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39	A	B	C	D	E

PRACTICE QUESTIONS

ADD CD

PSTH

Psychotherapy

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for ADDCD PSTH, each with its answer key and an explanation.

Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, PSTH
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A therapist working from a psychodynamic orientation is most likely to conceptualize a client's persistent pattern of interpersonal conflict as originating from:

- ☐ A maladaptive cognitive schemas activated by current environmental stressors
- ☒ B unconscious internalized representations of early relational experiences
- ☐ C deficits in operant conditioning and reinforcement history
- ☐ D a present-focused misunderstanding of situational social cues

ANSWER B

WHY Psychodynamic theory, rooted in the work of Freud and later object-relations and attachment theorists, holds that current relational difficulties often repeat patterns formed in early caregiver relationships and operate largely outside conscious awareness. Option A reflects the cognitive model (Beck, Young), option C reflects behaviorism, and option D reflects a social-skills/present-focused approach.

QUESTION 2 SINGLE CHOICE

A 32-year-old client presents with recurrent panic attacks, agoraphobic avoidance, and catastrophic misinterpretations of bodily sensations. Which therapeutic model's case formulation best matches this presentation?

- ☐ A Existential therapy focusing on the client's confrontation with finitude and meaninglessness
- ☐ B Gestalt therapy emphasizing unfinished business and contact boundary disturbances
- ☒ C Cognitive-behavioral therapy focusing on interoceptive fear conditioning and safety-behavior analysis
- ☐ D Adlerian therapy focusing on lifestyle assessment and perceived inferiority

ANSWER C

WHY Panic disorder with agoraphobia and catastrophic interpretations of somatic sensations is the classic CBT case formulation, including interoceptive conditioning (Bouton, Barlow) and maintenance by safety behaviors and beliefs about the danger of sensations. The other options reflect different theoretical models that do not center on catastrophic cognitions about bodily symptoms.

QUESTION 3

SINGLE CHOICE

A client in long-term therapy reveals a specific plan and timeline for self-harm. According to standard ethical and clinical guidelines, the therapist's first professional obligation is to:

- ☐ A maintain confidentiality while continuing to explore the underlying meaning of the suicidal ideation
- ☐ B break confidentiality by informing the client's emergency contact as a routine matter
- ☒ C **assess the immediacy of risk, ensure safety, and act to protect the client's life, including breaching confidentiality if necessary**
- ☐ D refer the client immediately to a psychiatrist and discontinue all contact

ANSWER C

WHY When there is an imminent, credible risk of self-harm or harm to others, the recognized ethical priority is safety: assess the seriousness and imminence of risk, take protective action (which may include breaking confidentiality under the recognized exception for imminent danger), and only then consider referrals or further therapeutic work. Routine breach without assessment is premature; abandoning the client entirely is not appropriate.

QUESTION 4 SINGLE CHOICE

According to Bordin's conceptualization of the working alliance, which three components must a therapist cultivate for an effective therapeutic alliance?

- ☐ A Transference, countertransference, and resistance
- ☒ B Goals, tasks, and bonds
- ☐ C Catharsis, insight, and integration
- ☐ D Empathy, unconditional positive regard, and congruence

ANSWER B

WHY Bordin's pantheoretical model defines the working alliance along three dimensions: agreement on goals, agreement on tasks, and the development of an affective bond between therapist and client. Transference/countertransference/resistance are psychodynamic concepts; catharsis/insight/integration are not alliance components; and empathy, UPR, and congruence are Rogers' conditions for therapy, not Bordin's alliance components.

QUESTION 5 SINGLE CHOICE

A clinician is deciding between two treatments for major depressive disorder and reviews the empirical literature. The strongest evidence-based recommendation, consistent with current research synthesis, would generally favor:

- ☐ A long-term traditional psychoanalysis regardless of severity
- ☒ B interventions that have demonstrated efficacy in randomized controlled trials and are listed as empirically supported, such as CBT and certain brief structured psychotherapies
- ☐ C any treatment that the client prefers, irrespective of empirical support
- ☐ D exclusively psychopharmacological treatment

ANSWER B

WHY Evidence-based practice in psychotherapy integrates the best available research (including RCTs and meta-analyses of empirically supported treatments such as CBT, IPT, and behavioral activation) with clinical expertise and client values. Psychoanalysis for every MDD patient overstates the evidence; preference alone ignores efficacy data; and 'exclusively medication' ignores established psychotherapeutic efficacy.

QUESTION 6

SINGLE CHOICE

A client's therapist is invited by the client to a social gathering attended by several of the client's acquaintances, none of whom are current clients of the therapist. From the standpoint of standard professional ethics on boundaries and dual relationships, the most defensible course of action is to:

- ☐ A attend in a professional capacity and bill the client for the time
- ☐ B attend the event because invitations are a normal social courtesy
- ☒ C consider the risks and benefits carefully, consulting supervision or colleagues, and generally decline non-essential out-of-office social contact that could risk boundary confusion or exploitation
- ☐ D never attend any gathering at which any of the therapist's current or former clients might be present, regardless of context

ANSWER C

WHY Standard ethics guidance (e.g., APA, ACA, BPS, and major psychotherapy codes) treats dual relationships on a case-by-case basis: the clinician considers context, power differential, and risk of harm, and consults supervision. Attendance is not forbidden in principle, but non-essential social contact that could blur boundaries is generally discouraged. Attending in a 'professional capacity' for billing is inappropriate, and the absolute prohibition in option D is more restrictive than ethical codes require.

QUESTION 7

SINGLE CHOICE

Which of the following is a required diagnostic criterion, rather than merely a common associated feature, of post-traumatic stress disorder (PTSD) in current diagnostic systems (e.g., DSM-5-TR and ICD-11)?

- ☒ **A** Presence of a traumatic stressor involving actual or threatened death, serious injury, or sexual violence
- ☐ **B** Concurrent depressive symptoms
- ☐ **C** History of childhood adversity
- ☐ **D** Substance use comorbidity

ANSWER A

WHY Exposure to a qualifying traumatic stressor is a necessary (criterion A) feature of PTSD in DSM-5-TR, and a similarly defined threatening event is required in ICD-11's PTSD description. The other options describe common comorbid or associated features but are not required for the diagnosis.

QUESTION 8

SINGLE CHOICE

Which concept specifically refers to the systematic integration of a client's cultural context, including race, ethnicity, religion, sexual orientation, and socioeconomic position, into the formulation and treatment plan?

- ☐ **A** Countertransference
- ☒ **B** Cultural competence or cultural responsiveness
- ☐ **C** Free association
- ☐ **D** Operant conditioning

ANSWER B

WHY Cultural competence / cultural responsiveness (and related terms such as cultural humility and multicultural orientation) refers to actively understanding and incorporating a client's cultural context into clinical work. Countertransference, free association, and operant conditioning are distinct technical concepts.

QUESTION 9

SINGLE CHOICE

A client with generalized anxiety disorder is encouraged by the therapist to identify and challenge automatic negative predictions about future events. Which therapeutic approach most directly emphasizes this cognitive restructuring process?

- ☐ A Behavioral activation
- ☒ B Cognitive-behavioral therapy
- ☐ C Client-centered therapy
- ☐ D Psychoanalysis

ANSWER B

WHY Cognitive-behavioral therapy (CBT) is distinguished by its structured emphasis on identifying, evaluating, and restructuring distorted automatic thoughts and cognitive schemas. Behavioral activation focuses on increasing engagement in reinforcing activities (typically for depression), client-centered therapy emphasizes empathic reflection and unconditional positive regard, and psychoanalysis focuses on unconscious conflict and transference interpretation rather than cognitive restructuring.