Chemical Dependency Counseling A Practical Guide 5th edition Perkinson Test Bank

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Test Bank

Chapter 2: "1st Hours"

The following questions are multiple choice. Please circle the correct response

1. Trust is essential to the therapeutic alliance. Which of the following is NOT an important element in the establishment of trust?
    a. Consistency
    b. If you say you are going to do something, do it.
    c. Self disclose one of your own issues.
    d. Never manipulate a client, even to gain a positive outcome.
    e. Always use the truth
    (Easy, Importance of Trust, P. 33)

2. A counselor should establish and maintain relationships with community resources to:
    a. identify service gaps.
    b. help address unmet needs.
    c. ensure appropriate referrals.
    d. all the above.
    e. only b and c.
    (Easy, Referral, P. 35)

3. The following are all referenced as important elements of the initial contact with exception of:
    a. unconditional positive regard.
    b. offer a facility tour to the family if possible.
    c. honesty and kindness.
    d. affirming the clients choice for treatment.
    e. validating the insurance.
    (Easy, How to Greet Clients, P. 32)

4. The author expresses the importance of screening for organic brain dysfunction. A referral to a medical professional should be made if:
    a. they fall outside the cut off scores of the screening instruments.
    b. clients display unusual speech patterns.

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c. clients display unusual movements.
d. clients display unusual actions/behaviors.
e. all the above.
f. none of the above.
(Medium, How to Check for OBD, P. 35)

5. The purpose of the assessment is to determine:
   a. degree of problem with addiction.
   b. level of motivation.
   c. do they have the resources for treatment.
   d. only A,B
   e. only A,C
   f. A,B, and C
   (Medium, The Initial Assessment, P. 35)

6. The Addiction Severity Index (ASI) assesses seven (7) dimensions involved in many addicted persons. These include all but:
   a. medical status.
   b. substance use.
   c. psychiatric status.
   d. legal status.
   e. financial status.
   f. family history.
   (Medium, Referral, P. 36)

7. John D came into treatment willingly following an intervention facilitated by family and friends. He identifies having a problem and needs to change. What ASAM Dimension would this fit within?
   a. Acute Intoxication/withdrawal complications.
   b. Biomedical conditions.
   c. Emotional, behavioral, or cognitive conditions.
   d. Relapse potential.
   e. None of the above.
   (Difficult, ASAM Placement Criterion, P. 39—correct answer would have been “readiness to Change”)

8. Jill was court ordered to treatment following a series of drunken driving mishaps. She has been sober for two weeks and is medically stable. While she admits being anxious, most of

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this is related to her legal consequences. She lives alone and has a friend in recovery. Using the ASAM scales, ill meets the criterion for:

a. detoxification.
b. inpatient treatment.
c. outpatient treatment.
d. private counseling.
e. 12-step meetings.
(Medium, Criterion for treatment, P. 44)

9. Lorenzo has been a daily drinker with a history of domestic violence when using. He has recently been diagnosis as positive for hepatitis C. He has been detoxed in the past but never followed up by going to treatment. He currently lives with a group of college friends who are also heavy drinkers. Using the ASAM scales, ill meets the criterion for:
   a. detoxification.
   b. inpatient treatment.
   c. outpatient treatment.
   d. private counseling.
   e. 12-step meetings.
   (Medium, Criterion for Treatment, P. 44)

10. All the following are elements of an effective intervention except:
    a. positive regard.
    b. participants writing letters reflecting specific incidents in which they were impacted by the clients use.
    c. a treatment facility must already be lined up.
    d. the clients should commit to a target date where they will enter treatment.
    e. conducted at a neutral location.
    (Medium, Crisis Intervention, P. 38)

11. After _____ year(s) of sobriety, relapse rated fall to near zero.
    a. 1
    b. 2
    c. 3
    d. 5
    e. 10
    (Medium, How to Conduct a Crisis Intervention, P. 39)

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12. American Society of Addiction medicine (ASAM) patient placement criterion includes all the following dimensions except:
    a. withdrawal potential.
    b. readiness for change.
    c. living environment.
    d. biomedical complication.
    e. age, race, and ethnicity.
    f. relapse potential.
    (Easy, ASAM Placement criterion, P. 40)

13. Criterion for diagnosis of Substance Use Disorders is guided by criterion from the:
    a. Diagnosis Manual.
    b. American Medical Association.
    c. American Medical Society.
    d. American Society of Addiction Medicine.
    e. Diagnostic and Statistical Mental Disorders.
    (Easy, Diagnostic and Statistical Manual, P. 41)

14. Substance Use Disorder should have specifiers regarding:
    a. whether it is Chemical Dependency of Not.
    b. if physiological dependence is, or is not present.
    c. if biological dependence is, or is not present.
    d. the clients stage of change.
    e. none of the above.
    (Medium, Diagnosis Chemical Dependency, P. 42)

15. The following are all recognized "levels of care" with the exception of:
    a. outpatient treatment.
    b. residential inpatient.
    c. half-way house.
    d. intensive outpatient treatment.
    e. clinically managed, high-intensity residential services.
    (Medium, How to determine level of care, P. 43)

The following Questions are True or False. Circle the correct response.

1. Consistency is a critical element in establishing trust. T F
2. Denial must be addressed, at least minimally, in the initial hours of treatment.
   T F

3. Initially, counselors must only focus on the clients' addiction. Ancillary referrals should only be considered after the client is in the action stage T F
4. The text identifies several highly sophisticated toxicology technologies capable of rendering diagnosis. T F
5. Level of care criterion is the same for both adolescents and adults. T F

The following are all short answer questions:

1. A clinician should be knowledgeable in the community demographics and cultures. Why is this referral in treatment, or the selection of referrals sources?
    a. (P. 35, Referral) There are few treatment agencies that can provide for all the clients' needs. We generally need a community approach that can help with issues of physical health, vocational support/training, spiritual needs, credit repair, etc. Knowing of these resources is paramount to effective referrals.
2. Typically, addiction impacts multiple areas of a person's life. What are some typical complicating issues and needs a person may have? What are some community resource systems that may be important to be familiar with?
    a. (P.35–36, Referral) Typical issues are medical complaints, mental health issues, and legal problems. For these reasons, it is important to know referral resources for health care, mental health care, legal aid, etc.
3. One of the elements critical to treatment placement is recovery/living environment. Why is this important to consider. Given an example how living environment can aid recovery? Be a barrier to recovery?
    a. (P. 39–40, ASAM Placement Criterion) What if a client lives in a living situation where everyone drug use is rampant. Would not this increase their likelihood of relapse? Similarly what if some lives with another person in recovery, and has no access to mood altering substances in their home environment. This can reduce some relapse potential.
4. John is self-referred to treatment for Opiate use. He was diagnosed with a Opiate Use Disorder with physiological dependence. He has no complicating medical concerns, works full time, and has no treatment resistance. Presently, he lives in an apartment with a friend who uses opiate pain medicine daily. This means opiate medication is in the household. Which of the ASAM Dimensions would have the most concern?
    a. (P. 26, ASAM Criterion) Recovery and Living Environment (6). Having a client's drug of choice available to them in their living situation may pose a relapse risk.

5. Kim is a 17-year-old female diagnosed with drug dependence. Her parents are supportive and have removed all drugs of abuse from the home. She is presently behind in school. What would be the ideal level of care? Why?

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a. (P. 31, ASAM Criterion) Kim would benefit from an outpatient level of care. This allows her to remain in a sober drug free-environment in a caring household while remaining in school.

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