

Ethical Principles for Art Therapists

1. In instances when clients lack the capacity to provide informed consent, art therapists protect clients' interests by:
 - a. Seeking permission from an appropriate third party
 - b. Requests for a medical doctor to diagnose mental capacity
 - c. Taking reasonable steps to enhance such clients' ability to give informed consent consistent with the clients' level of understanding
 - d. A and C
2. Art therapists refrain from entering into multiple relationships with clients if the multiple relationships could reasonably be expected to
 - a. Impair competence or effectiveness of the art therapist to perform his or her functions
 - b. risks exploitation or harm to the person with whom the professional relationship exists
 - c. Threaten feelings of safety in the therapeutic relationship
 - d. All of the above
3. When do multiple relationships occur between an art therapist and a client?
 - a. When the art therapist is simultaneously in another role with the same client, such as being a client's supervisor as well as her therapist
 - b. When the art therapist is simultaneously in a personal relationship with a client in the professional relationship, such as becoming a friend's therapist, or engaging in a romantic relationship with a client
 - c. When the art therapist promises to enter into another relationship in the future with the client or a person closely associated with or related to the client
 - d. A, B, and C
4. According to the MANDATES of ethical practice, art therapists should refrain from taking on a professional role when:
 - a. A personal, professional, legal, financial, or other interests and relationships could reasonably be expected to impair their competence or effectiveness in performing their functions as art therapists
 - b. It might expose the person or organization with whom the professional relationship exists to harm or exploitation.
 - c. They experience negative countertransference and don't like the potential client.
 - d. A and B only
5. Art therapists strive to provide a safe, functional environment in which to offer art therapy services. According to the MANDATES of ethical practice, this includes:
 - a. Proper ventilation, adequate lighting, access to water, and compliance with any other health and safety requirements according to state and federal agencies that regulate comparable businesses.
 - b. Knowledge of hazards or toxicity of art materials, and the effort needed to safeguard the health of clients, such as screening for allergies
 - c. Storage space for artwork and secured areas for any hazardous materials
 - d. All of the above
6. In order to make client's fully aware of their rights, Art therapists are MANDATED to make the following information available:
 - a. Ethical principles and guidelines
 - b. Certification and state licensure requirements for practice
 - c. State and federal privacy legislation (HIPPA)
 - d. A, B, and C

7. In the event that an art therapist believes it is in the interest of the client to disclose confidential information, he/she seeks and obtains written consent from the client or client's guardian(s) when possible before making any disclosures, unless there is reason to believe that the client or others are in immediate, severe danger to health or life.
 - a. True
 - b. False
8. Art therapists may disclose confidential information to next of kind, when the client has entered end of life stages.
 - a. True
 - b. False
9. Art therapists may disclose confidential information when mandated by law in a civil, criminal, or disciplinary action arising from such art therapy services. In these cases, client confidences may be disclosed only as reasonably necessary in the course of that action.
 - a. True
 - b. False
10. When the client is a minor any and all disclosure or consent required is obtained from the parent or legal guardian of the minor client except when otherwise mandated by law.
 - a. True
 - b. False

Suicide Prevention

11. Does discussing suicidal plans with a patient increase the likelihood of an attempt?
 - a. Yes
 - b. No
12. Who is 3-5 times more likely to succeed at committing suicide?
 - a. Elderly patients with chronic illnesses
 - b. Caucasian Men with substance use issues
 - c. Women with sexual trauma history
 - d. None of the above
13. Which of the following behaviors should be the MOST concerning when evaluating for suicidality?
 - a. Mania
 - b. Labile mood and Impulsivity
 - c. A sudden uplifted mood
 - d. Substance abuse
14. What instrument did Aaron T Beck develop as a means of screening for suicidality?
 - a. The Beck Depression Inventory
 - b. The Suicide Intent Scale
 - c. The Quality of Life Inventory
 - d. None of the above
15. Which of the following describes the OPTIMAL procedural order of suicidality assessment?

- a. Identify risk factors→ Identify Protective Factors→Conduct Suicide Inquiry→ Determine Risk level/intervention→Document
 - b. Identify risk factors→ Identify Protective Factors→ Document→ Conduct Suicide Inquiry→ Determine Risk level/intervention
 - c. Identify risk factors→ Identify Protective Factors→ Determine Risk level/intervention→ Conduct Suicide Inquiry→Document
 - d. Determine Risk level/intervention→ Conduct Suicide Inquiry→ Identify Protective Factors→ Identify risk factors→Document
16. Which of the following describe **external** protective factors when assessing suicidality?
- a. Responsibility to loved ones
 - b. Beloved pets
 - c. Positive therapeutic relationships
 - d. A, B and C
17. When conducting a “suicide inquiry” which of the following is assessed?
- a. Plan: timing, location, lethality, availability, preparatory acts
 - b. Behaviors: past attempts, aborted attempts, rehearsals, self injurious acts
 - c. Intent: The extent to which the patient intends to carry out the plan and believes the plan to be lethal versus self injurious
 - d. All of the above
18. Which of the following risk assessments **REQUIRES** hospitalization?
- a. Thoughts of death, no plan, intent, or behavior/modifiable risk factors, strong protective factors
 - b. Suicidal ideation with plan, but no intent or behavior/multiple risk factors, few protective factors
 - c. Psychiatric diagnosis with severe symptoms, acute precipitating event, and irrelevant protective factors/persistent ideation with strong intent and/or rehearsal
 - d. B and C
19. What popular technique is used **IMMEDIATELY** in the context of a suicide assessment, as a preventative intervention with a moderate to high risk patient?
- a. Admission to the hospital
 - b. Providing crisis hotline numbers
 - c. A “no harm” contract
 - d. Prescribing medication
 - e. Identifying protective factors
20. In working with an abused child, what should be the primary treatment goals?
- a. Establishing trust
 - b. Promoting coping skills
 - c. Offering opportunities to make choices
 - d. All of the above

21. For individuals with PTSD how is art therapy helpful with the following treatment goals? Pair the number of the correct term with the corresponding treatment description.

1. Reconsolidation of Memories
2. Progressive Exposure
3. Reduction of Arousal
4. Emotional Self Efficacy

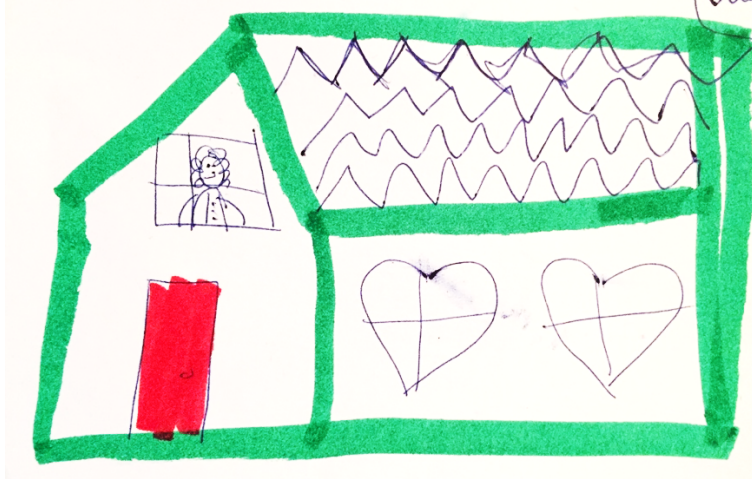
- a. ___ Art is relaxing and meditative
- b. ___ Expressing painful material through art provides a container and gives the survivor a sense of control
- c. ___ Addresses avoidance; through art therapy the symbolism can be easily modulated non-verbally
- d. ___ Provides non-verbal means of communicating and integrating memories; makes them externally observable and able to be seen as part of the past, not the present

22. In working with abused children, what possible sex abuse indicators are present in the image below?



- a. Sexual connotations of the hair and breast-like mountains
- b. Halved figure form
- c. Wedges for nose and eyebrows
- d. A, B and C

23. In working with abused children, what possible sex abuse indicators are present in the image below?



- a. Complimentary colors
- b. Halved figure form
- c. Wedges and crosses
- d. All of the above

24. In working with abused children, what possible sex abuse indicators are present in the image below?



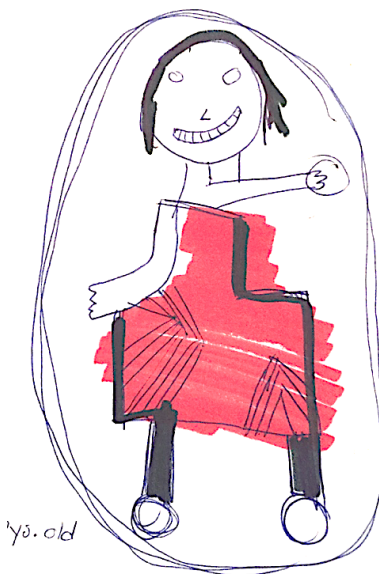
- a. Encapsulation
- b. Regressed and diffused line quality
- c. Poor body concept
- d. A, B, and C

25. In working with abused children, what possible sex abuse indicators are present in the image below?



- a. Silly, self deprecating expression
- b. Squiggly lines
- c. Sexual connotations of the hair, lips, heart shaped torso, and breasts
- d. A and C

26. In working with abused children, which would NOT be a common sex abuse indicator in the image below?



- a. Encapsulation
- b. Use of red and black
- c. No pupils or eyebrows
- d. Poor body concept

27. In 1999 how did De Lue discover that art therapy induces the “relaxation response?”

- a. By using biofeedback while subjects made mandalas
- b. By administering a stress scale before and after test subjects completed a mandala and a control group completed a crossword puzzle

- c. By measuring EEG activity while subjects completed an art activity
- d. A and B

28. What should art interventions in a medical setting MOST focus on with patients that have chronic and life threatening illnesses?

- a. Body image, coping skills, and meaning-of-life narratives
- b. Skill building and stress reduction
- c. family dynamics
- d. All of the above

Evaluation and Assessment

29. Please pair the correct term and its corresponding definition of perceptual concepts, on a Mental status exam:

- 1. Illusion
- 2. Derealization
- 3. Hallucination
- 4. Depersonalization

- a. ___ Misinterpretation of a sensory Stimulus that can occur in any sensory modality (e.g. misperceiving billowing curtains in a darkened room to be an intruder)
- b. ___ Perceiving a sound, sight, taste, smell or touch in the absence of external sensory stimulation that seems indistinguishable from such an experience in reality
- c. ___ The sense that one is outside of his or her self
- d. ___ A vague sense of unreality in one's perception of the external world

30. In an assessment interview, the therapist needs to create an atmosphere of reassurance and support. Please pair the correct term with the corresponding definition of technique that facilitates this process.

- 1. Normalization
- 2. Balance statements
- 3. Attending
- 4. Paraphrasing

- a. ___ Be aware of the client's verbal and non-verbal communications
- b. ___ Make statements of affirmation and encouragement for the comfort of the client
- c. ___ Give the client an array of possible emotions or situations in a way that the client can respond in agreement
- d. ___ Restate content of the client's statement in your own words

31. Sympathy occurs when the interviewer becomes too involved with the client by attempting to experience the feelings of the client. Empathy is when the interviewer can recognize the client's situation while avoiding any excessive attachment.

- a. True
- b. False

32. Pair the correct term with the corresponding description of affect, on a Mental Status Exam.

1. Blunted
2. Inappropriate
3. Flat
4. Labile

- a. ___ Decrease in amplitude of emotional expression
- b. ___ Virtually complete absence of affective expression
- c. ___ Emotions expressed are not congruent with content of patient's thoughts (e.g., occasional nervous smiling or laughter is not sufficient)
- d. ___ Unpredictable shifts in emotional state

33. The Kinetic Family Drawing technique (KFD) was developed in 1970 by _____. It requires the test taker to draw a picture of his or her entire family. Children are asked to depict the family _____. The purpose is to elicit the child's _____ towards his or her family and the _____.

- a. Burns and Kaufman/"doing something"/attitudes/family dynamics
- b. Helen B. Landgerton/ "doing something"/attitudes/family dynamics
- c. Prout and Phillips/"doing something"/anger/family dynamics
- d. Helen B. Langerton/"doing something"/anger/family dynamics

34. The Kinetic School Drawing technique (KSD) was developed in 1974 by _____. This assessment requires the child to draw a picture of him or herself, a teacher, and _____. This picture is aimed at eliciting the child's _____ towards people at school, and his or her _____.

- a. Burns and Kaufman/the school/anger/social relationships
- b. Prout and Phillips/the school/anger/functioning in the school environment
- c. Prout and Phillips/one or more classmates/attitudes/functioning in the school environment
- d. Burns and Kaufman/the school/anger/functioning in the school environment

35. The Diagnostic Drawing Series (DDS) is intended to be used with_____.

- a. Children
- b. Adults
- c. Trauma survivors
- d. Adults with psychiatric disorders

36. The Diagnostic Drawing Series (DDS) requires the folloing materials:

- a. 18x24" paper and chalk pastels
- b. 18x24" paper and oil pastels
- c. 9x12" paper and chalk pastels
- d. 9x12" paper and oil pastels

37. The Diagnostic Drawing Series (DDS) involves three prompts. Which of the following is NOT one of these prompts?

- a. Draw any picture
- b. Draw a tree
- c. Draw a house
- d. Draw how you feel using lines, shapes, and colors

38. The House Tree Person Assessment (HTP) was created by _____, in 1948. It is intended to measure _____.
- a. Buck/Self perception and attitudes
 - b. Helen B. Landgarten/Family dynamics
 - c. Ackerman/ Family dynamics
 - d. Myra Levick/Self-perception and attitudes

Group Therapy

39. Which of the following does NOT describe a psychotherapeutic group?
- a. Psycho-educational
 - b. Support group
 - c. Psychodynamic
 - d. Medication compliance
40. Which of the following types of clients are NOT suitable for a group setting?
- a. Anti-social personalities
 - b. Anorexic people
 - c. Clients that are overly psychotic
 - d. All of the above
41. Which term BEST describes when group members work together to undermine the therapist or the goals of the group?
- a. Collusion
 - b. Reversal
 - c. Scapegoating
 - d. Monopolizing
42. Which term BEST describes a process by which the group selects one person on whom to focus their anger, as a way of avoiding their own issues?
- a. Collusion
 - b. Scapegoating
 - c. Projection
 - d. Splitting
43. Which of the following is NOT part of the four stages of group formation?
- a. Forming
 - b. Warming
 - c. Storming
 - d. Norming

44. Role modeling and witnessing is common practice for a group leader. Pair the correct term with the definition of different types of modeling.
1. Live Modeling
 2. Covert Modeling
 3. Symbolic Modeling
 4. Participant Modeling
- b. ___ Watching a real person (therapist) perform a desired behavior that the client has chosen to learn.
- c. ___ Filmed or videotaped models, photographs, picture books, and plays.
- d. ___ Anxiety-evoking behaviors modeled for the client to engage in the behavior.
- e. ___ Clients asked to use their imagination, visualizing a particular behavior as the therapist describes the imaginary situation detail.
45. Adler believed human beings are striving to overcome a _____ situation and have a strong tendency towards ____.
- a. Difficult/benevolence
 - b. Difficult/aggression
 - c. Minus/social equality
 - d. Hopeless/social isolation
46. Which of the following is NOT one of the three basic assumptions of psychoanalytic theory of the masses?
- a. Groups of dependency
 - b. Fight-flight
 - c. Pairing
 - d. Dissociation of responsibility

Gestalt Theory

47. Gestalt therapy, which is different from Gestalt psychology, and its inception are mostly attributed to _____ and his wife.
- a. Sigmund Freud
 - b. D.W. Winnicott
 - c. Alfred Adler
 - d. Fritz Perls
 - e. Virginia Satir
48. Gestalt therapy is mainly concerned with _____.
- a. Problems of the past
 - b. A client's internal working models
 - c. The early relationship with the mother
 - d. The "here and now"
 - e. Transference and counter-transference
49. In gestalt therapy, the therapist aims for _____ over _____.
- a. Objectivity/subjectivity
 - b. Authenticity/objectivity
 - c. Presence/distance
 - d. Subjectivity/vicarious introspection

50. Which of the following is not included in the “three stools” of Gestalt therapy?
- a. Attention to theory
 - b. Attitude
 - c. Transference
 - d. Method
51. A gestalt therapist would encourage creating a program for change, over exploration and discovery.
- a. True
 - b. False

Complex Theory (Carl Jung)

52. Which of the following archetypes could be described as the whole, regulating center of the psyche, with transpersonal power that transcends the ego, whose manifestations can be seen in myth, but it’s true nature is unknowable?
- a. Animus
 - b. Persona
 - c. Shadow Self
 - d. Self
53. What term describes an old man as “the eternal child,” whose emotional life has remained at an adolescent level with strong ties to his mother?
- a. “Puer Aeternus”
 - b. Threshold Guardian
 - c. Boy-who-cried-wolf syndrome
 - d. Narcissistic wounds
54. The relationship between the self and the ego is sometimes referred to by Jung as _____.
- a. Vicarious introspection
 - b. The tripartite Model
 - c. The Self-ego axis
 - d. The Awareness continuum
55. The process of understanding the “Self” to be greater than the ego, according to Jung, is the result of what process?
- a. Catharsis
 - b. Vicarious introspection
 - c. Individuation
 - d. Synchronicity
56. What two major orientations of personality did Jung distinguish?
- a. Persona/false self
 - b. Anima/Animus
 - c. Shadow/Persona
 - d. Introversion/extroversion