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A Harm Reduction Approach to Treating Problem Adolescent Alcohol Use

Craig Forte, LCSW

1. **T F** Harm reduction does not require abstinence.
2. **T F** This method utilizes motivational interviewing approaches.
3. **T F** People's expectations of the effects that alcohol will have on them influences how they respond to alcohol.

Alcohol and Aging: Myths and Realities

Stephanie Williams, LCSW

1. **T F** It is very rare for people to begin to have drinking problems later in life.
2. **T F** Over 7 drinks for an older woman and over 14 drinks for an older man a week is generally considered "at risk" behavior.
3. **T F** Although the majority of older people in this country have no problem with alcohol consumption, about half of older people who are treated in social service agencies do have alcohol problems.

A Therapist's Grief When A Client Dies

Paula J. Siegel, LMFT

1. **T F** Grieving the loss of a client is a probable sign of the therapist's inappropriate countertransference.
2. **T F** After a client dies, confidentiality can be waived by the personal executor of the client's estate.
3. **T F** If a spouse, or other relative requests a session to discuss the deceased client, the therapist should consider referring the relative to another therapist.

Control-Mastery: A Contemporary Psychoanalytic Theory You May Never Have Heard Of

Sandra Howarth, LCSW

1. **T F** Control-Mastery theory posits that psychotherapy clients bring with them to psychotherapy an unconscious plan for growth and health.
2. In control mastery theory a passive-into-active test refers to which of the following:
 - a. a transference test of the therapist, i.e. complying with the therapist's presumed expectations
 - b. tests that are motivated by separation guilt, survivor guilt, or basic badness
 - c. testing the therapist with behavior used by the client's parents towards the client
 - d. none of the above
3. Which of the following show a therapist that the client's unconscious test has been passed by the therapist:
 - a. the client reveals new material
 - b. the client's affect brightens
 - c. the client's body language becomes expansive
 - d. all of the above
4. Control-mastery theory is:
 - a. optimistic
 - b. case-specific
 - c. compatible with other theories
 - d. all of the above
5. **T F** Control-mastery theory is too complex to have been researched empirically.
6. **T F** The phrase 'survivor guilt' has been broadened to include guilt about outdoing or being more successful than others.

Couple Therapy with Survivors of Childhood Trauma

Joan Fisch, LCSW

1. **T F** When therapists treating couples with traumatic backgrounds don't manage their countertransference, there is a risk they will blame clients for the clients' failure to change.
2. **T F** Couples who have difficulty regulating their emotions are likely to feel relieved by the possibility that the origin of their difficulties is in their childhood experiences.
3. **T F** When processing memories, it is essential to know what really happened in order to have a successful treatment outcome.

Expectations in Therapy or "I Never Promised You a Rose Garden"

Joan Schain-West, Ph.D., LCSW

1. **T F** Therapy can't change traumas and deprivations of the past. It can only help the patient avoid being locked into emotional responses with a child's mind.
2. **T F** It is rarely helpful for the therapist to point out the limits and gains that can be expected from the therapeutic process.
3. **T F** Exclusive focus on the traumas and deprivations of the past do not enable the patient to move forward.

Got Gottman?

Michael Basta, LCSW and Marcia Gomez, LCSW

1. **T F** Drs. Julie and John Gottman's approach to couples work includes an extensive assessment which may include a brief individual treatment with either member of the couple.
2. **T F** Aside from the therapist monitoring the "Four Horsemen" (criticism, defensiveness, contempt, and stonewalling), the Gottmans suggest that couples treatment is aimed at enhancing the dyadic dialogue rather than providing psychoeducation.
3. **T F** Couples who are most at risk exhibit an attitude of contempt and treatment needs to focus on building or strengthening a foundation for a basic friendship which includes understanding differences in personality style.

Guidelines for Treating Postpartum Mood Disorders

Mary L. Obata, M.A.

1. **T F** Postpartum depression occurs in at least one out of ten women.
2. Name the most common screening tool used to detect postpartum depression.
 - a. Edinburgh Prenatal Depression Scale
 - b. WPS Postpartum Depression Screening Scale
 - c. Edinburgh Postnatal Depression Scale
 - d. Mills Depression & Anxiety General Symptom-Feeling Checklist
3. **T F** Infant Massage has been found to improve mother-infant interaction for depressed mothers.

Hate in the Transference

Joan Schain-West, Ph.D., LCSW

1. **T F** One interpretation by the therapist in this case study was that her patient's holding onto negative (hateful) feelings avoided the risks associated with loving and losing. If he let himself love, he ran the risk of being rejected.
2. **T F** Another interpretation of her patient's negative behaviors related to his guilt and need for punishment. Additionally, projection of his self-hate to everyone else had its genesis in his self-image formed by critical, ambivalent parents.
3. **T F** The author-therapist suggests that patients' dreams and behaviors such as missing appointments, and delaying payments for therapy have little significance for the therapeutic process in forming helpful interpretations.

Healing Trauma Re-Enactment: Psyche's Return From Soma's Underworld

Jane R. Wheatley-Crosbie, LCSW

1. **T F** When infants experience frantic distress followed by helplessness and hopelessness, the functions of their immune and endocrine systems can be adversely affected by the over-production of stress hormones.
2. **T F** When working with traumatized patients it is essential to help them relate to the somatic qualities linked to their dissociated self-states.

3. **T F** Mistakes and failures of the therapist, inadvertent though they may be, are especially unfortunate when working with traumatized patients, because in their fragile emotional state, patients may identify with the profound experience of failure and become even more depressed.

Holding the Systemic Frame in Depth Couples Therapy: Practical Considerations

Sally Weiler, LCSW and Sharon Thompson Wilson, MFT

1. **T F** Holding the systemic frame helps with treating the couple in a balanced, supportive way.
2. **T F** Judging the viability of the relationship is an important component of your role as a couples therapist and this responsibility should not be shirked.
3. **T F** There are a variety of places to intervene in dysfunctional circular patterns that can effect change in the larger constellation of behaviors.

Infant and Early Childhood Mental Health

Sue Bollig, MSW, LCSW

1. **T F** Brain research suggests that brain functioning is predetermined before birth.
2. **T F** “Relational guidance” is a treatment technique in early childhood mental health that seeks to increase parental attunement.
3. **T F** Clearly identifying the different styles of attachment (both secure and insecure types) is central to working with young children and their parents.

Insightful Parents/Secure Children

Joyce Parker, MSW, Ph.D.

1. **T F** Insecure attachment styles in children are biologically determined and not strongly related to parenting behaviors.
2. **T F** Children with avoidant styles of attachment are less fearful than attached children and demonstrate this by not becoming agitated in a strange situation when a parent leaves the room.
3. **T F** Unfortunately, psychodynamically oriented therapy has little positive effect on the parenting of clients who experienced difficult and traumatic childhoods.

Interrupting the Blame/Rage Cycle

Norman Sohn, Ph.D., LCSW

1. **T F** An important tenet of Control Mastery Theory posits that children tend to believe that they deserve the treatment that they receive from their parents and that this may leave them vulnerable to irrational blame throughout their lives.
2. **T F** According to this theory, a client may unconsciously test the therapist with the hope that the therapist will treat him/her differently than his/her parent did.
3. **T F** Another type of test occurs when the client treats the therapist as she/he was treated by his parents.

Intimate Partner Abuse: Understanding and Treating Domestic Violence

Ellen L. Bowen, LCSW, BCD

1. According to Donald Dutton, Ph.D., childhood contributors to male adult abusiveness are:
 - A. Witnessing violence in the family of origin.
 - B. Being shamed by one's father and having an insecure attachment to one's mother.
 - C. Receiving punishment that was shaming, rejecting and global rather than being a specific correction.
 - D. A and B
 - E. All of the above
2. **T F** The socio-cultural, feminist approach that strives to re-educate men in their use of power, male privilege, and male entitlement is very effective in decreasing male violence toward women.
3. **T F** A blend of Cognitive-Behavioral Therapy and Attachment theory that emphasizes self-soothing, being non-reactive to a partner's anxiety and maintaining a clear sense of self while being close to another person is the model suggested by this author as the most effective approach to decreasing violence.

It's Never Too Late to Change: Group Psychotherapy Experiences With Senior Adults

Hindy Nobler, Ph.D., LCSW

1. **T F** In group psychotherapy, seniors in their 70s & 80s do not easily connect with the therapist and/or other group members
2. **T F** Many seniors in their 70s & 80s experience deep feelings of incompetence and shame.
3. **T F** Seniors in their 80s & 90s who live in retirement homes may be depressed and angry with their adult children.

Teen Line Reaches Out to LGBT Youth

Elaine Leader, Ph.D., LCSW

1. **T F** It is a myth that gay youth are more likely to be depressed, commit suicide and have substance abuse problems than their non-gay cohorts.
2. **T F** Homophobic remarks are now rarely heard in schools.
3. **T F** Because society has grown in acceptance, most gay and lesbian teens are comfortable disclosing their sexual identities to peers and family.

There's No Couch Here: Introducing Psychoanalytic Concepts to Non-clinical Staff

Marc Wallis, LCSW, BCD

1. **T F** The author's use of the 1947 Winnicott article on "Hate in the Countertransference" has proved beneficial for non-clinical agency personnel as it has helped them to accept, in themselves and others, their rage, resentment, envy, sexual attraction, and disgust toward clients.
2. **T F** Exploring the impact of transference can help staff to de-personalize intense client reactions to them, and increase the capacity to empathize with patients.
3. **T F** Consultations with non-clinical staff should also address issues of boundaries, (including self-disclosure, giving and receiving gifts, and over-functioning as manic defense against the feelings of overwhelming hopelessness and helplessness stirred up in them by difficult clients).

Third Culture Kids / Global Nomads and the Culturally Skilled Therapist

Beth Kebschull, LCSW and Maria Pozo-Humphreys, LCSW

1. **T F** The Cross Model of cultural identity development suggests a sequential resolution of the challenges inherent in each stage though an individual may become stuck in a particular one.
2. **T F** A central aspect of the experience of a third culture child might be the process of grieving which would most likely be buffered by close family ties.
3. **T F** In the "encounter stage" in the Cross Model the individual is challenged by an experience that might be termed a watershed experience.

Treating Performance Anxiety

Anne Petrovich, Ph.D., LCSW

1. **T F** Performance anxiety consists of an isolated constellation of symptoms that has little relationship to the person's general functioning and self-esteem.
2. **T F** Self-appraisal is a key aspect of performance accomplishment.
3. **T F** Both confidence in performing well and in one's ability to manage anxiety are important in overcoming performance anxiety.

Treating the Dually Diagnosed Woman

Linda Poverny, Ph.D., LCSW

1. **T F** It is imperative to treat deep clinical issues before attempting treatment for substance abuse.
2. **T F** Learning to cope with negative affects and moods, as well as learning to alter dysfunctional beliefs is the focus of the middle stage of treatment.
3. **T F** In the dually diagnosed woman there are three stages of readiness to accept treatment for addictions which typically proceed in an orderly manner.

Using Attachment Theory Concepts in Couple Therapy

Joyce Parker, Ph.D., LCSW

1. **T F** Attachment theory can inform couples therapy because it illustrates how early relational styles get played out in adult life, and extrapolating from the theory can help the therapist to foster attachment security in both partners.
2. **T F** A couple with a preoccupied attachment style exhibits an intensity, a sensitivity and a skittishness in their interactions, whether it be in the early or later stages of the relationship.
3. **T F** Couples therapists would be well advised to assess the attachment styles of each partner to assist in developing treatment strategies, though couples with secure attachments usually don't need treatment.

Using Attachment Theory In Clinical Practice With Adults

Pat Sable, Ph.D., LCSW

1. **T F** Bowlby believed that we are born with instincts to seek closeness and create emotional bonds.
2. **T F** Adults with insecure attachment can display attachment styles that are either over-activated or avoidant, according to researchers Hazan and Shaver (1978).
3. **T F** A therapist who uses attachment theory believes that offering the client a positive attachment experience creates the opportunity for the client to create a more coherent and useful narrative about their own early attachment experiences.

Using Electronic Mail In Clinical Social Work Practice

Craig Forte, LCSW

1. **T F** This author believes that developing practice policies regarding the parameters for email exchanges with clients creates too many obstacles to this useful, efficient tool.
2. **T F** This author believes that the difficulties with confidentiality as well as the reduction in informational cues due to lack of knowledge of facial expressions and tone of voice, make email too risky and ineffective a tool for therapists to use.
3. **T F** This author has had positive experiences augmenting psychotherapy with emails, particularly in giving feedback to clients who are practicing self-directed, cognitive-behaviorally based homework assignments.

What Should I Do? What Should I Say?

George Rosenfeld, Ph.D.

1. **T F** Most experienced therapists basically agree about how treatment should proceed.
2. **T F** The client's level of motivation should rarely be taken into consideration when choosing interventions.
3. **T F** The client's developmental level, strengths, past treatment, and current situation and stresses should not influence the therapy of a clinician who is firmly grounded in a particular modality.

When Too Much Sex is a Problem... Understanding and Treating Sexual Addiction

Robert Weiss, LCSW, CAS

1. **T F** Sexual addiction is specifically defined in the current DSM and at least five of the following seven behaviors must be present:
 - Compulsive masturbation with or without pornography
 - Collecting large amounts of pornography – print, video or digital
 - Frequent use of escorts and prostitutes
 - Frequent visits to strip clubs, “sensual” massage parlors and adult book stores
 - Anonymous and/or public sexual contacts
 - Intense multiple affairs
 - Crossing work or related sexual boundaries
2. **T F** Sexual addictive behaviors often fall into one or more of four categories: Shameful, Secret, Abusive and Void of Relatedness, according to Patrick Carnes, Ph.D. in his 1978 groundbreaking book on sexual addiction.
3. **T F** The typical sex addict presenting in an outpatient environment is usually low-functioning, and often presents as psychotic or delusional, Most have Bipolar Disorder or OCD.

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