

Multiple Choice Questions

1. What is a treatment plan?
 - (a) A written document that details how problems are defined
 - (b) A map to recovery
 - (c) A verbal client-counselor agreement
 - (d) A counselor created document for client success

2. Treatment planning was created to provide an analytical and critical way of thinking for all **except** which of the following:
 - (a) Counselors
 - (b) Clients
 - (c) Researchers
 - (d) Insurance companies

3. Treatment plans must be updated to reflect any changes occurring during substance abuse treatment such as:
 - (a) Addressing additional problems
 - (b) Resolving and redefining problems
 - (c) Adding goals
 - (d) All of the above

4. Which of the following is not one of the common problem domains that reflect the three major models of substance abuse according to Richard J. Laban?
 - (a) Initial treatment
 - (b) Interpersonal relations
 - (c) Home environment
 - (d) Work environment

5. Which of the following is/are type(s) of plan identification?
 - (a) Early Treatment
 - (b) Comprehensive Treatment
 - (c) Modified
 - (d) Early treatment, comprehensive treatment, modified

6. JCAHO (Joint Commission on Accreditation of Healthcare Organizations) is:
 - (a) The entity that gives its stamp of approval to substance abuse treatment programs (SATPs) and facilities that are providing respectful, ethical assessment, care, and education to clients and their families
 - (b) An accreditation organization that requires SATP clinical staff to write treatment plans
 - (c) A quality oversight body for health care organizations and managed care in the United States
 - (d) All of the above

7. Clients with more extensive substance abuse dependency problems usually need a more _____ environment to match the severity of the diagnosis.
 - (a) Flexible
 - (b) Restrictive
 - (c) Supportive
 - (d) A and C

8. Detoxification is:
 - (a) Based on the type of drugs abused and a patient's medical condition
 - (b) Considered the beginning of treatment
 - (c) Begun after medical necessity is established
 - (d) All of these

9. Dual-diagnosis inpatient settings provide all of the following *except*:
 - (a) On-site medical and psychiatric care, including 24-hour nursing
 - (b) Psychiatric and substance abuse crisis stabilization
 - (c) More intensive and long-term individual therapy
 - (d) Daily intensive group contact with staff and other clients

10. Hazelden, a treatment facility for alcoholics, is considered to be one of the major contributors to the _____, which has elements of medical, social, and self-help approaches.
 - (a) Inpatient program structure
 - (b) Minnesota Model
 - (c) 12-Step Program
 - (d) Long-term outpatient program

11. In residential programs, an individual is allowed to
 - (a) work during the day
 - (b) live in a residential setting
 - (c) receive comprehensive treatment services
 - (d) all of the above

12. In a recovery/halfway house located near a rehabilitation or residential facility, clients can rely on supportive group social structure in a:
 - (a) Transitional living arrangement with less monitoring
 - (b) Recovery option for low-income clients
 - (c) 12-Step outpatient program
 - (d) Short-term facility immediately following detoxification

13. With traditional comprehensive “intensive outpatient” programs, clients are usually enrolled to attend three evenings of group therapy with the addition of weekly:
 - (a) Individual counseling
 - (b) Urinalysis testing
 - (c) Vocational training
 - (d) Family therapy

14. A _____ category would be used in the case of a weekly voluntary outpatient substance abuse treatment program, where clients generally reside in their homes and attend scheduled meetings with professionals at designated agencies, offices, churches, and/or treatment facilities.
 - (a) Mild
 - (b) Moderate
 - (c) Severe
 - (d) Strict

15. The _____ model rejects the use of medication and relies on a supportive, non-hospital setting to help the client through withdrawals.
 - (a) Pure
 - (b) Medical
 - (c) Social
 - (d) Collective

16. The _____ model uses medical staff, including doctors and nurses, to administer medication to safely assist people through withdrawal.
 - (a) Pure
 - (b) Medical
 - (c) Social
 - (d) Collective

17. Long-term treatment goals of the Minnesota Model are _____.
- (a) Total abstinence from all mood-altering substances and an improved quality of life
 - (b) To grow in transcendental, spiritual awareness and to recognize personal choice and responsibility
 - (c) To develop peer relationships and to abstain from all mood-altering substances
 - (d) To recognize personal choice and responsibility and to improve one's quality of life
18. Success of the Minnesotal model Counseling Approach process is characterized by
- (a) Relief and peace
 - (b) Increased sense of self-worth and the existential restoration of meaning to life
 - (c) Acceptance by self and the group
 - (d) All of the above
19. Often a _____ in Individualized Treatment Plans is used to encourage clients to participate successfully in the program.
- (a) Reward system
 - (b) Behavior contract
 - (c) Level system
 - (d) Progress report
20. In the Minnesota or Hazelden model, counselors assume the role of _____
- (a) Educator
 - (b) Coach
 - (c) Clinician
 - (d) Both a and b
21. According to the Minnesota or Hazelden model, ideal personal characteristics of a counselor include _____.
- (a) Being tolerant and nonjudgmental of client diversity and conveying compassion to clients
 - (b) Being collaborative when working with clients and able to elicit and use input from other professionals
 - (c) Being flexible in accepting job responsibilities and having personal integrity
 - (d) All of the above
22. Ybrandt's research revealed that the general risk factors for alcohol use among children adolescents were _____.
- (a) Leisure and peer problems
 - (b) Problems associated with family background and relationships
 - (c) Criminal behavior for those aged between 12 and 18 years
 - (d) All of the above