

# Psych CE

## Integrating Mindfulness and Acceptance-Based Approaches in the Treatment of Anxiety Disorders

**1. According to the DSM-5, what distinguishes anxiety disorders from normal anxiety?**

- A. Anxiety disorders always involve panic attacks.
  - B. Anxiety disorders are more intense and persistent, interfering with daily functioning.
  - C. Anxiety disorders do not have a biological basis.
  - D. Anxiety disorders are only diagnosed in childhood.
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**2. Which anxiety disorder is characterized by excessive worry about multiple life domains for at least six months?**

- A. Panic Disorder
  - B. Social Anxiety Disorder
  - C. Generalized Anxiety Disorder
  - D. Agoraphobia
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**3. In Social Anxiety Disorder, individuals primarily fear:**

- A. Having unexpected panic attacks
  - B. Being judged or scrutinized in social situations
  - C. Leaving their home alone
  - D. Losing control over compulsive behaviors
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**4. Panic Disorder is best described as:**

- A. A persistent fear of specific objects or situations
  - B. A pattern of excessive and uncontrollable worry
  - C. An intense fear of separation from attachment figures
  - D. Recurrent, unexpected panic attacks with ongoing concern about future attacks
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**5. Which of the following is NOT considered a first-line pharmacological treatment for anxiety disorders?**

- A. Selective serotonin reuptake inhibitors (SSRIs)
  - B. Serotonin-norepinephrine reuptake inhibitors (SNRIs)
  - C. Benzodiazepines as a long-term treatment
  - D. Cognitive-behavioral therapy (CBT)
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**6. What is the primary goal of mindfulness-based interventions (MBIs)?**

- A. Eliminating negative thoughts
  - B. Suppressing anxiety-related emotions
  - C. Avoiding stressful situations altogether
  - D. Cultivating present-moment awareness and acceptance
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**7. Which of the following therapies is NOT categorized as a mindfulness or acceptance-based approach?**

- A. Acceptance and Commitment Therapy (ACT)
  - B. Mindfulness-Based Cognitive Therapy (MBCT)
  - C. Exposure Therapy
  - D. Dialectical Behavior Therapy (DBT)
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**8. The concept of 'cognitive fusion' in Acceptance and Commitment Therapy (ACT) refers to:**

- A. Over-identifying with one's thoughts as absolute truths
  - B. Repeatedly avoiding anxiety-provoking situations
  - C. The inability to control intrusive thoughts
  - D. The process of replacing negative thoughts with positive ones
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**9. A key distinction between traditional cognitive-behavioral therapy (CBT) and mindfulness-based therapies is that mindfulness approaches:**

- A. Focus more on changing negative thoughts
  - B. Encourage accepting thoughts rather than challenging them
  - C. Prioritize avoidance of distressing situations
  - D. Have no empirical support for treating anxiety
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**10. In ACT, 'values-based action' refers to:**

- A. Seeking immediate relief from negative emotions
  - B. Avoiding distressing emotions to reduce anxiety
  - C. Taking steps toward meaningful life goals despite discomfort
  - D. Eliminating uncertainty from life decisions
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**11. Which of the following is an example of a mindfulness exercise commonly used in therapy?**

- A. Progressive Muscle Relaxation
  - B. Mindful Breathing
  - C. Systematic Desensitization
  - D. Flooding
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**12. The 'Leaves on a Stream' exercise in ACT helps clients:**

- A. Avoid distressing thoughts
  - B. Reframe intrusive thoughts into positive ones
  - C. Observe thoughts as passing mental events rather than absolute truths
  - D. Distract themselves from anxiety
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**13. Which of the following is true regarding self-compassion?**

- A. It is a form of self-indulgence that reinforces negative behaviors.
  - B. It is primarily beneficial for individuals without anxiety disorders.
  - C. It requires eliminating all self-critical thoughts.
  - D. It involves treating oneself with kindness and understanding in times of distress.
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**14. Trauma-sensitive mindfulness practices emphasize:**

- A. Encouraging all clients to meditate for at least 30 minutes daily
  - B. Using rigid mindfulness structures to reduce distress
  - C. Providing flexible, client-centered mindfulness adaptations
  - D. Avoiding mindfulness altogether for trauma survivors
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**15. Which of the following is a major concern when integrating mindfulness-based interventions into therapy?**

- A. That mindfulness does not work for anxiety disorders
  - B. That it may increase distress in trauma survivors if not properly adapted
  - C. That it has no evidence supporting its effectiveness
  - D. That it conflicts with all other therapeutic approaches
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**16. One advantage of digital mindfulness interventions is that they:**

- A. Can be easily scaled for broader accessibility
  - B. Always outperform therapist-led mindfulness interventions
  - C. Are universally suitable for all clients, including those with trauma
  - D. Require no user engagement for effectiveness
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**17. Virtual reality (VR) mindfulness has been shown to be particularly helpful for:**

- A. Clients who prefer digital over in-person therapy
  - B. Individuals with severe anxiety or PTSD who struggle with traditional mindfulness
  - C. Those who do not require structured mindfulness practices
  - D. People seeking entertainment rather than therapeutic intervention
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**18. Which of the following is an ethical concern regarding mindfulness-based therapy?**

- A. Mindfulness has no scientific backing in clinical psychology.
  - B. Clinicians do not need any training to integrate mindfulness into therapy.
  - C. Some mindfulness exercises may inadvertently increase distress in trauma survivors.
  - D. Mindfulness-based therapy does not require informed consent.
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**19. Research on mindfulness-based interventions (MBIs) suggests that they:**

- A. Are effective for anxiety but should be adapted for cultural and individual needs
  - B. Are only beneficial in reducing depression, not anxiety
  - C. Have been completely replaced by pharmacological treatments
  - D. Work best when combined with long-term benzodiazepine use
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**20. The APA Ethical Principles emphasize that clinicians using mindfulness in therapy should:**

- A. Apply mindfulness-based interventions without additional training
  - B. Only use mindfulness in structured 8-week programs
  - C. Avoid discussing mindfulness with clients due to ethical concerns
  - D. Ensure informed consent and maintain competence in mindfulness-based practices
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