

**Group Therapy For Today's Patients**

by Dr. Scott Rutan

**POST TEST - 3 CEs**

*All questions and answers are derived from the content of the taped program.*

1. Most patients seeking psychotherapy:
  - A. Could use a therapy group
  - B. Might use a therapy group much later in their treatment
  - C. Probably should not be put into a therapy group
  
2. If a patient does not want to join a group:
  - A. They should be placed in the group anyway so they can learn from their resistance
  - B. Group should never be considered a treatment option.
  - C. They should not be placed in a group at this time
  - D. They should be offered no other treatment if they do not accept group therapy as suggested
  
3. The group agreements are:
  - A. Relatively important to the success of a therapy group
  - B. The key ingredient in the success of a therapy group
  - C. Optional
  
4. There are many things that cannot be shared in therapy groups:
  - A. True
  - B. False
  
5. Violent acting out is more likely to occur in group than in individual therapy
  - A. True
  - B. False
  
6. The key to a "good" rather than "bad" group dynamic is:
  - A. Selection of participants
  - B. Time limited group
  - C. Well organized agreed upon clear set of goals
  - D. flexibility
  
7. The best time to bring new people into the group is:
  - A. Just after a participant termination
  - B. Just before a participant termination
  - C. When the group is about to take a scheduled break
  - D. None of the above

8. Starting and stopping the group on time is:
- A. Very important
  - B. Not important
  - C. to be decided on by the group
9. A participant who leaves the group should know they can not come back.
- A. True
  - B. False
10. The main predictor of a good therapeutic team is that the co-leaders:
- A. Like each other
  - B. respect each other
  - C. one is male and one is female
  - D. share the same theoretical orientation

Name: \_\_\_\_\_

NASW Membership #: \_\_\_\_\_  Not a member

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Day time Phone: \_\_\_\_\_ Email address: \_\_\_\_\_