

# Psych CE

## Applications of Cognitive Behavioral Therapy (CBT)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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