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Our useful TESTING TIDBITS provide supplemental information to use in studying for the Social Work Exam. Good luck and thanks for choosing to help others.

Human Development

I. Theories of Human Development
- A. Piaget's Cognitive Development Theory
  - 1. Assimilation: adds material to existing schema
  - 2. Accommodation: alters existing schema
- B. Piaget's Stages of Cognitive Development
  - 1. Sensorimotor (0-2 years)
    - a. Develops object permanence
    - b. Awareness of cause and effect
    - c. Imitates others' actions
  - 2. Pre-Operational (2-6 years)
    - a. Egocentric
    - b. Language & mental representations
    - c. Single characteristic classification
  - 3. Concrete Operations (6-12 years)
    - a. Conservation of volume & length
    - b. Ordered categorization
    - c. Comprehension of terms of comparison
    - d. Begins to use simple logic
  - 4. Formal Operations (12+ years)
    - a. Abstract, symbolic thinking
    - b. Develops reasoning skills
- C. Object-Relations Theory
  - 1. Mahler's stages of development in pre-oedipal infancy (0-3 years)
    - a. Autistic (0-1 months)
    - b. Symbiosis (4-5 months)
    - c. Separation-Individuation (5-36 months)
      - i. Differentiation
      - ii. Practicing motor skills
      - iii. Rapprochement
      - iv. Constancy of self and object
- D. Early Attachment Theories
  - 1. John Bowlby
    - a. Stranger Anxiety: fearful of strangers
    - b. Separation Anxiety: fear of separation from primary caregiver
    - c. Prolonged separation results in protest, despair and detachment
  - 2. Imprinting (Konrad Lorenz)
- E. Need for "contact comfort" (H. Harlow)
  - a. Infant monkeys attached to soft, cloth surrogate "mother" despite absence of food
  - b. Monkeys exhibited distress when left alone or left with wire "mother"
- F. Attachment Styles (Mary Ainsworth)
  - 1. Secure Attachment
    - a. Mildly upset by mother's absence
    - b. Seeks contact upon return
  - 2. Insecure (Anxious/Ambivalent) Attachment
    - a. Disturbed when left with stranger
    - b. Ambivalent to mother's return
  - 3. Insecure (Anxious/Avoidant) Attachment
    - a. No reaction to mother's absence
    - b. Ignores her return
  - 4. Disorganized/Disoriented
    - a. Fearful of caregivers
    - b. Confused facial expressions
    - c. Often have been mistreated
- G. Freud's Psychosexual Stages of Development
  - 1. Oral (0-2 years)
    - a. Seeks pleasure through mouth (i.e., sucking, chewing)
    - b. Greedy, mistrustful
  - 2. Anal (2-3 years)
    - a. Pleasure from excreting feces
    - b. Aggressive
    - c. Anal retentive
  - 3. Phallic (3-6 years)
    - a. Develops Oedipal/Electra complex:
      - i. Attracted to opposite sex parent
      - ii. Jealousy/fear of same-sex parent
  - 4. Latency (6 years-puberty)
    - a. Sexual impulses overshadowed by need to adapt to environment
    - b. Drawn to authority figures, avoids relationships with opposite sex
  - 5. Genital (puberty +)
    - a. Sexual impulses become manifest and directed outward

II. Lifelong Human Development
- A. Erikson's Eight Stages of Maturation
  - 1. Trust vs. Mistrust (0-2 years)
  - 2. Autonomy vs. Shame (2-3 years)
  - 3. Initiative vs. Guilt (3-6 years)
  - 4. Industry vs. Inferiority (6-12 years)
  - 5. Identity vs. Role Confusion (12-20 years)
  - 6. Intimacy vs. Isolation (20-40 years)
  - 7. Generativity vs. Stagnation (40-65 years)
  - 8. Ego Integrity vs. Despair (65 +)
- B. Sullivan's Seven Stages of Development
  - 1. Infancy: Nursing, first social experience
  - 2. Childhood: Society's expectations learned
  - 3. Juvenile: Starts to develop personal goals
  - 4. Preadolescence: Same-sex friendships
  - 5. Early Adolescence: Heterosexual exploration
  - 6. Late Adolescence: Development of family and social contribution
  - 7. Adulthood
- C. Stages of Moral Development
  - 1. Kohlberg's Stages of Moral Development
    - a. Pre-conventional
      - i. Avoids punishment
      - ii. Satisfying personal need is good
    - b. Conventional
      - i. Follows social norms
      - ii. Respects law & social order
    - c. Post-Conventional
      - i. Social law contract; society's values determine right and wrong
      - ii. Universal ethical principle; acts according to self-imposed morals
    - d. "Heinz Story" assesses moral level
  - 2. Female Moral Development (C. Gilligan)
    - a. Selfish
    - b. Conventional Morality
    - c. Post-Conventional

III. Other Theories of Development
- A. Stages of Ego Development (Loevinger)
- B. Stages of Developmental Tasks

Human Behavior

I. Theoretical Foundations
- A. Jung's Personality Theory
  - 1. Introversion/extraversion
  - 2. Sensing/intuition
  - 3. Thinking/feeling
  - 4. Judgment/perception
- B. Maslow's Hierarchy of Needs
  - 1. Physiological needs
  - 2. Safety
  - 3. Belonging
  - 4. Self-esteem
  - 5. Self-actualization
- C. Bandura's Social Learning Theory
  - 1. Learn behaviors by observation
  - 2. Reciprocal determination: people influence environment

II. Crisis Management
- A. Crises Include:
  - 1. Date rape
  - 2. Abuse & violence
  - 3. Suicide and self harm
  - 4. Acute medical problems (including HIV/AIDS)
- B. 4-Step Crisis Intervention Model
  - 1. Listen:
    - a. Establish therapeutic relationship
    - b. Identify problem & explore emotions
  - 2. Assessment:
    - a. Determine severity of crisis
    - b. Assess potential danger to self or others
    - c. Identify possible support resources
    - d. Determine perception of reality
    - e. Discuss cultural beliefs
  - 3. Treatment Plan:
    - a. Modify/eliminate past coping skills to avoid interference
    - b. Have client sign a treatment "contract"
    - c. Begin with being nondirective; be collaborative, moving towards being directive with the client
  - 4. Termination
    - a. Review progress
    - b. Expand client resources and support
    - c. Schedule follow-up session

Human Behavior, continued

III. Family Relationships
- A. Parenting Styles
  - 1. Authoritarian
  - 2. Authoritative
  - 3. Indulgent-Permissive
  - 4. Indulgent-Uninvolved
- B. Adler's Birth Order Theory
  - 1. Oldest Child:
    - a. Responsible
    - b. Hardworking
    - c. Achievement oriented
    - d. May become insecure and unsocial
  - 2. Second Child
    - a. Ambitious and competitive
  - 3. Middle Child
    - a. Feels left out
  - 4. Youngest Child:
    - a. Often spoiled
    - b. Creative
    - c. Rebellious
  - 5. Only Child:
    - a. Used to being the center of attention
    - b. Does not cooperate well with others

IV. Substance Abuse and Dependence
- A. Commonly Abused Substances
  - 1. Alcohol
  - 2. Amphetamines
  - 3. Caffeine
  - 4. Cannabis
  - 5. Cocaine
  - 6. Hallucinogens
  - 7. Inhalants
  - 8. Nicotine
  - 9. Opioids
  - 10. Phencyclidine (PCP)
- B. Typical Features of Substance Abuse
  - 1. Failure to meet obligations
  - 2. Unable to keep a job
  - 3. Legal problems
  - 4. Continued use despite these problems
- C. Typical Features of Substance Dependence
  - 1. Dependence is more severe than abuse
  - 2. Greater duration and severity
  - 3. May experience increased tolerance
  - 4. Withdrawal when stop using
  - 5. Withdrawal symptoms include:
    - a. Fatigue
    - b. Irritability
    - c. Depression
    - d. Difficulty sleeping

Diversity

I. Factors of Culture, Race, and Ethnicity
- A. Minority groups are less likely to utilize therapy because:
  - 1. Perceive counseling to be ineffective
  - 2. Different worldviews
  - 3. Lack of therapist's cultural sensitivity
  - 4. Prefer therapist with similar cultural background
- B. Barriers to counseling
  - 1. Language differences
  - 2. Personal prejudices
  - 3. Class/culture bound values
  - 4. Definition of family
- C. Tips for Multicultural Therapy
  - 1. Native American
    - a. Use home based counseling

If you can, take these items with you:

-Watch
-Bottled water
-Cough drops
-Energy bar
-Ear plugs
-Tissues
-Pencils

Diversity, continued

- b. Employ peer support
- c. Respect and value listening
- d. Apply direct intervention
- 2. African American
  - a. Implement psychoeducation
  - b. Counsel using a structured approach
  - c. Self-disclosure with client
  - d. Include spirituality
- 3. Hispanic American
  - a. Include extended family in therapy
  - b. Defer to male authority figures
  - c. Use rituals and story telling
- 4. Asian American
  - a. Seniors treated with respect
  - b. Facilitate parent-child relationship
  - c. Employ conflict resolution
  - d. Use community resources

II. Factors of Sexual Orientation and Gender
- A. Stages of homosexual orientation
  - 1. Sensitization
  - 2. Identity confusion
  - 3. Identity comparison
  - 4. Identity tolerance
  - 5. Identity acceptance
  - 6. First relationships
  - 7. Identity commitment and pride
  - 8. Identity synthesis
- B. Working with LGBT Clients
  - 1. Few organizations offer adjunct support
  - 2. Clients often lead a "double life"
  - 3. May feel socially unaccepted
  - 4. Closeted life may lead to depression or anxiety
  - 5. Counselors should be aware of own personal biases
  - 6. Recognize the interaction of culture, gender and sexual orientation on behavior and needs

III. Factors of Age and Disability
- A. Working with the Elderly
  - 1. Life transitional difficulties
  - 2. Losing independence by living with children or in an assisted living home
  - 3. Emotional handicaps and diseases such as Alzheimer's and dementia
  - 4. Fears of mortality
- B. Working with Disabled Clients
  - 1. Counselors should be aware of client's physical rehabilitation
  - 2. Be supportive and understanding of the traumatic event
  - 3. Involving family members can improve recovery

Clinical Assessment and Disorders

I. Psychosocial History
- A. What difficulty is the client experiencing?
- B. How is the problem manifesting itself?
  - 1. Socially
  - 2. Behaviorally
  - 3. Emotionally
- C. What is the history of the problem?
  - 1. Stressors
  - 2. Duration
  - 3. Intensity
- D. Describe the current circumstances
  - 1. Financial
  - 2. Living
  - 3. Support system
  - 4. Family
- E. Explore the client's background
  - 1. Cultural
  - 2. Childhood
  - 3. Religious
- F. Document the client's history
  - 1. Educational
  - 2. Vocational
  - 3. Legal
- G. Goals and objectives of the client

Clinical Assessment, continued

II. Mental Status Exam
- A. General presentation
  - 1. Appearance:
    - a. Physical characteristics
    - b. Hygiene/cleanliness
    - c. Distress
    - d. State of health
    - e. Appropriateness of attire
  - 2. Motor activity:
    - a. Posture, gait, coordination
    - b. Gestures, tremors, tics
    - c. Restless
    - d. Pacing
  - 3. Interpersonal:
    - a. Rapport with interviewer
    - b. Engaged
    - c. Aloof
    - d. Cooperative
    - e. Defensive
    - f. Submissive
  - 4. Behavior:
    - a Irritable
    - b. Angry/aggressive
    - c. Frightened
    - d. Lethargic
  - 5. Facial Expression:
    - a. Relaxed, happy, smiling
    - b. Tense
    - c. Sad, tearful
    - d. Suspicious
- B. State of consciousness
  - 1. Alert
  - 2. Lethargic
- C. Speech
  - 1. Form:
    - a. Conversational
    - b. Rambling
  - 2. Quantity:
    - a. Mute
    - b. Over-talkative
  - 3. Rate:
    - a. Rapid
    - b. Pressured
    - c. Slow
  - 4. Quality:
    - a. Dramatic
    - b. Sarcastic
    - c. Humorous
  - 5. Expressive language
  - 6. Receptive language
  - 7. Dysprodia
- D. Mood and affect
- E. Orientation and intellectual ability

Clinical Assessment, continued

1. Orientation:
   a. Time
   b. Person
   c. Place
   d. Self
2. Intellectual ability:
   a. Above average
   b. Average
   c. Below average

F. Attention and concentration
G. Memory
1. Immediate: 10 to 30 seconds
2. Short-term: 1 hour
3. Recent: 2 hours to 4 days
4. Recent past: Past few months
5. Remote past: 6 months to lifetime

H. Thought process and content
I. Hallucinations
1. Auditory
2. Visual
3. Olfactory
4. Gustatory

J. Insight about mental illness
K. Impulse control

III. Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV-TR)

A. Axis I: Clinical Disorders and Other Conditions that may be a focus of clinical attention
B. Axis II: Personality Disorders and Mental Retardation
C. Axis III: General Medical Conditions
D. Axis IV: Psychosocial and Environmental Problems
E. Axis V: Global Assessment of Functioning Scale

IV. DSM-IV-TR Classification

A. Disorders Commonly Diagnosed in Infancy, Childhood or Adolescence
B. Delirium, Dementia, and Amnestic and Other Cognitive Disorders
C. Mental Disorders Due to a General Medical Condition
D. Substance Related Disorders
E. Psychotic Disorders
F. Mood Disorders
G. Anxiety Disorders
H. Somatoform Disorders
I. Factitious Disorder
J. Dissociative Disorders
K. Sexual and Gender Identity Disorders
L. Eating Disorders
M. Sleep Disorders
N. Impulse-Control Disorders Not Elsewhere Classified
O. Impulse-Control Disorders
P. Personality Disorders

V. Psychological Testing

A. Personality Inventories
1. Sentence Completion
2. Thematic Apperception Test (TAT)
3. House-Tree-Person Interrogation Form
4. Millon Adolescent Personality Inventory (MAPI)
5. Millon Clinical Multiaxial Inventory III (MCMI-III)
6. Rorschach Psychodiagnostic Test
7. NEO Personality Inventory
8. Myers-Briggs Type Indicator
9. Edwards Personality Preference Schedules
10. Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
11. Sixteen Personality Factor Questionnaire (16PF)

B. Cognitive Skills/Intelligence Tests
1. Raven's Progressive Matrices
2. Slosson Intelligence Test (SIT)
3. Stanford-Binet Intelligence Scales, Fifth Edition (SB5)
4. Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)
5. Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV)
6. Wechsler Preschool and Primary Scale of Intelligence, Third Edition (WPPSI-III)
7. Wonderlic Personnel Test-Revised (WPT-R)
8. Henmon-Nelson Tests
9. Kuhlmann-Anderson Test

C. Interest/Career Inventories
1. Brigance Diagnostic Life Skills Inventory
2. Career Maturity Inventory
3. Kuder Occupational Interest Survey
4. Tennessee Self-Concept Scale
5. Strong Interest Inventory
6. Self-Directed Search (SDS)
7. Career Assessment Inventory (CAI)

D. Cultural Free Tests
1. Leiter International Performance Scale
2. System of Multi-Pluralistic Assessment (SOMPA)

E. Neurological Assessments
1. Bender Visual-Motor Gestalt Test (Bender-Gestalt)
2. Luria-Nebraska Neuropsychological Battery (LNNB)
3. Halstead-Reitan Neuropsychological Battery (HRNB)
4. Coolridge Assessment Battery (CAB)

VI. Non-Standardized Assessment Tools

A. Ecomap
1. Uses circles, lines and arrows to outline and gather information
2. Defines the relationship of the client to social networks
3. Clarifies the client's environment
4. Outlines energy flow to and from the client
5. Explores issues of resources and relationships

B. Sociogram
1. Diagram showing interaction patterns
2. Shows client's social relationships
3. Discovers family structures

C. Genogram
1. Diagram of 3 or more family generations
   a. Birth order, relationships
   b. Births, marriages, divorce, deaths
2. Family member situations
   a. Diseases, psychological illness
   b. Religion, work history

Schools of Psychotherapy

I. Behavior Therapy

A. Operant Conditioning (B.F. Skinner)
1. Effect of consequences on behavior
2. Reinforcement is positive or negative:
   a. Positive Reinforcement: add something pleasant
   b. Negative Reinforcement: remove something unpleasant
   c. Positive Punishment: add unpleasant consequence
   d. Negative Punishment: remove something desirable
3. Schedules of Reinforcement
   a. Fixed interval
   b. Variable interval
   c. Fixed ratio
   d. Variable ratio
4. Other operant conditioning techniques
   a. Shaping: reward successive approximations toward a desired behavior
   b. Token Economy: earn tokens that can be traded for reinforcers
   c. Extinction: remove reinforcers, conditioned response fades over time

B. Classical Conditioning (Ivan Pavlov)
1. Effect of antecedents to behavior
2. Unconditioned stimulus (US) produces unconditioned response (UR)
3. Neutral stimulus initially produces no response
4. Stimulus generation:
   a. Pair unconditioned stimulus (US) with neutral stimulus
   b. Neutral stimulus becomes conditioned stimulus (CS) and produces conditioned response (CR)
5. Counter Conditioning: CS paired with another stimulus to produce opposing response
6. Extinction: CR fades as CS is repeated without US

Dress in layers. Count on the room being either too hot or too cold and dress comfortably

Schools of Psychotherapy, continued

II. Psychoanalytic Therapy

A. Sigmund Freud
1. People are selfish, irrational, driven by sexual instincts
2. Structural Theory
   a. Id: operates on pleasure principle
   b. Ego: operates on reality principle and mediates superego & id
   c. Superego: moral principle
   d. Libido: sexual energy
   e. Neurosis: superego imposes guilt on ego to limit id impulses
3. Dream Content
   a. Manifest: literal content
   b. Latent: hidden meaning
4. Treatment techniques
   a. Free Association
      i. Voicing spontaneous thoughts
      ii. Uncover the unconscious
   b. Catharsis
      i. Burst of emotion
      ii. Collapse of defense mechanisms
   c. Transference
      i. Client projects feelings toward others onto the therapist

Schools of Psychotherapy, continued

B. Types of transference:
1. positive
2. negative
3. ambivalent
4. counter-transference

C. Defense Mechanisms
1. Repression: force painful feelings into the unconscious
2. Regression: retreat to earlier stage of development
3. Rationalization: assign socially acceptable motive to irrational behavior
4. Projection: assign unacceptable thoughts onto someone else
5. Displacement: transfer emotion to a second, less threatening person
6. Sublimation: channel inappropriate impulses into socially acceptable behavior
7. Reaction Formation: express opposite of actual desires

III. Analytical Psychology (Carl Jung)

A. Individuation: process of becoming whole, true self
B. Anima/Animus
C. Archetypes: universal response patterns, unconscious images
D. Collective Unconscious
E. Personal Shadow: neglected parts of the ego that are reclaimed to reach individuation
F. Persona: facade shown to the public

IV. Adlerian Therapy

A. Individual psychology
B. People opt for maximum potential
1. Motivated by social urges
2. Strive to overcome inferiority

C. Birth order shapes lifestyle development
1. Sibling interaction is more important than parent-child interaction

D. Therapist examines goals to clarify problems
1. Acts as a partner
2. Brings to the client's attention faulty assumptions
3. Educates client on how to modify behavior

E. Client needs to take responsibility for actions
F. Techniques include insight, encouragement, modeling, confrontation

V. Rational Emotive Behavior Therapy (Albert Ellis- REBT)

A. Irrational self-talk leads to emotional disturbance
B. ABC framework for change
1. Activating Event
2. Belief (Irrational)
3. Consequent effect
4. Disputing of irrational belief
5. Effect

C. Techniques include:
1. Bibliotherapy
2. Activity-based homework
3. Didactic discussion
4. Role-playing

VI. Cognitive Therapy (Aaron Beck)

A. Identify cognitive patterns/schemas
B. Distorted reality exists on three levels:

Stay for the entire time, pace yourself, take breaks, and make sure you answer all of the questions whether or not you know the correct response.

Schools of Psychotherapy, continued

1. View of self
2. View of experiences
3. View of the future

VII. Cognitive-Behavior Therapy (Meichenbaum)

A. Replace self-defeating thoughts with coping thoughts
B. "Self-talk" technique: change underlying assumptions behind illogical thoughts
C. Stress inoculation: practice positive self-statements

VIII. Person-Centered Therapy (Carl Rogers)

A. Counselor displays three essential traits:
1. Empathy
2. Genuineness
3. Unconditional Positive Regard

B. Congruence: perceived self is in line with actual self
C. Self-actualization is primary goal of therapy

IX. Gestalt Therapy (Fritz Perls)

A. Personal responsibility, unfinished business, here-and-now
B. Layers of Neurosis:
1. Phony layer
2. Phobic layer
3. Impasse layer
4. Implosive layer
5. Explosive layer

C. Techniques
1. Empty chair
2. Exaggeration/ Repetition
3. Reversal
4. Staying with Feelings

D. Five channels of resistance
1. Introjection
2. Projection
3 Deflection
4. Retroflection
5. Confluence

X. Transactional Analysis (Eric Berne)

A. "Transaction" is basic unit of communication
B. Developed for group therapy
C. Two levels of communication:
1. Overt Social Level
2. Covert Psychological Level

D. Independent, observable ego states:
1. Parent
2. Adult
3. Child

E. "Strokes" satisfy need for recognition and comprise life script
F. Techniques:
1. Contracts
2. Teaching concepts
3. Diagnosis
4. Confrontation
5. Empty chair
6. Role playing
7. Family modeling

Schools of Psychotherapy, continued

XI. Reality Therapy (William Glasser)

A. Face reality without excuses
B. Identify goals & evaluate methods of achieving these goals
C. Two psychological needs:
1. Need to love and be loved
2. Need to feel worthwhile to self/others

D. Counselor helps client make plan to gain control over environment

XII. Existential Therapy (Viktor Frankl, Rollo May, Irving Yalom)

A. Healing through discovery of meaning
B. Major themes include freedom, isolation, death, meaninglessness
C. Mitwelt: relationship with others
D. Umwelt: relationship with environment
E. Eigenwelt: relationship with self
F. Uberwelt: ideal world of the individual

XIII. Family Therapy

A. Key Concepts
1. Family is psychological unit
2. Changes in individuals affect entire family functioning
3. Family is multi-generational network, sensitive to cultural/stereotypical belief systems
4. Families are self-regulating. They tend towards homeostasis
5. The process of homeostasis many times creates additional problems for the family

B. Social Considerations
1. Multiculturalism
2. Race
3. Classism
4. Gay and lesbian rights
5. Spirituality
6. Home-based services

C. Types of Family Therapy
1. Family Systems: Bowen
2. Experiential: Satir, Whitaker
3. Narrative: Epston, White
4. Strategic: Haley, Madanes
5. Structural: Minuchin
6. Brief Solution Focused Therapy: de Shazer
7. Psychodynamic: Scharff, Scharff
8. Communications Model: Jackson, Haley
9. Feminist Family Therapy

XIV. Group Therapy

A. Benefits of group therapy
1. Provides a sense of belonging
2. Knowing others share similar experiences and feelings
3. Acts as microcosm
4. Ability to help others

B. Types of Groups
1. Problem Solving
2. Education
3. T-groups
4. Personal growth
5. Guidance
6. Counseling
7. Psychotherapy

C. Roles of Clients in a Group

Schools of Psychotherapy, continued

1. Building/maintenance
   a. Facilitators
   b. Expediters/gatekeepers
   c. Conciliators
   d. Compromisers/neutralizers
   e. Observers
   f. Followers
2. Group task
   a. Initiators
   b. Information seekers/givers
   c. Coordinators
   d. Elaborators
   e. Evaluators
   f. Procedure facilitators
3. Negative individuals

D. Group Therapy Techniques
1. Behavioral
2. Existential
3. Gestalt
4. Psychoanalytic
5. Psychodrama
6. Rational Emotive Behavioral
7. Transactional Analysis

XV. Medications

A. Drugs for Schizophrenia
1. 1st generation antipsychotics:
   a. Chlorpromazine (Thorazine)
   b. Haloperidol (Haldol)
2. 2nd generation antipsychotics
   a. Olanzapine (Zyprexa)
   b. Clozapine (Clozaril)

B. Drugs for Depressive Disorder
1. Selective Serotonin Reuptake Inhibitors (SSRIs):
   a. Fluoxetine (Prozac)
   b. Sertraline (Zoloft)
   c. Paroxetine (Paxil)
2. Tricyclics
   a. Imipramine (Tofranil)
   b. Amitriptyline (Elavil)
   c. Clomipramine (Anafranil)
3. MAO Inhibitors
   a. Tranylcypromine (Parnate)
   b. Phenelzine (Nardil)
   c. Seligilene (Emsam)
   d. Isocarboxazid (Marplan)

C. Drugs for Bipolar Disorder
1. Lithium (Lithobid)

D. Drugs for Anxiety Disorder
1. SSRIs (See above)
2. Benzodiazepines
   a. Diazepam (Valium)
   b. Alprazolam (Xanax)
3. Tricyclics (see above)
   a. Buspirone (BuSpar) used for generalized anxiety disorder

E. Drugs for Sleep Disorders
1. Zolpidem (Ambien)
2. Trazodone (Desyrel)
3. Benzodiazepines (see above)

F. Delirium
1. Haloperidol (Haldol)
2. Olanzapine (Zyprexa)
3. Risperidone (Risperdal)
4. Diazepam (Valium)

G. Drugs for Dementia
1. Hydroxyzine (Vistaril)
2. Memantine (Namenda)
3. Donepezil (Aricept)
4. Ticlopidine (Ticlid)

Therapist-client relationship and communication

I. Interviewing techniques

A. Questioning
1. Open questions
   a. Help explore issues and help the client talk longer
   b. Advantages: unlimited answer options
2. Closed questions
   a. Yes, No, or one word answers
   b. Advantages: Leads to short, focused responses

B. Reflection
1. Identifies and gives feedback of the emotional experience to the client
2. Demonstrates the therapist has an empathetic understanding of the client
3. Overuse is counterproductive and leaves unaddressed areas

D. Paraphrasing
1. Rephrase what client says
2. Demonstrates that you are with the client
3. Makes the client's thoughts more concise
4. Checks that therapist and client are on the same page

E. Encouragement
1. Brief responses such as head nods and single words or phrases
2. Lead client to explore more in-depth

F. Clarifications

G. Confrontations
1. Call clients out on discrepancies
2. Often used with substance abusers to break denial

H. Self-Disclosure
1. Sharing of personal experiences relating to session
2. Helps client feel more comfortable and be more open
3. Therapist should be careful not to cross boundaries

I. Silence
1. Provides therapist and client time to process events
2. Promotes introspection

J. Summarization
1. Connects several topics and feelings
2. Calling attention to familiar theme from multiple messages

II. Creating a strong therapist-client relationship

A. Develop a solid philosophy of helping
1. Have self-respect and confidence
2. Develop your own natural style
3. Respect the client

B. Listen and learn from the client
1. Avoid temptation to solve the client's problem immediately
2. Work towards becoming a more effective listener

C. Establish empathy and earn trust
1. Best to establish from initial interview
2. Empathy: see and feel as the client does
3. Radiate an air of comfort and emotional warmth
4. Understand client's feelings about seeking professional help
5. Let the client decide when the relationship is established
6. Identify potential barriers to treatment

Next/First Question Hierarchy

Given two options, choose the one that is closest to the top of this list:

Feelings
Assess
Refer
Educate
Advocate
Facilitate
Intervene

Professional Values and Ethics

I. Moral Foundations for the Ethical Codes

A. Non-malfeasance: The therapist will do no harm
B. Autonomy: People are allowed the freedom of choice
C. Justice: People should be treated fairly
D. Fidelity: Therapist must honor commitments and foster trust
E. Beneficence: Promote good

II. Statutes and Regulations

A. Professional Disclosure Statement
1. Includes therapist's education/qualifications
2. Describes nature of therapeutic process
3. Procedures and goals of therapy
4. Benefits of therapy
5. Potential risks to clients
6. Consequences of refusing treatment
7. Possibility of terminating treatment at any time
8. Fee disclosure
9. Possible alternatives

B. Informed Consent
1. A document client reads about specifics of therapy
2. Client signs form consenting to therapy
3. Client must be given full disclosure

C. Confidentiality
1. Ethical obligation to keep content from counseling sessions private
2. Exceptions to confidentiality
   a. Mandatory to report suspicion of child abuse or neglect
   b. If the client will cause harm to him/herself or others

III. Types of Malpractice

A. Misdiagnosis
B. Negligent or improper treatment
C. Failure to obtain informed consent
D. Physical contact/sexual relationship with client
E. Improper release of hospitalized client
F. Failure to supervise students or interns
G. Abandoning client's development

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Social Work Administration

I. Leading the Organization

A. Leadership Styles
1. Directive or Autocratic Leader
2. Charismatic Leader
3. Laissez-Faire
4. Servant Leader
5. Task Oriented/Delegating Leader
6. Participative/People-oriented Leader
7. Transactional Leader
8. Transformational Leader

B. Morale-Leadership style will impact organization and employee morale and should adjust accordingly

C. Theories of Employee Motivation
1. Alderfer's Hierarchy of Motivational Needs (Growth, Relatedness and Existence)
2. Behavioral (Skinner) – Behaviors that lead to positive outcomes will be repeated and those that lead to negative ones will not
3. Environmental Theories
4. Human Relations (Adams) – Employees strive for equity between one another
5. Herzberg's Motivation Hygiene Theory – Intrinsic factors (i.e. recognition or achievement) increase job satisfaction, while extrinsic factors (i.e. pay) create job dissatisfaction
6. Life-stage Theories
7. Maslow's Hierarchy of Needs (individuals can grow only if deficiencies are met) – Physiological, Safety, Social, Ego, Self-Actualization and Transcendence
8. Theory X/Theory Y Approach (McGregor) – Theory X assumes the average person inherently dislikes work and avoids it when possible; Theory Y assumes most individuals will seek responsibility, self-control and positive self-direction with the proper working conditions
9. Preference-Expectation (Vroom) – effort will lead to performance that will lead to reward
10. Public Service motivation
11. Taylor's Theory of Scientific Management – need for precise procedures based on specific job and tasks, with high controls on the worker

D. Cultural Competency and Values

E. Characteristics of Effective Supervisors
1. Clear and consistent expectations and boundaries
2. Knowledgeable in current theory and research
3. Models ethical and expected behavior
4. Clear communicator
5. Supportive and fair

F. Board of Directors/Trustees
1. Functions
2. Members/Selection
3. Operations
4. Administrator in relation to the Board
5. Committees

G. Management
1. Nonprofit Agencies
2. For-profit Agencies
3. Governmental Agencies
4. Faith-based Organizations

Social Work Administration, continued

II. Strategic Planning

A. Mission Statement and Organizational Values
B. Situational Analysis
C. Developing a Strategic Plan with Goals and Objectives, consistent with Mission Statement and Organizational Values
D. Implementation of the plan
E. Monitoring and Evaluation; adjustments as indicated or dictated by changing demands, maintaining consistency with organizational mission and values
F. Ongoing long-range planning
1. Goal Setting
2. Implementing
3. Monitoring
4. Forecasting

III. Human resource management

A. Staffing and human resource management
1. Selection
2. Recruitment/Hiring
3. Benefit Packages and Wages/Salary
4. Affirmative Action
a. Racial minorities
b. Ethnic minorities
c. Women
d. Physically disables
e. Veterans
5. Appointment
6. Appraisal
7. Orientation
8. Promotion
9. Termination

B. Strategic Planning
1. Payroll and benefits – adequate budgeting
2. Staffing requirements – sufficient, qualified staffing
3. Needs assessments – future staffing needs

C. Legal issues
1. Hiring regulations
2. Whistle Blowing
3. State and Federal Affirmative Action laws

D. Performance Measures
1. Output
2. Quality
3. Outcome

IV. Program Development

A. Needs Assessment
1. Concepts of social needs
2. Types and levels of need
3. Measuring need
4. Data sources

B. Social and Community Support and Consensus
C. Problem Identification
D. Goals, Priorities and Objectives
E. Program Selection
F. Program Implementation
G. Program Evaluation and Monitoring
1. Criteria for evaluation
2. Evaluation Design
3. Data Collection
4. Data Analysis
5. Strengths and Weaknesses of evaluation design

V. Effective Communication

A. Inter and Intra-agency Coordination

Social Work Administration, continued

B. Teamwork Processes
C. Interdisciplinary Teams
D. Community/constituency relations – establishing and maintaining ongoing and mutually beneficial relationships as it relates to mission
E. Public Relations – managing the flow of information between the organization and specific audiences, target groups or the public at large

VI. Agency Finances and Resources

A. Strategic resource development
1. Develop an integrated funding plan, with all activities consistent with the plan
2. Need for an effective case statement
3. Major Gifts-developed over time, often driven by the Board of Directors

B. Sources for funding and resources
1. Annual and Capitol Campaigns
2. Corporate Contributions
3. Special Events (Annual 5K race, Gala event)
4. Entrepreneurial Fund Development
a. Bequest Programs
b. Commercial Ventures
c. Affinity Marketing
d. For-profit corporate subsidiaries
e. Life Income Programs
5. Foundations-prepare proposals and approach with specific plan
a. Family
b. Corporate
c. General Interest
d. Special Interest
e. Community
6. Client fees for services
7. United Way

C. Tax Dollars as a resource, Federal, State and Local
1. Vehicles for accessing governmental funds
a. Government contracts
b. Government grants
c. Government cooperative agreements
2. Accessing governmental contracts
a. Request for Proposals (RFP)
b. Invitation for Bids (IFB)
3. Procurement of government funds
a. Contracts
b. Cost Reimbursement
c. Capitated
d. Performance

VII. Financial Management

A. Finance, administration and types of funds
1. Assets and Liabilities
2. Net Assets
3. Revenues
4. Expenses and Expenditures
5. Accounts Payable and Receivable
6. Cash and Accrual Accounting
7. Permanently Restricted Funds
8. Temporarily Restricted Funds
9. Unrestricted Funds

B. Cost analysis
1. Direct and Indirect Costs
2. Allocating Indirect Costs to Indirect Cost Pool
3. Allocating Indirect costs to programs
4. Cost Allocating with total direct costs
5. Computing cost per unit of service

Social Work Administration, continued

6. Computing cost per outcome
7. Allocation of indirect costs via staff salaries and wages
8. Allocation of indirect costs via labor hours
9. Prospective and Retrospective cost analyses

C. Forecasting
1. Simple Moving averages
2. Weighted Moving Averages
3. Time Series Regression
4. Exponential Smoothing
5. Multiplicative Seasonal Method

D. Budgets
1. Process
a. Preparation
b. Submission
c. Controls
d. Outcome Measures
2. Types
a. Functional
b. Line-item
c. Program
d. Zero-based

VIII. Risk Management
A. Insurance Issues
B. Governing Board Oversight
C. Effective Human Resource Management
D. Financial Safeguards
E. Workplace Hazards
F. Volunteer Liability
G. Records Management-HIPPA regulations and requirements

IX. Auditing
A. Pre-audits
B. Financial Audits
C. Program-Specific Audits
D. Grant and Contract Audits
E. Performance Audits

Service Delivery

I. Formal Service Delivery Systems/Organizations
A. Public agencies - mandated by law to provide income maintenance or other tangible goods and services
B. Private Not-for-Profit – non-governmental, operating under specific legal guidelines regarding financial issues
C. Private/Proprietary Agencies – non-governmental providing social services with profit motive
D. Self-help agencies – voluntary or mutual aid groups
E. Independent practice – proprietary, clinical and non-clinical activities (consultation, research, workshops)

II. Service Delivery
A. Models
1. Social Competency
2. Social Change
3. Medical/Clinical
4. Educational
5. Ecological

B. Steps in Service Delivery
1. Engagement
2. Assessment

Service Delivery, continued

3. Planning
4. Implementation
5. Evaluation

C. Designs
1. Centralization vs. Decentralization
2. Single service vs. cluster of services
3. Coordinate efforts or operate alone
4. Employ professionals, para-professionals, consumers to provide services

III. Policies and Procedures
A. Types of Policy
1. Social/Family Policy
2. Regulatory Policy
3. Redistributive Policy
4. Definitional Policy

B. Purpose-Governmental (Federal/State)
1. Establish governmental agencies
2. Establish income maintenance guidelines
3. Establish parameters for services

C. Purpose-Agency
1. Establish operations consistent with fed/state guidelines
2. Establish specific service delivery system
3. Consistent service delivery
4. Client rights, responsibilities and entitlements

D. Implementation of Organizational Policy and Procedure
1. Policy Implementation
a. "Secondary Legislation" period requiring details about regulations, procedures and guidelines
b. Impacted by agency limitations and capabilities

E. Effects on Service Delivery
1. Agency budget and resources
2. Staffing availability
3. Agency Capacity
4. Political climate

IV. Methods of social work advocacy
A. Policy Development
B. Group Advocacy
C. Individual and Family Advocacy
D. Message-based
E. Relationship-based
F. Media-based

V. Interdisciplinary collaboration
A. Multiple disciplines
B. Holistic approach to complex clients

Staff, Consultation and Communication

I. Staff Development
A. Purposes of Staff Development
1. Employee development and proficiency
a. Stress Reduction
b. Augment skills and resources
2. Organizational Culture
a. Creating
b. Maintaining
c. Shaping
d. Impact on performance
3. Organization performance
a. Executing mission, goals and objectives
b. Facilitating change

Staff, Consultation and Communication, continued

4. Short and Long-range planning

B. Elements of Staff Development Training
1. Formats
a. In-service training
b. Workshops and Lectures
c. Informational brochures
d. Discussion groups
2. Teaching Styles
a. Task-oriented teaching style
b. The cooperative planner teaching style
c. The learner-centered teaching style
d. The subject-centered teaching style
3. Training Validity
a. Interorganizational validity
b. Intraorganizational validity
c. Transfer validity
4. Measurement Designs for Training Effectiveness
a. Participant Action Plan Approach
b. Pre- and Post-Test Design
c. Kirkpatrick Framework
d. Outcome Evaluation Design using Experimental and Control Groups
5. Measurement Design Flaws
a. History
b. Maturation
c. Instrumentation
d. Statistical Regression
e. Differential selection
f. Attrition

C. Five Concepts of Learning Theory
1. Motivation
2. Conceptualization
3. Practice
4. Reinforcement
5. Feedback

II. Consultation
A. Provide specific expertise and/or case review
B. Consultant makes recommendations about cases or issues
C. No responsibility or accountability to compel the recipient to comply
D. NASW Ethics
1. Requires receipt of appropriate consultation when indicated
2. Encourages mentorship and sharing of experience

III. Interdisciplinary Collaboration
A. Approach
1. Multi-faceted with divergent knowledge bases
2. Team setting

B. Strengths
1. Provides a check-and-balance unavailable to any one profession
2. Multiple resources and viewpoints for holistic care
3 Effectively address complex needs

C. Limitations
1. Disputes over who has primary jurisdiction
2. Tendency to defer to one profession over another
3. Potential for fragmented care

Taking the exam

Whatever your "orientation" for working with clients is, check it at the door when you go to take the exam. It will only get in the way of you passing. When you're working on case studies, you need to think of them as representing the status quo. Don't try to answer the case study by identifying an option that is an *exception* to the rule.

There are so many exceptions to the rules that it's truly difficult to ask a question and expect to get only one correct response! But that's exactly what this exam expects. You must be able to read the case study, distinguish between the choices, and come up with an answer that would most completely and best benefit the client. Always look for the most universally and/or socially accepted response. Don't forget to bring along your common sense! The diagnosis or action you determine for the client is not dependent upon insurance billing or reimbursement. In fact, none of your decisions or actions with the client will be financially based unless specified.

Step One

Classify the type of question being asked

The first step in processing any case study is to classify the question. The three major classifications of questions are: memorization, application and reasoning.

1. **Memorization** questions ask for factual information. Usually, this is a simple question without a case study, though occasionally the question associated with a case study will ask for factual information. The case study may have many twists and turns, but in the final analysis, the case study will ask for a cognitive answer based on your ability to recall only the facts.
2. **Application** case studies are more complicated than questions based strictly on memorization. They apply the "meat and potatoes" (procedures, theoretical models and concepts) to the specific case study presented. They require the ability to analyze. How do you analyze a case study?

* **Behaviors**: Determine the behavior the client is exhibiting (How are they acting?)
* **Factors**: Identify contributing factors responsible for the client's actions or primary problem
* ***Concepts**: What procedures, legal issues, theoretical models or ethical considerations will determine your interactions with the client?
* ***Actions**: What should you do, taking into consideration all concepts, behaviors and factors in the case study? This type of case study will ask you to take an action.

3. **Reasoning** case studies will require analysis, synthesis and evaluation. In the end, they will usually ask for a thinking answer rather than a doing answer. You will be required to make a judgment or evaluation. They will usually be in the form of: "What is the (most or least) likely, significant, insignificant, important, appropriate?", "What is the priority?", and "What is the best?"

These answers are more complex than memorization or application case studies. You are looking for the response that is best and most complete for that particular case study. It is critical that you focus on what you are being asked. This can be accomplished by:

* Modifiers: (Most or least) likely, significant, insignificant, important, appropriate, priority, or best
* Situation: Intervention, diagnosis, characteristic, facilitate, referral, resolving, or describing

Ask yourself three questions:

1. Am I being asked for some factual information?

*__Memorization__ - (factual)

2. Am I being asked to take an action?

*__Application__ - (doing)

What should I do first?

3. Am I being asked to make a judgment or evaluation?

*__Reasoning__ - (thinking)

What's the best?

Step Two

Identify the case study Foundational Factors

The second step in processing any case study is to identify Foundational Factors. Foundational Factors are the broad Social Work areas that the case study may fall under. There can be multiple foundational factors all influencing the direction and correct responses required. Knowing the foundational factors will further focus what rules, processes and theories you will need to apply to the case study.

List of Foundational Factors

* Group
* Administrative
* Diversity
* Ethics
* Diagnostic
* Treatment
* Social Work Role
* Counseling
* Developmental

Step Three

Filter the case study using Contextual Coding

Contextual Coding is a filter that consists of Social Work principles applied to the case study. Go through the case study and see what guiding principles need to be taken into consideration. Though the case study will contain multiple answers that are correct, only one answer will be "preferred" because it's more complete than the others. The more complete answer provides the basic services for the client and addresses a universal principle that the other correct answers do not take into consideration.

List of Contextual Codes

* Protection of Life
* Report legal violations - do not evaluate
* Responsibility to client supersedes all other therapist responsibilities
* First deal with the client's here-and-now
* Treat clients with unconditional positive regard
* No client authorization, no services
* Evaluate before proceeding
* Rule out possible physiological causes
* The client determines interventions
* Confirm second-party evaluations with client
* Stabilize crisis first through actions
* Implement least intrusive solution

Step Four

Remember this mnemonic :

1. **F**armer
2. **A**laddin
3. **R**aises
4. **E**xpensive
5. **A**pples
6. **F**rom
7. **I**ndia

The mnemonics above correspond to:

1. **F**eelings: Attend to the client's feelings
2. **A**ssess: Evaluate the client's situation
3. **R**efer: Find other services for the client
4. **E**ducate: Instruct the client
5. **A**dvocate: Support the client
6. **F**acilitate: Assist the process of a client
7. **I**ntervene: Mediate for a client

When you find yourself faced with more than one correct answer, refer to the above seven, mnemonic tasks in order. Always look for these tasks within the answer choices. Given two different answer choices that are both correct, choose the one that is **closest** to the top of the list as the correct choice.