



Portland DBT  

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INSTITUTE

# **DBT CITI EXAM**



**Directions:** Please circle the one response that best answers the question.

1. First, go through the test without using your book or notes answering all questions you can.
2. Secondly, go through the test with your book and notes, checking your answers and answering any questions you were not able to answer the first time in a different color ink.
3. Last, check your answers against the answer key, making corrections to answers in a different color ink than you used in previous attempts.

**If you or your team have questions regarding the exam,  
please write these down and bring them to Part II.**

**Scoring:** When scoring your exam, please use the following point system.

**2** points are awarded for correct True/False responses and **0** for incorrect responses.

**2** points are awarded for correct Multiple Choice responses, **1** point for responses which are included in an answer (e.g. “d. a. and c.” is the correct response and you chose a.), and **0** points for incorrect responses.

Once you have finished scoring your exam, write your final score out of 218 points possible at the end of the test. Write both your closed book and open book scores.



**Chapter 1**

1. According to Linehan’s reconceptualization of BPD, which areas of dysregulation capture the DSM-V-TR diagnostic criteria?
  - a) Emotion dysregulation, cognitive dysregulation, interpersonal dysregulation, behavioral dysregulation, and self-dysregulation
  - b) Self-harm dysregulation, suicidal dysregulation, interpersonal conflict dysregulation, impulsivity dysregulation, and anger dysregulation
  - c) Vindictiveness, manipulation, martyrdom, impulsivity, and hatred
  - d) Self-hatred, hatred of others, manipulation, emotional volatility, and vengefulness
  
2. The use of the term “parasuicide” is preferred because “suicide gestures” or “manipulative suicide attempts” infer intention, which is not easily ascertained without assessment (1993, p. 14). True or False?
  
3. Which statement is most accurate pertaining to the practice of DBT:
  - a) “The focus on validation helps to soothe the client when they are upset because their anger is problematic and harmful to others.”
  - b) “The focus on validation is underutilized by DBT therapists who tend to be change oriented, which is experienced as invalidation by the client.”
  - c) “The focus on validation requires that the DBT therapist search for the grain of wisdom or truth inherent in each of the client’s responses and communicate that wisdom to the client.”
  - d) “The focus on validation is based on person-centered therapy, which is the unconditional acceptance of the individual regardless of what they do because their emotions and behaviors are always valid.”
  
4. DBT differs from other behavioral and cognitive therapies because of:
  - a) A focus on validation and acceptance of behavior in the present moment
  - b) Treatment of therapy-interfering behaviors
  - c) The dialectical process
  - d) All the above
  
5. Which of these statements best disproves the interpretation that suicidal behaviors are attempts to manipulate others?
  - a) Inferring intent from the effects of the behaviors is accurate assessment



- b) Function does not prove intention
- c) Extreme reactions to rejection validate suicidal behavior
- d) Suicidal behavior reflects serious suicidal ideation

## **Chapter 2**

1. A dialectical worldview has the following principles:
  - a) Acceptance and change; nonjudgment; self-validation
  - b) Mindfulness; wise mind; lovingkindness
  - c) Equanimity; compassion; humility; centeredness
  - d) Interrelatedness and wholeness; polarity; continuous change
  
2. The question, “What is being left out of our understanding?” is an example of the dialectical point: “The spirit of a dialectical point of view is never to accept a final truth or an undisputed fact.” True or False?
  
3. According to the biosocial model in DBT, what causes emotion dysregulation?
  - a) High emotional vulnerability plus an inability to regulate emotions
  - b) Rejection of needs and wants plus criticism from the environment
  - c) Poor self-concept for people with BPD plus emotional neglect from partners
  - d) Rigid thoughts plus self-judgment
  
4. According to the biosocial theory, what are three characteristics of emotional vulnerability?
  - a) Self-judgment, judgment of others, extreme anger
  - b) Inability to tolerate emotions, inability to tolerate criticism of others, inability to problem-solve
  - c) A low threshold for emotional reactions, extreme emotional intensity, long-lasting emotional reactions
  - d) Cognitive dysregulation, self-dysregulation, and interpersonal dysregulation
  
5. Inhibition of emotions can lead to:
  - a) Loss of an opportunity to problem solve what is prompting the emotion
  - b) Increased reports of happiness
  - c) Movement towards life worth living goals
  - d) Negative feedback from peers



6. Consequences of invalidating environments are:
  - a) The person does not learn how to label private experiences
  - b) The person does not learn how to tolerate distress
  - c) Extreme emotional responses are reinforced
  - d) All of the above
  
7. Emotion dysregulation contributes to instability in which areas?
  - a) Family, work, school, and neighborhood
  - b) Financial, sexual, judgments, and eating disorders
  - c) Behavioral, interpersonal, self, and cognitive
  - d) Housing, relationships, self-loathing, and substance use

### **Chapter 3**

1. Which of the following is NOT a characteristic of emotional vulnerability as a dialectical dilemma:
  - a) Use of emotionally dysregulated behaviors to manage other people's expectations
  - b) Emotions are full system responses
  - c) High emotional arousal interferes with functional coping behaviors
  - d) High emotional arousal can lead to unpredictability about one's sense of self due to feeling out of control
  
2. If moving towards change and expressing understanding of the client as they currently exist are both seen as invalidating by the client, what is a dialectical synthesis?
  - a) Dropping the request to change the behavior
  - b) Focusing on the counter transference
  - c) Validating the essential wisdom of the clients' experience and teaching the client what is needed to change to occur
  - d) reviewing a skill while at the same time doing a behavior chain
  
3. Approaching problems helplessly without determination and engaging others to solve one's problems is called:
  - a) Emotion focused coping



- b) Learned helplessness
  - c) Active passivity
  - d) Manipulation of others
4. Over the course of therapy, you've noticed that your client comes into session at times describing especially painful situations at work; however, their affect often appears calm, or they express that they are "okay" despite calling you in distress hours after the session. Which dialectical dilemma do you suspect is present?
- a) Fake competence
  - b) Passive competence
  - c) Fragile competence
  - d) Apparent competence
5. "An inability to tolerate or reduce short-term stress without emitting dysfunctional escape behaviors creates still more stressors" describes which of the dialectical dilemmas:
- a) Emotional vulnerability
  - b) Unrelenting crisis
  - c) Inhibited grieving
  - d) Apparent competence
6. What is the dialectical dilemma for the therapist when responding to grief in session?
- a) To train the client on a skill while also doing a diary card
  - b) To help the client both grieve deeply and end grieving
  - c) To review group homework while attending to session structure
  - d) To monitor their own feelings and the clients feelings

## **Chapter 4**

1. Karen's individual client, Emily, missed group therapy and left a voicemail for her group therapist, Kelly, requesting the homework assignment. Emily tells Karen that it has been four days and she has not heard back from Kelly. Emily states that she is worried that Kelly is mad at her and doesn't like her. As Emily's individual therapist, what might Karen do first?
- a) Consult to the client- help coach Emily on how to use her skills to help handle the interaction



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- b) Environmental intervention- consult with Karen on her delay in providing Emily the homework
  - c) Environmental intervention- ask Karen for the homework on Emily's behalf
  - d) Consult to client- call Karen with Emily in session to model how to ask for the homework
2. Interventions in the environment to make changes, solve problems or coordinate professional treatment on behalf of the client are used instead of consultation strategies and balance them when the 1) outcome is important and 2) the client clearly does not have the capability to produce the outcome. In which example would you most often use environmental intervention:
- a) When a client is in the hospital
  - b) When the client is a minor and has no control over a problematic school policy
  - c) When a client is experiencing racist or oppressive behavior
  - d) All of the above
3. After conducting a behavioral chain analysis, which is NOT a question that should be addressed in order to develop a solution analysis?
- a) Is the problem a result of reinforcement of maladaptive behaviors or of punishing adaptive behaviors?
  - b) If effective problem-solving behaviors exist, is their application inhibited by excessive fear or guilt?
  - c) Is the behavior due to unresolved attachment trauma?
  - d) All of the above
4. Which is NOT one of the dialectical stances a DBT therapist takes in relation to their client:
- a) Acceptance vs. change
  - b) Unwavering centeredness vs. compassionate flexibility
  - c) Nurturing vs. Benevolent demanding
  - d) Consultation vs. problem solving
5. Assumptions about borderline clients constitute the context for treatment planning. Which is NOT an assumption?
- a) Clients are doing the best they can
  - b) Clients need firm and clear boundaries to encourage effective behavior



- c) Clients need to do better, try harder and be more motivated to change
  - d) Clients may not have caused all of their own problems, and they have to solve them anyways
6. A therapist is struggling with a client who is actively suicidal, and she does not know what to do to save her client. The therapist cancelled their supervision sessions for the week in order to catch up on paperwork. Which of the therapist agreements has the therapist not upheld)?
- a) “Every Reasonable Effort” Agreement
  - b) Consultation Agreement
  - c) “Respect for the Client” Agreement
  - d) Ethics Agreement
7. Client agreements are generally required for formal acceptance into the treatment and are the conditions of treatment. In adherent DBT, they are discussed and clarified during the first several sessions and at least oral agreement is obtained. Which is NOT a client agreement?
- a) Suicidal behaviors agreement
  - b) Research and payment agreement
  - c) Violation of boundaries agreement
  - d) All of the above
8. During supervision, the therapist expresses frustration about her client's “refusal to change” and her belief that he is “sabotaging treatment.” Which assumptions about clients with borderline personality disorder and therapy might be helpful for this therapist to review?
- a) Clients are doing the best they can
  - b) Clients want to improve
  - c) Clients cannot fail in therapy
  - d) All of the above
9. A behavioral analysis shows that Mary is struggling to apply adaptive-problem solving behaviors due to excessive fear. Her solution analysis should include what?
- a) Skills training
  - b) Contingency management procedures
  - c) Exposure-based treatment
  - d) Cognitive modification program



10. Irreverent communication may be experienced as “off the wall” and is implemented to push the client “off balance” so that rebalancing can occur. True or False?
  
11. Coaching a client in how to resolve problems themselves is using the Consultation-to-the-client approach versus intervening in the environment to make changes on behalf of the client. True or False?
  
12. Which of the following is NOT an appropriate use case for phone consultation:
  - a) To provide practice changing dysfunctional patterns such as trouble asking for help or asking for help in demanding ways
  - b) To help generalize skills to client’s everyday lives
  - c) To create opportunities for clients to make repairs with the therapist after conflict or misunderstandings without having to wait until the next session
  - d) As a replacement for individual therapy when the client cannot come into session
  
13. In DBT therapy, if the therapy has been applied according to protocol, and the client still does not improve, then the failure is attributed to a deficit in client’s motivation. True or False?

## **Chapter 5**

1. Which is a common problematic thinking pattern targeted in DBT:
  - a) Inappropriate attribution of all blame and responsibility for negative events to oneself or others
  - b) Name calling, or application of negative trait labels that add no new information beyond the observed behavior used to generate the labels
  - c) Catastrophizing
  - d) All of the above
  
2. Borderline clients usually have understandable reasons for wanting to be dead that include:
  - a) Multiple life crises
  - b) Difficult employment situations



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- c) Physical health problems
  - d) All of the above
3. DBT therapists adopt firm positions on the side of life rather than suicide? True or False?
4. A client has missed two individual sessions. She presents in individual therapy without her diary card, mentions in an off-hand way that she drank alcohol to the point of blacking out once during the past two weeks, then goes on to talk about problems she is currently having with her significant other. She resists the therapist's attempts to engage in behavioral analysis of the black out, and decreasing problematic alcohol use is one of her treatment goals. She raises her voice and says that the therapist clearly doesn't care about her if she won't listen to what she wants to talk about. What types of therapy interfering behaviors are NOT at play in this example?
- a) Behaviors that burn out therapists - behavior that decreases the therapist's motivation, as there is an aversive consequence to therapist addressing treatment goals
  - b) Behaviors that interfere with receiving therapy
  - c) Behaviors that interfere with other clients
  - d) All of the above
5. Which of the following secondary behavioral targets need to be addressed in Stage 1 treatment?
- a) The client is unable to tolerate sadness and often distracts herself
  - b) The client's poor judgment is getting in the way of fulfilling relationships
  - c) The client often identifies her anger, and not the underlying sadness, and ends up engaging in intense verbal behavior with her mother, causing her mother to stop offering financial assistance.
  - d) The client's extreme self-invalidation is prominent in chains leading to suicidal behavior.

## Chapter 6

1. Increasing self-management is a behavioral skill targeted in third-stage DBT. True or False?



2. Your client is a 36-year-old female being treated for eating disorder (anorexia nervosa, subtype binge/purge) and borderline personality disorder in an outpatient PHP program. This program includes weekly contact with a med-prescriber, individual therapist, and nutritionist and daily contact with the group leaders and milieu therapists. What is the role of the individual therapist on this treatment team?
  - a) The primary therapist is responsible for treatment planning, working with the client on progress towards all targets
  - b) The primary therapist helps the client integrate or discard what is being learned in other modes of therapy
  - c) The primary therapist works on consult to the client strategies
  - d) All of the above
  
3. What is the hierarchy of the 4 primary targets of first-stage DBT?
  - a) Decrease suicidal/life threatening behavior, decrease therapy interfering behavior, decrease quality of life interfering behavior, increase behavioral skills
  - b) Decrease therapy interfering behavior, decrease suicidal/life threatening behavior, decrease quality of life interfering behavior, increase behavioral skills
  - c) Decrease suicidal/life threatening behavior, decrease problematic interpersonal relationships, increase behavioral skills, decrease therapy interfering behavior
  - d) Decrease therapy destroying behavior, decrease suicidal/life threatening behavior, decrease problematic interpersonal relationships, increase behavioral skills
  
4. What behavior falls under the target class of treatment interfering behaviors (TIB)?
  - a) Client or therapist interfering behaviors likely to destroy therapy
  - b) Client or therapist interfering behaviors functionally related to suicide
  - c) Issues related to parallel process
  - d) Lack of progress in therapy
  
5. When parasuicidal acts occur, they are always discussed in the next individual session. True or False?



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6. Your client (a 36 year old woman with Anorexia Nervosa subtype binge/purge and borderline personality disorder diagnoses) presents to your individual therapy session reporting the following: no change in her habitual suicidal ideations, a decrease in the frequency of restrictive behaviors, one episode of bingeing/purging, a partially completed diary card, an emotionally distressing argument with her partner about travel plans for a ski trip, and seeking permission to miss the following week of therapy to go on a ski trip with her partner, which will result in her 4-missing-out of (early termination from) treatment. She is clear that she is most interested in discussing the argument and securing permission for the ski-trip to save her relationship. How would you target this session?
- Background or habitual suicidal ideation is not always addressed first; in this case she is reporting no changes regarding her suicidal ideation and therefore is likely not to be the primary target
  - The request to miss 1 week of treatment should be targeted first as this is potentially therapy destroying given it will result in her early termination from the program
  - The incomplete diary card should be the secondary target as an immediately interfering behavior
  - Her argument with her partner is the lowest priority
7. Keeping the individual therapist focused on high-priority behaviors in a validating, problem-solving approach is the task of:
- The individual therapists direct clinical supervisor
  - The individual therapist, who needs to reference her DBT manual for support
  - The DBT consultation team
  - The DBT team manager
8. The hierarchy of primary targets for telephone coaching call to the individual therapist is:
- Decreasing suicidal crisis behavior, Increasing generalization of behavior skills, Decreasing sense of conflict, alienation, distance from the therapist
  - Decreasing suicidal crisis behavior, Decreasing sense of conflict, alienation, distance from the therapist, Increasing generalization of behavior skills
  - Saving time in therapy, Decreasing suicidal crisis behavior, Increasing generalization of behavior skills
  - Decreasing suicidal crisis behavior, Decreasing therapy destroying behavior, Increasing generalization of behavior skills



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9. Your client is incredulous with your target hierarchy for this IT session which places her argument with her partner at the bottom of the list. From her perspective, this is of utmost importance because she is terrified of losing the relationship. To avoid polarities, what is a dialectical framework to hold in the session?
  - a) Role play time balanced with time for a chain analysis
  - b) Training them on the correct skill to use with ending the session on time
  - c) Rescheduling the session for a time where both of you are more regulated
  - d) Combining unwavering nonappeasement with equally unwavering soothing
  
10. Which is NOT one of the three aspects of DBT which reduce the likelihood of team turf conflicts with respect to target responsibilities?
  - a) Weekly case consultation team that is well-attended by the entire team
  - b) Team members have a similar level of experience and training
  - c) Team members do not have to agree, say the same things to clients, or be particularly consistent
  - d) Mutual respect among team members

## Chapter 7

1. What are the three states of mind that are central to understanding the DBT practice of Mindfulness?
  - a) Wise Mind, Clean Mind, Rational Mind
  - b) Rational Mind, Reasonable Mind, Clear Mind
  - c) Emotion Mind, Wise Mind, Reasonable Mind
  - d) Emotion Mind, Lizard Mind, Amygdala
  
2. What is NOT an example of taking a non-judgmental stance?
  - a) Noting and observing your judgements
  - b) Evaluating how wrong something is
  - c) Describing the facts of the situation you observe
  - d) Practicing willing hands
  
3. What is an example of using the devil's advocate technique during a commitment session?
  - a) "This treatment will take a lot of time and work, are you sure it will be a good fit?"
  - b) "I hate this therapy!"



- c) “Have you thought about medications?”
  - d) “I’m not going to call your PCP back, and I can work with you on how to interact with them”
4. Your client is insisting that you do not care about her, because you are not intervening with her significant other, telling her to stop yelling at the client when they have a conflict. What is an example of the strategy of “entering the paradox”?
- a) “I hear you want me to tell your partner to stop and I want to make sure you have the skills to work with your partner when I am not there”
  - b) “I really think it’s better if you talk to your partner”
  - c) “How about I call your partner if you stop being so upset with me?”
  - d) “It sounds like both you and your partner need some help”
5. When the therapist emphasizes that problems in everyday life are opportunities to practice skills, she is using which of the following dialectical strategies (1993, p. 216)?
- a) Entering the paradox
  - b) Metaphor
  - c) Devil's advocate
  - d) Making lemonade out of lemons

## **Chapter 8**

1. Regarding the “Interpersonal Effectiveness” module, the term “Effectiveness” refers to what 3 interpersonal priorities?
- a) Nonjudgmental, one mindful, wise mind
  - b) Relationship, Validation, Irreverence
  - c) DEAR MAN, Validation, Dime Game
  - d) Objectives, Relationships, Self-Respect
2. What is an example of “objectives effectiveness”?
- a) Making sure your point of view is taken seriously
  - b) Making sure a person likes you
  - c) Not shaming someone else
  - d) Not rocking the boat



3. What are the three steps of validating?
  - a) Pay Attention, Reflect Back, Wise Mind
  - b) Show Equality, Understand, Acknowledge The Valid
  - c) Reflect Back, Ask Clarifying Questions, Understand
  - d) Acknowledge The Valid, Reflect and Clarify, Be Gentle
  
4. What is NOT one of levels of validation?
  - a) Read minds
  - b) Checking the facts
  - c) Show equality
  - d) Reflect back
  
5. What is NOT an example of the difference between CBT and DBT?
  - a) Focus on Therapy Interfering Behaviors
  - b) Balancing Change and Acceptance
  - c) The therapeutic relationship is not an important aspect of the therapy
  - d) Acceptance in the world in this moment
  
6. A client expresses discouragement with the slow progress of improvement. Which of the following would be an example of entering the paradox?
  - a) Comforting that therapy is difficult and she may need a break
  - b) Accepting that she is doing the best she can, and this is as good as it gets
  - c) Reassuring that she is doing better and doesn't recognize it
  - d) Cheerleading that she is doing the best she can and can work harder
  
7. A client who has been in the DBT program for four months continually seeks reassurance from the therapist without any effect on ability to validate herself. Which of the following would be the most appropriate validation strategy?
  - a) Treat the need for reassurance as a therapy interfering behavior
  - b) Continue to validate the client's emotional needs for reassurance
  - c) Use radical irreverence by asking for reassurance from the client
  - d) Highlight the client's continual need for therapy and skill building
  
8. A client who has completed Phase I skills group notes an escalation in intensity of sadness, anger, anxiety, and guilt on his diary card. When asked about this in therapy, he states he has had a difficult week and effectively used distraction to deal



with it and doesn't want to talk about it further. What is an example of V5 validation in this context?

- a) "It sounds like it's difficult; and is it really a catastrophe?"
- b) "Almost anyone who had a really difficult week wouldn't want to talk about it anymore after getting through it!"
- c) "Most people would not want to talk about it but they'd be able to get through it"
- d) "It sounds like this is a bad time to talk about it"

## **Chapter 9**

1. What is NOT part of describing an emotional response?
  - a) Face and Body Language
  - b) Biological Changes
  - c) Emotion memories in your muscles
  - d) Interpretation of the prompting event
  
2. \_\_\_\_\_ to current emotions means experiencing emotions without judging them or trying to inhibit, block, or distract from them.
  - a) Distraction
  - b) Description
  - c) Targeting
  - d) Mindfulness
  
3. What is a myth about emotions some clients entering treatment believe or have often heard?
  - a) Other people are the best judges of how I am feeling
  - b) Other people don't understand emotions
  - c) Drama is a bad state to be in
  - d) Negative feelings are immoral
  
4. You are leading skills group and focusing on the skill "Acting Opposite to the Current Emotion". Clients are interpreting the skill as asking them to ignore or suppress their emotions, which they state is invalidating. Which is an ineffective response?
  - a) Validate the difficulty of using this skill
  - b) Clarify the difference between suppressing and choosing to change an emotion



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- c) Telling people to “fake it until you make it”
  - d) Agreeing and saying that sometimes opposite action is necessary
5. What are examples of change procedures used in DBT?
- a) Observing Limits, Exposure, Contingency Management
  - b) Observing Limits, Commitment, Cognitive Modification
  - c) Skills Training, Exposure, Cheerleading
  - d) Cognitive Modification, Irreverence, Consult-to-client
6. What is NOT an essential aspect of the behavioral chain analysis?
- a) Prompting event
  - b) Links in the chain
  - c) Reinforcement of the behavior
  - d) Unconscious motivation for the behavior
7. In deciding on an instance to target for behavioral analysis when severity of the behavior and priority of the behavior are equivalent which of the following instances would be most important to target?
- a) Quality of life behaviors that occurred in the past
  - b) Behaviors that are repetitive for the client
  - c) Behaviors that occur in the session
  - d) Group skills behaviors reported by the team
8. You have finished putting together a chain with your client on an episode of self-harm. The prompting event was a big fight with her significant other, leading to thoughts that she would always be alone and that this was all her significant other’s fault, as well as intense sadness and anger. She then cut herself, and immediately afterward felt numbed. Her partner returned and was warm and concerned about her cutting. She had accidentally cut herself too deeply and required medical care, ending up psychiatrically hospitalized for several days. What is a potential short term reinforcement of the client’s behavior?
- a) Kind staff in the hospital
  - b) Feeling numbed
  - c) Partner visiting in the hospital
  - d) Missing work



9. In team consultation a therapist repeatedly acknowledges not completing a behavioral analysis with clients. Which of the following would be the most important strategy for the team to use with the therapist?
- Recommend that the therapist take this to supervision
  - Review the purpose and process of behavioral analyses
  - Provide exposure to behavioral chains by other therapists
  - Conduct a behavioral analysis of the avoidance of chains

## **Chapter 10**

1. From a DBT perspective, why is the ability to tolerate and accept distress an essential mental health goal?
- Pain and distress are part of life; they cannot be entirely avoided or removed
  - The inability to accept inevitable pain leads to increased pain and suffering
  - Distress tolerance, at least over the short run, is part and parcel of any attempt to change oneself; otherwise, impulsive actions will interfere with efforts to establish desired changes
  - All of the above
2. You are a DBT skills trainer teaching self-soothing and a number of group members say that self-soothing brings up shame and they don't deserve to be soothed. Identify the most effective response:
- "It sounds like you need to work on getting others to soothe you better so that you can start to learn that you deserve love."
  - "That's totally reasonable; many people experience that. Remember that our goal in skills training is to try and practice the skills. It may take repeated efforts, but in time it should become easier."
  - "Well, you will need to soothe yourself and need anyone else because you can't rely on others."
  - "Of course, a lot of people have that experience. Don't worry about it; not all the skills are for everyone and you don't have to do self-soothing."
3. Which of these is NOT part of the Wise Mind ACCEPTS skill?
- Activities
  - Contributing
  - Prayer
  - Sensations



4. \_\_\_\_\_, the R in IMPROVE, is changing how the body responds to stress and crises.
- a) Reinforce
  - b) Relaxation
  - c) Regulate
  - d) Re-parent
5. Which of the following best explain the concept of radical acceptance and how to practice it:
- a) When not accepting a painful situation, you get intolerable suffering on top of the natural pain of the situation. By accepting, you are left with manageable pain.
  - b) Radical acceptance is letting go of fighting reality.
  - c) Radically accept by noticing willfulness that comes up about accepting reality, then turning the mind towards acceptance. Practicing half-smile and willing hands help physiologically signal acceptance to the brain.
  - d) All of the above.
6. What is the distinction between managing contingencies and observing limits?
- a) There is no distinction, they are both contingency management
  - b) Managing contingencies is more important in DBT treatment than observing limits
  - c) Managing contingencies addresses behaviors on the DBT priority target list, while observing limits particularly addressed client behaviors that cross the therapist's personal limits
  - d) Managing contingencies will differ across therapists, while observing limits will be targeted similarly by all therapists
7. A teen client's treatment plan includes an extinction schedule for cutting behavior. They have been doing well with the plan until their parents inform them that they are getting a divorce. The therapist receives a message from the mother that the client is barricaded in the bathroom, and the client calls the therapist from the bathroom seeking coaching, saying they have cut themselves. Which of the following behaviors will most likely maintain the extinction schedule for the client's welfare?
- a) Coach the client in distress tolerance and self-soothing skills
  - b) Warmly inquire about the client's well-being



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- c) Briefly remind client of reasoning for extinction schedule (“24-hour rule”) and then end the call. In session, validate the difficulty of change and the client’s painful emotions, then engage in behavioral analysis and problem-solving
  - d) Validate the client’s skill in asking for help
8. What are the two situations in which aversive consequences are used?
- a) When the consequences reinforcing a high-priority, target relevant behavior aren’t under the control of the therapist and there are no stronger reinforcers available
  - b) When the therapists’ frustration with the client’s chronic therapy-interfering behaviors rises to a high enough level that the therapist can’t stand it
  - c) When a maladaptive behavior interferes with all other adaptive behaviors (such as when the situation elicits the problem behavior more or less automatically)
  - d) A and C
  - e) B and C
9. Which is NOT one of the three types of aversive consequences used in DBT?
- a) Disapproval
  - b) Sarcasm
  - c) Confrontation
  - d) Withdrawal of warmth
10. A client becomes intensely emotionally dysregulated in session, and ends up throwing a glass on the floor, causing a loud crash and thud that disrupts sessions in the neighboring offices. The therapist and client are closely connected. Which of the following is NOT one of the 3 steps in correction-overcorrection?
- a) Therapist withdraws a positive condition, withholds something the client wants, or adds an aversive consequence.
  - b) The therapist requires the client to engage in a new behavior that both corrects the effects of the maladaptive behavior, and goes past that and overcorrects the effects.
  - c) Once the corrective/over corrective behavior occurs, the therapist immediately stops the punishment.
  - d) After the behavior is corrected, the therapist makes sure the client does not forget the incident as a means of generalizing the correction to potential future situations.



11. In DBT, observing limits is about preserving the personal limits of the therapist. Why is this important?
- a) Crossing the therapist's personal limits is to be expected in therapy with clients with borderline personality disorder and should be accepted and tolerated by therapists, including seeing their own therapist for support
  - b) Crossing the therapist's personal limits is therapy-threatening because it interferes with the therapist's ability or willingness to carry on with therapy
  - c) If the therapist ignores their own limits, they are more likely to burn out, terminate therapy, or be less effective in providing DBT
  - d) A and B
  - e) A and C

## **Chapter 11**

1. Your client is a 44-year-old female with a history of Major Depression and Borderline Personality Disorder. She is actively working with you towards a goal of improving her relationship with her husband. You have assessed a deficit in the client's interpersonal effectiveness skills as the client has difficulty asking her husband for what she wants skillfully. In session, you teach her the skill of DEARMAN and the client has acquired the skill. Which are ways you may strengthen this skill with behavioral rehearsal?
- a) Behavioral rehearsal via role play with therapist playing husband (in-session practice), having the client practice a power pose, practicing self-affirmations together
  - b) Imaginal practice, role-playing how NOT to act, practicing the empty chair technique for the client to learn to see from her husband's perspective
  - c) Imaginal practice, in-vivo practice, in-session practice
  - d) In-vivo practice, breathing meditation, calling the husband during session so that the therapist can persuade him to be validating and supportive when the client practices her skills with him after session
2. Your client experiences strong shame and shuts down every time he begins to talk about his target behavior. How would you orient the client to exposure and how it will help? How would you begin implementing exposure in-session?
- a) Explain that exposure is a very difficult therapy that he can do with another therapist when he is ready; then ask the client what he would like to talk about to soothe the client and get some traction in session.



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- b) Validate that shame is painful and difficult. Discuss how the shame response interferes with therapy. Explain that new behaviors can be learned by blocking the escape behavior of shutting down, and that we will be getting the face and body to send a different message to the brain.
  - c) Ask the client to describe one of his target behaviors that is not high on the hierarchy, while maintaining eye contact and an upright posture. Provide validation and acceptance.
  - d) A and C
  - e) B and C
3. A behavior chain analysis done in session can be considered a method of exposure. Which of the following support this rationale?
- a) It is an opportunity for in-session verbal or imaginal exposure to the whatever emotion discussing the aversive behavior and its consequences elicits
  - b) Maladaptive responses (i.e., shame: getting quiet and curling up) that come up while doing the chain can be blocked and corrected
  - c) The maladaptive response will not be reinforced and correction can be practiced
  - d) All of the above
4. The first step is using cognitive modification is to have the client observe and describe their thinking patterns and style. True or False?
5. After identifying maladaptive patterns of thoughts, what is the most important DBT rule in finding more adaptive ways of thinking?
- a) Get in touch with rational mind
  - b) Value performing experiments in the real world to test assumptions beliefs and rule
  - c) Teach and reinforce dialectical thinking styles over purely “rational” or purely emotional-based thinking
  - d) Value intuitive knowing

## Chapter 12

1. What are the two primary communication styles in DBT?
- a) Acceptance-oriented and change-oriented
  - b) Warm and sarcastic
  - c) Cool and enthusiastic



- d) Reciprocal and irreverent
2. Which of the following are accurate regarding the reciprocal communication style?
- a) The intent of reciprocal communication is to rectify power imbalances more skillfully and to provide an environment that holds the client within the therapeutic enterprise.
  - b) Reciprocal communication is intended to model for the client how to interact as an equal within an important relationship.
  - c) Reciprocal communication is designed to bolster the client's ego so that deeper unconscious urges and feelings can rise to a conscious level and be addressed
  - d) All of the above
3. Which of the following are accurate regarding the irreverent communication style?
- a) Irreverent communication can be described as unhallowed, impertinent, and incongruous, and may be confrontational.
  - b) The purpose of irreverent communication is to help give a client with borderline personality disorder the psychological distance to observe and describe the ongoing events and processes of their lives. The intent is to help provide this distance by keeping the individual just off balance enough or shake up their typical approach to life. The idea is to highlight both poles of the dialectic without denying either.
  - c) Irreverent communication is sometimes unkind, but clients with borderline personality disorder need stress inoculation, and therapists need to be able to "say it how it is" to be able to keep working with difficult clients and not burn out
  - d) A and B
  - e) B and C
4. A client begins to say that she is disclosing all of her personal information, and the therapist discloses nothing about themselves. The client would feel more comfortable if the therapist shared more and gave the client an idea that they have been through similar things and is thus better able to understand where the client is coming from. How would you handle your client's demand/request for self-disclosure?
- a) Consider your client's previous history with therapists and how much self-disclosure they are used to in the therapeutic relationship



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- b) Determine your own comfort and limits around self-disclosure, and make sure the disclosure is in the best interest of the client, may help validate the client, and keeps the focus on the client
  - c) Respond in a way that is clear and puts your reactions into words the client can hear
  - d) All of the above
5. Which of the following are irreverent communication strategies?
- a) Therapist plunges into sensitive areas (e.g., using humor, surrounds irreverence with validation, direct confrontation, etc.)
  - b) Therapist employs a highly intense style with the goal of increasing clients emotion
  - c) Therapist uses irreverent communication in a stilted or rigid manner
  - d) Therapist uses dialectical strategies in a warm manner

### Chapter 13

1. There are three sets of case management strategies that balance one another. They are:
- a) Commitment strategies, therapist supervision/consultation strategies, and dialectical strategies
  - b) Consultation-to-the-client strategies, environmental intervention strategies, and commitment strategies
  - c) Dialectical strategies, therapist supervision/consultation strategies, and commitment strategies
  - d) Consultation-to-the-client, environmental intervention strategies and therapist supervision/consultation strategies
2. The following is an example of when the therapist would use environmental intervention instead of consultation-to-the-client as a strategy:
- a) An adolescent client wants changes to their IEP
  - b) A client is feeling invalidated by comments the group leader made during homework review
  - c) Your client is experiencing substance-induced psychosis and has presented to the ER
  - d) Your client is admitted to a psychiatric hospitalization and is eager for discharge



3. The following are objectives of the consultation-to-the-client approach:
  - a) To teach clients to manage their own lives
  - b) To decrease instances of “splitting” between DBT therapists and other individuals interacting with clients
  - c) To encourage respect for the clients
  - d) All of the above
  
4. You get a call from the ER that your client has just arrived there with suicidal ideation. The client is coherent and able to communicate. Which is NOT something you would routinely do as part of your response to the ER?
  - a) Insist the client not be hospitalized
  - b) Provide the caller with the necessary information the client cannot give, and verify/correct information client has given
  - c) Tell them to follow their normal procedures
  - d) If possible, speak to the client and coach them on how to best cope with the situation and interact with professionals
  
5. Which of the following are therapist consultation/supervision strategies?
  - a) Intervening for client
  - b) Telling other therapists how to respond to client
  - c) Meeting to confer on treatment
  - d) Judgment of other therapists’ limits

## **Chapter 14**

1. The following are categories of structural strategies:
  - a) Contracting strategies, Generalization strategies, terminating strategies
  - b) Commitment strategies, stylistic strategies, terminating strategies
  - c) Commitment strategies, session ending strategies, terminating strategies
  - d) Contracting strategies, session-beginning strategies, targeting strategies
  
2. When orienting a client to DBT the therapy, number, form, and content of sessions should be clearly described. There are also 6 characteristics of DBT treatment philosophy that should be described. Select 2 of the characteristics from the list below:



- a) Behavioral
  - b) Directive
  - c) Skills oriented
  - d) Future oriented
  - e) A and C
  - f) B and D
3. Your new client reports that she has done DBT treatment in a previous treatment setting and is in crisis and eager to start working with you. She doesn't want to do skills training, and the previous DBT provider didn't make her do skills training. What do you do?
- a) Given her previous experience with DBT, agree to take her on as an individual client with phone coaching and diary card.
  - b) Reorient her to the required modes of comprehensive DBT and work to build commitment for skills group in addition to individual therapy and phone coaching during orientation and commitment period. If she still does not want to do skills, help her find other services.
  - c) Reorient her to the required modes of comprehensive DBT and work to build commitment for skills group in addition to individual therapy and phone coaching during orientation and commitment period. If she still does not want to do skills group, begin individual therapy while continuing to attempt to build commitment for skills group.
  - d) Given her self-reported crisis, refer her to a higher level of care
4. Your client has just completed 6 months of stage 1 treatment and now reports that she is ready to process past trauma and would like to focus more on this during individual therapy. She still engages in self-harm behavior on a regular basis. She does not want to continue DBT treatment if she has to repeat stage 1. What do you do?
- a) Orient her to the requirements for moving to Stage 2 and build commitment for continuing Stage 1 until these requirements have been met
  - b) Refer her to a community provider
  - c) Began trauma treatment, as PTSD is core to her ongoing SI
  - d) Offer validation and insist she continue in Stage 1
5. All targeting strategies should be used every session. True or False?
6. Which of the following strategies would NOT be appropriate for ending a session?



- a) Summarizing the session
  - b) Exposure
  - c) Giving the client a tape of the session
  - d) Reviews HW
7. The therapist should begin actively planning for termination at least \_\_\_\_\_ before therapy ends (in a 1-year DBT treatment contract).
- a) 1 year
  - b) 8 months
  - c) 3 months
  - d) 6 weeks

## **Chapter 15**

1. Your client wants to be hospitalized, and you disagree. Which of the following is NOT a recommended guideline to follow?
- a) Maintain your position
  - b) Validate the client's right to maintain her position
  - c) Help the client get admitted
  - d) Withhold warmth after discharge as a way to block the client from pursuing hospitalization in the future
2. Identify which principles should be kept in mind with regards to telephone coaching. Select all that apply:
- a) A client should not be required to be suicidal in order to obtain extra time and attention from the therapist, so strategies are designed to minimize therapist phone contact as a reinforcer for parasuicide and suicide ideation
  - b) Provide additional therapeutic contact when in crisis
  - c) Phone strategies can provide training for the client on how to ask for help appropriately
  - d) Repairing with a therapist between session is not an appropriate use of phone coaching and should be reserved to discuss as TIB in session
  - e) A and C
  - f) B and D
3. During session your client repeatedly becomes angry at you, raising her volume, using a threatening tone, and leaning in aggressively. What do you do to effectively address the behavior?
- a) Withdraw warmth as a way to block the behavior



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- b) It depends on your case conceptualization, as this behavior may be TIB for one client and a step towards shaping of accurate emotional experiencing and expression for another
  - c) Leave the room until client is able to regulate and alert front desk staff/building security
  - d) Teach the client new skills, either to address her emotions in the moment or to solve the problems in her life which are contributing to her anger
4. Which of the following are crisis strategies to employ when receiving a crisis call (1993, p. 500-502)?
- a) Assess suicide potential
  - b) Focus on problem solving, with the suggestions of skills use
  - c) Anticipate recurrence of crisis and make a coping ahead plan accordingly
  - d) All of the above
5. Which of the following would you NOT do when suicide crisis/parasuicidal behavior has occurred?
- a) Chain analysis of the behavior
  - b) Increase phone contact over the next 24 hrs to ensure support is available
  - c) Validate clients pain
  - d) Work on stimulus control to help decrease likelihood of client having access to preferred means in the future
6. Your client, who has a history of serious overdoses on psychiatric medications with need for medical stabilization, calls in an emotionally dysregulated state and says she has stockpiled her meds and wants to take them. How would you proceed?
- a) Assess if client has already taken any medication or engaged in any other self-injurious or suicidal behavior
  - b) Coach client through distress tolerance skills to attempt to downregulate her emotions
  - c) Get commitment from your client to not take the pills
  - d) All of the above
7. A behavioral analysis is always conducted following parasuicidal behavior, even if a client says she does not know or does not remember. True or False?



8. The dual roles of the relationship in DBT are the:
- a) Transference and countertransference
  - b) In-to-out and out-to-in
  - c) Therapist and equal
  - d) Relationship as therapy and therapy through the relationship