

Counseling and Social Work

ASWB-Masters

ASWB Masters Exam

Questions And Answers PDF Format:

For More Information – Visit link below:

<https://www.certsgrade.com/>

Version = Product



Latest Version: 6.0

Question: 1

Which of these efforts is NOT integral in effective group leadership?

- A. Consciously using body language to facilitate communication and openness
- B. Preserving an effective, safe, and nurturing group environment by ensuring quality information is shared, dispelling myths, and deflecting ganging up, pairing, scapegoating, and clique (subgroup) development by some members
- C. Having unconditional positive regard for, and nonjudgmental acceptance of, group members
- D. Recruiting membership to ensure a large and diverse population, ideally consisting of more than 20 group members

Answer: D

Explanation:

Most theorists indicate that effective groups should not have memberships exceeding 8-12. The younger the group membership, the smaller the ideal group (preteens: 3-4; teens: 6-8; young adults: 8-10).

Question: 2

Jamie is being counseled to aid in dealing with her fear of intimacy. During a session, the social worker notes that whenever her mother's name is mentioned, Jamie's responses become shorter and she quickly changes the subject. What should the social worker do?

- A. Increase Jamie's comfort level by avoiding the subject of her mother.
- B. Focus attention on the issue of Jamie's mother.
- C. Ignore the mother issue, as it's not significant.
- D. Use the mother issue to springboard into gaining more information about other family members.

Answer: B

Explanation:

This should notify the social worker to focus attention on the issue of Jamie's mother. Even when a client is verbal and appears to be invested in honestly exploring significant issues, there often is some resistance to confronting the most pertinent (and painful) issues. Jamie's behavior is indicative of this type of situation.

Question: 3

Cognitive-behavioral therapy is the most commonly used approach to substance abuse treatment. Also used, however, are behavioral therapy, group and family therapy, and all of the following EXCEPT:

- A. Psychodynamic therapy
- B. Psychoanalytic therapies
- C. Self-help groups
- D. Interventional therapies

Answer: B

Explanation:

Generally, deep-seated issues (the focus of psychoanalytic therapy) are not dealt with in substance abuse treatment programs. Most focus on very practical strategies for increasing awareness and breaking the cycle of substance abuse relapse (changing peers, changing areas, becoming more productive and attentive to life, improving home relationships, etc.). Because most addictions are chronic in nature, individuals require long-term interventions. Cost and efficacy issues generally move individuals into long-term self-help resources, such as Alcoholics Anonymous and Narcotics Anonymous.

Question: 4

A couple approaches a social worker for assistance in managing conflict within their marriage. He claims she does not "fight fair" and she claims he never "hears her out." The social worker and family agree that they need to develop better communication and conflict resolution skills. The family therapy approach that best fits this couple's needs is called:

- A. The narrative approach
- B. The structural approach
- C. The communications approach
- D. The social learning approach

Answer: D

Explanation:

The best family therapy approach for this scenario is the social learning approach. This approach postulates that communication problems lie at the root of most or all family problems. The narrative approach suggests that thoughts, preconceived ideas, and personal stories drive behaviors, and that revising these preconceptions, story endings, and distorted ideas will lead to behavioral change. The structural approach focuses on patterns of interaction and relationships in a family and the revision of roles and family scripts. The communications approach utilizes principles from behavioral therapy to overcome problematic behavior patterns that underlie communication problems and conflicts.

Question: 5

Of the following, which is the best definition of empathic mirroring?

- A. A self-object that responds in nurturing ways
- B. An internal self-validation that affirms self-worth
- C. An empathic process by which the self-object fully accepts the embryonic grandiose self

D. The bond between the self and the self-object that serves to sustain the self during times of distress

Answer: C

Explanation:

Empathic mirroring is the empathic process by which the self-object fully accepts the embryonic grandiose self. The infant's immature ego tends to construct an embryonic "grandiose" image of the self. This positive self-image is affirmed and sustained by the empathic support and nurturance of the primary self-object (typically the mother). Further validation comes from, as Kohut puts it, "the radiance of the mother's eyes" when regarding her offspring. The aggregate result is referred to as empathic mirroring, which engenders idealized affirmation of the self and deep nurturance and bonding.

Question: 6

A client verbalizes discontent regarding the progress of his treatment plan. The social worker asks, "Are you saying you're not pleased with your progress up to this point?" The social worker then adds, "You sound upset" and reassures the client that "things will get better soon." This communication involves several errors. Which of the following is one of them?

- A. A lack of demonstrated warmth and empathy on the part of the social worker
- B. A response that isn't confrontational enough
- C. Inappropriate reassurance
- D. A focus on conscious thoughts

Answer: C

Explanation:

This interaction could be improved in several ways. The first comment is shallow and does not address the feelings presented. The second comment would have better included a more descriptive word, such as frustrated or furious. The final statement gives inappropriate reassurance of what will happen in the course of therapy, which the social worker has no right to give.

Question: 7

Using a behavioral approach (i.e., behavior modification), a social worker requires a client to keep a behavior journal. The goal of the activity is to identify all of the following EXCEPT:

- A. Behavioral frequency
- B. Behavioral intensity
- C. Behavioral patterns
- D. Behavioral resistance

Answer: D

Explanation:

It is important for the social worker to identify when target behaviors occur, what the client does about the behavior, and the specific feelings elicited by engaging in the behavior. These associated elements will allow the social worker to more effectively design reinforcement techniques that will lead to the perpetuation of desirable behaviors and the extinguishment of behaviors that are undesirable.

Question: 8

Most anxiolytics are a subclass of what drug classification?

- A. Hallucinogens
- B. Stimulants
- C. Depressants
- D. Narcotics

Answer: C

Explanation:

Most anxiolytics (anti-anxiety medications) are benzodiazepines, which makes them depressants in their action on the central nervous system. There are exceptions, however, such as buspirone (BuSpar), which is a psychotropic drug that is a serotonin receptor stimulant.

Question: 9

A 46-year-old woman is referred for treatment for nicotine and alcohol addiction. She is also some 150 pounds overweight. The client claims to "like smoking" with no desire to quit, denies the extent of her alcoholism, and suggests that she doesn't "really eat very much." From a Freudian perspective, the client may have a fixation in which of the following stages of Freud's five stages of psychosexual development?

- A. Latency period
- B. Phallic stage
- C. Anal stage
- D. Oral stage

Answer: D

Explanation:

Freud suggested that fixation in the oral stage (the first year) might emerge in cases of infant neglect (inadequate feeding) or overprotection (excessive feeding). The mother's breast (or a substitute) becomes an early object of cathexis (emotional attachment). Thus, a neglected child may become a manipulative adult, seeking to compensate for the neglect, and an overprotected child may regress to untoward dependence upon others. In theory, oral-stage fixations become evident in various oral stimulus needs (eating, chewing on things, garrulousness, alcoholism, smoking, etc.). The anal stage (2-3 years of age) is not relevant, as it manifests in preoccupation with bowel and bladder functions. The phallic stage (3-6 years of age) involves genital discovery and pleasure, as well as mastery of Oedipal or Electra complexes, which are unrelated to this situation. The latency period (6-11 years of age) is not relevant, as it focuses on work and play with same-sex friends, with fixation here resulting in later

untoward discomfort with opposite-sex relationships. Finally, the genital stage (age 12 to adulthood) would not apply, as it occurs with puberty, and a return to opposite-sex interests.

Question: 10

An 11-year-old boy is seen in clinic for multiple episodes of stealing behavior, exclusively involving the theft of inexpensive toys from a local store. From the perspective of Freud's structure of personality, describe the driving personality force in this behavior and the MOST immediately effective intervention.

- A. The driving force is the superego, and the most effective intervention would be an appeal to the child's sense of empathy for the needs of the store's owner.
- B. The driving force is the ego, and the most effective intervention would be to discuss acceptable ways to meet the desire for toys.
- C. The driving force is the id, and the most effective intervention would be to cite the negative consequences of the behavior.
- D. The driving force is the life instinct, and the most effective intervention would be to examine the role of altruism in proper behavior.

Answer: C

Explanation:

The driving force is the id, and the most effective intervention would be to cite the negative consequences of the behavior (arrest, punishment, etc.). Freud postulated three personality structures: 1) the id (pleasure-seeking without regard to others' needs or wants); 2) the ego (reality-based, seeking needs in socially appropriate ways); and 3) the superego (morality-based and conscience-driven, replacing the role of parents). This client is still living through the id, and thus will respond most immediately to the threat or imposition of consequences. While most immediately effective, this has poor long-term influence. Next steps will involve teaching prosocial rules through logical cause-and-effect analysis and understanding (ego development), ultimately followed by superego development (teaching empathy and insight into the needs of others, the role of community solidarity and collective contributions to the shared social good, etc.). The superego includes: a) the conscience (the "should nots" of behaviors) and b) the ego ideal (the "shoulds" that lead to rewards such as personal esteem and self-dignity and pride). Life instinct (Eros) refers to energy (libido) driving basic survival, pleasure, and reproductive needs.

For More Information – **Visit link below:**
<https://www.certsgrade.com/>

PRODUCT FEATURES

-  **100% Money Back Guarantee**
-  **90 Days Free updates**
-  **Special Discounts on Bulk Orders**
-  **Guaranteed Success**
-  **50,000 Satisfied Customers**
-  **100% Secure Shopping**
-  **Privacy Policy**
-  **Refund Policy**

16 USD Discount Coupon Code: **NB4XKTMZ**



Visit us at: <https://www.certsgrade.com/pdf/aswb-masters>