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Trauma-Focused Interventions: Domestic Violence Survivors

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5. All of the following are unique areas of concern salient to abused women, except for:
A. Trauma-related guilt.B. Financial dependence on abuser.C. Histories of other traumatic experiences.D. Likelihood of ongoing stressful contact with the abuser in relationship to parenting.
6. All of the following are stages of recovery in the Herman's multistage model, except for:
A. Re-establishing safety and a sense of self-care.B. Remembering and mourning.C. Communicating needs.D. Reconnection.
7. For women who are not comfortable with exposure therapy, the communications skills modality offers a useful alternative.
A. True B. False
8. There was a trend for reducing which of the following among women in the Relapse Prevention and Relationship Safety (RPRS) group compared to a brief informational control session?
A. Heroin use B. Binge drinking C. Marijuana use D. All of the above
9. Those who view psychopathology as a disruption in the balance of body-mind-environment-spirit suggest that effective treatment must always work with the whole person.
A. True B. False
10. Which of the following is considered a mind-body intervention?
A. Mindfulness based stress reduction B. Biofeedback C. Acupuncture

Discussion

- 11. Treatment attrition is a concern with any mental health intervention and can be an indication that:
- A. The protocol is not meeting the needs of participants.
- B. Barriers exist that prevent continued participation.
- C. Both (A) and (B).
- D. None of the above.
- 12. All of the following women were the most likely to drop out of CTT-BW, suggesting that the program might not work for those who may need it the most and that there may be systemic barriers preventing women from completing treatment, except for:
- A. Women that are older
- B. Women with lower incomes
- C. Women with less education
- D. Women with higher rates of depression, guilt, and shame
- 13. As found by Crespo and colleagues, the women most likely to drop out had reported less frequent and severe victimization and were less likely to have used alcohol and to have received medical attention and legal support.
- A. True
- B. False
- 14. Which of the following is the first treatment phase of complex trauma models, making these models particularly salient for survivors of IPV?
- A. Developing a more integrated and emotionally modulated autobiographical narrative and a gradual reorientation to the present and future that is no longer dominated by the past.
- B. Establishing safety and stability by building a collaborative therapeutic relationship, managing symptoms, developing emotional regulation and stress management skills, and identifying or creating additional supports.
- C. Creating new meaning and purpose, reestablishing important connections and integrating new skills and capacities, and rebuilding a life that is no longer defined by trauma and its effects.
- D. Viewing themselves as survivors rather than as victims, and promoting therapeutic collaboration and choice.

- 15. When a woman is contending with ongoing IPV, safety issues need to be attended to along with which other IPV-specific concern?
- A. Whether the abuser is undermining the survivor's mental health, access to treatment, or efforts to achieve recovery.
- B. Whether the abuser is isolating the survivor from sources of support.
- C. Whether the abuser is threatening to use a survivor's participation in treatment to undermine her credibility and jeopardize her ability to retain custody of her children.
- D. All of the above.
- 16. Any intervention that enhances survivors' ____ may require additional safety planning strategies.
- A. Social connections.
- B. Coping abilities.
- C. Sense of self-esteem and empowerment.
- D. Sources of support.

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