Co-Occurring Disorders

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

1. **Chapter 1: Introduction**
   Early studies conducted in substance abuse programs typically reported that _____ percent of clients had some type of co-occurring mental disorder while studies in mental health settings reported that between _____ percent of their clients had a co-occurring substance use disorder.
   A. 20-45%; 10-30%  
   B. 35-60%; 15-45%  
   C. 50-75%; 20-50%  
   D. 60-85%; 25-55%

2. In the research of co-occurring disorders, not only was a link between substance abuse and mental illness found, but also the impact that the complicating presence of substance abuse may have on the course of mental illness treatment was discovered.
   A. True  
   B. False

3. The terms dual disorder and dual diagnosis may be confusing because although they are used commonly to refer to the combination of substance use and mental disorders, they can also refer to other combinations of disorders such as mental disorders and mental retardation.
   A. True  
   B. False

4. Several important agencies have collaborated in a series of national efforts designed to do all of the following EXCEPT:
   A. Foster improvement in treatment by emphasizing knowledge of both mental health and substance abuse treatment when working with clients where each is relevant  
   B. Eliminate the classification of treatment settings and explore other options to promote and facilitate systematic planning and integration  
   C. Reduce the stigma associated with both disorders and increase their acceptance as a standard part of healthcare information gathering  
   D. None of the above

5. Many people believe that individuals with mental illness are dangerous and pose a risk of violence, and studies have shown that the actual risk is even greater than the public’s fear.
   A. True  
   B. False

6. Which of the following statements is true regarding individuals with co-occurring disorders (COD)?
   A. With new knowledge and treatment developments, individuals with substance use and mental disorders rarely appear at facilities that are not prepared to treat them  
   B. Compared to people with mental illness or substance use disorders alone, people with COD are less likely to be hospitalized  
   C. Fortunately, COD are not common in the general adult population  
   D. Rates of mental disorders increase as the number of substance use disorders increases, further complicating treatment

7. With pharmacological advances and support from better medication regimens, many people who once would have been too unstable for substance abuse treatment, or institutionalized with a poor prognosis, have been able to lead more functional lives.
   A. True  
   B. False
8. In December of 2002 the Department of Health and Human Services provided Congress with a comprehensive report on treatment and prevention of co-occurring substance abuse and mental disorders which included all of the following EXCEPT:
   A. The report emphasizes that people with co-occurring disorders usually will not recover even with appropriate treatment so support services need to always be in place
   B. It states there are many longstanding systemic barriers to appropriate treatment and support services for people with co-occurring disorders
   C. The report identifies the need for various involved parties to work together to create a system in which both disorders are addressed as primary and treated as such
   D. It outlines a 5-year blueprint for action to improve the opportunity for recovery by increasing the availability of quality prevention, diagnosis, and treatment for people with COD

9. **Chapter 2: Definitions, Terms, and Classification Systems for Co-Occurring Disorders**
   In describing co-occurring disorders, it is very important to use psychotherapeutic terminology as a way of acknowledging each client’s individuality.
   A. True  B. False

10. Substance abuse-as defined by maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances-is more serious than substance dependence.
    A. True  B. False

11. It is recommended that counselors working with antisocial personality disordered clients:
    A. Confront antisocial behavior and dishonesty gently as not to alienate the client
    B. Hold clients responsible for the behavior and its consequences
    C. Use peer communities to confront behavior and foster change
    D. Both B and C above

12. Cluster A Personality Disorders include which of the following:
    A. Avoidant, dependent, and obsessive-compulsive personality disorders
    B. Antisocial, borderline, histrionic, and narcissistic personality disorders
    C. Paranoid, schizoid, and schizotypal personality disorders
    D. None of the above

13. In addiction treatment populations, the most common anxiety syndrome seen is social phobia.
    A. True  B. False

14. Integrated interventions are specific treatment strategies or therapeutic techniques in which interventions for co-occurring disorders are used. These include:
    A. Integrated screening and assessment processes
    B. Individual recovery mutual self-help meetings
    C. Individual recovery groups in which recovery skills for each disorder are discussed separately
    D. All of the above

15. In most mental health systems, services are provided for a wide range of mental disorders, but in many publicly financed mental health programs, the priority is on acute crisis intervention and stabilization and on the provision of ongoing treatment and rehabilitative services.
    A. True  B. False
16. **Chapter Three: Keys To Successful Programming**

The two main features of the COD recovery perspective are to acknowledge that recovery is a long-term process of external change, and realize that these external changes proceed through various stages.

A. True  
B. False

17. The need to build an enduring community as part of using support systems to maintain and extend treatment effectiveness for COD includes which of the following factors:

A. The persistent nature of COD  
B. The recognized ineffectiveness of mutual self-help principles  
C. The importance of therapist empowerment.  
D. None of the above

18. The Center for Abuse Treatment’s “no wrong door” policy states that:

A. Effective systems must ensure that an individual needing treatment will be identified and assessed and will receive treatment  
B. Programs and staff should never change expectations and program requirements because COD clients need consistency  
C. Treatment plans should be based on clients’ needs and should respond to changes as they progress through stages of treatment  
D. Both A and C above

19. The three features that characterize continuity of care for COD clients are:

A. Organization, collaboration, and fairness  
B. Timeliness, stabilization, and productivity  
C. Consistency, seamlessness, and coordination  
D. Integration, improvement, and cooperation

20. Developing a comprehensive system of care for people with COD requires joint planning, committed leadership, and the ability and willingness to find creative solutions to difficult problems.

A. True  
B. False

21. Which of the following is NOT a true statement about how attitudes and values guide the way providers meet client needs and affect the overall treatment climate:

A. They determine how the client is viewed by the provider thereby generating assumptions that could either facilitate or deter achievement of the highest standard of care  
B. They rarely influence how the client feels as he or she experiences a program  
C. They are particularly important in working with clients with COD since the counselor is confronted with two disorders that require complex interventions  
D. None of the above

22. According to the New York State Office of Mental Health and the New York State Office of Alcohol and Substance Abuse Services, there are ______ critical areas of intermediate-level competencies needed for the treatment of persons with COD.

A. Six  
B. Seven  
C. Eight  
D. Nine

23. Compassion fatigue is evident when pressures of work erode a clinician’s outlook and spirit and begin to interfere with the counselor’s personal life.

A. True  
B. False

24. To decrease staff turnover in programs working with COD clients, it is important to:
A. Hire staff members who have familiarity with both substance abuse and mental disorders and have a positive regard for clients with either disorder
B. Provide structured opportunities for staff feedback in the areas of program design and implementation
C. Provide staff with a framework of realistic expectations for the progress of clients with COD
D. All of the above

25. **Chapter 4: Assessment**

In the screening process to determine whether a client does or does not warrant further attention in regard to a particular disorder and the possibility of a co-occurring substance use or mental disorder, which of the following is an accurate statement:

A. The screening process will always identify what kind of problem the person might have and how serious it might be
B. There are many legal and professional restraints on who can be trained to conduct a screening.
C. Every clinician who conducts an assessment should be able to screen for the most common COD and know how to implement the assessment information
D. Screening tools are usually all that a clinician needs to complete an accurate assessment

26. Assessment is a process for evaluating the possible presence of a particular problem and screening is a process for defining the nature of that problem and developing specific treatment recommendations for addressing the problem.

A. True
B. False

27. The most valuable assessment tool for the diagnosis and treatment of co-occurring disorders is:

A. The Beck Depression Inventory
B. The Mental Health Screening Form-III
C. The Lowell/Savage Screening Instrument for COD
D. None of the above

28. Which of following is NOT part of the twelve steps in the assessment process?

A. Create a safe and nonjudgmental environment
B. Determine disability and functional impairment
C. Identify cultural and linguistic needs and supports
D. Determine quadrant and locus of responsibility

29. In screening for past and present substance abuse, the process begins with inquiry about past and present use and substance-related problems and disorders so that if the client answers yes to having problems and/or a disorder, further assessment can be initiated.

A. True
B. False

30. In screening for a history of trauma with COD clients:

A. It is important to ask the client to describe traumatic events in detail in order to have a better understanding of the client’s past
B. The clinician should ask very specific and detailed questions throughout the assessment
C. The Modified PTSD Symptom Scale: Self-Report Version is a good choice to assess PTSD and trauma
D. None of the above

31. With both mental and substance use disorders, which of the following is a true statement?

A. Diagnosis is established more by history than by current symptom presentation
B. History and current symptom presentation are equally important in diagnosis
B. Diagnosis is established more by current symptom presentation than by history

32. In working with COD clients, for each disorder or problem, interventions have to be matched not only to specific diagnosis, but also to stage of change, and the interventions should be consistent with the stage of treatment for each disorder.
   A. True
   B. False

33. The Substance Abuse Treatment Scale (SATS) is a case-manager scale with eight items identified by the degree of the clients engagement in treatment. These items include:
   A. Change and motivational enhancement
   B. Remission and relapse prevention
   C. Both A and B above
   D. None of the above

34. In the process of matching individual clients to available treatment, the variables that need to be considered are acute safety needs, strengths and skills, level of care, and __________
   A. History of mental illness
   B. Motivational enhancements
   C. Medication management
   D. Diagnosis

35. **Chapter 5: Strategies for Working With Clients With Co-Occurring Disorders**
   In a study of clients with opioid dependence and psychopathology, fewer than _____ percent of those with weak therapeutic alliances completed treatment, while more than _____ percent of those with strong therapeutic alliances completed treatment.
   A. 15%; 65%
   B. 20%; 70%
   C. 25%; 75%
   D. 30%; 80%

36. Achieving a therapeutic alliance with clients with serious mental illness and substance use disorders can be challenging as many people who abuse substances also may have some antisocial traits.
   A. True
   B. False

37. In maintaining a recovery perspective, it is important for a clinician to remember:
   A. It is generally recognized that recovery refers solely to a change in substance use
   B. Markers such as improved health and better ability to care for oneself and others are indicators of progress in the recovery process
   C. Much of the recovery process is therapist-driven and occurs typically within the professional environment
   D. None of the above

38. Which of the following is an important consideration in dealing with countertransference with patients with COD?
   A. The clinician should be aware of strong personal reactions and biases toward the client
   B. Clinicians should have formal and periodical supervision to discuss countertransference and the opportunity to discuss these issues at clinical meetings
   C. The clinician should obtain further supervision when countertransference may be interfering with counseling
   D. All of the above

39. Persons with mental disorders are at ______ greater risk for suicide than the general population, and of the adults who commit suicide, ______ have a mental disorder.
   A. 10 times; 90 percent
   B. 5 times; 85 percent
   C. 12 times; 80 percent
   D. 15 times; 75 percent
40. It is very important that clinicians encourage clients with COD to have an optimal amount of free time in order to minimize treatment burnout, especially during the weekend after an intense week of treatment.
A. True  B. False

41. The various stages of change for clients with COD include the contemplation stage, the preparation stage, the action stage, and:
A. the consolidation phase  C. the effective phase
B. the commitment phase  D. the maintenance phase

42. Motivational interviewing strategies have been applied successfully to the treatment of clients with COD in all of the following areas except:
A. Assessing the client’s perception of the problem  C. Expanding the clients assumption of responsibility for change
B. Examining the client’s desire for continued treatment  D. Exploring the client’s understanding of the therapeutic process

43. Cognitive Behavioral Therapy is a therapeutic approach that seeks to modify negative of self-defeating thoughts or behaviors and teaches clients to cope by thinking and acting differently.
A. True  B. False

44. Various approaches to relapse prevention have many common elements and they generally focus on the need for clients to do all of the following EXCEPT:
A. Have a broad repertoire of cognitive and behavioral coping strategies to handle high risk situations and relapse warning signs
B. Make lifestyle changes that decrease the need for alcohol, drugs, or tobacco
C. Limit access to self help groups in order to learn coping mechanisms that can be used when others are not available
D. Increase healthy activities in everyday life

45. Which of the following is important to keep in mind in dealing with cognitive limitations that clients with COD often have:
A. Role-playing real-life situations is a useful technique when working with clients with cognitive limitations
B. Clinicians should be less concrete and more abstract in communicating ideas
C. Therapists should have lengthier discussions with these clients to ensure that clients understand concepts
D. Symptoms almost always persist for long periods

46. Dual recovery mutual self-help approaches are becoming increasingly common in most large communities to assist COD clients.
A. True  B. False

47. Chapter 6: Traditional Settings and Models
Any substance abuse treatment program that serves a significant number of clients with COD should:
A. Expand standard staffing to include mental health specialists and to incorporate consultation into treatment services
B. Add a master’s level clinical supervisor with strong diagnostic skills and expertise in working with clients with COD
C. Have a psychiatrist on staff or establish a collaborative relationship with a mental health agency to provide those critical services
D. All of the above
48. Although psychoeducational classes on mental illness and substance use disorders are important in some clinical settings, they are not recommended in most COD programs because they take valuable time away from other more important treatment strategies.
   A. True  B. False

49. Generally, it is best to increase the emotional intensity of interpersonal interaction in COD group sessions in order to help the clients gain skills that will help them function in non-treatment settings.
   A. True  B. False

50. Which of the following is an accurate statement about the background and effectiveness of outpatient substance abuse treatment programs for COD clients:
   A. Typically, treatment includes group counseling and referrals to appropriate community services only
   B. Deinstitutionalization and other factors are decreasing the prevalence of persons with COD in outpatient programs
   C. Treatment for substance abuse occurs most frequently in outpatient settings
   D. None of the above

51. Evidence shows that substance abuse treatment outpatient programs can help clients, many with COD, who remain in treatment for at least:
   A. Three months  C. Nine months
   B. Six months  D. One year

52. Clients with COD leaving an outpatient substance abuse treatment program have a number of continuing care options including:
   A. Mutual self-help and relapse prevention groups
   B. Continued individual counseling and mental health services
   C. Both A and B above
   D. None of the above

53. Funding resources for substance abuse treatment remain significantly lower per client than those available for mental health services.
   A. True  B. False

54. Which of the following is NOT an example of an Assertive Community Treatment (ACT) intervention:
   A. Outreach/engagement
   B. Practical assistance in life management
   C. Crisis intervention
   D. Open monitoring

55. Intensive Case Management (ICM) is a precisely defined term that is used to describe an alternative to both traditional case management and ACT.
   A. True  B. False

56. Historically, residential substance abuse treatment facilities have provided treatment to clients with more serious and active substance use disorders but with less serious mental illness.
   A. True  B. False

57. Once accepted into a residential program, the client goes through an assessment process that should include substance abuse evaluation, mental health evaluation, health and medical evaluation, client status, and:
   A. Motivation level  C. Decision making ability
   B. Entitlements  D. Functional level
58. Confrontational communication is frequently used in residential treatment programs and is defined as a form of interpersonal exchange in which individuals present to each other their observations of and reactions to negative behaviors and attitudes that need to change.
   A. True  B. False

59. Interventions designed to produce change in modified therapeutic communities for clients with COD include all of the following intervention categories EXCEPT:
   A. personal/physical safety  C. community/clinical management
   B. therapeutic/educative  D. community enhancement

60. Studies indicate that residential modified therapeutic communities for people with COD, including women, produce significantly greater positive outcomes for substance use and employment than other forms of treatment.
   A. True  B. False

61. Empirical evidence shows that modified therapeutic communities treatment produces _____ in benefit for every dollar spent.
   A. 4 dollars  C. 8 dollars
   B. 6 dollars  D. 10 dollars

62. Chapter 7: Special Settings and Specific Populations
   The integration of substance abuse treatment with primary medical care can be effective in reducing both levels of substance abuse and medical problems.
   A. True  B. False

63. At the HIV Integration Project of the Core Center in Chicago, Illinois, approximately what percentage of the clients have co-occurring mental health issues and substance abuse disorders?
   A. 25%  C. 40%
   B. 33%  D. 48%

64. Administrators who may be considering integrating substance abuse treatment and/or mental health services within existing medical settings should assess organizational readiness for change prior to implementing a plan of integrated care.
   A. True  B. False

65. The new dual recovery mutual self-help organizations are important signs of progress in several respects because:
   A. they reflect a growing trend toward therapist empowerment
   B. they reflect recognition of the importance of family support in sustained recovery
   C. they encourage men and women who are affected by COD to take responsibility for their personal recovery
   D. None of the above

66. Which of the following is NOT one of the four dual recovery mutual self-help organizations that have gained recognition in the field of co-occurring disorders?
   A. Double Trouble in Recovery  C. Dual Disorders Twelve Step Program
   B. Dual Recovery Anonymous  D. Dual Diagnosis Anonymous

67. The National Council on Alcoholism and Drug Dependence, Inc. provides training programs and materials to assist treatment providers, consumer-run programs, and consumer advocacy organizations in developing education programs for clients, consumers, and family members.
   A. True  B. False

68. Studies indicate that among those in homeless shelters, more than ____ percent have problems with illicit drugs and ____ percent are estimated to have alcohol problems.
69. When working with homeless COD clients, it is very important to address issues such as substance abuse treatment, legal issues, healthcare and financial needs as well as housing issues.
A. True
B. False

70. In a U.S. Department of Justice Survey report, offenders had a high incidence of drug and alcohol abuse. Approximately _____ were alcohol dependent, while _____ were under the influence of alcohol or drugs at the time of their offense.
A. 1/4; 5/10
B. 1/3; 6/10
C. 1/2; 7/10
D. None of the above

71. Specialized programs for women with COD have been developed primarily to address pregnancy and childcare issues as well as certain kinds of trauma, violence, and victimization that may best be dealt with in women only programs.
A. True
B. False

72. Which of the following is a true statement about substance abuse and mental health problems in women?
A. In general, drugs of abuse for women today are less available and more expensive than in the past
B. The lower rate of addictions in women compared to men remains stable
C. As compared to their male counterparts, women with substance use disorders have fewer mental disorders and higher self-esteem
D. While women with substance use disorders have more difficulty with emotional problems, their male counterparts have more trouble with functioning

73. Chapter 8: A Brief Overview of Specific Mental Disorders and Cross-Cutting Issues
Studies indicate that the most promising way to prevent suicide and suicidal behavior is through the early recognition and treatment of family dysfunction and unhealthy family patterns.
A. True
B. False

74. According to a 2003 National Survey on Drug Use and Health, an estimated _____ percent of the general population aged 12 or older report current (past month) use of a tobacco product.
A. 18.9%
B. 29.8%
C. 38.9%
D. 49.8%

75. All of the following are true statements about the treatment of personality disorders (PDs) EXCEPT:
A. Those who have PDs tend to have difficulty forming a genuinely positive therapeutic alliance
B. Those with PDs show rigid, inflexible, and maladaptive behavior patterns which cause internal distress or significant impairment in functioning
C. People with PDs carry with them destructive patterns of thinking, feeling, and behaving as their way interacting with the world and others
D. They tend to frame reality in terms of their own needs and perceptions and to easily understand the perspectives of others

76. The essential feature of Borderline Personality Disorder (BPD) is a pervasive pattern of instability of interpersonal relationships, self-image, and affects, along with marked impulsivity.
A. True
B. False
77. Much of substance abuse treatment is particularly targeted to those with Antisocial Personality Disorders, but substance abuse treatment alone has not been particularly effective for these disorders.
A. True
B. False

78. About ____ percent of individuals with a substance use disorder have an affective or anxiety disorder at some time in their lives.
A. 30 %
B. 40 %
C. 50 %
D. 60 %

79. In treating a Substance Abuse client with Bipolar Disorder, it is very important that the counselor take a detailed history, attempt to establish the linkage between co-occurring disorders, and appreciate the client’s understanding of the relationship between the two.
A. True
B. False

80. Counselors working with schizophrenic COD clients should be aware of the following:
A. There is a clear pattern of drug choice among clients with schizophrenia which may make treatment more manageable
B. What looks like resistance or denial may in reality be a manifestation of negative symptoms of schizophrenia
C. For clients with co-occurring disorders involving psychosis, a short-term approach is imperative to keep the client engaged
D. None of the above

81. Approximately ____ percent of adults with Attention Deficit/ Hyperactivity Disorders have histories of alcohol abuse or dependence, and approximately _____ percent have other drug abuse or dependence histories.
A. 25%; 15%
B. 29%; 18%
C. 33% ; 20%
D. 36%; 23%

82. Most women with Post Traumatic Stress Disorder and a substance abuse problem experienced childhood physical and/or sexual abuse while men with both disorders typically experienced crime victimization or war trauma.
A. True
B. False

83. Which of the following is NOT an accurate statement about substance abuse and eating disorders?
A. Substance abuse is more common in anorexia nervosa than in bulimia nervosa
B. Many individuals alternate between substance abuse and eating disorders
C. Several studies have suggested that the presence of co-occurring substance-related disorders does not affect treatment outcome adversely for bulimia nervosa
D. Studies in inpatient substance abuse treatment centers suggest that approximately 15 percent of women and 1 percent of men had an eating disorder in their lifetime

84. **Chapter 9: Substance-Induced Disorders**
Substance-induced disorders are distinct from independent co-occurring mental disorders in that all or most of the psychiatric symptoms are the direct result of substance use.
A. True
B. False

85. Diagnoses of substance-induced mental disorders will typically be provisional and will require reevaluation.
A. True
B. False

86. Which of the following is included in the criteria for diagnosis of substance-induced mood disorders:
A. The disturbance is better explained by a      C. The symptoms cause clinically significant

mood disorder                         distress or impairment
B. A prominent and persistent in mood predominates, characterized by a depressed mood or an elevated or irritable mood
D. Both B and C above

87. APPENDIXES
I will review the appendixes on my own time and use the information within as is appropriate for my practice.
A. Yes
B. No