

**Chapter 1**  
**Contexts of Effective Treatment**

**MULTIPLE CHOICE QUESTIONS**

1. Research on counseling effectiveness
  - (a) shows that counseling is usually effective.
  - (b) is difficult to apply to unique situations.
  - (c) tends to be biased in favor of counseling.
  - (d) shows that short-term therapy is more effective than long-term therapy.
  
2. The “B” in the BETA model represents change theories that emphasize
  - (a) behavior.
  - (b) biology.
  - (c) background.
  - (d) biofeedback.
  
3. The “E” in the BETA model represents change theories that emphasize
  - (a) empowerment.
  - (b) emotions.
  - (c) environment.
  - (d) exploration.
  
4. The “T” in the BETA model represents change theories that emphasize
  - (a) trust.
  - (b) training.
  - (c) transference.
  - (d) thoughts.
  
5. The “A” in the BETA model represents change theories that emphasize
  - (a) actions.
  - (b) analysis.
  - (c) adaptation.
  - (d) actualization.
  
6. A counselor who believes that a thorough understanding of a client’s childhood is necessary for successful treatment might exemplify \_\_\_\_\_ theory.
  - (a) existential
  - (b) humanistic
  - (c) cognitive
  - (d) psychodynamic
  
7. Replacing negative thoughts with positive ones would most likely be the goal of a/an \_\_\_\_\_ therapist.
  - (a) behavioral

- (b) cognitive
  - (c) psychodynamic
  - (d) existential
8. Which of the following is NOT a common factor implicit in almost every form of successful therapy?
- (a) Provides a collaborative therapeutic alliance between client and clinician.
  - (b) Instills hope and optimism.
  - (c) Promotes clinician's sense of mastery and expertise.
  - (d) Improves coping, impulse control, stress reduction, and promotes behavioral change.
9. Which of the following is a common ingredient of successful treatment strategies?
- (a) An average of 10-15 counseling sessions.
  - (b) The use of affect-based techniques.
  - (c) Matching counselor and client based on gender and culture.
  - (d) Improved client ability to modify thoughts.
10. The most powerful factor in change appears to be
- (a) clients' experiences and inner resources.
  - (b) client optimism.
  - (c) clinician expertise.
  - (d) the techniques and interventions utilized.
11. Which of the following is a problem you would NOT expect to be presented by the Diaz family?
- (a) Edie's excessive use of alcohol
  - (b) Edie's overprotection of her daughter
  - (c) Ava's acting out
  - (d) Roberto's over involvement in his work
12. Which of the following statements is false?
- (a) Some clients can benefit from treatment more than others regardless of theoretical approach.
  - (b) The therapeutic alliance is an important determinant of treatment outcome.
  - (c) Client motivation is an important determinant of treatment outcome.
  - (d) Clients who do better in therapy attribute it to the techniques and interventions used.
13. Which of the following is NOT an outcome of establishing a positive therapeutic alliance?
- (a) It prevents ruptures from occurring in the future.
  - (b) It lets the client know that the clinician is listening empathically.
  - (c) It encourages clients' self-esteem, congruence, and self-disclosure.
  - (d) It encourages client's positive expectations of change.

14. The acronym ADDRESSING is important because:
  - (a) It can improve the clinician's cultural competence.
  - (b) It helps clinicians understand the effect of their client's address on their personality.
  - (c) ADDRESSING provides an all-inclusive treatment modality.
  - (d) About 25% of therapists describe themselves as being culturally challenged.
  
15. Which of the following people is strongly associated with the third force in counseling and psychotherapy?
  - (a) Sigmund Freud
  - (b) Martin Seligman
  - (c) Albert Ellis
  - (d) Carl Rogers
  
16. Which client characteristic seems unrelated to outcome?
  - (a) intelligence
  - (b) age
  - (c) education
  - (d) socioeconomic level
  
17. The most powerful predictor of treatment outcome is the
  - (a) nature of the relationship between clinician and client.
  - (b) theoretical orientation of the clinician.
  - (c) client's sense of self-efficacy.
  - (d) number of counseling sessions.
  
18. A 30-year-old African American female says she would feel most comfortable with a clinician of similar age and background. To enhance the therapeutic alliance, it would be best to
  - (a) pair her with an older African American counselor to minimize transference.
  - (b) assign her to a clinician who specializes in her presenting problem, regardless of other factors.
  - (c) assign her to a clinician who is very different than she to gently challenge her assumptions and stereotypes.
  - (d) honor her request as closely as possible.
  
19. A distinguishing characteristic of a sound therapeutic alliance is
  - (a) shared goals created in collaboration with the client.
  - (b) client's access to an extensive support system.
  - (c) an emphasis on personal growth and spirituality.
  - (d) a clinician who uses caring confrontations.
  
20. As predictors of positive treatment outcome, techniques and interventions
  - (a) have little predictive value.
  - (b) are not as important as the clinician-client relationship.
  - (c) are not as accurate as the clinician's level of education.

- (d) are not as accurate as client age.
21. Which theoretical orientation is the most effective overall?
- (a) behavior modification in combination with cognitive therapy
  - (b) solution-focused brief therapy
  - (c) any treatment as long as it incorporates mindfulness
  - (d) While some treatment methodologies work better for specific problems, no single treatment approach has been found to be the most effective overall.
22. Which of the following is true of ethical guidelines for counselors?
- (a) Most professional associations have a code of ethics.
  - (b) The guidelines address confidentiality issues.
  - (c) Belonging to professional organizations and following established guidelines can help to protect counselors from lawsuits.
  - (d) All of the above.
23. Wayne, a mental health therapist, was convinced that his client intended to assault a co-worker. Wayne alerted the co-worker that he may be in danger. Ethically, Wayne
- (a) had the option of maintaining confidentiality.
  - (b) was required to consult a supervisor before taking this action.
  - (c) was required to take this action.
  - (d) had no basis for his action.
24. Paul, a talented carpenter, agreed to build bookcases for his therapist's office. Is this agreement ethical?
- (a) Yes, because the therapist will not be present when the bookcases are installed.
  - (b) Yes, because the therapist is paying fair market value.
  - (c) No, because it constitutes a dual relationship.
  - (d) Possibly, depending on Paul's therapeutic goals.
25. During their first session, Malia explained the expectations and responsibilities of both the client and clinician to her client. This is an example of
- (a) role induction.
  - (b) initiation.
  - (c) boundary setting.
  - (d) modeling.

## SHORT ANSWER/ESSAY QUESTIONS

1. Describe the emphasis of each of the four “forces of psychotherapy.” If possible, provide at least one example of a theorist associated with each approach.
2. Define empathy, unconditional positive regard, and congruence. How are they important in developing a positive therapeutic alliance?
3. What are the salient psychological issues for each member of the Diaz family?
4. Clients attribute a large portion of the change they experience in treatment to extratherapeutic factors. Explain the meaning of this statement and discuss its implications for clinicians.
5. List and define five important aspects of people’s lives which can serve as areas for assessment.
6. Name three ways that a clinician can maximize the positive influence of client background and personal qualities.
7. Define the mnemonic ADDRESSING. Describe how the concepts can be applied in the counseling setting.
8. Jose, 32, arrived in the United States from Ecuador about six months ago. He is seeking therapy at this time because he is having difficulty adjusting to American culture and finding suitable employment. He has been assigned to a 23-year-old therapist who emigrated with his parents from Iran at the age of 18. Although their backgrounds are quite different, consider the ADDRESSING acronym and which “locations” or components of identification are similar and which are different. How can the clinician use the ADDRESSING model to build a cohesive therapeutic alliance with Jose?
9. Identify five characteristics of effective therapeutic relationships and briefly define each.
10. List the five interpersonal characteristics you believe are most essential in an effective clinician. Explain why you chose these five.
11. Discuss important considerations of these ethical topics and provide an example of each: (1) do no harm, (2) confidentiality, (3) duty to warn, (4) dual relationships.
12. Describe the purpose of role induction and list five topics you would address in this process. Provide a brief statement illustrating how you as a clinician would present each of the five topics.

13. Identify at least five procedures or interventions that a clinician might use to promote rapport.
14. Describe three aspects of cultural competency.
15. Describe five specific areas of clinician competency from those listed on pages 14-15 that you would like to develop in yourself. Explain why you chose each of these five areas, drawing on information from the text, your career goals, and your knowledge of yourself.
16. Identify at least six areas that might be covered in an intake interview.
17. Name at least four considerations clinicians should address when formulating questions.