



Certified Clinical Trauma Specialist – Individual

Certification Exam: Certified Clinical Trauma Specialist – Individual

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Self-regulation is most closely related to?

- a) Cognitive Restructuring
- b) Somatic Experiencing
- c) Relaxation: Mindfulness-based Stress Reduction
- d) Direct Therapeutic Exposure

The primary purpose of the Graphic Time Line is to:

- a) Ingrate the entire memory
- b) Complete the desensitization process
- c) To sequence sensory experiences that happened during the trauma as a foundation to build the narrative
- d) To draw out the client

The PCL-5 can be utilized for all below EXCEPT:

- a) An instrument developed by the National Center for PTSD
- b) A self-report instrument for measuring the presence and severity of PTSD symptoms
- c) A useful tool for confirming and documenting a PTSD diagnosis
- d) Identification of depressive symptoms

Which of the following factors has been shown in meta-analytic research to be a powerful correlate to positive outcomes and is achieved primary through a relational process?

- a) Verbal capacities
- b) Client intelligence
- c) Positive expectancy
- d) Financial resources

Vincent Felitti is a physician who:

- a) Discovered stem cells
- b) Conducted the formative research on ACEs
- c) Developed drug-based treatment for PTSD
- d) Identified autoimmune disorders as traumagenic

The purpose of self-regulation is to _____ the threat response (i.e., sympathetic nervous system dominance).

- a) Enhance
- b) Interrupt
- c) Monitor
- d) Facilitate

A predictor of subsequent PTSD, _____ is whether a person had an alteration of consciousness during a traumatic experience.

- a) Anxiety
- b) Trauma
- c) Dementia

d) Peritraumatic Dissociation

Which item on the SRS should be the focus of verbal feedback at the beginning of the next session?

- a) Item 1: Relationship
- b) Item 2: Goals & Topic
- c) Item 4: Overall
- d) The lowest score item

Sleep is sometimes referred to as the psychiatric “canary in the coal mine.”

Disrupted sleep is often the first signs of regression in treatment while helping clients to aright their sleep often facilitates stability and improved functioning. What technique was offered during the course as a simple tool to help clients resolve sleep onset issues?

- a) Chamomile tea at bedtime
- b) Aerobic activity immediately before bed
- c) Progressive muscle relaxation to help clients focus on relaxing the muscles of their body instead of the perceived threats in their mind.
- d) Counting backwards from 100 by 7s

Francine Shapiro, the developer of Eye Movement Desensitization & Reprocessing in 1989, articulated a theory of healing that she called adaptive resolution. This is best summarized as:

- a) Woowoo
- b) The belief that human beings are self-healing systems but trauma survivors have thwarted this capacity because they are constantly engaged in threat response. EMDR is hypothesizes to circumvent this threat response and help catalyze this innate ability to resolve trauma.
- c) An allopathic approach
- d) The understanding that survivors cannot resolve trauma on their own.

Which of the following is NOT one of the stages of the Empowerment & Resilience Treatment Structure?

- a) Posttraumatic Growth & Resilience
- b) Preparation & Building Relationships
- c) Desensitization & Integration
- d) Assessment & Diagnosis

Benish, et al.'s, 2008 study reported what important finding?

- a) Psychotherapy had minimal impact on PTSD symptoms
- b) All of the bona fide treatments for PTSD produced equal results.
- c) Cognitive Processing Therapy was the most efficacious treatment for PTSD
- d) EMDR demonstrated a slightly better effect size than all the other treatments.

What activity do the instructors advocate as an important intervention?

- a) Family interviews
- b) Retrieving case notes from previous therapists
- c) Verbal narrative of Graphic Timeline - Lifetime
- d) SUDs

If a clinician is using the TRS as a regularly-administered outcome measure and finds the scores on one or more item lessening what is the first best action to take?

- a) Refer to psychiatrist for medical evaluation
- b) Talk with the client to determine their perceptions of why these scores are lessening and adjust treatment
- c) Seek supervision and/or consultation
- d) Do nothing

Reciprocal inhibition, introduced by Joseph Wolpe in 1954 and indigenous to all effective trauma treatments, is best defined as:

- a) Cognitive restructuring + behavior change = effective treatment

- b) Confronting fearful situations with brute force
- c) Conditioned stimulus (CS) that produces a conditioned response (CR) of anxiety when that CS is paired with relaxation it extinguishes the CR
- d) An outdated concept

After completing a Lifetime Graphic Timeline and verbal narrative of their life with a client a helpful intervention might be to ask them: *What would any rational and reasonable person with a history like yours come to believe about themselves.* This intervention is an example of EXCEPT:

- a) Postmodern psychotherapy applied to PTSD
- b) Cognitive Restructuring
- c) Somatic Experiencing
- d) Method for facilitating self-compassion

One of the primary components of supportive therapy that lead to positive outcomes is the quality of the therapeutic relationship. What method would be the most useful in achieving this important goal?

- a) Empathy
- b) Compassion
- c) Feedback Informed Therapy using the SRS to collect information of how to improve therapy and the therapeutic relationship
- d) Active listening and reflection

Re-administering the PCL-5 or the TRS mid-treatment can be utilized to fulfill what important function?

- a) Prepare for discharge
- b) To detect malingering
- c) Determine the presence and severity of Criterion B symptoms to assess the need for desensitization and integration of trauma memories
- d) To help the therapist become more comfortable with treatment progress

Which statement BEST defines Trauma-Informed Care?

- a) You are only as sick as your secrets
- b) Ask: Not what is wrong with you but, instead, what happened to you.
- c) Trauma is the cause of all psychopathology
- d) Medication is harmful for trauma survivors

Which of the following is NOT a component of supportive therapy that might be employed during the first year following a loss:

- a) Listening
- b) Normalizing
- c) Therapist-directed rituals for letting go
- d) Validation

Maslow's Hierarchy or Pyramid is still a useful tool for treatment planning. For those clients who have unmet Deficiency Needs what treatment is most indicated?

- a) Exposure
- b) Supportive Therapy
- c) Case management to meet needs
- d) Postmodern Psychotherapy

Thought Field Therapy/Emotional Freedom Techniques, energy psychology techniques involving tapping, were introduced in this course for what purpose?

- a) To heal trauma
- b) A method of employing paradoxical intention
- c) In defiance of EBT-dominated field
- d) A self-help energy reduction tool for clients to reduce anxiety

Which of the following is NOT an intention of the psychoeducation process of giving an "Owner's Manual for the Autonomic Nervous System"?

- a) It helps make "good sense" of their symptoms
- b) It facilitates better outcomes

- c) It lessens being a “victim” of it and motivates developing self-regulatory skills
- d) It is a billable service

What important “active ingredient” should the clinician most focus upon enhancing during the assessment and treatment planning process?

- a) Exposure
- b) Cognitive Restructuring
- c) Therapeutic Relationship
- d) Self-disclosure

Which of the following is not true: According to SAMHSA’s concept of a trauma-informed approach, “A program, organization, or system that is trauma-informed:

- a) Realizes the widespread impact of trauma and understands potential paths for recovery.”
- b) Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.”
- c) Responds by fully integrating knowledge about trauma into policies, procedures, and practices.”
- d) Rates the quality of its workers.”

Between stimulus and response there is a space. In that space is our power to choose. In our choice lies our growth and our freedom. This quote from Viktor Frankl elegantly best articulates what principle of posttraumatic growth and resilience?

- a) That trauma survivors need more space than most people
- b) By resolving trauma, the “space” is widened and this allows the trauma survivor to begin to practice intentional instead of reactive behavior. They are able to become who they choose to be instead of what their painful past experiences have programmed them to be.
- c) The value of behavioral therapy
- d) Restructuring perception of the world

_____ developed a treatment for hysteria (i.e. traumatic stress) that included memory integration and relaxation at the Salpêtrière in Paris in the 1880s.

- a) Sigmund Freud
- b) Alfred Adler
- c) Pierre Janet
- d) Bessel van der Kolk

The instructors of the course postulate that the two primary pathways in healing trauma are building therapeutic relationship and _____.

- a) Helping survivors begin to confront perceived threats with relaxed bodies instead of hypervigilance
- b) Detecting dishonesty
- c) Timely payment of fees
- d) Differential diagnoses

Progressive muscle relaxation (PMR) technique is described as:

- a) Deep tissue massage followed by a long progressive sleep.
- b) Hypnosis done during therapeutic session allowing for a deep relaxation of muscles.
- c) Tensing one muscle at a time followed by a relaxation phase with release of tension.
- d) Eliciting negative responses that are then accompanied with a period of sleep.

All stress is caused by:

- a) Stressors
- b) Epinephrine
- c) Perceived threat and subsequent ANS dysregulation
- d) The HPA Axis

What treatment, developed by Patricia Resick, focuses both on desensitizing trauma memories and restructuring distorted perceptions?

- a) Prolonged Exposure
- b) EMDR
- c) Feedback Informed Therapy
- d) Cognitive Processing Therapy

The instructors of the course suggest therapists should help clients develop insight into the relationship between affect states (e.g sad, depressed, overwhelmed, angry, etc) and what other important insight?

- a) Earliest experiences of these states
- b) Secondary gains from these states
- c) Physiological arousal concomitant with these states
- d) Their distorted beliefs about these states

Which of the following takes precedence over any other treatment issue?

- a) Client safety
- b) Diagnosis
- c) Cognitive Restructuring
- d) Medication

The best hypothesis for downward-moving scores on the SRS in early treatment might be:

- a) Failed Therapy
- b) Need to redouble relational efforts
- c) Evidence that a safe and working relationship has been established
- d) Nothing can be inferred from downward-moving scores

Research by Scott Miller et al., (2015) has argued that best treatment outcomes are achieved by_____.

- a) Practicing Evidence-Based Treatment
- b) Supportive Therapy
- c) Peer-to-peer interventions
- d) Deliberate practice by evolving therapists who elicit negative feedback and change to better serve their clients.

SNS activation_____. SNS dominance _____.

- a) Good; bad

- b) First; second
- c) Old; young
- d) First; last

Joseph Wolpe, a South African psychiatrist, made what important contribution to the treatment of traumatic stress?

- a) Use of MDMA in treatment
- b) Developed some of the first CBT treatments for trauma
- c) Wrote Abreaction Re-evaluated in which he condemned the use of catharsis/abreaction as a primary treatment for trauma survivors
- d) Discovered reciprocal inhibition

Which of the following is NOT a component of Feedback Informed Therapy?

- a) Collect empirical data evaluating the quality of the therapeutic process & relationship
- b) Establish and maintain trust
- c) Generate honest feedback from client on methods to improve therapy (i.e. relational)
- d) Be willing to change toward what works best for client—demonstrate that change

Which instrument discussed in the course in MOST useful in developing, maintaining and enhancing the therapeutic relationship with feedback informed therapy?

- a) TRS
- b) PCL-5
- c) ACES
- d) SRS

Dr. Gentry taught participants of this training Roger Callahan's Thought Field Therapy protocol focused upon what primary treatment purpose?

- a) Resolution of nightmares and flashbacks
- b) Resolution of somatic symptoms
- c) Resolution of relational difficulties associated with trauma

d) A self-help protocol for energy management and anxiety reduction

_____ is the reason that all human beings perceive threat where there is little or no danger.

- a) Trait anxiety
- b) Painful past learning
- c) Stressful environment
- d) Psychopathology

Which method, developed in 1992 for navigating treatment, has been adapted as the standard of care for trauma?

- a) Herman's Tri-Phasic Model
- b) Schwartz' Internal Family Systems
- c) Resick's Cognitive Processing Therapy
- d) Shapiro's Eye-Movement Desensitization & Reprocessing

The DSM V made significant changes to the diagnosis of PTSD from the DSM IV-TR. One of these changes is that it went from three (3) diagnostic categories, or grouping of symptoms, to four. Which of the following diagnostic categories/criteria is completely new (not just a name change) in the DSM V?

- a) Intrusion
- b) Avoidance
- c) Negative Alterations in Cognition & Mood
- d) Arousal & Reactivity

A mean score of 90 on the TRS best supports which clinical hypothesis?

- a) The client is malingering
- b) The client has minimal impairment from their PTSD symptoms
- c) It is time to terminate therapy
- d) No information can be drawn from mean scores on the TRS

The process of capturing each micro-event of a traumatic experience and sequencing the sensory experiences of the trauma into language would be best identified as:

- a) CBT
- b) A trauma narrative
- c) Relationship-building
- d) Sensio-motor therapy

Complicated bereavement can be conceptualized as thwarted healing or incomplete resolution of loss. What theory is offered in this course as the primary cause for incomplete resolution of intruding symptoms?

- a) Ambivalence
- b) Predisposition to depression
- c) Perceived threat with loss and subsequent feelings of grief resulting in constriction and suppression

According to SAMHSA, trauma-specific intervention programs generally recognize all but one of the following. Which item below does not belong?

- a) The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
- b) Survivors need to be treated by a competent and licensed professional to resolve any and all traumatic stress symptoms
- c) The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- d) The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

Onno van der Hart is a Dutch psychologist who made what important contribution to the treatment of traumatic stress:

- a) Use of MDMA in treatment
- b) Developed some of the first CBT treatments for trauma
- c) Wrote Abreaction Re-evaluated in which he condemned the use of catharsis/abreaction as a primary treatment for trauma survivors

- d) Discovered reciprocal inhibition

Co-regulation was discussed in the course as an important relational function and refers to_____.

- a) Shared responsibility for treatment outcomes
- b) A level playing field
- c) The ability of a therapist who remains in a regulated autonomic nervous system to lessen the arousal level of their clients simply by their non-anxious presence
- d) Trauma survivor's capacity to engage in intimate relationships

What are the two things that must be achieved during mindfulness?

- a) Active mind and breathing techniques
- b) Calm body and stretching
- c) Calm body and breathing techniques
- d) Calm body and observant mind

What argument BEST articulates the need for a generic approach to EBT for PTSD and represents a primary underlying purpose of the Empowerment & Resilience Treatment Structure?

- a) Evidence-Based Treatments only work in conjunction with pharmacotherapy
- b) Evidence-Based Treatments are manualized and require rigid adherence thus making it difficult to fit to the unique needs, challenges and idiosyncrasies of each client.
- c) Evidence-Based Treatments are biased.
- d) Evidence-Based Treatments exhibit little effectiveness with the symptoms of PTSD

A good way to explain anxiety symptoms to a survivor client that may enhance self-compassion might be:

- a) They are morally weak
- b) Over-adaptation to painful past experiences causing them to perceive threat and remain hypervigilant in the present

- c) Common pathology associated with PTSD
- d) Nothing to worry about and encourage client to ignore distress

What two CBT activities can be utilized to help a person with complicated bereavement re-start adaptive resolution and ameliorate their distress symptoms?

- a) Catharsis and cathexis
- b) Cognitive restructuring and motivational interviewing
- c) Reciprocal inhibition utilizing exposure to the loss (via narrative) and relaxation
- d) Therapeutic relationship and positive expectancy

Which of the following resource had the greatest impact upon Trauma-Informed Care beginning to be practice in health care agencies?

- a) Insurance companies
- b) Aversive Childhood Experiences Scale research
- c) Physicians
- d) Hospital administrators

Which of the following is NOT a core skill for Trauma-Informed Care?

- a) Safety
- b) Trustworthiness and Transparency
- c) Thorough Quantitative Assessment
- d) Peer support

Which of the active ingredients contribute most to positive expectancy?

- a) Therapeutic relationship
- b) Exposure
- c) Psychoeducation/Cognitive Restructuring
- d) Relaxation

“May I approach you?” is an example of an early treatment intervention that:

- a) Prepares for discharge
- b) Promotes negative re-enforcement

- c) Disregards the needs of the client
- d) Is Trauma Informed

Why should a therapist not attempt to coerce trust in early treatment?

- a) It takes too much energy
- b) Many clients have a painful learning history with people they perceive to be in roles of power and therefore perceive the therapist and their judgement as a threat—it is better to be trustworthy and predictable. Demanding trust may damage the therapeutic relationship.
- c) Because trust is not helpful in the therapeutic process
- d) Therapist should be focused upon assessment and diagnosis in early treatment

“Processing the pain of grief” is identified as an important task in resolving uncomplicated bereavement. This “processing” is best defined as:

- a) Externalizing thoughts, feeling and expressions about the loss with a safe other
- b) Thinking about the loss
- c) Getting on with one’s life
- d) Can only be achieved by crying

Which of the following is not a purpose of self-regulation in high demand situations?

- a) Maximum stamina
- b) Maximum stress
- c) Maximum agility
- d) Maximum intelligence

An argument for developing and mastering self-regulation prior to engaging in a regime of cognitive therapy would be:

- a) Cognitive therapy doesn’t work
- b) Loss of neocortical functioning while dysregulated/regaining maximal neocortical functioning while regulated
- c) Self-regulation is easier to employ and measure

- d) Self-regulation is evidence-based

What important “active ingredient” to all effective psychotherapies did the National Center for PTSD fail to articulate as one of the components of effective use of CBT with trauma survivors?

- a) Therapeutic Relationship
- b) Medication
- c) Relaxation
- d) Cognitive Restructuring

Which is NOT true about interoception?

- a) It heals trauma, according to Bessel van der Kolk
- b) Is a real-time, felt sense awareness of our physiological processes
- c) Is easy to achieve for people with high ACE scores
- d) Is an essential component of self-regulation, making us conscious of our body's threat response

Which of the assessment instruments discussed in this course works both as a tool for planning treatment and treatment conceptualization?

- a) PCL-5
- b) ACES
- c) CAPS
- d) TRS

The prefrontal cortex has given humans what unique gift that is important for recovery from PTSD and quality of life?

- a) The opposing thumb
- b) Mathematical competency
- c) Ability to discern between real vs. perceived threat
- d) Intention

A significant change in the conceptualization of PTSD has been the inclusion of dissociation into the diagnostic criteria. Which diagnostic criterion contains dissociative symptoms?

- a) Criterion A: The Event
- b) Criterion B: Intrusion
- c) Criterion E: Arousal and Reactivity
- d) Criterion F: Impairment

Identifying strengths, rolling with resistance, developing discrepancy and supporting self-efficacy are core principles of what evidence-based process for enhancing positive expectancy?

- a) Cognitive-Behavioral Therapy
- b) Cognitive Restructuring
- c) Motivational Interviewing
- d) Brainspotting

What psychologist completed extensive research with returning Vietnam War veterans and published the book *The Vietnam Stress Syndrome* in 1977 that was a significant factor to the inclusion of PTSD as a diagnosis in the DSM III?

- a) Judith Herman
- b) Charles Figley
- c) Bessel van der Kolk
- d) Francine Shapiro

What primary function does the therapist fulfill?

- a) A passive observer
- b) A container for the abreactive process
- c) A monitor for dysregulation of the survivor's ANS and to quickly intervene to help the survivor regain a relaxed body state to maximize desensitization and minimize discomfort and the potential for harm
- d) Interpreting meaning and restructuring cognition throughout the session

The Yerkes-Dodson Law illustrates what important understanding:

- a) Why people are unhappy
- b) The cause of traumatic stress
- c) Too much energy in the human body produces diminished motor and cognitive functioning
- d) Why we are all stressed out

Heart rate variability, muscle tension, cortisol levels, peripheral skin temperature, respiration rate are all measures of:

- a) Dysregulation of energy/anxiety
- b) Dexterity
- c) Intelligence
- d) Treatment effectiveness

Gentry argues that the active ingredients coalesce into a hierarchy for treatment and belie the order in which the therapeutic tasks should be completed. This order is:

- a) Assessment – Cognitive Restructuring – Exposure/Narrative
- b) Exposure/Narrative – Therapeutic Relationship – Medication
- c) Therapeutic Relationship – Exposure/Narrative – Relaxation
- d) Therapeutic Relationship – Relaxation – Narrative

Interoception is best defined as:

- a) Relaxation
- b) Self-reflection
- c) Spatial intelligence
- d) Ability to have a real-time felt-sense awareness of one's physiological processes

Self-regulation of the autonomic nervous system by acute relaxation provides all EXCEPT what important function?

- a) Immediate comfort
- b) Restores neocortical functioning
- c) Facilitates intentionality while minimizing compulsive reactivity

- d) Guarantees happiness

The exercise of asking the class participants “are you 100% safe right now” and then facilitating the participants’ failure to produce a real danger in the room is an example of:

- a) Cognitive restructuring
- b) Relationship-building
- c) Narrative
- d) Relaxation

If a client exhibits strong affect (i.e., crying) during therapy for complicated bereavement the therapist should:

- a) Stop immediately
- b) Present them with a tissue and water
- c) Remain non-anxious and calm, and allow the energy to move through them
- d) Engage them in a discussion about the meaning of their tears

Self-regulation = Interoception +

- a) Medication
- b) Relational skills
- c) Acute (1-2 second) relaxation
- d) Yoga or Meditation

What cognitive therapy technique is useful in early treatment to help clients restructure beliefs about themselves away from shame and toward self-compassion?

- a) Triple-column technique
- b) Reframing of symptoms as adaptations to trauma instead of pathology
- c) Stress Inoculation Training
- d) Self-talk

The two primary prerequisites for secure attachment are a relaxed body caregiver and _____.

- a) Good health
- b) A passive observer
- c) Attunement
- d) Therapy

Feedback Informed Therapy utilizes two primary instruments. These are:

_____.

- a) PCL-5 & TRS
- b) CAPS & PCL
- c) SRS & ORS
- d) ACES & TRS

Which of the following is the number one, most potent ingredient in client success during therapy?

- a) Therapeutic relationship
- b) Prolonged exposure
- c) Brainspotting
- d) Self-Disclosure

Viktor Frankl is evoked during this course as an example of _____.

- a) How to do trauma therapy
- b) The developer of Logotherapy
- c) A trauma survivor who was able to maintain positive expectancy/hope during bleak circumstances
- d) The quintessential trauma therapist

Containment skills are primarily taught to clients to achieve goal?

- a) Enhanced therapeutic relationship
- b) Reciprocal inhibition
- c) To temporarily lessen intrusive symptoms so that client can function without being bombarded by flashbacks and nightmares

- d) For the therapist to gain access to client's trauma memories

The primary function of teaching survivor grounding skills is:

- a) Because it is recommended by SAMHSA
- b) To rescue themselves from abreactions to quickly regain functioning
- c) To resolve distorted perceptions
- d) To heal trauma

Worden offers a four-task model designed to replace the inappropriate attempt to retrofit Kubler-Ross' Stages (designed for navigating end-of-life) in achieving this goal. The fourth task of this model is:

- a) Saying goodbye
- b) A closure ritual
- c) Find an enduring connection with the deceased in the midst of embarking on a new life
- d) Forgetting the loss

Which of the below is not a benefit of confronting present-day perceived threats with a relaxed body?

- a) Comfort independent of external circumstances
- b) Regain maximal cognitive and motor capacities
- c) Ability to remain intentional instead of reactive
- d) Increased anxiety

Which of the following cannot be practiced when working with clients who stay in real danger?

- a) Forward-Facing Trauma Therapy
- b) Self-regulation
- c) Building a good therapeutic relationship
- d) Memory uncovering

Worden in his 2008 book, *Grief Counseling and Grief Therapy* indicates in the first year after a significant loss our clients grieving process—no matter how messy and as long as they are not causing harm to themselves or others—should be _____.

- a) Treated with CBT
- b) Referred to psychiatrist for medical evaluation
- c) Referred to group counseling
- d) Supported

_____ and re-engagement with the activities of daily living have a high predictive value of stimulating post-traumatic growth.

- a) Utilizing a support network
- b) Nutrition
- c) Relaxation
- d) Exercise

The instructors of the course suggest there are both technical and relational factors associated with the development, maintenance and enhancement of positive expectancy throughout the trajectory of treatment. What do they suggest is an essential relational component?

- a) Informed consent
- b) Trauma-Informed Therapy
- c) The self of the therapist and their ability to communicate verbally and non-verbally their belief in their client
- d) Trust

Scott Miller is the developer of what SAMHSA-approved evidence-based treatment?

- a) Prolonged Exposure
- b) Cognitive Processing Therapy
- c) Feedback Informed Therapy
- d) Eye-Movement Desensitization & Reprocessing

Before diagnostically known as PTSD, _____ was the common diagnosis.

- a) Anxiety
- b) Hysteria
- c) Dissociative Identity Disorder
- d) Depression

The primary philosophy of the Empowerment & Resilience Treatment Structure is the delivery of the active ingredients for all trauma treatments ensconced in a _____ process.

- a) Technical
- b) Group
- c) Therapeutic Relational
- d) Autonomic

Which of the following is not one of the “Active Ingredients” discussed in this course?

- a) Therapeutic Relationship
- b) Medication
- c) Relaxation
- d) Cognitive Restructuring

According to SAMHSA (<https://www.samhsa.gov/capt/tools-learning-resources/trauma-resilience-resources>), individual resiliency is fostered by four factors. These include: Building individual resilience is an ongoing process related to many factors. These factors include: Individual health and well-being; individual aspects; life experiences and _____ .

- a) Social support
- b) Psychotherapy
- c) Medical treatment
- d) Nutrition

The TRS can be utilized for all of the below purposes EXCEPT?

- a) Baseline determination of recovery and impairment
- b) Diagnosis
- c) Treatment planning

- d) Outcome measurement

Which is NOT a benefit of self-regulation and maintaining parasympathetic nervous system (PNS) dominance while working with trauma survivors?

- a) Co-regulation—the ability to lower the arousal level of our clients by our calmness
- b) Preventing the encoding of secondary traumatic stress by the clinician
- c) Maximization of neocortical functioning to allow creativity and intelligence in our engagement with clients
- d) It is a billable intervention

What value does positive expectancy NOT add to treatment?

- a) Motivates clients to confront their fears
- b) Gain a better quality of life
- c) Lessens Criterion B symptoms
- d) Redirect attention from what is outside of their control

What are the four (4) “active ingredients”/common elements presented in this course for treatment of PTSD?

- a) Assessment – Cognitive Restructuring/Psychoeducation – Exposure/Narrative - Relaxation
- b) Relaxation – Therapeutic Relationship – Exposure/Narrative – Cognitive Restructuring/Psychoeducation
- c) Assessment – Therapeutic Relationship – Relaxation - Cognitive Restructuring/Psychoeducation
- d) Therapeutic Relationship – Medication - Relaxation – Cognitive Restructuring/Psychoeducation

What are the two adaptive purposes of healthy grieving hypothesized in this course?

- a) Restoration of relational connection and trust
- b) Individuation and differentiation
- c) Desensitization and integration
- d) Cognitive and behavioral change

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