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Question: 1

Which of the following population groups BEST fits the following description?
Many within this population are able to fully function with little support, whereas some need extensive support and care. Approximately 30% or more of individuals in this population suffer from a mental health disorder. They commonly live with relatives. Chronic health problems often go undiagnosed for these individuals.

- A. Youth in foster care
- B. People with intellectual and developmental disabilities (IDD)
- C. The elderly population
- D. Immigrants

Answer: B

Explanation:

All of the statements in this description are true of the IDD population. Most statements are at least somewhat true for the elderly population, although closer to 20% of this group have mental health disorders, and chronic health problems are not as likely to be undiagnosed. Some immigrants also share these characteristics, with multigenerational households being more common and access to healthcare being complicated by language diversity and access to care providers. They experience mental health disorders at rates of approximately 20% for first-generation immigrants up to more than 50% for third-generation immigrants. Youth in foster care do face challenges with consistent healthcare, but not so much that undiagnosed, chronic issues are a distinctive characteristic. Youth in foster care live with foster parents typically unrelated to them.

Question: 2

When comparing the experience of male and female individuals within the criminal justice system, which of the following statements is NOT true?

- A. Women are more likely than men to be incarcerated in jail rather than prison.
- B. The female offender population is increasing at a faster rate.
- C. Males have higher rates of mental illness than females.
- D. Women are more likely to meet drug dependence or abuse disorder criteria.

Answer: C

Explanation:

Incarcerated females consistently have higher rates of mental illness compared to incarcerated males. Although studies indicate that the prevalence of mental illness varies by year and by prison system, female prisoners have a higher rate of mental illness in nearly every study. The same is true

for substance use disorders. Although the overall incarceration rate has been declining in recent years, the number of incarcerated women has been increasing steadily for more than a decade. Women are more likely to be in jail compared to prison and are often held in jail prior to trial due to their inability to post bail.

Question: 3

A school social worker is scheduled to see a 9-year old boy regarding disruptive behavior in the classroom. Rather than begin with an office visit, the counselor directly observes his behavior in the classroom. There the social worker noted the following: he seemed to constantly fidget and squirm in his seat; he talked nonstop; he was frequently out of his seat, running, touching, and playing with anything and everything he could reach. The teacher's efforts to quiet him appeared to be forgotten almost instantly. When an art period was begun, which engaged most children, he still had difficulty as he was easily distracted and seemed to switch constantly from one activity to another. He appeared unable to slow down long enough to receive even simple and clear instructions. The few moments he was quiet, he seemed lost in daydreaming, staring out the classroom windows. The most likely diagnosis for this child is:

- A. Attention-deficit/hyperactivity disorder (ADHD)
- B. Conduct disorder
- C. Obsessive-compulsive disorder
- D. Oppositional defiant disorder

Answer: A

Explanation:

The most likely diagnosis for the young boy is attention-deficit/hyperactivity disorder (ADHD). Conduct disorder would not be appropriate, as this child is not deliberately cruel or violent toward others. Obsessive-compulsive disorder does not fit as the child is not fixated on either ritualistic behavior or things, per se, but is simply chaotically busy. Oppositional defiant disorder is not an appropriate diagnosis, as this child is not deliberately uncooperative or argumentative. Caution is needed, however, in making the diagnosis. The behavior must not be situation ally due to problems at home, and it must have persisted for six months or longer. Further, and most importantly, it must not be simple youthful exuberance or even a "high-energy" personality. Rather, the diagnosis is properly made when the behaviors are extreme, and well out of step with other peers. Having multiple involved adults complete the Connor Rating Scales (i.e., parents, grandparents, the teacher, a pediatrician, etc.) can reduce the chance of inappropriately applying this burdensome diagnosis.

Question: 4

Which of the following is NOT predictive of the mental health status of LGBTQ individuals in midlife?

- A. Self-transcendence

- B. The degree to which they have disclosed their LGBTQ identity
- C. Finance-related anxiety
- D. Body shame

Answer: B

Explanation:

It is now understood that being out, or being out in only limited 'ways, is not predictive of poor mental health. The other characteristics listed (self-transcendence, financial anxiety, and body shame) have been found to be predictive of the mental health status of LGBTQ adults in midlife. Self-transcendence is about the process of extending beyond (transcending) the self and relating to that which is greater than the self. For some, this may be a spiritual entity or the universe at large. In addition to the anxieties related to money that might be experienced by any individual, LGBTQ individuals' financial anxieties may be compounded by increased discrimination in the workplace that negatively impacts career prospects and earning potential. LGBTQ individuals experience body shame/body image issues at twice the rate (40%) of the non-LGBTQ population (18%), often contributing to the formation of eating disorders and/or body dysmorphic disorder.

Question: 5

A social worker is seeing a client who has previously been diagnosed with heroin use disorder. He has not met the criteria for substance use disorder, except for craving, for 5 months. He lives at his mother's home and is using a methadone treatment program. He would be classified as:

- A. Early remission
- B. Sustained remission
- C. Noting remission
- D. Early remission, controlled environment

Answer: A

Explanation:

In early remission, the criteria for a substance use disorder have previously been met, but none of those criteria have been fulfilled (except for the criteria for craving) for a period of between 3 months and 1 year. In sustained remission, none of those criteria are fulfilled (except for the criteria for craving) for 1 year or longer. If the client is in remission in a controlled environment, this should be specified. Some clients may be on maintenance therapy, which is a replacement

Question: 6

Which of the following is NOT true of the task-centered practice model?

- A. Task-centered practice can be used as a stand-alone treatment or in conjunction with other treatment approaches.
- B. The client and social worker first develop a shared understanding of the problem and its

root causes.

- C. By the end of each session, the client must explicitly agree to complete the planned tasks.
- D. Tasks may be developed for the social worker or others to complete, in addition to the client.

Answer: B

Explanation:

Although the social worker does need to understand the client's identified problem, indenting the root causes or precipitating events/context is not a prerequisite of the task-centered practice model. The social worker may ask questions to help the client develop clarity regarding specific facets of the problem, but this is based on objective data/information from the client rather than the result of theorizing. For instance, if the client's problem is related to finances, the social worker might ask questions to better understand the client's income, expenses, and needs. The deeply rooted values and norms related to money—such as the client's issues with money stemming from parents' financial challenges—are not explored. The other answer choices are all true statements regarding the task-centered practice model.

Question: 7

The following definition is the MOST accurate when describing interventions based on which theory? "The client's past experiences are used to understand and effect change upon their current thoughts and behaviors."

- A. Psychodynamic theory
- B. Cognitive theories
- C. Family systems theory
- D. Strengths-based practice theories

Answer: A

Explanation:

Psychodynamic theory is specifically concerned with a person's past experiences that form the foundation of their current psychological processes. Interventions based upon this theory support the client to identify, understand, and process past experiences that are influencing current thought and behavior patterns on a conscious and/or subconscious level. With cognitive theory strategies, the client's current thoughts are the focus. Interventions based upon family systems theory may also include some exploration of past family interactions; however, the primary focus is on the present relationship dynamics. Strengths-based approaches use the client's past to identify strengths, rather than understand current behavior. Past experiences are explored in order to identify strategies, skills, and attributes that were used to navigate difficulty and overcome adversity.

Question: 8

George, a middle-aged male, informs his social worker that he has begun using marijuana

frequently with his coworkers after hours. He reports having occasionally used this drug when he was younger, but he had stopped use until recently. George started a new job 3 months ago, after being laid off from his previous position, which he had kept for 10 years. He denies any physical ailments. George's mother abused substances when he was a child, but he no longer has any contact with her. George says that his new job has been stressful but he has been finding ways to cope. What approach should the social worker use to understand the many factors involved in his situation?

- A. Cognitive behavioral therapy
- B. Biopsychosocial approach
- C. Psychodynamic therapy
- D. Biomedical approach

Answer: B

Explanation:

The bio psychosocial approach is a way for the social worker to assess biological factors (e.g., genetics, diet exercise, sleep, drug use), psychological factors (e.g., behaviors, beliefs, coping skills), and social factors (e.g., family, friends, culture, traumas). The biomedical approach, which was previously used by psychiatrists and doctors, only assesses the biological and medical factors involved. Cognitive behavioral therapy is a therapeutic way to help clients change unhelpful thought processes or intrusive thoughts associated with anxiety and depression. Psychodynamic therapy is an in-depth approach to uncover the unconscious processes of the client's thinking.

Question: 9

Which of the following statements is TRUE regarding co-occurring disorders?

- A. Approximately 40% of adolescents with substance use disorders also have a mental health disorder.
- B. With co-occurring substance use and mental health disorders, the mental health disorder occurs first in approximately two-thirds of individuals.
- C. Only 25% of adults with co-occurring mental illness and substance use disorders receive treatment for both disorders.
- D. One in four individuals with a mental disorder causing serious impairment also has a substance use disorder.

Answer: D

Explanation:

One in four individuals with a mental disorder causing serious impairment Also has a substance use disorder. Approximately 70% of adolescents with substance use disorders also have a mental health disorder. Although mental health disorders were once thought to occur first more often, there is actually great variance in which one comes first. Fewer than 10% of adults with serious mental health disorders with a co-occurring substance use disorder receive treatment for both disorders.

Question: 10

The MOST important protective factor for lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) youth is:

- A. Family understanding
- B. Family acceptance
- C. Family education
- D. Family cohesion

Answer: B

Explanation:

Family acceptance has been found to be a critical protective factor for LGBTQ youth protecting against depression, suicidal ideation, and substance use. Access to educational resources that provide accurate information can support a family's increased understanding of their LGBTQ family member. This could, in turn, influence the development of empathy and acceptance. Family cohesion is a general family strength.

Question: 11

A single mother and a teenage son present for relationship problems. The son is actively defiant Of instructions, argues regularly over minor requests, and can be spiteful and resentful over normal parenting efforts. School performance is marginal, but only one unexcused absence has occurred during the current school year, which is nearing its end. The most appropriate diagnosis would be:

- A. Oppositional defiant disorder
- B. Conduct disorder
- C. Intermittent explosive disorder
- D. Parent-child relational problem

Answer: A

Explanation:

The degree of discord is substantial. and the level of verbal conflict is high, thus oppositional defiant disorder would be the most appropriate diagnosis. A parent-child relational problem tends to be less severe in nature, while conduct disorder is much more severe (i.e., involves violations of the rights of others, physical aggression, or property damage, persistent truancy, etc.). Intermittent explosive disorder addresses impulsive acts of aggression or violence (as opposed to premeditated or planned behaviors). Persistent conduct disorder carried into adulthood may meet criteria for antisocial ersonali disorder.

Question: 12

Which of the following BEST describes the role of the social worker in solution-focused brief therapy (SFBT) ?

- A. To ask questions that reflect the client's language and values in order to point the client in the direction of the solution
- B. To notice evidence of client values and skills and use reflective statements and questions to explore them with the client
- C. To what has worked in the past and to help the client apply that solution to the current problem
- D. To provide feedback and suggestions to strengthen the clients ideas

Answer: B

Explanation:

A primary focus of a social worker when using SFBT is the exploration of the clients strengths and life experiences, particularly "exceptions." In SFBT, exceptions are moments or experiences in which the problem was not present. The social worker crafts reflective statements and questions to help the client explore these exceptions and then bring attention to elements that might contribute to a solution. The social worker does not believe that they know the solution. but rather engages in a co-construction of a solution with the client. Answer A. "point the client in the direction of the solution," suggests that the social worker knows the solution and is trying to get the client to see it. Answer C is technically true, but answer B is a better description of how the social worker would do this. Answer D does not reflect the values or focus of SFBT.



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