Brief Strategic Family Therapy for Adolescent Drug Abuse

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

1. Chapter One:  Brief Strategic Family Therapy-An Overview
Brief Strategic Family Therapy (BSFT) is a brief intervention used to treat adolescent drug use that occurs with other problem behaviors. BSFT is based on three principles including all the following EXCEPT:
   A. Studies show that social and peer relationships are the strongest and most enduring force in the development of children and adolescents and therefore must be addressed in BSFT
   B. BSFT is a family systems approach which means that family members are interdependent and what affects one family member affects other family members
   C. Patterns of interaction in the family, defined as the sequential behaviors among family members that become habitual and repeat over time, influence the behavior of each family member
   D. It is critical to plan interventions that carefully target and provide practical ways to change those patterns of interaction that are directly linked to the adolescent’s drug use and other problem behaviors

2. BSFT is an intervention that targets self-sustaining changes in the family environment of the adolescent, and is usually implemented in approximately 6 to 10 sessions.
   A. True
   B. False

3. One of the goals of BSFT is to eliminate or reduce the adolescent’s use of drugs and associated problems, and this is known as a “system focus” approach.
   A. True
   B. False

4. Adolescents who need drug abuse treatment usually exhibit a variety of externalizing behavior problems which may include all of the following EXCEPT:
   A. School truancy and delinquency
   B. Associating with anti-social peers
   C. Negativity and low self-esteem
   D. Violent, aggressive, or oppositional behavior

5. Chapter Two:  Basic Concepts of Brief Strategic Family Therapy
Although considerable research has shown that peer attitudes, norms, and behaviors have considerable impact on adolescent drug abuse, parents can wield considerable influence over their teens in critical areas such as involvement, control, communication, rules and consequences, monitoring and supervision.
   A. True
   B. False

6. Families are systems that are made up of individuals (parts) who are responsive (interrelated) to each other’s behaviors. Which of the following is an accurate statement about the family being viewed as a whole organism as part of this system?
   A. Family members’ behaviors vary greatly and they may act much differently when they are with people outside the family
   B. The family is much more than merely the sum of the individual or groups that it
   C. Family members are interdependent, influencing and being influenced by each other, so that members both serve as stimuli for and elicit responses from one another
   D. All of the above
7. An exchange among family members, either through actions or conversations, is called an interaction, and in time, interactions become habitual and repetitive, and thus are referred to as patterns of interaction. A large number of these patterns of interaction will develop in any system and this constellation of repetitive patterns of interaction is called the family __________.
A. Function  C. Experience
B. Structure  D. Context

8. BSFT interventions are strategic in that they are practical, problem-focused, and planned. Which of the following is NOT an accurate statement about the three P’s of effective strategy?
A. The BSFT counselor works to change maladaptive interactions or to augment existing adaptive interactions that are directly related to the presenting problem
B. After the counselor determines what problematic interactions in the family are contributing to the problem, he or she then makes a clear and well-organized plan to correct them
C. The counselor’s job is to help the family keep working on (process) a single problem (content) long enough to resolve it, and hopefully the experience of resolving the problem may help solve further problems
D. BSFT uses conventional strategies that work quickly and effectively, and rarely are any other treatment modalities used

9. Which of the following is an accurate statement about content versus process in BSFT?
A. Process includes explanations for family problems, beliefs about how problems should be managed, perspectives about who or what causes the problems, and other topics
B. Generally, the content is more reliable than the process because behaviors or interactions tend to repeat over time
C. To be able to identify repetitive patterns of interaction, it is essential that the BSFT counselor focus on the content rather than the process of therapy
D. Process and content can send contradictory messages, and the focus of BSFT is to change the nature of the interactions that constitute the family’s process

10. **Chapter Three: Diagnosing Family System Problems**
Unlike other psychotherapies that assess and diagnose by focusing on family histories, BSFT assesses and diagnoses by identifying the current family dynamics.
A. True  B. False

11. In the family, hierarchy refers to the way the family is ranked to see who is in charge of leading the family and who holds the family’s position of authority, while behavior control in the family indicates who, if anyone, keeps order and doles out discipline in the family.
A. True  B. False

12. In Brief Strategic Family Therapy, which of the following is an accurate statement about emotional and psychological accessibility or distance between family members?
A. In families, dissonance refers to the psychological and emotional closeness or distance between any two family members
B. Sometimes excessive closeness and excessive distance can occur within the same family, and this happens frequently in families of drug-abusing youths, when
one parent is sometimes very protective and closely allied with the youth while the other parent may be somewhat disinterested and distant

B. The firmness and clarity of family boundaries reflect the degree of differentiation within a family system, and if the emotional and psychological distance between family members is too large, the family members are said to be enmeshed

D. None of the above

13. Families go through a series of developmental stages, and for family members to continue to function adaptively at each developmental stage, they need to behave in ways that are appropriate for the family’s developmental plan. When a family’s developmental stage is analyzed, four major sets of tasks and roles must be assessed including all of the following EXCEPT:

A. Parenting tasks and roles concerned with the parent figures’ ability to act as parents at a level consistent with the age of the children
B. Relationship tasks and roles that ensure that family members are engaging in appropriate social interactions
C. Extended family’s roles that target the support for and intrusion into parenting functions from extended family members
D. Sibling tasks and roles that assess if the children and adolescents are behaving in an age-appropriate fashion

14. The “identified patient” is the family member who has been branded as the problem and they blame this person, usually the drug-abusing adolescent, for much of the family’s troubles. Which of the following is a true statement about the identified patient?

A. The more that family members insist that their problem is embodied in several people rather than in the identified patient, the more difficult it will be entirely family to change
B. The counselor will try to change the person who exhibits the problem, and assumes that the family members will begin to change on their own one the identified patient begins to get better
C. In general, families with problematic behaviors identify several aspects of pain and worry with the identified patient such as drug addiction, depression, attention deficit disorder, school problems
D. In BSFT, the view is that the identified patient’s issues are merely a symptom of the family’s problems, rather than the reason for all of the family’s problems

15. In Brief Strategic Family Therapy, denial refers to a situation in which conflict begins to emerge but is stopped, covered up, or inhibited in some way that prevents it from emerging.

A. True
B. False

16. Sometimes during family interactions, when conflict begins to emerge, the discussion about the conflict is diverted in another direction. This is known as______________.

A. Emergence
B. Diffusion
C. Avoidance
D. Resolution

17. **Chapter Four: Orchestrating Change**

In order to orchestrate change in the family, the therapist must establish a therapeutic relationship with the family, beginning with the very first contact with family members. All of the following are accurate statements about establishing this relationship EXCEPT:

A. Establishing a therapeutic relationship
C. In the therapeutic relationship, the
means that the BSFT counselor needs to form a therapeutic system made up of the counselor and the family.

B. The BSFT counselor validates and supports the family as a system while attending to each family member’s experiences, even when they are in conflict with one another.

D. The counselor uses several strategies for building a therapeutic relationship, including joining, tracking, and building a treatment plan.

18. In BSFT, the counselor is interested in hearing the content of family member’s stories in order to track the interactions and facilitate change.
   A. True
   B. False

19. Which of the following is an accurate statement about the use of mimesis to track family interactions?
   A. Mimesis refers to mimicking the family’s behavior in an effort to join with the family, and it can be used to join with the whole family or with one individual member.
   B. When the counselor validates a family by mimicking its behavior, family members are more likely to accept the counselor as one of their own.
   C. Since each family and each family member has its, his, or her own vocabulary and perspective, mimesis can also refer to using the family’s own ways of speaking to join them.
   D. All of the above

20. Although counselors usually refuse to work with a client who comes into the therapy session under the influence of drugs, in a BSFT session, when an adolescent comes to in this condition, it can be viewed as an opportunity for the counselor to teach the family how to respond to the adolescent when he or she is under the influence.
   A. True
   B. False

21. Since the focus of BSFT is to shift the family from maladaptive patterns of interaction to adaptive ones, the counselor can use a number of techniques to facilitate this shift. These techniques, all of which are used to encourage family members to behave differently, fall under the heading of ____________.
   A. Restructuring
   B. Management
   C. Reinforcement
   D. Mastery

22. In BSFT, families do not simply talk about their problems, because talking about problems usually involves telling a story about the past, and this type of therapy focuses on the present. Since working in the present with family interactional processes that are maintaining the family’s symptoms is necessary to bring about change, counselors work with the past less than _________ of the session time.
   A. 3 percent
   B. 5 percent
   C. 7 percent
   D. 9 percent

23. Triangles occur when a third, usually less powerful, person gets involved in a conflict between two others. Each of the following is an accurate statement about triangulation EXCEPT:
   A. It is a basic assumption of BSFT that the only way conflict between two people can be resolved is by keeping the conflict between them.
   B. A third person usually is drawn into a coalition with one of the parties in conflict and against the other, and bringing in a third person and forming a triangle.
   C. Detriangulation prevents the parents in conflict from discussing issues and feelings directly and effectively.
   D. Triangulation does not necessarily have to involve only family members, and sometimes a counselor can become part of a triangle.
becomes an obstacle to resolving the conflict.

24. In families of drug-abusing adolescents, a typical example of unexpressed or suppressed conflict involves disengaged fathers who tend to deny or avoid any discussion of the youth’s problems.
   A. True  B. False

25. Counselors should never expect the family to accomplish the assigned tasks flawlessly; furthermore, unsuccessful attempts to complete tasks are a great source of new and important information regarding the interactions that prevent a family from functioning optimally.
   A. True  B. False

26. **Chapter Five: Engaging the Family Into Treatment**
   When counselors handle engagement problems by accepting the resistance of some family members, several problems can occur. These include all of the following EXCEPT:
   A. The initially well-intentioned counselor may agree to see only one or two family members for treatment instead of the entire family, and is therefore drawn into the family’s dysfunctional process.
   B. When, for example, a mother and son are allied against the father, if the counselor accepts the mother and son into counseling, he or she is reinforcing the father figure’s disengagement.
   C. When the counselor accepts the family’s version of the problem, he or she will likely assert his or her position as the expert and leader in the session, which will be helpful in the long run.
   D. The counselor is at a disadvantage when working without certain family members because he or she will not be able to observe how the family typically interacts.

27. When a counselor is working to engage a family, it is very important to remember that the interactive patterns that prevent some family members from entering counseling are very different from the patterns and symptoms of the adolescent’s drug use, so they need to be viewed independently from one another.
   A. True  B. False

28. The most frequently observed type of family resistance to entering treatment is characterized by an identified patient who has a powerful position in the family and whose parents are unable to influence him or her. All of the following are characteristics of the powerful identified patient EXCEPT:
   A. The parent of a powerful identified patient will frequently admit that he or she is weak or ineffective and will say that his or her son or daughter flatly refuses to come to counseling.
   B. Counselors can assume that the identified patient resists counseling because compliance would strengthen the parent’s power.
   C. In this situation, there is usually a parent who protects the family’s maladaptive patterns of interaction.
   D. The counselor allies himself or herself with the adolescent so that he or she may later be in a position to influence the adolescent to change his or her behavior.

29. The disengaged parent structure is one in which a parent protects the family’s pattern of maladaptive behavior and it is characterized by little or no cohesiveness and lack of an alliance between the parents or parent figures as a subsystem.
   A. True  B. False

30. Sometimes the person who resists coming to counseling is either afraid of being made a scapegoat or afraid that dangerous family secrets will be revealed. In these instances, the counselor needs to make it clear that dealing with these family secrets is necessary in order to make change, but that they will be dealt with as gently and tactfully as possible.
31. **Chapter Six: Clinical Research Supporting Brief Strategic Family Therapy**

Although research shows that BSFT has been found to be effective in reducing conduct problems and improving family functioning, studies have not yet indicated a reduction in drug use and association with antisocial peers.

A. True  
B. False

32. In a study examining the efficacy of BSFT in reducing an adolescent’s behavior problems, association with antisocial peers, marijuana use, and improving family functioning, conduct disorder was measured using 22 items and evaluated throughout the study. At intake, _____ of adolescents in BSFT had conduct disorder scores that were above clinical cutoffs, and at the end of treatment, _____ of these adolescents showed reliable improvement.

A. 60%; 36%  
B. 65%; 41%  
C. 70%; 46%  
D. 75%; 51%

33. In the same study, analyses of variance revealed that BSFT was associated with significantly greater reductions in self-reported marijuana use than was group counseling.

A. True  
B. False

34. Which of the following is an accurate statement about the use of One Person Brief Strategic Family Therapy with drug-using youth?

A. One Person BSFT capitalizes on the systemic concept of complementarity, which suggests that when one family member changes, the rest of the system responds by either restoring the family process to its old ways or adapting to the new changes.

B. The goal of One Person BSFT is to change the drug-abusing adolescent’s participation in maladaptive family interactions that include him or her.

C. When compared to Conjoint BSFT in significantly reducing adolescent drug use and behavior problems as well as in improving family functioning at the end of therapy, the results showed that One Person was not as efficacious as Conjoint BSFT, although there was some improvement.

D. Both A and B above

35. Attempting minimal joining, encouraging the caller to involve the family, asking about the depth and breadth of adolescent problems, and asking about family members takes place in which level of engagement effort?

A. Level 0  
B. Level 1  
C. Level 2  
D. Level 3

36. In an important 2001 BSFT study, families of adolescents with more severe conduct problem symptoms were more likely to remain in treatment than were families of adolescents whose conduct problem symptoms were less severe.

A. True  
B. False

37. **Appendix A: Training Counselors in Brief Strategic Family Therapy**

Counselors need three levels of training and experience to conduct BSFT counseling. These include all of the following EXCEPT:

A. Basic clinical skills common to many behavioral interventions  
B. Videotape review to learn how to identify family process and family interactions  
C. Training in basic family systems theory, as used in many family therapy approaches  
D. Training specific to BSFT

38. Level Three BSFT training focuses on basic family therapy strategies that are often provided in clinically oriented, master’s level programs in social work, marriage and family therapy, and in counseling psychology.
39. To diagnose a family’s problems, the BSFT counselor should observe the way families interact in the present, while attending to the details of the aspects of family life that they discuss.
A. True  
B. False

40. Which of the following is an accurate statement about required supervision for Brief Strategic Family Therapy?
A. BSFT must be implemented with plenty of supervision, and the four levels of counseling expertise include trainee, intern, counselor, and senior counselor
B. The senior BSFT counselor conducts live demonstrations of BSFT in front of large audiences, and his or her skills must be of such high quality to be able to conduct a counseling session with an unknown family
C. Beginning and intermediate BSFT counselors must be supervised abundantly during their therapy sessions, and supervisors are responsible for ensuring that counselor skills continuously improve and that counselors are faithful to the BSFT model
D. All of the above

Matching

An Evaluation is Required for Each Course:

Please evaluate the course by choosing one of the responses below for each question. This data will help us to improve our program and meet certifying organization requirements. Thank you for allowing QUE to be your provider.

A. Excellent  
B. Above Average  
C. Average  
D. Below Average

41. The extent to which this course met the objectives
42. The adequacy of the author’s mastery of the subject
43. Efficiency of course mechanics
44. The applicability or usability of the information for you
45. Website functionality and ease of use
46. Availability of staff member (does the website provide adequate direction on how to access assistance)

Short Answer

47. Please provide us with any additional comments or suggestions that would help us to improve the quality of our program:
48. How did you find out about QUE?