Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery

Multiple Choice
Identify the choice that best completes the statement or answers the question.

1. **Part One, Chapter One**
Depressive symptoms are common among clients in substance abuse treatment and findings from a 2001–2002 national survey indicate that substance abuse counselors will encounter significant numbers of individuals with co-occurring substance abuse and depressive symptoms. Among people who have had past year contact with health personnel or social service agencies and who also have had a past year substance use disorder, ___ percent of those with an alcohol use disorder also had an independent mood disorder and ___ percent of those with a drug use disorder had an independent mood disorder.
   a. 20; 40  
   b. 30; 50  
   c. 40; 60  
   d. 50; 70

2. In dealing with substance abuse clients’ depressive symptoms, which of the following is NOT one of the Consensus Panel Recommendations?
   a. All substance abuse treatment clients should be screened for depressive symptoms
   b. Professionals should realize how depressive symptoms can manifest in clients with substance use disorders and how those symptoms can affect substance abuse recovery
   c. Intervention methods that may be used to successfully manage depressive symptoms in substance abuse treatment include behavioral, cognitive–behavioral, supportive, expressive, 12-Step facilitation, and motivational interviewing
   d. Substance abuse treatment for clients with substance use disorders and depressive symptoms should be group oriented and dispersed

3. Symptoms of depression exist on a continuum, and having depressive symptoms differs from having a major depressive disorder in terms of the number or severity of symptoms experienced by a client, and in terms of the types of symptoms.
   a. True
   b. False

4. As with substance abuse, even though a person may be in remission from a depressive illness, the disorder remains. Prevention of and early intervention in recurrences must be addressed in treatment, especially in early recovery from substance use disorders, and if a client has a mood disorder, the client and counselor should both be on the lookout for a recurrence of symptoms.
   a. True
   b. False

5. Depressive symptoms may come and go for a period up to a few months, and these are sometimes called “episodic.” Other depressive symptoms are always or almost always present, and these are referred to as:
a. “Chronic”

b. “Acute”

c. “Fixed”

d. “Ingrained”

6. Anxiety, low mood, restlessness, paranoia, and psychosis are examples of depressive symptoms associated with withdrawal of which substance?

a. Opioids

b. Sedative-Hypnotics

c. Cocaine and stimulants

d. Cannabis

7. Depression can affect almost any area of functioning, and as a result, the client with depressive symptoms may have problems with treatment participation. Each of the following is an example of possible problems in this area that the authors present EXCEPT:

a. Difficulty in concentrating and integrating materials, such as program rules and program assignments

b. Lack of energy to participate in substance abuse treatment program activities such as group therapy, family therapy, 12-Step meetings, and recreational activities

c. Lack of perceived ability or motivation to change, and the belief that he or she is beyond help

d. An inability to express feelings such as sadness and anger during the treatment process

8. Many psychological therapies such as cognitive-behavioral, supportive and expressive, and motivational interviewing help the client build adaptive strategies for coping with depressive symptoms. Which of the following is an accurate statement about these interventions?

a. Supportive therapies focus on helping clients change problematic behaviors or taking on new behaviors that will benefit and sustain recovery

b. Expressive psychotherapy, the most frequently used psychological treatment in the United States, uses direct measures to reduce or eliminate symptoms and to help the client maintain, restore, or improve self-esteem

c. Motivational interviewing and related motivational strategies assist clients in mobilizing, seeking, and benefiting from a variety of change approaches, as well as sustaining the energy required to achieve lasting change

d. All of the above

9. Individuals from different cultures and ethnic groups will experience and report symptoms of depression differently, and although general observations can be made, it is of the utmost importance that professionals seek to understand each individual with whom they work. It is common among some Asians, Hispanics/Latinos, and some non-Hispanic whites to speak of depressive symptoms in terms of physical symptoms (headache, fatigue, gastrointestinal discomfort) and therefore seek the assistance of a medical doctor.

a. True

b. False
10. Having knowledge of the culture of the clients served by your organization demonstrates respect for their experiences and ways of life. Culturally competent counselors are skilled in:
   a. Framing issues in culturally specific ways and recognizing complexity in client issues based on cultural context
   b. Making allowances for variations in relating to others and in the use of personal space and displaying sensitivity to culturally specific meanings of touch
   c. Exploring culturally based experiences of power and powerlessness and adjusting communication styles to accommodate the client’s culture
   d. All of the above

11. Transference and countertransference occur in all types of counseling-including counseling for substance abuse and for mental health issues-as well as in our everyday reactions to others. The negative aspect of transference and countertransference is that people tend to generalize experiences of the past, and this makes it more difficult to manage the present.
   a. True
   b. False

12. Therapeutic work with people with depressive symptoms is similar to therapeutic work with people who have substance use disorder in that not only are specific skills needed, but also self-awareness and an ability to differentiate one’s life experience and needs from those of the client. It is important to be aware of and empathic to the client’s affects (i.e., sadness, anger, and anxiety), but also to be aware of how these affects influence the clinician.
   a. True
   b. False

13. Clinicians must recognize that particular symptoms, whether of substance abuse, depression, or some other issue, are composed of biology, thoughts, beliefs, emotions, spiritual, and behavioral predispositions that make up the totality of the client. According to this concept of ____________________, the symptom cannot be addressed in isolation, but rather, its relationship to and interactions with all the other attributes of the client must be understood.
   a. Treating the whole person
   b. Treating the entire system
   c. Treating the big picture
   d. None of the above

14. The theory of depression from a cognitive-behavioral standpoint is that dysfunctional core beliefs and assumptions support distorted or maladaptive thinking, which then lead to altered affect and maladaptive behavior. Each of the following is an example of typical depressive thinking styles that the authors highlight EXCEPT:
   a. People with depressive symptoms tend to jump to conclusions easily, particularly negative conclusions
   b. They may discount their positives and
   c. They tend to believe that others are being nice only because they want something, or that they are being manipulative
   d. Those with depressive symptoms use
focus only on what they don’t have, other than what they do have intellectual reasoning and assume that their gut reactions are accurate, even if they are always negative

15. In substance abuse treatment, screening is a planned and purposeful process that determines the likelihood that a client has co-occurring substance use and mental disorders or that his or her presenting signs, symptoms, or behaviors may be influenced by cooccurring issues such as depressive symptoms. Assessment refers to gathering information and engaging in a process with the client that enables the provider to establish (or rule out) the presence or absence of a cooccurring disorder.

a. True  

16. A client-centered plan for a person with substance use disorder and depressive symptoms should be developed in collaboration with the client. The therapist’s success as a partner in the collaborative process of treatment planning will depend, in part, on his or her ability to enter the client’s world and to assist the client in articulating concrete treatment goals and objectives, and the therapist needs to use ________________________ in this process.

a. Empathy and sympathy  
b. Creativity and flexibility  
c. Respect and understanding  
d. All of the above

17. Which of the following is a correct statement about skills and techniques used to treat substance abuse clients with depressive symptoms?

a. Directive techniques emphasize the client’s responsibility to talk about ambivalence toward making a change, to voice personal goals and values, and to make choices among options for change

b. Active listening, also called contemplative listening, involves listening attentively to client statements and repeating them back in different words so that the client can confirm or clarify their meaning

c. Character-based approaches focus on identifying, encouraging, and using the client’s strengths as the foundation for the plan to create positive change

d. Therapeutic confrontation can be an appropriate technique to demonstrate to the client the reality of his or her minimizing, evasiveness, blaming, rationalizing, or denying behavior

18. Clients will enter substance abuse treatment with different levels of motivation to change, and the clinician’s task is work with the client to discover and design a systematic and strategic plan to address their unique set of symptoms of substance abuse and depression. Clients who have recognized that they have a problem and are getting ready to change are in what stage of motivation to change?

a. Action  
b. Preparation  
c. Contemplation  
d. Precontemplation

19. Many substance abuse counselors use the 12 steps of Alcoholics Anonymous (AA) and similar organizations as part of their work with people who abuse substances. The support, comfort, acceptance, and hope people find when they enter AA can directly confront some depressive symptoms of alienation, hopelessness, and despair.
a. True 

b. False

20. If a patient has depressive symptoms or a depressive disorder that has not improved after entering substance abuse treatment, a referral to a physician for evaluation for antidepressant medication should be considered. Each of the following is an accurate statement about the use of antidepressant medications EXCEPT:

a. Antidepressant medications rarely have abuse potential 

b. Any given medication has about a 50 percent chance of working well, and a 50 percent chance of failing 

c. It often takes at least 2 to 3 weeks of treatment and the achievement of an adequate dose before an antidepressant medication begins to work

d. Depression symptoms should be monitored regularly and systematically during antidepressant treatment

21. Part One, Chapter Two

Carl Rogers asserted that in a client-centered, collaborative approach to counseling, the counselor must possess three critical qualities to create the conditions that facilitate change: accurate empathy (expressions of understanding by the counselor of the client’s experience), non-possessive warmth (or unconditional positive regard), and genuineness (authenticity and transparency). The primary counseling tool that facilitates the expression of accurate empathy is the development of trust between the clinician and client.

a. True 

b. False

22. Motivational interviewing, which is based in part on Rogers’ humanistic theory of change, is a directive, yet respectful and client-centered approach to helping people resolve ambivalence about change. As clients get closer to change, they will likely be more willing to explore and express concerns about change, and their ambivalence will decrease.

a. True 

b. False

23. The counselor has several tasks with clients in treatment for a substance use disorder who have depressive symptoms, a diagnosed depressive disorder in remission, or an already-diagnosed depressive disorder for which they are currently in treatment. Which of the following is NOT an accurate statement about how clinicians should work with these clients?

a. Counselors should monitor depressive symptoms to observe whether they change significantly over time or require specific treatment, which can determine changes in severity of depression over time

b. It is important to discuss the impact of depressive symptoms or a depressive disorder co-occurring with a substance use disorder on the client’s family, including children

c. Professionals may help clients identify possible relationships between substance use and depressive symptoms, depressive disorder, or recovery from clinical depression

d. Education on depression should be provided on depressive symptoms, and a client diagnosed with a depressive disorder who receives medication needs to know that treatment should be continued for at least 3 months or longer after
24. Cultural competence refers to the ability to honor and respect the beliefs, language, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff who are providing such services. When a counselor acknowledges and validates the client’s opinions and worldview and approaches the client as a partner in treatment, he or she is expressing and attitude of:

a. Respect  
b. Acceptance  
c. Sensitivity  
d. Openness

25. According to the authors, three closely related processes should determine the content of a counseling session. These include the master treatment plan, developed by the treatment team with the client’s input, the client engagement in an ongoing collaborative effort with the counselor to identify and address specific needs, and:

a. A specific plan to change behaviors and cognitions  
b. The recognition and deconstruction of core beliefs that hinder growth and change  
c. The counselor’s knowledge of what he or she might want to accomplish in the time with the client  
d. None of the above

26. **Vignette One-Behavioral Interventions**  
Behavioral interventions are a basic treatment approach used in substance abuse treatment, and these strategies include stopping drinking and drug use and avoiding people, places, and things where there is a risk of alcohol or drug use. The assumption is that changing behaviors will build an environment for subsequent changes in thinking, feeling, and beliefs, and will help clients sustain the growth they are making and help them use this growth to sustain even greater change.

a. True  
b. False

27. In this chapter’s first vignette, Cherry is a 34 year old woman who is in an eight week intensive outpatient treatment program for substance abuse after struggling with alcohol abuse and benzodiazepine dependence. Which of the following is one of the expectations that the counselor has when beginning session one with Cherry?

a. Asking Cherry about her goals for the session so that she may begin to think about what she may want to change, and identify the issues that Cherry would like to address  
b. Helping Cherry find the support she needs to plan for, initiate, and maintain behavioral changes  
c. Helping the client find internal and environmental resources that will help her develop and maintain the motivation necessary to sustain behavioral changes  
d. All of the above
28. Cherry is presenting classic depressive symptoms of lethargy, poor sleep, feeling overwhelmed, and hopelessness to change the situation. Although the impetus on the part of the counselor might be to immediately jump in and start giving advice and helpful suggestions, a better approach is just to hear Cherry’s concerns for a few minutes, make an effort to understand how she perceives her world, and develop some empathy for her dilemma.

a. True  
b. False

29. It is useful for a counselor to have a basic process for helping people achieve behavioral change, and as the counselor and client work this process over and over, the client begins to incorporate the process into his or her behavioral change repertoire. Each of the following correctly represents the problem-solving process in this chapter EXCEPT:

a. Identify a behavior that can be addressed, keep it simple and achievable, and break big problems down into smaller, achievable components  
b. Identify the goal that the client would like to achieve, make it measurable so the client can know when he or she has achieved it, and explore ways the client has achieved similar goals in the past  
c. Identify barriers and how they can be overcome and address the barriers in terms of something to do and something not to do  
d. Identify supports and specific steps to achieve success and elicit a commitment, and take action to overcome roadblocks and achieve the goal

30. As the counselor begins session two, she makes a decision to be nonconfrontational and supportive while exploring Cherry’s perceptions of losses in her life history and beginning to identify the relationships between these losses and her substance abuse.

a. True  
b. False

31. A specific strategy for helping people who are depressed is for them to commit to undertaking behavioral routines that support feeling better, more hopeful, and more engaged with life. In this case, the counselor begins working with Cherry to get her to incorporate routines that will help her stay up in the mornings and get the kids off to school.

a. True  
b. False

32. One therapeutic technique that a clinician may use is to break down a complex task into smaller, more manageable steps that the client is more likely to be able to achieve. This technique is known as:

a. Compartmentalizing  
b. Partializing  
c. Separating  
d. None of the above

33. The counselor begins to work with Cherry on relaxation techniques to help her fall asleep at night or to use whenever she needs a break or is feeling overwhelmed. Each of the following is an accurate statement about the use of these techniques EXCEPT:

a. The client should be asked about  
b. The clinician should plan on spending
anything he or she has done before to relax and encouraged to use this knowledge and prior experience with what works and doesn’t work to tailor the exercise to his or her particular needs about 20 minutes on this exercise and should encourage the client to sit or lie in a comfortable position.

b. The clinician should be aware that any form of relaxation exercise, guided meditation, or guided imagery can not only help clients relax, but may trigger unwanted or unintended reactions such as increased anxiety or, with clients who have a history of trauma, a dissociative reaction.

d. After conducting this exercise, the clinician should make sure to spend several minutes debriefing the client and pay particular attention to what was helpful in enhancing the client’s sense of relaxation, and if there were moments when the client felt uncomfortable.

34. Another technique that may be helpful for stress management and relaxation is guided imagery, which is different than relaxation in that it focuses on visualizing pleasant scenes that invite relaxation and calmness. Guided imagery can be useful in achieving other ends, such as building positive affirming thoughts, increasing awareness of underlying thoughts or feelings, and enhancing motivation.

a. True  
b. False

35. **Vignette Two-Cognitive Interventions**

Managing negative or faulty thinking is a method commonly used in substance abuse treatment when a client’s pattern of negative thinking activates patterns of self-defeating behaviors. Which of the following correctly describes cognitive interventions?

a. The underlying theory of cognitive therapies is that a person changes his or her feelings and behavior by changing how they think about themselves and their experiences.

b. The rationale for this approach is that changing negative or faulty thoughts about triggering events and substituting more positive and healthy responses reduce the risk of unhealthy behaviors and increase the opportunity for more productive behavior choices.

c. For clients who are depressed, replacing inaccurate, negative self-talk with accurate and more positive assessments of the situation results in decreased distress in response to the situation, and leads to improved mood and behavioral choices.

d. All of the above

36. A cognitive treatment approach focuses on current problems and experiences and is designed to help clients identify and correct distorted thought patterns that can lead to feelings and behaviors that are troublesome. It is particularly helpful for clients who experience:

a. Helplessness and hopelessness  
b. Failure and negativity  
c. Worry and agitation  
d. Shame and guilt
37. In some cases, a cognitive treatment approach is not appropriate for the client’s particular problems. The authors suggest using a feelings-based approach when:

   a. A client cannot conceptualize the issue in language about the impact of thoughts on feelings and behaviors  
   b. When a client is not able to trust the judgement of the therapist and group members in the creation of reasonable responses about the event  
   c. When the client can describe the meaning of a recent uncomfortable event in terms of the meaning of the event and the thoughts and feeling that are evoked by it  
   d. When the client’s behavior is detrimental to his or her progress toward therapeutic goals

38. Although some depressed clients present as anxious, irritable, with somatic complaints, or a mixture of the above, it is almost always the case that they also present as sad.

   a. True  
   b. False

39. In the second vignette, John is a junior in college who has recently entered a campus residential program to deal with his alcohol use and depression. The counselor assesses that John’s ways of thinking are a significant barrier to his ability to change, and therefore decides to approach John from a cognitive, “change thinking” perspective. She decides to do several things before beginning to intervene, including all of the following EXCEPT:

   a. She learns more about John’s depressive symptoms, examining what being “down” means to John, how severe the symptoms are, and how long he has felt this way  
   b. The counselor recognizes that John needs to appreciate how his alcohol and drug use increased after the loss of his relationship with his girlfriend, and what role alcohol and drug use played in ending the relationship  
   c. She does some education with John about the process of changing behavior by changing his thinking and gives him some material to read  
   d. The counselor purposefully takes a directive stance with John, which tends to diffuse some of John’s anger about his predicament and the people who are trying to help him

40. The counselor is interested in how John qualifies or ascribes meaning of events in terms of his mindset and how this perpetuates his feelings of helplessness. This is referred to as:

   a. Acknowledgement style  
   b. Attribution style  
   c. Assignment style  
   d. None of the above

41. As the counselor realizes that John’s negative behavior has caused unpleasant feelings like helplessness, sadness, and anger which have contributed to his troubles, she asks if he is willing to look at what he is thinking and see if there are some changes that can be made in term of perception, which could lead to changes in feelings and what to do about those feelings. The counselor seeks to obtain commitment from John to proceed with this approach rather than just assuming that he is ready or willing to proceed.

   a. True  
   b. False
42. When assessing negative self-talk and offering alternative responses, the goal is to demonstrate the connection between negative self-talk, unpleasant emotions, and unproductive behavior. Additional goals are to differentiate between unrealistic and realistic meanings of events, and to:

a. Evaluate negative themes and patterns in the client’s life  
b. Manage uncomfortable thoughts and situations  
c. Increase clients’ objectivity about their thoughts  
d. None of the above

43. Since changing John’s thoughts and feelings about negative events increases his options for healthier responses to future events, this process needs to be repeated numerous times to help John learn to use these skills independently. This thought-oriented treatment is the ultimate goal in John’s treatment.

a. True  
b. False

44. Core beliefs are the filters a person uses to make sense of different experiences, and people with depressive symptoms often have core beliefs that lead to negative perceptions of their environment and negative thoughts about themselves, their potency, and their future. Which of the following accurately describes these beliefs?

a. These core beliefs may cause people to interpret experiences in negative and all-or-nothing ways and to view consequences as irreversible  
b. Changing these core beliefs allows people to realistically assess their situations, decrease their distress and sadness, and improve their ability to respond to a situation with healthier behaviors  
c. Clients with depressive symptoms often have multiple core beliefs that affect these symptoms and their recovery from substance use  
d. All of the above

45. In determining whether or not a belief approach is appropriate to use with a client, each of the following should be considered EXCEPT:

a. Are the client’s interpretations of negative events so distorted that the meaning he or she assigns to the event is extreme, negative, categorical, absolute, and judgmental?  
b. Is the client willing to try thinking about other ways to interpret the situation?  
c. Is the client able to determine what is interfering with his or her ability to consider other alternatives  
d. Is the client able to step back from his or her assessment of the event to consider possible benefits of the event or different consequences
46. **Vignette Three-Interventions with Core Beliefs**
The third case study, about Sally the truck driver, highlights her addiction to Benzedrine, and her entrance into drug treatment after an ER visit for intense stomach pain. Which of the following most accurately describes Sally’s situation?

a. Sally reported depressive symptoms that included weight gain, excessive sleeping, and constant fatigue
b. In addition to substance abuse, the psychiatrist’s report suggested that she met the diagnostic criteria for dysthymia
c. Sally also experienced recent periods of heavy drinking and blackouts, and the alcohol abuse was likely contributing to her health problems
d. Sally had a significant amount of unresolved grief and deep-seated beliefs about hopelessness, and was experiencing psychological trauma related to the death of her husband

47. Early in treatment, Sally expresses concern that the counselor knows nothing about the life of a truck driver and therefore will be of no help to her. The clinician assures her that he has had experience working with others in similar professions, and hopes that this will assist in building the therapeutic alliance.

a. True
b. False

48. Because the counselor realizes that how people recognize, experience, and express trauma is based significantly on cultural orientation, he allows Sally to express the meaning of her trauma in the context of her culture. He also lets Sally take the lead on how far she wants to go in discussing her husband’s death, and assures her that they can talk about whatever she wants to in order to make her feel better.

a. True
b. False

49. As the counselor begins session two with Sally, his expectations include checking Sally’s thoughts and reactions to the previous session and:

a. Inviting Sally to raise issues for discussion
c. Administering the Beck Depression Inventory to measure changes in Sally’s depressive symptoms
b. Determining the focus for the session based on Sally’s goals and his goals as the therapist
d. Working on increasing Sally’s sense of self-efficacy

50. During the second session, the counselor realizes that Sally believes that if she gives up truck driving, she would lose her connection to her husband and he knows that she cannot move forward in taking action until she feels comfortable enough to do so. He knows he must help Sally identify her strengths in a way that she may feel confident about taking action.

a. True
b. False
51. As Sally discusses feeling responsible for her husband’s death, the counselor points out that Larry could have made the decision not to drive at that point, and it was not only her decision to make. This technique that the counselor is using is to dispute Sally’s negative beliefs is known as:

a. Contradictory information  
b. Challenging facts  
c. Opposing opinions  
d. None of the above

52. Feeling or affective-based therapies focus on feelings as a primary method of helping people change. These approaches are particularly appropriate when there are powerful primary feelings such as anger, fear, sadness, or shame that limit the individual’s opportunity to solve problems, make meaningful emotional connections to others, and:

a. Set realistic goals  
b. Find connections between healthy thoughts and behaviors  
c. Have healthy self-esteem  
d. Recognize positive opportunities

53. In vignette four, Shirley is a 65 year old retired social worker with alcohol abuse issues who enters treatment to “get friends off her back about her drinking.” In session one, the clinician realizes that although she does not directly label it as such, Shirley feels a lot of shame because her friends and family were aware of her drinking and the resultant problems, and she feels isolated from others in the treatment program and thinks she is not as “sick” as they are.

a. True  
b. False

54. Shirley refers to the “idiot kids” in her substance abuse group and tells the therapist that they are nothing like her. Which of the following is NOT an accurate statement about the counselor’s reaction to Shirley’s attitude?

a. The counselor believes that Shirley is using projection and taking disowned parts of herself and placing those attributes onto others  
b. The counselor feels that this projection is likely a primary psychological defense to deal with Shirley’s great deal of shame  
c. The counselor thinks that Shirley takes her own inadequacy and assigns that attribute to others in her treatment group  
d. The counselor decides to gently confront Shirley about the projection so that Shirley can begin to recognize this defense mechanism

55. A primary method of establishing rapport with a client is to suggest that the counselor understands some of the experience, the feelings, and the situation. However, people with a great deal of shame often feel quite vulnerable with this identification, and suggest that the counselor can’t understand, that the counselor is too young, too inexperienced, of a different race or sex, or some other reason.

a. True  
b. False

56. In one session, Shirley’s feelings of sadness and helplessness are being aggravated by the counselor’s failure to acknowledge Shirley’s request for help. By allowing Shirley to experience her feelings and to cry, the counselor enables her to confront them and to become open to alternatives.
57. While resistance in therapy was once thought to be a negative, defensive effort on the part of the client that, if allowed to prevail, would limit growth and recovery, it is now understood that all people resist change that threatens their current way of being and doing. Each of the following correctly describes motivational techniques that are used to handle resistance EXCEPT:

a. The main way to handle resistance is to reflect it at a greater intensity to ensure that the person knows that he or she is being heard
b. Reframing is used to take the statement and recast it, and can be used to take something that the client thinks is a strength and make it a concern or something the client is embarrassed about and make it a strength
c. Emphasizing personal choice is reinforcing with the client that ultimately the choice is hers or his, and that no one can make the choice for him or her
d. Shifting focus is changing the subject to allow the anxiety about the issue to dissipate

58. Some clients are irritable, controlling, and opinionated, have apparent feelings on the surface that are denied or displaced by the individual, and show a lot of perfectionism and are judgmental toward others. They may also have difficulty accepting feedback from others, be obsessive in thought and compulsive in their behavior, and lack spontaneity in life, and these characteristics may all be a sign of:

a. Lack of awareness of the needs of others
b. Significant unresolved grief
c. Powerful feelings of loss and shame
d. All of the above

59. During the grieving process, as clients begin to get closure on events that precipitated the grief, they must be ready to say goodbye by letting go of or finishing unfinished business and forgiving self and/or others. Because this process may take substantial time to finish, it is recommended that it only be initiated in long-term treatment settings.

a. True
b. False

60. As therapy progresses with Shirley and the counselor begins to discuss loss and sadness with her, and how she uses anger to cover her feelings, he describes three types of losses that she may have experienced. These include tangible, intangible, and:

a. Minimized losses
b. Catastrophic losses
c. Losses of what could have been
d. None of the above