Substance Abuse Treatment and Family Therapy

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

1. **Chapter 1: Substance Abuse Treatment and Family Therapy**
   Although family work has become a strong and continuing theme of many treatment approaches, many believe that family therapy is not used to its greatest capacity in substance abuse treatment.
   A. True  
   B. False

2. Substance abuse treatment is different from family therapy in that:
   A. With substance abuse treatment, the goal is to meet the needs of all family members  
   B. The focus of family therapy treatment is to intervene in complex relational patterns and to bring about productive change for the entire family  
   C. Substance abuse treatment rests on the systems perspective  
   D. None of the above

3. The broad categories of families include traditional, extended, and ________ families.
   A. Acquired families  
   B. Adopted families  
   C. Elected families  
   D. Inherited families

4. It is important that the therapist determine who should be included in family therapy since the client is often incapable of making an appropriate decision.
   A. True  
   B. False

5. Circular causality is defined as the family as a whole being greater than-and different from-the sum of its individual members.
   A. True  
   B. False

6. According to the U.S. Census Bureau, the number of births to single mothers increased from _____ percent in 1990 to _____ percent in 1999.
   A. 16.6%; 23%  
   B. 26.6%; 33%  
   C. 36.6%; 43%  
   D. 46.6%; 53%

7. Family therapy is a collection of therapeutic approaches that share a belief in family-level assessment and intervention and includes the notion that:
   A. A family is a system and each part is related to all other parts  
   B. A change in any part of the system will bring about changes in all other parts  
   C. This type of therapy uses the strengths of families to bring about change in a range of diverse problem areas  
   D. All of the above

8. Family-involved therapy and family therapy differ in the following way: in family-involved therapy the family is not the primary therapeutic grouping, nor is there intervention in the system of family relationships.
   A. True  
   B. False

9. All of the following are accurate statements about cognitive-behavioral family and couples therapy EXCEPT:
   A. It is based on the belief that families use a limited repertoire of self-perpetuating relational patterns  
   B. It grew out of the early work in behavioral  
   C. The therapist recommends changing maladaptive thoughts, attitudes, and beliefs  
   D. The impact that feelings and emotions
marital therapy and incorporated concepts developed by Aaron Beck have on spouses and other family members is very important

10. Family therapy can be effective in treating substance abuse in that it provides a neutral forum in which family members meet to solve problems and it views substance abuse in its context rather than as an isolated problem.
   A. True
   B. False

11. Which of the following is a true statement about how biological and physiological aspects of addiction may affect the effectiveness of family therapy:
   A. Family therapy may not be as effective for someone whose drug use has caused significant organic brain damage
   B. Cocaine addicts may have become extremely paranoid so that family therapy may not work for them
   C. Severe psychopathology should automatically exclude a person from family therapy
   D. Both A and B above

12. Chapter 2: Impact of Substance Abuse on Families
   In 1992, D. Reilly described several characteristic patterns of interaction that are likely to be present in a family with drug or alcohol abuse. These include all of the following EXCEPT:
   A. Family enabling and isolation
   B. Negativism and parental inconsistency
   C. Parental denial and miscarried expression of anger
   D. Self-medication and unrealistic parental expectations

13. It is not uncommon for children from stepfamilies to develop substance abuse problems in order to cope with their confusion about family rules and boundaries.
   A. True
   B. False

14. Studies show that in adolescents age 12-17 ______ percent reported binge use of alcohol and in a general population of a sample of 10-20 year olds, approximately ______ percent met criteria for a substance abuse disorder
   A. 5.2%; 7.1%
   B. 10.7%; 12.4%
   C. 15.3%; 17.8%
   D. 20.9%; 22.3%

15. When family therapy and substance abuse treatment take place concurrently, it is important that goal diffusion occur so that empowerment of the family is not sacrificed.
   A. True
   B. False

16. It is very important that the family therapist continue to attempt to engage family members, even if they initially refuse to be part of the treatment process.
   A. True
   B. False

17. Chapter 3: Approaches to Therapy
   Substance abuse treatment is generally more uniform in it’s approach than family therapy.
   A. True
   B. False

18. Which of the following is an accurate statement about the differences in the practice of family therapy and substance abuse treatment?
   A. Multifamily groups and psychoeducation are more common in family therapy than in the substance abuse treatment field
   B. Substance abuse therapists primary focus should be on intrafamily relationships in order to help the client get well
   C. Substance abuse treatment providers usually consider spirituality to be more important than family therapists
   D. None of the above
19. In general, the goals of the substance abuse counselor will usually be broader than those of the family therapist.
   A. True  B. False

20. Self-disclosure by a counselor in substance abuse treatment is:
   A. Common since many are in recovery
   B. More an integral part of the process than in family therapy
   C. Used as a way to help clients feel more comfortable
   D. All of the above

21. A client’s level of recovery may have the greatest effect on his or her ability to participate both in substance abuse treatment and family therapy, and may affect the usefulness of that therapy for all members of the family.
   A. True  B. False

22. Basic issues that arise in both substance abuse treatment and family therapy that block the engagement and treatment of clients include all of the following EXCEPT:
   A. Willingness to cooperate in the assessment process
   B. Issues of family motivation/influence
   C. Balance of hierarchal power
   D. General willingness for the family and its members to change

23. J. Prochanka’s stage of change model has been helpful in understanding how to enhance motivation for change within families who are experiencing substance abuse problems. The model includes which of the following stages:
   A. Precontemplation and contemplation
   B. Confrontation and integration
   C. Action and maintenance
   D. Both A and C above

24. In behavioral marital therapy, the goals for therapy include which of the following:
   A. Help families cope with emotional distress
   B. Help everyone in the family achieve appropriate responsibility for self and decrease inappropriate responsibility for others
   C. Develop effective communication and problem solving skills
   D. Change parenting practices such as leadership, nurturance, and guidance

25. There are a number of distinct theoretical approaches to family therapy, and they rarely share concepts and assumptions.
   A. True  B. False

26. Which of the following is an accurate statement about structural techniques used in family therapy?
   A. Structural techniques are intended to increase commitment and positive feelings within the marriage
   B. Family problems are viewed as the result of an imbalance or malfunctioning hierarchical relationship with inappropriate boundaries
   C. Exercises are used to increase a couple’s positive feelings toward one another and to improve communication and listening
   D. All of the above

27. The two models that have contributed to our contemporary understanding of substance abuse and dependence are the medical (disease) model and the environmental model.
   A. True  B. False

28. When referring a client to a particular substance abuse treatment program, all of the following factors should be considered EXCEPT:
A. The client’s expressed needs and desires  
B. A recommendation from a substance abuse treatment professional  
C. The client’s level of acculturation and social skills  
D. The client’s work setting and family arrangements

29. Family therapy can be integrated into short-term residential treatment programs, although the short duration of therapy may require more intensive and longer sessions.  
A. True  
B. False

30. When referring to outpatient substance abuse treatment, which of the following is an accurate statement?  
A. The most common variety of outpatient program is one that offers therapy three times a week for at least a year  
B. Most programs usually provide vocational training and housing assistance on site  
C. Studies of outpatient treatment have documented low drop-out rates in this modality  
D. Outpatient treatment is the most common and diverse modality of substance abuse treatment

31. Studies indicate that family therapists understand the importance of the disease concept of substance abuse and the effectiveness of 12-Step programs, and that as many as ____ percent refer their clients to self-help groups.  
A. 89%  
B. 79%  
C. 69%  
D. 59%

32. **Chapter 4: Integrated Models for Treating Family Members**  
The integrated model of substance abuse treatment and family therapy assumes that while a substance problem manifests itself in an individual, the solution will be found within the family system.  
A. True  
B. False

33. Although integrated models have great value and effectiveness, they also have limitations including all of the following EXCEPT:  
A. They require more knowledge and training, which may be difficult for some professionals  
B. Substance abuse counselors and family therapists may resist changing their mindsets and venturing into new territory  
C. The use of multiple models within an agency may be difficult to implement  
D. None of the above

34. Substance abuse treatment professionals intervene with families at different levels during treatment. At which level would you likely see the counselor advising families about how to handle the rehabilitative needs of the client?  
A. Level 1  
B. Level 2  
C. Level 3  
D. Level 4

35. In order to determine a counselor’s level of involvement with a specific family, the counselor’s degree of experience and comfort and the family’s needs and readiness to change must be considered.  
A. True  
B. False

36. Which of the following is **NOT** an example of interventions that have been used to engage clients in substance abuse treatment?  
A. Johnson Intervention  
B. Unilateral Family Therapy  
C. Multisystemic Therapy  
D. Community Reinforcement Training

37. In structural/strategic family therapy, roles, boundaries, and ___________ establish the order of family and determine whether the family system works.
38. The multidimensional family therapy approach (MDFT) was developed as a stand alone, outpatient therapy to treat:
A. Clients with dual disorders
B. Incarcerated felons
C. Adolescent substance abusers
D. None of the above

39. Ideally, a full course of MDFT should be:
A. 7-16 sessions
B. 10-19 sessions
C. 13-22 sessions
D. 16-25 sessions

40. Characteristics of Multisystemic therapy include:
A. Therapy is provided in the home
B. Services are designed to meet individual needs of clients, with the flexibility to change as needs change
C. It is responsive to a wide range of barriers to achieving treatment goals
D. All of the above

41. “He uses drugs because he doesn’t care about us” is an example of a distorted personal belief.
A. True
B. False

42. Techniques and strategies for family/larger system/case management therapy include all of the following EXCEPT:
A. The counselor assumes a role similar to that of a case manager
B. The therapist attempts to reduce anxiety throughout the family by encouraging people to become more differentiated and autonomous
C. The counselor helps initiate contact with other systems and agencies
D. The counselor acts as a community liaison and provides information about community resources

43. ______________ occurs when family members are able to strike a balance between emotional reactivity and reason and are aware of which is which.
A. Disengagement
B. Differentiation
C. Coping
D. Triangulation

44. Solution-focused brief therapy encourages client and therapist to focus on what life will be like when the problem is solved rather than focusing on an extensive description of the problem.
A. True
B. False

45. Which of the following is an example of a technique used in solution-faced brief therapy?
A. Influential questions
B. Contingency questions
C. Relational questions
D. Both B and C above

46. Creating a genogram showing multigenerational substance abuse and exploring family disruption from system events are techniques taken from:
A. Multidimensional family therapy
B. Behavioral family therapy
C. Network therapy
D. Bowen family systems therapy

47. According to Bepko, Krestan, Heath, and Stanton, the levels of family recovery during substance abuse treatment include:
A. Attainment of sobriety
B. Adjustment to sobriety
C. Evaluation of sobriety
D. Both A and B above
48. **Chapter 5: Specific Populations**

The most important general guideline for therapists dealing with specific populations is to remember that clients have certain identities and live their lives in certain contexts which rarely change throughout their existence.

A. True  
B. False

49. The National Institute on Drug Abuse found that more than ____ percent of eighth graders said they had abused inhalants at least once in their lives.

A. 13%  
B. 17%  
C. 21%  
D. 25%

50. In this chapter, the authors identify several risk factors for adolescent substance abuse. Which of the following is NOT one of those identified factors:

A. Antisocial behavior at a young age  
B. Physical or sexual abuse  
C. Depression and other mood disorders  
D. Siblings who abuse drugs or alcohol

51. In general, family therapists can support families by providing opportunities for them to work on __________ skills with their adolescents who are abusing substances.

A. Punishment  
B. Negotiation  
C. Coping  
D. Problem-Solving

52. Research shows that older women are much more likely than older men to abuse substances and they generally experience an earlier onset of problem drinking than do men.

A. True  
B. False

53. According to a 2002 National Household Survey on Drug Abuse, _____ percent of American women reported binge drinking and _____ percent of women reported illicit drug use in the month preceding the survey.

A. 9.9%; 6.4%  
B. 11.2%; 8.7%  
C. 13.6%; 10.3%  
D. 15.4%; 12.5%

54. A reoccurring theme in the lives of women with substance use disorders is a lack of healthy relationships and limited social support.

A. True  
B. False

55. When is family therapy not an appropriate treatment option for women?

A. When the woman has recently experienced trauma  
B. When the woman is experiencing self-destructive behaviors such as an eating disorder or self-cutting  
C. When the woman is experiencing ongoing partner abuse  
D. All of the above

56. Missionary racism is a term that refers to a patronizing approach to family therapy which Boyd and Franklin found to be a particularly sensitive area for Hispanics and Latinos.

A. True  
B. False

57. Experts agree that the level of acculturation in Hispanic and Latino communities has a positive association with substance use, and that the more acculturated individuals report greater use of alcohol and other substances.

A. True  
B. False

58. Illicit drug use and alcohol abuse are significant problems among American Indians and from 1994 to 1996, the alcoholism death rate of American Indians was ____ times the rate of all races in the United States.

A. 5 times  
B. 7 times  
C. 9 times  
D. 11 times

59. All of the following are important considerations when working with gay and lesbian populations EXCEPT:
A. There is a definite and specific approach to working with this population that has proven to be most effective
B. Therapists need to examine their own potential biases in order to work effectively with gay and lesbian clients
C. Many lesbian and gay clients may be reluctant to include family members in the therapy process because of fear of rejection
D. Therapists should use the client’s definition of family rather than rely on a heterosexual-based model

60. The four primary disability categories include physical, sensory, cognitive, and __________ impairments.
A. Behavioral
B. Psychological
C. Affective
D. None of the above

61. Providers working with people with disabilities need to be careful that they don’t enable the person to use his or disability to avoid treatment, while at same time being able to recognize when a legitimate need for accommodation exists.
A. True
B. False

62. Which of the following is an accurate statement regarding working with people with disabilities:
A. Because family members often enable the person with a disability, it is not a good idea to include them in therapy
B. People with disabilities may think that they are “allowed” to use substances to compensate for facing a disability
C. A strengths-based approach usually will not work with this population so other strategies need to be implemented
D. None of the above

63. Studies indicate that in general, substance abuse treatment programs report that _______ percent of clients have a co-occurring disorder and mental health clinicians report ______ percent of clients with a co-occurring substance use disorder.
A. 25-50%; 10-40%
B. 40-65%; 15-45%
C. 50-75%; 20-50%
D. 55-80%; 25-55%

64. While treating clients with co-occurring disorders, clinicians should aggressively confront the clients who deny that they have a substance abuse issue or who minimize the severity of their problems.
A. True
B. False

65. All of the following are important considerations when working with rural populations with substance abuse issues EXCEPT:
A. Rural communities may have a tendency to tolerate more extreme forms of behavior so that the impact of substance abuse may be more extreme
B. In-home therapy is an excellent strategy to address problems of client isolation and inaccessibility to treatment
C. The intimacy of the rural community affects both the confidentiality and the desirability of accessing mental-health services
D. Accessibility factors tend to make substance abuse rates lower for urban populations than for rural populations

66. Which of the following is an accurate statement regarding HIV/AIDS in the United States and treatment of this population?
A. The therapist working with this population should use an integrated approach and be especially sensitive to family obligations and pressures
B. The CDC estimates that between 600,000 and 700,000 in the United States are living
C. From July 2000 through June 2001, 15 percent of all reported AIDS cases were among people who also reported injection drug use
D. All of the above
with HIV infection

67. Studies show that veterans are particularly susceptible to substance abuse and a report in 2000 indicated that alcohol is the primary substance of abuse followed by marijuana.
   A. True  B. False

68. **Chapter 6: Policy and Program Issues**
   The incorporation of family therapy into substance abuse treatment presents an opportunity to improve the status quo while also challenging the two modalities to recognize, delineate, and reconcile their different outlooks.
   A. True  B. False

69. The American health care insurance system tends to focus care on the individual, so often times little, if any, reimbursement is available for the treatment of family members and this may interfere with appropriate treatment options for substance abuse clients.
   A. True  B. False

70. Family assessments are important in any substance abuse treatment program and they serve the following purposes:
   A. They set a tone for continuing focus on the client
   B. They can provide insight into the context where substance most often occurs and where it may have started or accelerated
   C. They document specific information that can determine treatment goals
   D. Both B and C above

71. All of the following are considerations for counselors working with substance abuse clients EXCEPT:
   A. As counselors improve their skills and are able to do more complex clinical work with families, their burdens will usually decrease
   B. Working with families may increase the amount of clinical time for each client so caseload adjustments might be necessary
   C. With the complexity of family work, staff burnout may be increased
   D. Administrators need to monitor stressors associated with additional training required to work with families

72. The term “fragmenting” refers to a client who regards one provider as good and the other as bad, with an implicit attempt to get the good provider to agree that the other provider is incompetent, ineffective, or corrupt.
   A. True  B. False

73. In substance abuse treatment, an organizational culture that is infused with cultural competence and diversity will highlight and implement values in staffing patterns, language, and __________ related to families and substance abuse.
   A. Institutional assumptions  C. Cultural issues
   B. Community attitudes  D. None of the above

74. Since the advent of family therapy in the 1950’s, family therapy has been characterized as having theoretical roots that are anecdotal, intuitive, and __________.
   A. scientific  C. specific
   B. complex  D. empirical

75. Experts believe that researchers and therapists need to classify and assess relationships, specifically the measurement of change in relationships as a result of treatment, in order to determine the change in the family system.
   A. True  B. False
76. The advantages of e-mail communication in family therapy include all of the following EXCEPT:
A. There is no misinterpretation of information since the therapist can closely examine what was communicated
B. Family members are able to contribute to the process whenever their schedule permits
C. E-mail correspondence allows therapists to create a permanent record, which reduces the risk of misunderstandings
D. None of the above

77. **Appendix C: Guidelines for Assessing Violence**
When screening clients for domestic violence and other abusive behavior, the clinician should look for the following indicators EXCEPT:
A. Inconsistent explanations for injuries and evasive answers when questioned about them
B. Overly happy or animated affect, especially when being questioned about the possible abuser
C. History of relapse or noncompliance with substance abuse treatment plans
D. Stress-related illnesses and conditions such as headache, backache, chronic pain, sleep disorders, eating disorders, and fatigue

78. The interviewer should ask more general, vague, and conceptual questions when asking about domestic violence since the client will be more likely to respond to this type of questioning.
A. True
B. False

79. Batterers often use rationalization and excuses for their behavior. These include:
A. Minimizing and pleading loss of control
B. Shifting blame and faulting the partner
C. Claiming good intentions and blaming intoxication
D. All of the above

80. Which of the following is an accurate statement about screening for child abuse?
A. The substance abuse provider should immediately assess children for abuse or incest
B. If the client has orally acknowledged that the limits of confidentiality have been explained, the clinician is free to inquire about child abuse
C. During initial screening, the interviewer should attempt to determine whether a client’s children have been harmed and whether their behavior has changed
D. Both A and C above