IO3

Topic 1 : Death Education

1. **Which level of prevention does a Death Education intervention refer to, when it promotes reflections on death and dying even though death is currently not salient nor present in a person's life?**
   a. To the level of primary prevention
   b. To the level of tertiary prevention
   c. To all levels

2. **According to the Terror Management Theory, self-esteem is considered as:**
   a. A proximal defense
   b. Both a proximal and a distal defense
   c. A distal defense together with the cultural worldview

3. **The anticipatory mourning is:**
   a. A psychological process resulting from the loss of a significant person often characterized by the presence of a state of massive intimate suffering.
   b. A psychological condition generated by the awareness of the imminent death of a person which generally results in inauthentic behavior towards that same person.
   c. A type of acute grief lasting over 24 months and causing impaired daily functioning together with persistent suffering.

Topic 2 : Palliative Care

1. **How do you define palliative cares?**
   a. Method of treatment aimed at improving the quality of life of patients who are facing serious illnesses and their families, through the prevention and relief of suffering, through the identification and early treatment of pain;
   b. Method of treatment aimed at improving the quality of life of patients with terminal disease and their families only in the last step of the illness, through medical and psychological support;
   c. Method of treatment aimed at improving the quality of life of patients that underwent chemotherapy and radiotherapy treatments.

2. **According to EAPC (European Association for Palliative Care) projections, in the coming decades:**
   a. The population requiring palliative care will grow significantly at a global level, due to the increase of serious chronic diseases and the progressive ageing of the population;
   b. The population requiring palliative care will decrease significantly at a global level, thanks to the development of new medical technologies, which will lead to a easier management of serious chronic diseases;
   c. The increase of serious chronic diseases and the progressive ageing of the population will require therapies entirely pharmacological, in order to allow each person to self-manage and not burden the health system.

3. **In which contexts and for which pathological stages is recommended to adopt palliative care?**
   a. Just in the hospitals and public clinics, from the moment of the diagnosis of chronic progressive illnesses for its entire duration;
   b. In an integrated network at community level that involves hospitals, clinics, patients' homes and hospices, starting from an early diagnosis in order to facilitate advance care planning, and symptom assessment;
   c. In patients' homes and hospices, just during the last stages of a terminal illness, when the specific treatments promoted by the hospitals are no longer effective.

Topic 3: Communication

1. **According to Parry et al. (2014), which communication method has proven to be more effective in fostering conversations on sensitive issues during the course of the disease?**
   a. Adopting Fishing questions, asking hypothetical questions and indirect talk;
   b. Using direct talk and communicating diagnosis and future treatments with frankness and as soon as possible;
   c. Not making questions and waiting for the patient to ask for information on the course of the disease,

2. **In the Six-Step Protocol for Delivering Bad News (2000), the stage called "Perception" in communicating bad news about patient's health, proposes to:**

   a. Prepare place, time and mental asset for the talk in order to arrange for some privacy and ask people if they want to involve in the conversation their significant others;
   b. Evaluate how much and what information the patient wants to receive and what is the most appropriate time to communicate it;
   c. Evaluate the attitude of the patient about the illness, trying to grasp the possible discrepancies between the clinical state and the patient's ideas, including possible

mechanisms of illness denial.

3. Which statement reflects a good doctor-patient communication?

a. "Despite the failure of the first treatment, there are many other options for you";
b. "Even if this first treatment was not effective, I will show you what other actions we can decide to take together";
c. "The first treatment was not effective because you got a really difficult disease to treat, but let's see what we can do from now".

Topic 4: Advance Care Planning

1. **What does it mean Advanced Care Planning (ACP)?**
   a. ACP is the process of planning for future medical care in end of life, whose goal is helping patients to receive appropriated and tailored medical care, aligned with their personal wishes and values;
   b. The ACP is a measure with just juridical and legal value concerning the last wishes of the patient about the treatment;
   c. ACP is the definition used to indicate the joint treatment that the medical staff offers to the patient to deal with the last phase of the disease.

2. **What kind of risk could bring a late Advanced Care Planning?**
   a. Patients show a higher likelihood of aggressive care preferences, because they don't have time enough to reflect about their values and preferences;
   b. Patients opt for unconventional treatments, to try to better deal with the remaining time;
   c. Patients face the emotional impact of the diagnosis and loosing interest for drug treatments.

3. **What role do psychologists play in Advanced Care Planning?**
   a. They have a direct role during clinical interviews and a indirect role providing adequate training for doctors and nurses involved in first person in patients assistance ;
   b. They have a role purely in providing training for doctors and nurses about dealing with emotional and communicative barriers that can arise with patients;
   c. They get involved when patients and family have serious dysfunctions in managing the disease.

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Topic 5: Psychological Intervention

1. **At what stage of disease of patients with advanced cancer, the following psychological interventions were found to be effective?**
   Supportive-expressive therapy, Meaning-centered psychotherapy (MCP), Managing Cancer and Living Meaningfully (CALM).

    a. Shortly after diagnosis of advanced cancer ;

    b. When living with advanced cancer ;

    c. At or near the end of life.

2. **Which factors were found to be predictors of caregivers' quality of life?**
     a. the gender of the caregivers, the time spent for caregiving and their psychological condition;
     b. the kind of relationship between the patient and the caregiver (bonds between blood relatives or non-blood relatives);
     c. time spent incaregiving, age and socio-cultural level.

   3. **The Cognitive Behaviour Therapy (CBT), especially for Dual Process Model (DPM) approaching the mourning:**

   a. provide both to foster accommodation of the loss and promote restoration of life goals and roles.
   b. aims to provide psychological techniques to remove the pain of loss;
   c. aims to identify different factors (e.g. medical/psychological history, family network, economic status etc.) that may facilitate a complicated grief.

IO4

Topic : Intermodal Arts Therapy

1. **What is the goal of the Three Phases Intermodal Role Work with Bereaved adult?**
   a. To connect to grief, pain and to the force of life through interaction and expressive creation.
   b. To enhance feelings of control and hope via CAT and to teach skills for coping with loss.
   c. All the answers are correct.

2. **What is the "Meta – Role" in the Three Phases Intermodal Role Work with Bereaved adult?**
    a. <mark>Emerging in phase 2. The "choosing self", the role that can redefine one's roles as well as re-author or redirect a situation.</mark>
    b. Emerging in phase 1. The role that is automatic, fixed, and static.
    c. Emerging in phase 2. The role that can activate the bereaved adult's hindering role.

3. **The third phase of the Three Phases Intermodal Role Work with Bereaved adult is about**
    a. Positive thoughts; moving on to the next stage, while separating from the deceased.
    b. <mark>Positive Future Projection; moving on with the force of life, while remembering the deceased's positive influence heritage.</mark>
    c. Closure ceremony; moving on with life, while not mentioning the deceased anymore.

Topic 2: Photovoice

1. **As regards the "Photo-projective" technique, the photographs to be used are supposed to:**
    a. Be imagined by the client
    b. <mark>Be taken by the client or by different people</mark>
    c. Be provided by the therapist

2. **Continuing bonds:**
    a. are always adaptive
    b. are always maladaptive
    c. <mark>can be both adaptive and maladaptive</mark>

3. **Phototherapy:**
    a. Is effective to manage problems related to illness and death in young people and helps dying patients to confront significant issues in their life
    b. Is useful for exploring possible continuing bonds in patients and helping them during the grief process
    c. <mark>All of the above answers are correct</mark>

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Topic 3: Psychodrama, Social Atom And Death

1. What does the term "psychodrama" according to Blatner (2019) mean?

a. action and its exploration

b. psychodrama usually consists of rehearsed numbers, which are often performed the same or similarly over years

c. process of experiencing by learning

2. What is the "social atom"?

a. largest social unit (its representation in the mind of the therapist)

b. emotional relationships with attraction and rejection

c. a social atom is a building block from which all solid, liquid or gaseous materials consist

3. What is the connection between the "social atom" and death?

a. the social atom and death are not connected

b. when someone dies, the social atom before and after looks the same (social catharsis)

c. according to Moreno (1947) it is not always possible to replace the person who passed away, you lose a part of yourself and need "death catharsis"

Topic 4: Psychodrama for self-care

1. What does the term "compassion fatigue" according to Stamm's theoretical model (2010) mean?

a. those positive aspects of working as a helper

b. an excess of empathy and undue identification with patients' suffering

c. secondary traumatic exposure to event due to a relationship with the primary person

2. Developing a personal philosophy regarding death that may, or may not relate to individual religious or spiritual beliefs

a. it is a personal coping strategy

b. it is an organizational strategy, the person working has no power to do so

c. it is an aberration, no one can do such a thing

3. **To assist the Carer in the expression - both verbally and bodily- of thoughts and feelings that for some reason s/he does not perceive or avoid, the most appropriate psychodrama technique is:**

a. the mirror
b. <mark>the double</mark>
c. the role-reversal