervisor **SHOULD**:
- A. Suggest he seek psychotherapy to resolve his conflicts
- B. Transfer cases which include clients on welfare to an experienced social worker in this area
- C. Recommend a transfer to a different unit
- ☒ D. Discuss the difficulties with the worker and the impact of the issue on his clients
2. A social worker is assigned a group for sexually abused children. It is the first time the worker has dealt with this type of group. The social worker should use supervision to:
- A. Develop a curriculum and work on discussion topics in advance
- B. Learn how to work with professional staff members to assist with program skills in arts and crafts
- C. Explore earlier personal family dynamics which may arise during group sessions
- ☒ D. Discuss the worker's feelings and attitudes regarding sexually abused children
3. A clinical supervisor has been assigned a social work student. The student has been at the agency for several months. The student reports to the supervisor that a client verbally harasses the agency receptionist. The supervisor should **FIRST**:
- A. Warn the client that he will not be allowed in the agency if the behavior continues
- B. Have the client escorted by the security staff to ensure a safer environment
- C. Discuss with the receptionist effective ways to deal with hostile clients
- ☒ D. Ask the student to discuss the behavior with the client
4. A social worker is having difficulty relating to an adult client. Both of them were abandoned. This may be affecting the worker's sessions with the client. The supervisor should:
- A. Suggest the worker seek therapy since the issue is unresolved
- B. Remove the worker from the case
- ☒ C. Focus on possible counter-transference issues and help the worker with concrete client treatment issues
- D. Help the worker resolve his abandonment issues
5. For the past year a social worker has had many absences and incomplete progress notes. During staff meetings the social worker frequently makes comments such as "most people know that psychiatric patients never improve, and no one should expect us to help people who are this sick". The supervisor should **FIRST**:
- ☒ A. Discuss with the social worker how these behaviors and attitude interfere with job performance
- B. Provide the social worker with readings on how to empathize with psychiatric patients
- C. Discuss the social worker's job performance during a supervisory meeting
- D. Develop a plan with the social worker to improve performance
6. A social worker conducts group therapy for adolescents. His supervisor often "drops in" on group sessions and interacts with clients. What is the **FIRST** step the social worker should take in dealing with this situation:
- A. integrate the supervisor into group activities with the clients
- ☒ B. talk with the supervisor about the impact of dropping in on groups
- C. arrange a meeting with the agency director to clarify the supervisor's role
- D. respect the supervisor's position and allow the supervisor to judge the situation
7. A social work supervisor sees a social worker in a movie theater with a client. When asked directly, the social worker denies that any boundary violation has occurred. The supervisor should **NEXT**:
- ☒ A. Discuss ethical guidelines with the social worker
- B. Reprimand the social worker
- C. Notify the appropriate social work regulatory body
- D. Ask the client about the relationship

**DIVERSITY/ CULTURAL COMPETENCE**

Diversity Exam Questions Include: CULTURE, ELDERLY, LGBTQ, AND DISABILITIES.

RULE for Diversity Questions: If you identify a "diversity" question <sup>gender</sup> ----> choose a "diversity" answer.

Cultural competence: The ability to have awareness of one's own culture & knowing how to interact effectively with people of different cultures.

**Native Americans and Alaskan Natives**

1. GREAT RESPECT FOR ELDERS because they hand down traditions.
2. SPIRITUAL HEALERS ARE TRADITIONAL LEADERS i.e. medicine man/shaman.
3. VALUE LISTENING and COMFORTABLE WITH SILENCE
4. High degrees of SUICIDE AND ALCOHOLISM
5. AVOID EYE CONTACT as a SIGN OF RESPECT

Navajo  
Cherokee  
First Nations  
Blackfoot  
Seneca

**LATINO - HISPANIC**

1. Mostly ROMAN CATHOLIC & EXTENDED FAMILY SYSTEM
2. Demonstrate SHAME WHEN SEEKING MENTAL HEALTH ASSISTANCE stigma
3. EXCESSIVE EMOTIONALITY when confronted with crisis - Ex: ATAQUE DE NERVIOS

Mexicans  
Cubans  
Guatemalans

**ASIAN/ PACIFIC ISLANDER**

1. Obligation to PARENTS and RESPECT for ELDERS
2. ELDERS are the FAMILY Decision Makers
3. Resolve Conflicts WITHIN the FAMILY
4. Less EMOTIONAL expressiveness
5. Use ALTERNATIVE Healing Methods Ex: Coining, Acupuncture, Cupping, & Herbal Remedies.

Hawai'i  
Fiji  
Sumatra  
Japan  
India  
Tibet  
Conservative

**ELDERLY CLIENTS**

1. Remain PATIENT & RESPECTFUL- DO NOT USE AN AGGRESSIVE APPROACH. Allow talking.
2. Address client with Mr. or Mrs. as a SIGN OF RESPECT especially if you are a younger social worker.
3. FREQUENT APPOINTMENTS might be needed during the beginning of treatment- home visits.
4. Respect elder's CAPACITY FOR SELF-DETERMINATION if they are MENTALLY ALERT.
5. If the client has medical issues -Rule out Medical FIRST before decision making.

**GENDER IDENTITY CLIENTS/LGBTQ CLIENTS**

1. Be AWARE THAT LGBTQ clients FIRST HAVE CONCERNS about your values.
2. Support the client in UNDERSTANDING THEIR OWN sexual orientation prior to sharing/opening up with family & friends.
3. "Coming Out" to friends and family members is a stressful decision for clients.

**CLIENTS WITH Disabilities (Physical or Mental)**

1. Explore the client's NEED FOR SPECIAL ACCOMODATIONS FIRST
2. Respect self-determination if mentally stable
3. DO NOT CHALLENGE clients who have a very LOW LEVEL of Cognitive function.



DIVERSITY/ CULTURAL COMPETENCE QUIZ

1. The local clinic has difficulty attracting undocumented Latino residents for services that they clearly need. Many are afraid that they will be deported if they seek help. The social workers are asked to develop a solution that brings these residents to the clinic. The strategy with the GREATEST chance of success is
  - ☐ A. Advertise in local ethnic newspapers
  - ☒ B. Ask local Latino residents to visit community members and reassure that the clinic maintains client confidentiality and will not reveal their immigration status *tempower*
  - ☐ C. Ask local schools to refer people for health services
  - ☐ D. Offer outreach medical services
2. During a session, a 15 year old boy informs a SWKR that he is unsure about his sexual orientation. He asks the SWKR not to tell his parents because he is afraid that they will disown him and ask him to leave home. The SWKR should FIRST:
  - ☐ A. Advise the youth that this information can not be withheld because he is a minor
  - ☐ B. Persuade the youth to tell his family in a family session
  - ☐ C. Inform the youth about safe sex
  - ☒ D. Assist the youth in exploring his own identity
3. A Navajo couple bring their sick child to a health clinic close to the reservation. The non- Navajo physician and clinic supervisor criticize the family for first taking the child to a traditional Navajo healer. The staff's behavior is best understood in what context
  - ☐ A. Concerns about medical neglect
  - ☒ B. Institutional discrimination
  - ☐ C. Concerns about parent's mental stability
  - ☐ D. Staff burnout
4. A supervisor has been assigned a social work student. The student's application shows a 3.95 grade point average and successful completion of two semesters of field placement at a mental health clinic. On the student's first day the supervisor learns the student is in a wheel chair. The supervisor should FIRST
  - ☒ A. Discuss with the student what special accommodations may be needed
  - ☐ B. Review goals and objectives for the semester
  - ☐ C. Speak of the potential discriminations that the student will face
  - ☐ D. Refer the student to a support group for students in wheel chairs
5. A young SWKR is assigned an intake with an elderly client. He seems friendly and she uses his first name when talking with him. The SWKR notices the client seems reluctant and hesitant when responding to her questions. He withdraws further as the interview progresses. Finally, he calmly tells the worker that he would prefer a SWKR who is similar in age and experience, and that he finds her disrespectful and overly familiar. How should the SWKR assess the situation:
  - ☐ A. The client is overly sensitive and may resent having to ask for services
  - ☐ B. He is a demanding client and his wishes should be followed
  - ☒ C. The worker misunderstood the client's needs and became overly informal
  - ☐ D. The client has an attitude problem
6. In considering the unique practical needs of an elderly client, the social worker would NOT make which of the following adjustments to practice.
  - ☐ A. More frequent appointments
  - ☐ B. Shorter sessions
  - ☐ C. Home visits as opposed to office visits
  - ☒ D. More direct interpretations of the client's problems and aggressive advice giving

7. An elderly Chinese immigrant woman requires surgery and six weeks in a rehabilitation facility. She is unwilling to undergo surgery if she cannot return to her family quickly. Her physician fears that the rehabilitation program may not be manageable for the family and refers them to the hospital's social service department. The SWKR's BEST strategy for addressing the problem is to

- ☐ A. Inform the family to follow the doctor's recommendation
- ☒ B. Discuss alternatives with the physician and the family since Chinese cultural norms require that elderly family members are cared for at home
- ☐ C. Help the family understand the procedures and advantages of western medicine
- ☐ D. Suggest the family wait to perform the surgery to allow more time to work with her

8. A Nicaraguan immigrant receives a notice to appear at the offices of the immigration and nationalization service (INS). Fearful of government authority because of his experience in Nicaragua, the client reveals to the SWKR that he lied on his immigration application, and if the lie is discovered, he might face prosecution or deportation. The SWKR FIRST should

- ☐ A. Convince the client to tell the truth
- ☐ B. Continue to provide services
- ☐ C. Call the immigration and naturalization service and inform them of the lie
- ☒ D. Discuss the client's concerns and suggest alternatives that he might pursue, such as employing a lawyer

9. The wife of a Libyan immigrant tells her social worker that her husband is engaged in extensive financial fraud, violence, and robbery. On many occasions her husband has physically abused her. She is fearful for her own safety and that of her children. She knows of his plans to kidnap the child of a local businessman. The SWKR's FIRST step is to:

- ☐ A. Explain to the woman that the social agency can do nothing about her problem unless she is willing to report the situation to the police
- ☐ B. Refer the woman to a legal aid program and suggest she obtain an order of protection
- ☒ C. Urge the woman to leave her husband immediately, go to a battered women's shelter with her children and then report the planned kidnapping to the police
- ☐ D. Inform the police

10. An Asian woman contacts a SWKR requesting family therapy. After they discuss an appointment, the woman tells the SWKR she will call back. What should the SWKR understand about the woman's behavior

- ☐ A. Asian women are prohibited to make their own appointments
- ☐ B. The Asian woman did not speak English
- ☒ C. The Asian woman must discuss the appointment with elder family decision makers
- ☐ D. The Asian woman is hesitant about beginning therapy

**ADDICTIONS ~ KEY POINTS** *DSM 5*

**Substance Use Disorder:** The client displays cognitive, behavioral, & physiological symptoms. However, the client continues to use the substance despite having substance-related problems. Substances may include: alcohol, cocaine, cannabis, stimulants, tobacco, and hallucinogens.

**Alcohol Use Disorder:** A problematic pattern of alcohol use that causes impairment or distress. Taking larger amounts, higher tolerance, craving or strong desire, failure to fulfill obligations at work, home, or school, & loss of short-term memory.

**Gambling Disorder:** Excessive gambling behaviors that lead to daily problems and jeopardize relationships.

1. **ADDICTS USE DENIAL & RATIONALIZATION AS DEFENSE MECHANISMS.** \*
2. **ENABLERS:** Family or friends often allow the addiction to continue/progress. \*
3. **USE CONFRONTATION TECHNIQUES** for established clients and family/friends that enable. \*
4. Have **WITHDRAWAL SYMPTOMS** THAT MAY REQUIRE MEDICAL INTERVENTION \*
5. **SIGNS OF ALCOHOL USE:** SLURRED SPEECH, ODOR of ALCOHOL on BREATH, UNSTEADY GAIT, COORDINATION PROBLEMS, STAGGERING.
6. **ALCOHOL WITHDRAWAL:** SEIZURES and TREMORS - DT's *clonus tremors*
7. **SIGNS OF COCAINE USE:** TALKATIVE, PALE, HYPERACTIVE, THIN, LOSS of APPETITE
8. **COCAINE WITHDRAWAL:** DEPRESSION, VOMITING, and FATIGUE *↑ dilated or enlarged pupils*
9. **SIGNS OF HEROIN USE:** DROWSINESS, EUPHORIA, AND SLOW BREATHING *\* feel wonderful*
10. **HEROIN WITHDRAWAL:** BONE PAIN, MUSCLE SPASMS, & RESTLESSNESS *pupil tiny pin*
11. **SIGNS OF HALLUCINOGEN USE:** HALLUCINATIONS, CONFUSION, SUSPICION
12. **HALLUCINOGEN WITHDRAWAL:** NON-EXISTENT with HALLUCINOGENS I.E. LSD, MDMA, peyote. *-x, moly*  
*DMT TMC*  
*mushrooms - psilocybin*  
*Acid PCP - angel dust*

**ADDICTIONS QUIZ**

1. Jane, an adolescent with diabetes, tells her SWKR that she has experimented with drugs. Jane is unsure about the drugs she has taken, but she is concerned about the possible side effects. The SWKR's BEST option is to

- ☐ A. Minimize Jane's concerns, but suggest that she not try any more drugs
- ☒ B. Support Jane's apprehension and suggest a discussion with her physician
- ☐ C. Discuss Jane's drug use with her parents and ask them to discuss the dangers with her
- ☐ D. Provide Jane with information about the drugs she has taken

2. A client in a substance abuse clinic presents with anxiety and tremors. He complains of the inability to sleep. The client is MOST LIKELY experiencing withdrawal from:

- ☐ A. Hallucinogens
- ☐ B. Barbiturates
- ☐ C. Cocaine
- ☒ D. Alcohol

3. After several weekly sessions, a client being seen by a SWKR for alcoholism states that he wishes to go to his high school reunion where there will be an all night open bar. The client has not been consistent with his care and tells the SWKR he no longer needs support to handle such situations. What should the SWKR do FIRST:

- ☐ A. Terminate the client if he refuses further intervention
- ☐ B. Urge the client not to go to the reunion
- ☐ C. Accompany the client to the reunion for additional support
- ☒ D. Confront the client's denial

4. Henry is a long term heroin addict who has returned to live with his parents after years of living an uncertain existence on the street. He receives methadone regularly and sees a SWKR weekly. The SWKR is MOST LIKELY to recommend
- ☐ A. No other services to help him curtail his drug use
  - ☐ B. Additional medical outreach
  - ☒ C. Frequent counseling to monitor his mood, vocational assistance, medical and support services
  - ☐ D. Legal assistance for assistance with housing and employment
5. A social worker interviews a 19 year old student who occasionally uses drugs. The student is restless and highly talkative, hyper-vigilant, and looks drawn and pale. On inquiry she says that she eats and sleeps very little. The social worker would FIRST suspect
- ☐ A. That the client is using a stimulant such as an amphetamine or cocaine
  - ☐ B. The client is experiencing a paranoid episode
  - ☒ C. The client is using marijuana
  - ☐ D. The client has bipolar disorder
6. Rose, a crack cocaine and alcohol user, appears at the HMO clinic complaining of frequent stomach pains. Rather than getting the pain killers she wants, she is surprised to learn that she is at least nine weeks pregnant. In addressing Rose's pregnancy, the interviewing social worker should FIRST seek to
- ☐ A. Refer Rose for psychiatric care
  - ☐ B. Assist Rose in understanding the health consequences of drugs & alcohol on her body and on the developing fetus
  - ☒ C. Discuss the pregnancy with Rose's family and ask for their help in forcing her to stop using drugs and alcohol, at least during her pregnancy
  - ☐ D. Arrange admission to a halfway house
7. As treatment progresses with Danny, a computer programmer who abuses cocaine and alcohol, the SWKR realizes he is highly motivated but unable to fully stop. Which cognitive-behavioral APPROACH might the SWKR use to help him:
- ☐ A. Emphasize insight based therapy to help Danny understand the underlying psychodynamic processes
  - ☐ B. Suggest Danny participate in a partial hospitalization program
  - ☐ C. Suggest Danny participate in a family treatment program
  - ☒ D. Identify the situations associated with substance use and help Danny learn to avoid them
8. John is a college freshman in the process of joining a fraternity. He tells his SWKR that at the next induction session he will be required to drink a full fifth of gin to complete his initiation. He intends to comply with this requirement. What should the SWKR do FIRST:
- ☐ A. Do nothing to intervene as this is a normal college ritual
  - ☐ B. Try to convince John not to participate but do nothing further
  - ☒ C. Try to convince John not to participate and notify the college administration of the event so it can be stopped
  - ☐ D. Try to convince John not to participate and discuss the event with his parents
9. After several months of therapy, a client tells the social work clinician that he can drink responsibly and intends to do so while on vacation. The client has been diagnosed with alcohol dependence. The social worker should:
- ☐ A. Accompany the client to an AA meeting
  - ☒ B. Confront the client's denial
  - ☐ C. Provide information on the relapse process
  - ☐ D. Contract with the client to abstain from alcohol

## COMMUNICATION TECHNIQUES \* method to get/give information.

- 1) **Reflection:** Acknowledging the client's feelings. Ex. Client, "I don't know where to begin; everything is happening all at once." Therapist "you seem overwhelmed." "Reflecting" the clients' feelings back to them.
- 2) **Exploring SILENCE:** Being attentive & remaining silent when the client is silent. \*SILENCE EQUALS SILENCE\*
- 3) **Partialization:** Taking overwhelming problems & breaking them up into smaller, manageable parts. Prioritize problems.
- 4) **Confrontation:** Challenge an Established client to think about maladaptive behaviors, can be used with clients with addictions and/or perpetrators or resistant to treatment (changes subject, always late). Confrontation is NOT aggressive. *accountable*
- 5) **Clarification:** Asking the client questions to help understand what they are saying.  
Client: "I don't want to give up the baby. I want to find him a family that can give him everything he wants".  
Social Worker: "Are you saying that you want to keep the baby, but you don't think you can afford to?"
- 6) **Active Listening:** A technique focused on both verbal and nonverbal communication. Ex: Nodding head, saying, go on.
- 7) **Paraphrasing:** Explaining the client's issues in your own words. Client: "Whenever I visit my mother in the nursing home, I start to cry & feel horrible" SWKR: "It sounds like you are saying that your mother in the nursing home is tough for you."

*Repeat in your words*

1. A social worker is referred a Hispanic client who is not proficient in English. The social worker begins to explain confidentiality, and the client begins to appear angry. The BEST action for the social worker is:

- ☐ A Find a staff member who speaks Spanish
- ☐ B Ask the client to tell you why he is angry
- ☐ C Provide the client with written literature on confidentiality
- ☒ D Ask the client to tell you in his own words what had been discussed \*

2. A client is describing in detail the events that led up to the current crisis. All of the following are appropriate behaviors for the social worker EXCEPT:

- ☐ A Leaning forward and nodding as the client speaks
- ☐ B Summarizing everything that the client said after she is done speaking
- ☐ C Interrupting the client to clarify things that were said
- ☒ D Making statements like "go on."

3. A social worker is conducting an intake with a client in an inpatient psychiatric unit. He states that he hears voices in his hospital room and does not want to return to his room. The social worker asks if the client does not want to go back because the voices are bothering him or because he dislikes his room. The social worker is using which technique

- ☐ A Confrontation
- ☐ B Interpretation
- ☒ C Clarification
- ☐ D Paraphrasing

4. A cognitive-behavioral contract is set with a client to complete weekly homework. For the next three sessions, the client says, "I've been swamped. I didn't get a chance to complete homework". The social worker states, "I'm concerned that you contracted to complete homework and have not done so. What's going on?" The statement used is the technique

- ☐ A Partialization
- ☐ B Clarification
- ☒ C Confrontation
- ☐ D Reflection

*accountability*

5. A client becomes progressively more anxious and overwhelmed during an initial interview while describing her presenting problems. The social worker should FIRST:

- ☐ A Sensitively direct the interview towards initiating relaxation techniques
- ☒ B Assist the client in breaking the concerns down into more manageable parts
- ☐ C Reassure the client of the social worker's intention to help
- ☐ D Encourage the client to summarize the concerns

6. A client describes a busy schedule of having to care for an elderly parent and meeting deadlines at work. The social worker replies, "it seems that you are feeling overwhelmed." The SWKR is using:

- ☐ A Reframing
- ☒ B Reflecting
- ☐ C Summarizing
- ☐ D Paraphrasing

Theoretical Approaches

1. Behavior Modification: Used to modify behaviors, observe & measure how clients respond to certain triggers.
2. Cognitive Behavioral Therapy: Help to identify & change dysfunctional, negative thoughts and behaviors.
3. Dialectical Behavioral Therapy (DBT): Helps clients to change negative behavior patterns. Mostly used with Borderline clients. Teaches behavioral skills such as mindfulness, emotional regulation, and distress tolerance.
4. Rational Emotive Behavioral Therapy (REBT): Confrontational approach helps STOP negative/irrational thoughts.
5. Crisis intervention: Assist the person in distress to address the immediate problem & regain emotional equilibrium.
6. Narrative therapy: Therapist co-constructs alternative positive stories with the client.
7. Ecological system/life model: Focus on life transitions, environmental pressures, fit between client & their environment.
8. Strengths Perspective: Identify the strengths of a client and build on those strengths to empower the client.
9. Psycho-Analysis: Long term treatment to resolve inner conflicts and past experiences. *years of therapy*
10. Gestalt Therapy: Assist client with awareness & here & now. Ex: Empty Chair Technique.
11. Moral Development (Kohlberg): Help clients to explore decision making/right from wrong. *decision making*

1. Nancy meets with a social worker to assess & plan for housing, job training, & child care needs. Nancy seems remarkably passive in their conversations, ready to agree to any plan, but with no apparent interest in following through. Using Strength Perspective, how might the social worker best engage Nancy in finding on solutions to her problems:

- A- Offer to transfer her case to another worker as Nancy doesn't seem to connect with her social worker
- ☒ B- Assist Nancy to identify coping skills & strengths from the past & support her to apply them to her present situation
- C- Provide Nancy with alternate plans and support her choosing one
- D- Explain to Nancy the potential negative consequences of her inaction

2. Carmen is seeing a SWKR to help her deal with her social phobia. Early in treatment, they built a list of 15 steps beginning with low-anxiety scenarios and ending with high-anxiety scenarios. Over time, they have conquered many of the situations on the list, and it is time for Carmen to try staying relaxed while walking down a busy street. The approach the SWKR is using with Carmen is called

- ☒ A- Flooding
- B- Free association
- C- Rational-emotive therapy
- ☒ D- Systematic desensitization

3. Beverly is referred to Susan, a SWKR in a women's health clinic, after being diagnosed with infertility issues. Beverly was told that the usual treatment yields a high rate of success; she is afraid to accept the doctor's recommendation and is certain it will have a negative outcome. Beverly has two children, a healthy eight year old son and a five year old daughter with developmental disabilities. Beverly says "I'm such a loser. If there is a rare thing that's not supposed to happen, it will happen to me." The SWKR, using a Narrative Therapy approach, would state:

- A- "It's understandable that you would have these feelings after all you have been through."
- B- "I have seen many women have this treatment for infertility, and I've never seen a negative outcome"
- ☒ C- "You also had a healthy child eight years ago. In his case you got a positive and usual outcome."
- D- "The doctor is very reliable. I'm sure you're in good hands with him."

4. For several years, a SWKR at a mental health center has been using the problem-solving approach with a client who has been depressed. In using this approach, the SWKR should:

- A- Revisit the client's early childhood issues
- B- Obtain a detailed history of the client's emotional difficulties
- ☒ C- Focus on one presenting problem at a time
- D- Examine the client's role in creating the presenting problems

5. Shauna is a first time mother at age 24. She is a vivacious, energetic young woman who is usually self confident. Her baby is two months old, healthy in all respects. Shauna feels very let down by the fact that her baby requires less stimulation than Shauna is prepared to offer, as if her baby doesn't need or love her. How would Shauna's SWKR from the visiting mom's program think about this case, using an ecological perspective:

- ☒ A- Refer Shauna to a new moms support group for women experiencing life transitions
- B- Take a history regarding Shauna's relationship with her own mother
- ☒ C- See the problem as the lack of easy fit between Shauna's outgoing personality & the baby's quiet self
- D- Give Shauna books about normal infant development and parenting

Process of SEPARATION-INDIVIDUATIONTheorist: Margaret MahlerAUTISTIC - Newborn to 1<sup>st</sup> month• INFANT FOCUSED ON SELF

- Incapable of investing in others/ unresponsive to external stimuli

inward focus | own world | outside world doesn't exist

autistic - 0-5 months = age

~~autistic~~

cueless

understanding

in accordance w/ physical/motor development

SYMBIOTIC STAGE - 1 to 6 months

- Infant **BREAKS OUT OF AUTISTIC SHELL**
- Infant feels unity with the mother and begins to understand the **MOTHER AS A SEPARATE BEING**

start to wake up, separate  
child sit up see outside himself

sit up in this stage

SEPARATION - INDIVIDUATION STAGES1. Differentiation - 6 to 9 months

- Attention shifts from **INWARD FOCUS TO OUTWARD FOCUS**
- The infant begins to **SEPARATE FROM CAREGIVER BY CRAWLING\***

differentiable 6-9 months

2. Practicing - 9 to 14 months

- Infant **CRAWLS** and **WALKS FREELY**, explores actively & becomes distant from mother

practicing 9-14 months

3. Rapprochement - 14 to 24 months

- Infant **DESIRES TO BE INDEPENDENT**
- Infant **MOVES** away from their **MOTHER** but **RETURNS REGULARLY** to check if their mother is still there

desire to be on own exhibit (w/)  
for security returns

rapprochement - 14-24 months

4. Object Constancy - after 24 months

- The infant has the **CAPACITY** to **RECALL** their **MOTHER DESPITE ABSENCE**
- A child sees the mother as a **SEPARATE INDIVIDUAL** from themselves

object constancy - 24+ months

physical development  
milestones

ASD

ASD PRO

## Jean Piaget: Theory of COGNITIVE DEVELOPMENT

\* educational levels & development of thinking awareness consciousness

### SENSORIMOTOR STAGE: BIRTH to 2 years

- No OBJECT PERMANENCE: Understanding if objects exist. Ex. Show an infant a toy, then hide it behind your back; the infant will "think" it's gone; Peek-a-boo. Towards the end of the stage, the child develops object permanence.
- Lack Language: They use SENSES: sight, taste, smell, hearing & touch to understand the world

Senses & movement

### PRE-OPERATIONAL STAGE: 2 to 7 years

- \* • Beginning of the stage: Preschool Years
- Exhibit EGOCENTRIC THOUGHT & language. "MINE, MINE, MINE" TERRIBLE "2's" *don't share*
- Concerned with ABSOLUTES ---Child able to think in black & white, Mainly symbolic play
- Towards the end of the stage: no longer egocentric, the child can see more than their point of view

### CONCRETE OPERATIONAL STAGE: 7 to 11 years

primary / elementary years

- Begins to THINK LOGICALLY
- Solves CONSERVATION TASKS. Ex: As you pour the same amount of liquid from a tall glass to a short glass, WHICH GLASS HAS MORE WATER?
- Solves LOGICAL EQUATIONS. Ex:  $3 + 2 = 5$  and  $5 - 2 = 3$

rational thinking

### FORMAL OPERATIONAL STAGE: 11 years old to adulthood

- Thinks ABSTRACTLY • opposite of absolute complex, what if?
- Solves COMPLEX and HYPOTHETICAL problems

thought experiments

SPCF

\* sun protection (sun filter) \*

ADP120

SPCF

OXPLU



ERIK ERICKSON: BIO-PSYCHOSOCIAL STAGES OF DEVELOPMENT

develop skills, personal growth  
~RESOLVED AND UNRESOLVED STAGES~ learn throughout life

TRUST vs. MISTRUST – (BIRTH to 1 ½ year) *INFANT*

- RESOLVED: TRUST IN SELF AND OTHERS through being nurtured and loved
- UNRESOLVED: if a child is not nurtured and loved, they will have difficulty forming relationships

*love/trust*

AUTONOMY vs. SHAME & DOUBT – (1 ½ to 3 years) *TOODLER*

- RESOLVED: Develops motor & verbal skills to become INDEPENDENT/CONFIDENT
- UNRESOLVED: Less CONFIDENT/ASHAMED

INITIATIVE vs. GUILT – (3 to 6 years) *Pre-schooler*

- RESOLVED: Child becomes Curious & Explores NEW Spaces; Attack and Conquest
- UNRESOLVED: Child is not allowed to take initiative; will FEEL GUILTY and FEARFUL

*explore to learn*

INDUSTRY vs. INFERIORITY – (7 to 11 years) *primary school*

- RESOLVED: SCHOOL PERFORMANCE is critical in assisting a child in mastering tasks
- UNRESOLVED: Child will feel INFERIOR TO PEERS and INCOMPETENT

*school performance*

IDENTITY vs. IDENTITY DIFFUSION/role confusion – (12 to 18 years)

*High school - adolescence*

- RESOLVED: Creates an ENTIRE IDENTITY; strong sense of self
- UNRESOLVED: Will Experience confusion about themselves

INTIMACY vs. ISOLATION – (19 to 35 years) *Young adult*

- RESOLVED: BUILDS RELATIONSHIPS with others: socially, sexually, and professionally
- UNRESOLVED: Failure to achieve build relationships results in being Isolated and Self-Absorbed

*Shallow*

GENERATIVITY vs. STAGNATION – (30 to 50 years) *middle age*

- RESOLVED: Capacity for CARING and CONCERN for the NEXT GENERATION . *parenting*
- UNRESOLVED: SELF-INDULGENT and UNCARING

INTEGRITY vs. DESPAIR – (50 + years)

*older adult content*

- RESOLVED: ACCEPTS life achievements
- UNRESOLVED: Experience DESPAIR, REGRET, and SELF- CRITICISM

*=====*

SIGMUND FREUD

Orphan Annie pretty little girl

behavior dictated by sexual desire/impulses

PSYCHOSEXUAL STAGES:ORAL STAGE: Birth to 1 year: MOUTH is main source of Instant GRATIFICATIONANAL STAGE: 1 to 3 years - Child gains control over BOWEL MOVEMENT – TOILET TRAININGPHALLIC STAGE: 3 to 6 years - Child is CURIOUS about their sexual organs & explores others

Exploration is normal

LATENCY STAGE: 6 to puberty - BASIC DESIRES ARE REPRESSED & EXPRESSED in SOCIALLY ACCEPTABLE WAYS. i.e. sports, friendships, hobbies.

Superego – sublimation

\* GENITAL STAGE: Puberty & Onward – Individual, is NO LONGER DRIVEN BY INSTANT GRATIFICATION ONLY & is independent & has concern for others. i.e., relationships, adult responsibilities

issues

FIXATED (unresolved) PERSONALITY types:

stuck in a stage

- Oral personality: INFANTILE, DEMANDING, and DEPENDENT stuck
- Anal personality: Stingy & inflexible control perfectionist
- Phallic Personality: Exploits others sexually with no regard for their needs/concerns

sexually abused

what's the "unresolved issue" according to /  
identify behavior & match w/ stageTheories QUIZ

1. Parents report to their family therapist that their teenager has refused to participate in family activities. The BEST way for the therapist to explain the adolescent's behavior to the parents is to describe it as:

- ☒ A. Identity formation
- ☐ B. Rapprochement
- ☐ C. Reaction to peer pressure
- ☐ D. Separation individuation

2. A 30-year-old single female is in treatment with a SWKR. She consistently demonstrates an inability to accept statements or actions that occur at work and in social relationships. She has also demonstrated this pattern in the therapeutic relationship with the SWKR. According to Erik Erikson, this is an example of which unresolved development stage:

- ☒ A. Trust vs. Mistrust
- ☐ B. Identity vs. Role Confusion
- ☐ C. Autonomy vs. Shame and Doubt
- ☐ D. Initiative vs. Guilt

don't trust

3. An 18-month-old child routinely returns to his mother, seeking assurance of her love. According to developmental object relations theory, the child's actions are an expression of which process

- ☐ A. Fixation
- ☐ B. Symbiosis
- ☐ C. Differentiation
- ☒ D. Rapprochement

4. A child walks well but still runs with an awkward gait. She enjoys playing and pushing large objects such as wagons. She plays with other children but is not able to play in a cooperative way. Her vocabulary is about twenty-five words, and she is able to put two or three words to express an idea. The developmental age is:

- ☐ A - nine months
- ☐ B - twelve months
- ☒ C - two years
- ☐ D - four years

5. Sensory-motor skills and behaviors in early infant development include

- ☒ A. Toilet training
- ☐ B. Practice and mastery
- ☐ C. Crawling and walking
- ☒ D. Rooting and sucking - breast feeding

6. According to Erik Erikson's psychosocial developmental theory, the stage related to a child's school performance is:

- ☒ A. Industry vs. inferiority
- ☐ B. Generativity vs. stagnation
- ☐ C. Initiative vs. guilt
- ☐ D. Autonomy vs. shame and doubt

Answers to questions 7 and 8 are on the bottom of the page

7. A social worker assesses a client who has recently had a job loss and is seeking job placement counseling. The social worker concludes that the client is coping very well, drawing on internal qualities; in psychodynamic theory, these qualities are:

- ☒ A. Ego strengths
- ☐ B. Internal balances
- ☐ C. Genetic predispositions
- ☐ D. Adaptations

8. A client complains of low self-esteem. The social worker examines the client's perception of himself and any negative or distorted thought processes. The theory applied by the social worker is:

- ☐ A. Psychodynamic
- ☐ B. Behavioral
- ☐ C. Psychosocial
- ☒ D. Cognitive

Answer for # 7 is A: the keywords, internal qualities, and psychodynamic theory match with ego strengths

Answer for # 8 is D: the problem sentence includes keywords, perception and thoughts, which match with cognitive

(just this page)

\*\*\* Possible Side effects for Anti-psychotics - **Tardive Dyskinesia**, involuntary muscle movement disorder

- He thought it was real

### Side Effects

- LTD

Lithium causes kidney problems  
Tegretol/Depakote cause liver problems  
These meds require frequent blood work to monitor health

### Side Effects

- VKX

**Short acting  
Addictive**

### Side Effects

- Concerta Adderall Ritalin -Relieve symptoms quickly & can be abused  
stimulants

- Strattera - Can not be abused & requires 2-4 weeks to be effective  
not paradoxical, not stimulant

### Side Effects

- Prozac - Zoloft - Paxil

**\*\*Often causes loss of libidinal desire**  
Several weeks to be effective

- Effexor - Cymbalta - Wellbutrin

- Elavil - Trofranil

**Side Effects** - can cause dry mouth

- - Nardil - Parnate

**Side effects -observe dietary habits/ causes stomach pain**

### Psychotropic Medications Quiz

1. A client exhibits disorganized thinking, labile affect, incoherence, and paranoid delusions. The client has discontinued prescribed medication because of reported "stiffness" and "swollen tongue." The social worker should FIRST

- ☐ A. Question the client's reason for discontinuing medication
- ☐ B. Instruct the client to resume medication
- ☒ C. Refer the client for psychiatric evaluation
- ☐ D. Refer the client for drug and alcohol screening

2. Thorazine is a drug commonly prescribed for

- ☒ A. Schizophrenia
- ☐ B. Manic-depressive syndrome
- ☐ C. Phobia
- ☐ D. Paranoia

3. The psychotropic medication used to treat depression is

- ☐ A. Prolixin
- ☒ B. Prozac
- ☐ C. Progesterone
- ☐ D. Ibuprofen

4. A side effect of phenothiazines or Haldol is

- ☐ A. Edema
- ☒ B. Tardive dyskinesia
- ☐ C. Anorexia
- ☐ D. Confusion

5. MAO inhibitors are most frequently used for

- ☐ A. Anxiety
- ☐ B. Schizophrenia
- ☐ C. Mania
- ☒ D. Depression

A male client with major depressive disorder has significant relief from symptoms of hopelessness, loss of appetite, and lack of energy after being prescribed an SSRI. The social worker learns that he now discontinued the SSRI. He explained not to be able to provide any specific reasons for stopping the medication. What should the social worker know about the potential side effects of SSRIs regarding the client's decision:

- ☒ A. SSRIs can cause a loss of libido or cause sexual dysfunction
- ☐ B. SSRIs cause Tardive dyskinesia
- ☐ C. SSRIs shut down all experience of affect
- ☐ D. SSRIs are never covered by health insurance

What medication has a paradoxical effect

- ☐ A. Zoloft
- ☐ B. Risperdal
- ☒ C. Ritalin
- ☐ D. Thorazine

Review and study **ALL** sections of the bootcamp workbook **before** taking the overall exam.  
Overall exam: each answer is worth 3.3 points. So, 1 wrong = 96% etc... your goal is to score 90% and above!

SWKR=social worker

OVERALL BOOTCAMP EXAM

YOUR SCORE = 917

1. A SWKR asks a client a question during an initial session. The client blushes & becomes quiet. The SWKR will NEXT
- ☒ A) Reframe the question
  - ☒ B) Remain silent for a few seconds *silence*
  - ☐ C) Delay discussion of the topic at hand
  - ☒ D) Identify the emotions the client may be experiencing
2. Clients with borderline personality disorder use the following defense mechanism the **MOST**
- ☒ A) Denial
  - ☒ B) Projective identification
  - ☐ C) Rationalization
  - ☒ D) Introjection
3. According to Margaret Mahler's Theory of Attachment, which stage would correspond to a 42-year-old client returning to their parents' home after a failed marriage:
- ☐ A. Autistic stage
  - ☐ B. Symbiotic stage
  - ☒ C. Rapprochement
  - ☐ D. Integrity vs. Despair
4. A SWKR becomes angry when she discovers there's no reception coverage that night, and the staff needs to admit their clients inside. The coverage problem exists because receptionists are taking compensatory time on the night they are scheduled to work. To address this problem, what should the SWKR do **FIRST**
- ☒ A) Gather the support of other staff members to deal with the problem.
  - ☐ B) Speak directly with the executive director about the agency's use of professional time
  - ☐ C) Suggest that a part-time evening receptionist be hired
  - ☒ D) Research the agency's policies on the use of compensatory time
5. During a session, a 15-year-old boy, informs a SWKR that he is in an intimate relationship with another teen boy. He asks the SWKR not to tell his parents because he is afraid that they will disown him. The SWKR should **FIRST**
- ☐ A) Advise the teen that this information cannot be withheld because he is a minor
  - ☒ B) Explore the teen's fears about telling his parents
  - ☐ C) Persuade the teen to tell his parents in a family session
  - ☐ D) Inform the teen about safe sex
6. A SWKR is referred a client who is a heavy alcohol user. During the intake, the client questions the social worker's credentials and competence. What should the SWKR do **NEXT**
- ☐ A) Confront the client about the evasive responses
  - ☐ B) Discuss the physical consequences of alcohol abuse
  - ☒ C) Ask how the client feels about seeking help
  - ☐ D) Obtain more detailed information by indirect questions
7. A youth with a history of repeated drug-related offenses and a recent arrest for armed robbery is evaluated by a SWKR. The social worker should only recommend that the youth be placed in a secure residential facility if
- ☐ A) It is not likely that he can be rehabilitated because he is a repeat offender
  - ☐ B) Family members are unwilling to have the youth live at home
  - ☒ C) The safety and welfare of the community are at risk
  - ☐ D) This youth needs to have this experience to stop his criminal behavior

8. A SWKR on a multidisciplinary team works with a young adult who is hospitalized following a suicide attempt. The client complains bitterly about the number of staff who know the details of her hospitalization. She is tired of answering the same questions from different people. After acknowledging the client's feelings, what should the SWKR do NEXT
- ☒ A) Explore how the client thinks the social worker can help with the situation
  - ☐ B) Discuss with the client the specific roles of the people working with her
  - ☐ C) Reassure the client that the staff can deal with her anger
  - ☐ D) Tell the client that her feelings will be discussed at the next staff meeting
9. A couple presents for marital therapy. After the first session, the husband telephones the SWKR and states, "I have something to tell you, but I don't want my wife to know about it." The SWKR's MOST appropriate response would be to:
- ☐ A) Listen without making any recommendations
  - ☐ B) Assure the client that his confidence will be respected
  - ☐ C) Recommend that the husband and wife see separate therapists for their individual needs
  - ☒ D) Advise the husband that the disclosure should be reserved for the marital session
10. A client diagnosed with borderline personality disorder demands an immediate appointment with the SWKR after an argument with her boss. What should the social worker do NEXT
- ☐ A) Assess the client for the possibility of current drug use
  - ☐ B) Ask the client for further information about the incident
  - ☒ C) Explain to the client she will be seen at the next scheduled session
  - ☐ D) Refer the client to a social worker who has immediate time available
11. A SWKR sees an adolescent because of poor academic performance. The adolescent also frequently lies to family members, is manipulative, and has shown a change in friendship patterns. What diagnosis should be considered FIRST
- ☒ A) Substance abuse
  - ☐ B) Attachment disorder
  - ☐ C) Learning disability
  - ☐ D) Depression
12. A recent immigrant is seen in a hospital emergency room after several panic attacks. He is referred to a SWKR but declines mental health treatment. The most likely explanation for this refusal is the
- ☒ A) Difficulty in communication due to the language barrier
  - ☐ B) Differences in cultural communication
  - ☐ C) Alternative treatments available in the culture
  - ☐ D) Cultural stigmas associated with treatment
13. A SWKR begins a therapy group for patients who are currently diagnosed with severe depression. During the initial group session, what should the SWKR do FIRST
- ☒ A) Discuss guidelines for interaction
  - ☐ B) Share basic information on depression
  - ☐ C) Focus on suicidal behavior
  - ☐ D) Collect background information from the patients
14. A SWKR sees a young man who is in his first year of college. He expresses feeling distressed he was always an exceptional A+ student, but now his grades are low. He says that if things do not improve, he does not know what he will do. What should the SWKR do FIRST
- ☒ A) Assess the risk of suicide
  - ☐ B) Offer to see the client with his family
  - ☐ C) Educate the student with relaxation techniques
  - ☐ D) Address the client's rigid expectations
15. A SWKR in a residential facility for adolescents is asked to provide crisis intervention following the suicide of a resident. The social worker should FIRST:
- ☒ A) Restrict information due to confidentiality issues
  - ☐ B) Inform the residents' parents
  - ☐ C) Call the residents together to discuss the incident
  - ☐ D) Discuss the incident with each resident individually

16. A SWKR's client is a painting freelancer. The SWKR offers a painting job to the client; this is an example of

- A) Client exploitation
- ☒ B) A dual relationship
- C) Transference issues
- D) Double bind communication

17. A SWKR suspects the mother is physically abusing a child whom he sees for child therapy. The SWKR is concerned that if he reports his suspicion to the child protection agency, the child will no longer trust him. The SWKR NEXT

- A) Discuss this situation with a supervisor
- B) Recommend family therapy
- ☒ C) Report the suspected abuse
- D) Obtain additional information from the mother

18. After several months of therapy, a client tells his SWKR that he can drink responsibly and intends to do so while on vacation. The client has recently been diagnosed with alcohol dependence. What should the SWKR do NEXT

- A) Accompany the client to an AA meeting
- ☒ B) Confront the client's denial
- C) Provide information on the relapse process
- D) Contract with the client to abstain from alcohol

19. Heavy, prolonged use of which of the substances is most likely to result in seizures and tremors during withdrawal

- A) Heroin
- B) Marijuana
- ☒ C) Alcohol
- D) Cocaine

20. A hospital SWKR sees a 78-year-old involuntary client being held due to the risk of self-harm. The client has a history of alcohol abuse. The client is depressed and asks to be referred to an outpatient program. The SWKR should FIRST

- ☒ A) Remind the client that the hospitalization is not voluntary
- B) Assist the client in efforts to be discharged to the community
- C) Educate the client regarding complications due to alcohol abuse
- D) Refer the client for a medication evaluation

21. A SWKR meets a new client who is cocaine-dependent. The client has given up the use of cocaine for the past 3 days and now complains of depression. The social worker feels that the client's depression is most likely the result of

- A) Misses his addiction
- B) A coexisting mood disorder
- ☒ C) Withdrawal symptoms
- D) Depression issues surfacing from the past

22. A SWKR is seeing a recently immigrated Asian family. At the end of treatment, the father presents the SWKR with a small gift and an invitation to the oldest son's graduation ceremony. The SWKR should interpret this as

- A) A misunderstanding about the nature of the treatment relationship
- B) A way of avoiding discussing termination
- ☒ C) An expression of positive emotions regarding the treatment process
- D) The family's readiness to terminate treatment

23. A SWKR assesses a client who feels overwhelmed and hopeless about the future. The best approach for the SWKR to empower the client and create a sense of hope is to

- ☒ A) Refer the client to a support group
- B) Assist the client with identifying maladaptive thinking patterns
- C) Respect the client's circumstances and view of self
- ☒ D) Ask questions to identify client strengths and successes



24. An Asian woman calls a SWKR to ask about family therapy. Her English is minimal, yet they can converse. The SWKR offers an appointment; the client says she will need to call back. The SWKR should interpret the response as the woman's

- A) Ambivalence about starting therapy
- B) Conflict in scheduling therapy during the workday
- C) Need to confer with the family decision-maker
- D) Respect for the social worker as an authority

25. A SWKR meets a client who has come to discuss troubling feelings. In a session, the client initiates minimal conversation, and there are extended periods of silence. The SWKR should **FIRST**

- A) Address the client's resistance to involvement in treatment
- B) Initiate treatment for depression
- C) Suggest that the client see another social worker
- D) Patiently wait for the client to proceed

26. A client tells her social worker that she feels depressed and plans to take all of her antipsychotic medications. The client has a history of serious suicide attempts. What should the social worker do:

- A) Notify the proper authorities
- B) Schedule an appointment for the client with her psychiatrist
- C) Initiate a no-harm contract with the client
- D) Suggest that the client give her medication to the social worker

27. A client complains to her social worker of persistent and intrusive thoughts. The client asks for help to manage her thinking. What should the social worker do **FIRST**

- A) Refer the client to a psychiatrist for possible medication
- B) Ask the client to describe the content of his thoughts
- C) Teach the client thought stopping/thought replacement
- D) Ask whether there are times when he does not experience the problem

28. The most immediate helpful technique for assisting an individual with panic disorder is

- A) Teaching relaxation and breathing techniques
- B) Recommending readings to help the client understand his disorder
- C) Developing a desensitization hierarchy
- D) Enlisting family members who can provide support

29. Which of the following drugs is not classified as a stimulant:

- A) Heroin
- B) Caffeine
- C) Amphetamines
- D) Cocaine

30. According to Jean Piaget, object permanence is:

- A) Infants applying knowledge in new situations
- B) For infants, objects stop existing whenever they are out of sight
- C) Infants revise their knowledge whenever new information exists
- D) Infants construct knowledge about the way the world works

**ANSWER KEY** KW= KEY WORDS DIAGNOSIS = DX \*RUSAFE= this means use the RUSAFE outline on page 10.

**LETS PRACTICE! QUIZ page 11 – Remember to Use your skills pages 7,8,9,10**

1. C- RUSAFE outline - Assist
2. C- RUSAFE Outline- Discuss/ Teen is person with issue
3. D- RUSAFE Outline Explore
4. C-RUSAFE/Acknowledge Feelings
5. B-Teen is person-Acknowledge feelings
6. C- RUSAFE-Determine
7. B- RUSAFE-Assi
8. D- Clarify FIRST- RUSAFE
9. B- RUSAFE- START WITH CLIENT
10. A- EMPOWER Client-RUSAFE Outline

**Code of Ethics Quiz – pg 14**

1. A- Seek Consult. FIRST
2. B. Discuss – Use RUSAFE Outline
3. D. Continuity - Ethics outline
4. A. Respect Self-Deter.
5. D- Disclose least amt. info- Ethics outline
6. C. Professional translator /Ethics outline
7. C: Chronically ill needs long term care.
8. D. WRITTEN PERMISSION
9. C. Ask the newspaper FIRST
- 10.D- Discuss w/colleague
11. C- Code of Ethics FIRST!

**SAFETY RED FLAG QUIZ: Page 17**

1. B. Red Flag Bruises=Report
2. C. Red Flag Destructive thoughts =suicide assessment
3. B. Red Flag Suspects= Report
4. C. Red Flag-Intends= Duty to Warn
5. D. Red Flag Marks = Report
6. B. Red Flag Loss/alcohol=Assess suicide
7. C. Red Flag Suspects = Report

**Clinical Disorders QUIZ page 20**

- 1- D unable to attach
- 2-D manic episode consistent with bipolar I,
- 3-D nightmares, feelings on edge PTSD
- 4-D confusion & disorientation symptoms
- 5- B assessment is needed to further understand client issues – assess before action
- 6- A symptoms of depression supersede the other behaviors
- 7- D physical issues – rule out medical FIRST

**Personality Disorders Quiz page 21/22**

1. C- KW –Boundaries – borderline P
2. B- Schizoid – KW – Loner
3. A- boundaries w/ borderline
4. D-Narci. – symptoms- lack empathy
5. C- Conduct KW/ symptoms
6. B. KW- Borderline – sudden mood shifts.
7. D- Dependent: lack of decision making
8. B Symptoms are consistent w Persistent Dep. and Avoidant.

**Defense Mech. Quiz page 23**

1. B. Displace KW Less threatening
2. C-Undoing GIFTS
3. D-Sublimation – healthy direction
4. D-Isolation of Affect –KW – no feelings
5. B- Avoidance- Changes subject

**FAMILY & COUPLES Quiz page 24 – use outline and skills for each question.**

1. C- ASSESS- Father is person in “hot seat”
2. B- ASSESS – KW Substance Abuse
3. D- HUSBAND- is person with the issue
4. C- Parents are in the “hot seat”
5. C- Child is person with issue
6. C- Parent – Person with the issue

**Community Organization Quiz page 25**

1. B- Empower members
2. C- common interest is a key point
3. C- Identify interest
4. A- Invite Businesses
5. D- Empowering
6. C- Local level- neighborhood
7. D- Social Action
8. A- Identify concerns
9. C- Identify needs
10. D- Set up prevention

**GROUP PRACTICE Quiz page 27**

1. C-Duty to Warn- Safety Red Flag
2. C- Group Key Concept
3. B- Group Key concept
4. B- Allow Confront.
5. A. Group Concep
6. D - Encourage long-term
7. D- Encourage- Key concept
8. B- Key concept (ALLOW THE GROUP)
9. A- Allow – Key Concept
10. B- Safety Red Flag - abused
11. B- DIRECT WORK/Groups – MOST Effective

**ADMINISTRATION Quiz page 29**

1. D-Convene a meeting- Key concept for Admin.
2. A- Assemble team- Key concept for Admin.
3. C- Team
4. B- Board of Directors Key concept
5. B. broad-based- Key concept
6. B. MEETING- Key Concept

**SUPERVISION QUIZ – Page 30**

1. D- Discuss –RUSAFE outline & Supervision Key Concept
2. D- Discuss –RUSAFE & Key Concept
3. D- Student is the person
4. C- Supervision Key Concept
5. A-Speak with Supervisor Directly
6. B- Discuss w Supervisor
7. A- Discuss w social worker

**DIVERSITY QUIZ page 32**

1. B. Ask local residents
2. D- Assist/RUSAFE outline
3. B- Criticizes Navajo
4. A- Discuss -RUSAFE outline
5. C- became overly informal. KW
6. D- Do not use aggressive approach
7. B- DIVERSITY KEY Concept
8. D- DISCUSS Concern RUSAFE Outline
9. C. PROTECT LIFE
10. C- Asian/Diversity- family decision maker

**Addictions Quiz page 34**

1. B- speak to CLIENT & R/O MEDICAL
2. D- ALCOHOL withdrawal
3. D- Confront Denial
4. C- Frequent ADDRESS CURRENT ISSUES
5. A– Key Word- symptoms
6. B. Assist Client (use RUSAFE outline)
7. D- Identify Situation (use RUSAFE outline)
8. C- RUSAFE/SAVE LIVES
9. B – confront denial- established client

**Communication Techniques QUIZ page 36**

1. D- RUSAFE – CLARIFY/ASK
2. C- KW-don't interrupt
3. C- Clarifying
4. C- Confront- challenge client directly
5. B- ASSIST- partialize problems
6. B- Reflecting

**Theoretical Approaches QUIZ – page 37**

1. B- RUSAFE Assist Client
2. D. sys. desensitization
3. C- NARRATIVE THERAPY
4. C- Focus- problem solving
5. C- ecological approach

**Theories quiz Page 42**

1. D-Teen wants to separate from family
2. A- Trust/unresolved issue
3. D. RAPPROCHEMENT – Mahler
4. C - two years old concepts
5. D- rooting, early infant
6. A. Industry –KW- School Performance

**MEDS QUIZ page 44.**

1. C- do not treat these symptoms
2. A- Meds for Schizophrenia.
3. B-Prozac/Depression
4. B- Tardive -SIDE EFFECT
5. D- MAO=Depression
6. A- Side Effect/SSRI
7. C. Ritalin/ PARADOXICAL EFFECT

## ANSWERS to the OVERALL EXAM

- B) Remain silent for a few seconds- silence EQUALS silence - communication technique
- B) Projective identification----BORDERLINE
- C) Rapprochement: the client is "returning" to a familiar and safe environment.
- D) Research the agency's policies on the use of compensatory time ---Assess/determine FIRST
- B) Explore the youth's fears about telling his parents --- START WITH CLIENT
- C) Ask how the client feels about seeking help
- C) The safety and welfare of the community are at risk --
- A) Explore how the client thinks the social worker can help with the situation --
- D) Advise the husband that the disclosure should be reserved for the marital session --
- C) Explain to the client she will be seen at the next scheduled session --- - borderline
- A) Substance abuse --- consistent with symptoms
- D) Cultural stigmas associated with treatment --- cultural thoughts
- A) Discuss guidelines for interaction --- FIRST
- A) Assess for the risk of suicide --- assess for safety
- C) Call the residents together to discuss the incident - START WITH CLIENT
- B) A dual relationship --- code of ethics
- C) Report the suspected abuse --- protect life
- B) Confront the client's denial --- communication techniques
- C) Alcohol -- consistent with withdrawal symptoms
- A) Remind the client that the hospitalization is not voluntary
- C) Withdrawal symptoms.
- C) An expression of positive emotions regarding the treatment process --- sign of gratitude
- D) Ask questions to identify client strengths and successes --- consistent with stem of question
- C) Need to confer with the family decision-maker -- diversity
- D) Patiently wait for the client to proceed --- silence = silence communication techniques
- A) Notify the proper authorities --- protect life.
- B) Ask the client to describe the content of his thoughts --- ASSESS
- A) Teaching relaxation and breathing techniques ---ANSWER start with the client
- A) Heroin is not a stimulant
- B) Object permanence, Jean Piaget: a certain age during infancy when the infant believes an object does not st.

GOOD LUCK ☺

XT: 917-683-8601 IF YOU NEED FURTHER CLARIFICATION ON ANY QUIZ QUESTIONS/ANSWERS  
anything else in our workbook.

