

Psych CE

Applications of Cognitive Behavioral Therapy (CBT)

1. Which of the following techniques is a cornerstone of CBT for depression?

- A. Exposure Therapy
 - B. Relaxation Training
 - C. Motivational Interviewing
 - D. Cognitive Restructuring
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2. Behavioral activation in CBT for depression is designed to:

- A. Encourage clients to engage in enjoyable and meaningful activities
 - B. Increase worry and anxiety to better cope with stress
 - C. Encourage avoidance of stressful situations
 - D. Decrease physical activity to conserve energy
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3. In the treatment of Generalized Anxiety Disorder (GAD), cognitive restructuring helps clients:

- A. Avoid anxiety-provoking situations
 - B. Identify and challenge maladaptive 'what-if' thinking
 - C. Focus exclusively on physical symptoms of anxiety
 - D. Engage in mindfulness practices
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4. Exposure therapy is most effective in the treatment of:

- A. Major Depressive Disorder
 - B. Substance Use Disorders
 - C. Generalized Anxiety Disorder
 - D. Chronic Pain
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5. In CBT for Substance Use Disorders (SUD), what is the primary focus of recognizing triggers?

- A. Avoiding all social situations
 - B. Identifying situations, emotions, or thoughts that lead to substance use
 - C. Increasing exposure to high-risk situations
 - D. Decreasing awareness of cravings
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6. Which of the following is a common CBT technique used to manage cravings in Substance Use Disorders (SUD)?

- A. Urge-Surfing
 - B. Exposure and Response Prevention
 - C. Behavioral Activation
 - D. Cognitive Processing Therapy
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7. What is the primary goal of adapting CBT for comorbid depression and anxiety?

- A. Treating anxiety first and ignoring depressive symptoms
 - B. Focusing only on behavioral interventions
 - C. Targeting shared cognitive distortions, such as catastrophic thinking
 - D. Encouraging avoidance of both anxiety and depressive triggers
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8. Which approach is particularly important when tailoring CBT for PTSD and Substance Use Disorders (SUD)?

- A. Integrating elements of relapse prevention and craving management
 - B. Using cognitive restructuring only for trauma-related beliefs
 - C. Avoiding discussions about trauma to prevent distress
 - D. Focusing only on substance use and not trauma
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9. When adapting CBT for a client with social anxiety from a collectivist culture, the therapist should:

- A. Focus solely on individual goals
 - B. Incorporate culturally relevant goals, such as relational harmony
 - C. Avoid discussing cultural values in therapy
 - D. Use only standardized CBT protocols
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10. In treating Obsessive-Compulsive Disorder (OCD) and eating disorders with CBT, the therapist should focus on:

- A. Avoiding discussions of food-related rituals
 - B. Using cognitive restructuring alone
 - C. Adapting exposure and response prevention to address food-related fears and rituals
 - D. Treating OCD and eating disorders as separate, unrelated conditions
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11. Informed consent in CBT requires clients to:

- A. Agree to therapy without knowing the techniques involved
 - B. Consent to therapy without any explanation of risks or methods
 - C. Sign a contract that prevents them from withdrawing from therapy
 - D. Understand and consent to specific interventions, such as exposure therapy or homework
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12. One ethical challenge in CBT is ensuring that:

- A. Clients become dependent on worksheets and structured tools
 - B. Therapists emphasize their role as the authority figure in therapy
 - C. Client autonomy is respected while using structured interventions
 - D. Homework is mandatory for all clients
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13. An ethical issue with exposure therapy is:

- A. It can cause permanent emotional damage
 - B. It must always involve high levels of stress from the start
 - C. Informed consent is required due to the potential for short-term emotional discomfort
 - D. Clients are encouraged to avoid anxiety-provoking stimuli indefinitely
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14. Culturally competent CBT assessments should:

- A. Adapt to how culture shapes the client's symptoms and mental health understanding
 - B. Use a standardized approach regardless of cultural background
 - C. Ignore cultural influences on symptom presentation
 - D. Focus exclusively on the client's cognitive distortions
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15. In a collectivist culture, when adapting CBT, therapists should:

- A. Focus on individual change only
 - B. Include family members in therapy where appropriate
 - C. Avoid discussing family dynamics
 - D. Use only cognitive restructuring techniques
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16. Which of the following is a strategy for promoting cultural safety in CBT?

- A. Assuming all clients have the same cultural background
 - B. Avoiding discussions of culture in therapy
 - C. Focusing exclusively on Western therapeutic models
 - D. Adapting interventions to align with the client's cultural values and experiences
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17. Culturally tailored CBT is more effective because it:

- A. Uses a one-size-fits-all approach to therapy
 - B. Reduces the need for therapeutic alliance
 - C. Makes therapy more relatable and accessible to clients from diverse backgrounds
 - D. Focuses on cognitive restructuring exclusively
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18. In the context of CBT, 'cultural competence' refers to:

- A. Therapists being aware of their own cultural biases and seeking knowledge about their clients' cultures
 - B. Using only CBT techniques without considering cultural differences
 - C. Avoiding the use of interpreters in therapy
 - D. Assuming that culture does not impact mental health treatment
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19. Incorporating Diversity, Equity, and Inclusion (DEI) in CBT involves:

- A. Treating all clients with the same approach regardless of background
 - B. Avoiding discussions about discrimination and inequality
 - C. Ignoring cultural factors in treatment
 - D. Addressing systemic inequities that impact clients' access to mental health care
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20. Which case study illustrates the importance of acculturation stress in CBT?

- A. A client with Obsessive-Compulsive Disorder and eating disorders
 - B. A Latinx adolescent balancing traditional family values with an individualistic school culture
 - C. A middle-aged client with Major Depressive Disorder
 - D. A client with substance use issues and trauma-related flashbacks
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