CI 560 - Crisis Intervention: Treatment Planning

Exam Instructions

Thank you for enrolling into CI 560 - Crisis Intervention: Treatment Planning. This is your online examination. Please follow these instructions:

- Before attempting, carefully read the question text.
- Then choose the correct answer.
- Click on **"Next"** to go to the next question.
- Use the **"Next"** and **"Previous"** buttons to navigate between questions.
- Bookmark difficult questions to return to them later.
- Click the **"Submit All**" button to submit your exam for grading.
- Use the Question List in the upper left corner to view and jump to a certain question.
- Within 24-48 hours, you will receive from us via e-mail, a copy of your graded examination.

If you have any questions, please contact us at: info@aihcp.org

Full Name:

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AH Number:

1. Motivational interviewing is designed to be an effective way to manipulate clients to change.

    A) True

    B) False

2. A client's ambivalence about change is a clear sign of resistance.

    A) True

    B) False

3. The spirit of Motivational Interviewing include each of the following except

    A) acceptance.

    B) evocation.

    C) control.

    D) compassion.

4. The four processes of MI are each distinct and separate which should be engaged in one at a time.

    A) True

    B) False

5. The core skills of M I include each of the following except

 A) asking open ended questions.

 B) affirming.

 C) summarizing.

 D) manipulation.

 E) reflective listening.

6. Traps which promote disengagement include the ____ trap.

 A) assessment

 B) expert

 C) labeling

 D) blaming

 E) all the above

7. If a client has been referred to a substance abuse agency clearly they are ready to deal with their issues.

 A) True

 B) False

8. It is important for the counselor/therapist to maintain an expressionless, professional demeanor while intensely listening to the client's description of their situation.

 A) True

 B) False

9. ____ reflection makes a guess about what's underneath the surface of what the client has said.

 A) Simple

 B) Overshooting

 C) Complex

 D) Under shooting

10. Affirming can do each of the following except

 A) facilitate retention in treatment.

 B) reduce defensiveness.

 C) increase opportunities to manipulate the client.

 D) increase openness to potentially threatening information.

11. The different types of summaries include each of the following except

 A) collecting.

B) linking.

C) transitional.

D) contrasting.

12. When you understand what people value you have a key to what motivates them.

A) True

B) False

13. MI can be used to

A) help people clarify their core values.

B) consider how to live in greater consistency with their values.

C) both of the above

14. In MI confrontation is

A) directed at the client's inconsistencies.

B) promoted between the client and social norms.

C) not with someone else but with the client and themselves.

15. When a client has been referred by another agency the initial agenda that needs to be explored with the

A) client.

B) agency.

C) referring agency.

D) counselor/therapist.

16. The ____ approach to identifying a focus promotes a collaborative search for direction.

A) following

B) guiding

C) directed

17. It can be helpful for the therapist to take a few steps back to listen for each of the following except the client's

A) strengths.

B) values.

C) efforts to blame others

D) aspirations for change.

18. Agenda mapping help in crisis intervention in each of the following ways except

    A) it shows the way the intervention will go regardless of other agendas or issues.

    B) is a tool to help you focus faster and to avoid unnecessary confusion about direction.

    C) it can involve identifying one step to focus on within an ongoing change process.

    D) it is a short period of time when you and your client step outside the conversation to consider the way ahead and what to talk about.

19. It is the therapist's responsibility to solve any problems when the conversation seems to be at an impasse.

    A) True

    B) False

20. Motivational Interviewing should not be used when

    A) available scientific evidence indicates that doing so would be ineffective or harmful for the client.

    B) you sense ethical discomfort or notice discord in your working relationship.

    C) your opinion as to what is in the person's best interest differs from what the person wants.

    D) coercive power is combined with a personal investment in the person's behavior and outcomes.

    E) all the above

21. The therapist should just be the expert telling the client clearly what to do.

    A) True

    B) False

22. Principles of good practice include each of the following except

    A) assuming the client is the expert on themselves.

    B) matching information to the client's needs and strengths.

    C) allowing the client to tell the counselor what kind of information is helpful.

    D) the therapist is always in charge dictating the course of treatment.

    E) providing information which champions the client's needs and autonomy.

23. It is best to just provide the client the information and advice that they need then immediately move on to the next topic in the interim.

    A) True

    B) False

24. Self-disclosure can be helpful in counseling when it does each of the following except

    A) promotes trust and engagement.

    B) models openness and encourage reciprocity of disclosure.

C) proves to the client their problems aren't all that bad.

D) answers a client's question.

E) affirms a genuine in-the-moment appreciation of the client's nature or actions.

25. When a client says "I have to…" they have made a commitment to change.

A) True

B) False

26. "I'm willing to…" is an example of _____ change talk.

A) commitment

B) taking steps

C) activation

27. MI's strength is that it helps clients to make changes by listing the pros and cons of doing so.

A) True

B) False

28. _____ questions ask what a client can do, is able to do or what they could do.

A) Need

B) Reasons

C) Ability

29. The key to exploring a client's values and goals is to help them identify the discrepancies between their values and goals and their current behaviors.

A) True

B) False

30. General motivations and intentions don't make change happen as readily as specifics do.

A) True

B) False

31. _____ is when the counselor recognizes and prizes what the client is saying about change.

A) Open questions

B) Affirmation

C) Reflection

D) Summarizing

32. Whether a client increases or decreases their sustaining talk depends largely on how the counselor responds to it.

    A) True

    B) False

33. ___ is understood to mean joining with the client in their sustaining talk, even with a bit of amplification of it.

    A) Reframing

    B) Agreeing with a twist

    C) Coming along side

    D) Emphasizing autonomy

    E) Running head start

34. Discord in the therapeutic relationship can arise when the counselor

    A) is tired, under stress or distracted.

    B) has stopped listening or their righting reflex is active.

    C) argues for change and begins to provide solutions.

    D) any or all of the above

35. Responses which can alleviate discord includes each of the following except

    A) apologizing.

    B) affirming.

    C) confrontation.

    D) changing focus.

36. It is acceptable in MI to provide information and advice when the client asks for it.

    A) True

    B) False

37. With reflective listening, the counselor is looking for ____ that imply confidence and reveals the person's ability to make the desired change.

    A) themes

    B) experience

    C) ideas

    D) perceptions

    E) all the above

38. The essential elements when the counselor is taking a neutral stance is/are to tell the client any of the following except

   A) you want to help the person explore the dilemma that has him/her stuck.

   B) you intend to remain neutral yourself with regard to what the person should do until they decide.

   C) you really don't care what the client decides to do.

   D) exploring a dilemma can be uncomfortable or upsetting, which is one reason people get stuck in ambivalence.

   E) you want to help them work through the dilemma and discomfort, make their own decision, and move on as they choose.

39. When a client asks "What would you do if you were me?" it is recommended that the counselor provide advice in order to help the client escape the distress they are experiencing.

   A) True

   B) False

40. It is when people experience acceptance of themselves as they are that change becomes possible.

   A) True

   B) False

41. A client's discrepancy is between what is happening in their life and what

   A) their family members want.

   B) the referring agency wants.

   C) the client desires.

   D) society expects of them.

42. Instilling discrepancy is a process of sitting together and considering reasons why the person might consider change.

   A) True

   B) False

43. If the counselor does provide information to the client it is best to provide all the information possible and all at once in case you don't get another chance.

   A) True

   B) False

44. Signs of readiness include each of the following except

   A) increased change talk.

   B) taking steps, even small ones.

   C) searching for someone to blame.

D) diminished sustain talk.

E) questions about change.

45. While it is best to not take notes during MI, if you must you should

A) mention briefly and in a matter-of-fact way that you are planning to take notes.

B) keep your notes brief.

C) don't let the note-taking distract you from the present moment.

D) all the above

46. Once the client is ready for planning it is time to get commitment to make changes.

A) True

B) False

47. The treatment plan and a change plan are essentially the same thing.

A) True

B) False

48. Getting too far ahead of the client with respect to planning will more likely result in each of the following except

A) reluctance.

B) enthusiasm

C) sustain talk.

D) discord.

49. The clearer the goal the more clarity there is in planning.

A) True

B) False

50. Tasks associated with path making include each of the following except

A) confirming the goal.

B) itemizing the options that are available or have been discussed.

C) eliciting the client's hunches/preference as to the best way forward.

D) troubleshooting.

E) planning the results expected a year or two in the future.

51. Implementation intention consists of

A) a specific plan of action.

B) an interpersonal statement of intent to do it.

C) all the above

52. A client can strengthen their commitment to change by each of the following except

   A) voicing commitment to significant others in one's life.

   B) understanding that none of the things going wrong in their life is their fault.

   C) self-monitoring perhaps by keeping a diary, note-cards, counting systems.

53. When it comes to change it is understood that it has to be total and complete from the start.

   A) True

   B) False

54. As the client is implementing their change efforts refocusing may be necessary when each of the following occur except

   A) they discover a more pressing or underlying concern that requires attention.

   B) they decide not to pursue a goal previously deemed important.

   C) they have come to understand that others are to blame.

   D) circumstances may change their priorities.

55. To know if you are using MI you should ask yourself each of the following except

   A) Was there engagement?

   B) Was there clear focus?

   C) Were you evoking change talk?

   D) Has the ultimate cause of the problem(s) been found?

   E) Was there collaborative planning?

56. Each of the following is an example of an open ended question except

   A) How might you approach a meeting with your boss?

   B) What change do you think might make the biggest difference for you?

   C) When are you going to start making changes?

   D) What do you think could be some advantages if you were to express yourself more assertively at work?

   E) How have you been feeling when you're at work?

57. Skillfulness in MI rests on the counselor's ability to

   A) exercise restraint in the face of distractions.

   B) not balk when the client throws obstacles in the way.

   C) both of the above

58. Tasks/skills the counselor/therapist needs to learn in order to practice MI include each of the following except

    A) understanding the underlying spirit with which MI is practiced: partnership, acceptance, compassion and evocation.

    B) identifying change goals toward which to move.

    C) being able to recognize change talk and sustain talk.

    D) learning how to manipulate their clients into making changes in their life.

    E) evoking change talk.

59. The author suggests recording sessions and then listening

    A) to counting your reflections.

    B) to counting your questions.

    C) for change talk and sustaining talk.

    D) for how you respond when change talk occurs.

    E) all the above

60. Each of the following is a component skill of MI except

    A) MI knowledge and spirit.

    B) engaging.

    C) heavy confrontation.

    D) planning and integration.

    E) focusing and evoking.

61. It has been found that MI has impact only when there is face-to-face contact between the client and counselor/therapist.

    A) True

    B) False

62. MI is a complicated process which cannot be used effectively in just a few minutes.

    A) True

    B) False

63. MI can be effective in working with brain injured or stroke patients because

    A) reflections and summaries provide repetition of key information and should facilitate attention and memory.

    B) evoking change talk could facilitate memory.

    C) reflection may enhance metacognition and self-awareness.

    D) its practice can be brief and focused with patients who struggle with fatigue and overstimulation.

    E) all the above

64. It has been found that MI is effective with clients from different cultures because it adapts to the differences that are found rather than assuming there are differences.

A) True

B) False

65. Because it is important to gather information from a client in the intake session it is best to not utilize MI until they return for subsequent counseling/therapy sessions.

A) True

B) False

66. When teaching colleagues the practice of MI it is important to remember each of the following except

A) the trainer needs to be proficient in its practice themselves.

B) even a proficient practitioner may not be a good trainer.

C) it is important for the trainer to keep abreast of the latest research and practice of MI as it evolves.

D) MI is easy to learn so there's little need for follow-up to refine one's skills.

67. Areas of improving conversations about change both in and outside of the counseling/therapy session include each of the following except

A) being firmly rooted in the guiding rather than the directing style.

B) prioritizing engagement with the client rather than the outcome.

C) focusing and measuring success soling upon the results

D) being alert to how, how much and what the expectations are when information is exchanged with the client and the counselor/therapist.

68. Factors which appear to impact how effectively a counselor/therapist is able to practice MI include each of the following except

A) counselor/therapist empathy.

B) the concomitant level of MI-inconsistent therapist responses.

C) fidelity to MI increases client change talk and subsequent change.

D) the counselor/therapist's commitment to engaging in long-term, in-depth therapeutic practice.

69. The following are responses that are consistent with MI except

A) asking permission before giving advice or information.

B) affirming and supporting.

C) directing the person by giving orders, commands and imperatives.

D) emphasizing the person's freedom of choice, autonomy and control.

70. One key measure of how well a counselor/therapist is utilizing MI may be a client's increase of change talk.

   A) True

   B) False

71. The purpose of treatment planning include each of the following except

   A) to clarify treatment focus.

   B) to set realistic expectations.

   C) to make sure the counselor/therapists remain in control.

   D) to establish a standard for measuring treatment progress.

   E) to facilitate communication among professionals.

72. Treatment planning provides

   A) a common guide to direct the efforts of all members of the behavioral health treatment team.

   B) direction to other providers responsible for different aspects of the patient's health and well-being.

   C) all of the above

73. Assumptions of treatment planning include each of the following except

   A) the person is experiencing behavioral health problems.

   B) not all patients are suited for psychotherapy.

   C) the patient is motivated to work on identify problems.

   D) the patient doesn't really know what to do.

   E) treatment goals are tied to be identified problems.

74. The _____ interview provides clinicians with a means of ensuring that all-important areas of investigation are addressed while allowing the flexibility to focus more or less attention on specific areas depending on their relevance to the patient's problems.

   A) structured

   B) semi-structured

   C) unstructured

75. As for interviewing Beutler recommends each of the following except

   A) avoiding a mechanical approach to questioning.

   B) moving from open-ended inquiries to close-ended inquiries.

   C) ask "why" a lot to let the client justify their situation.

   D) inviting the patient to add information and ask questions.

   E) providing feedback to client.

76. Clinical indicators of functional impairment include each of the following except

A) the patient has a clear vision/plan of what to do solve their problems.

B) problems interfering with patient's functioning during interview.

C) the patient cannot concentrate on interview tasks.

D) the patient is distracted even by minor events.

77. An indicator that a problem is noncomplex include each of the following except

A) chronic habits and transient responses.

B) behavior repetition is maintained by inadequate knowledge or by ongoing situational rewards.

C) repetitive behavior results in suffering.

D) behaviors have a direct relationship to initiating events.

E) behaviors are situation specific.

78. Awareness of a problem and serious thoughts about working on it is characteristic of the _____ stage of change.

A) action

B) preparation

C) contemplation

D) precontemplation

E) maintenance

79. Reactance is characterized

A) a trait-like form of resistance that stems from the patient's feeling that their freedom or sense of control is being challenged by external forces.

B) manifesting in the patient's active opposition rather than through passive resistance.

C) all of the above

80. Clinical indicators of low-reactance include each of the following except

A) as intense need to maintain autonomy.

B) accepts therapist's interpretations.

C) completing homework assignments.

D) tolerance of events outside their control.

E) submissiveness to authority and is nondefensive.

81. Internalization is suggested in patients who tend to

A) avoid, deny repress or compartmentalize sources of anxiety.

B) be overly introverted, introspective, self-critical, and self-controlled.

C) be emotionally constructed.

D) all the above

82. Externalization indicators include each of the following except

A) ambivalence.

B) avoidance.

C) denial.

D) projection.

E) stimulation seeking.

83. Probably the most common and important use of psychological testing in the service of treatment planning is for determining the patient's diagnosis.

A) True

B) False

84. The benefits of psychological testing derive from its ability to help with everything noted below except

A) identify problems.

B) clarify problems.

C) identify important patient characteristics.

D) demonstrate the patient's weaknesses.

E) monitor treatment.

85. Motivation, task engagement and setting are all limitations/constraints of the _____ assessment method.

A) self-report instrument.

B) performance-based personality tests.

C) performance-based cognitive tasks.

D) observer rating scales.

86. Cautions about psychological tests include each of the following except

A) they should never be so brief as to compromise its psychometric integrity.

B) they should never be used with a population or for purposes other than those for which it was developed and validated.

C) be careful that the results may be too accurate.

D) face validity is not as important as other types of validity.

87. Cautions about self-administered psychological tests include each of the following except

A) making sure the patient read and understands the test's content.

B) verifying that alternate forms of self-report psychological test have been validated.

C) ensuring that the items responses are those of the patient not those of others.

D) ensuring the test result match all the other assessment information.

E) validating that the patient has responded to the tests items openly and honestly.

88. Key roles of case formulation include

A) understanding the relationship among problems.

B) choosing a treatment modality.

C) choosing an intervention strategy.

D) choosing an intervention point.

E) all the above

89. The lynchpin approach to case formulation include each of the following except

A) determining the facts of the case.

B) developing the facts into an explanatory account.

C) checking, implementing and revising the formulation if indicated.

D) ensuring the therapist remains thoroughly in charge of all aspects of therapy.

90. It can be said that a case formulation is valid when

A) the hypothesized underlying mechanism accounts for all identified problems.

B) hypothesis-based predictions are tested and found to be accurate.

C) the patient agrees with the hypothesis.

D) treatment based on the hypothesized underlying mechanism yields positive outcomes.

E) all the above

91. The stages of case formulation include each of the following except

A) identifying problems.

B) referring the client elsewhere.

C) determining the nature of those problems.

D) hypothesis development.

E) hypothesis validation.

92. Potential purposes of treatment planning include each of the following

A) clarifying the focus of treatment.

B) providing a standard against which to judge treatment programs.

C) clarifying realistic treatment expectations for the patient.

D) communicating with external reviewers.

E) preparing the client for long-term, in-depth therapy.

93. Without exception patients should always identify the problem(s) they are going to work on during treatment.

   A) True

   B) False

94. Once a problem list has been identified it is time to begin to include all of them in the treatment plan.

   A) True

   B) False

95. Advantages of manualized treatment include each of the following except

   A) it is structured, time-limited nature yields highly focused treatment.

   B) it facilitates patient involvement in treatment.

   C) it ensures compliance with state regulators.

   D) it facilitates clinical training, supervision and auditing.

   E) it needs not be rigidly applied.

96. The transtheoretical model of change would predict that

   A) particular processes of change are most effective with patients working in particular stages of change.

   B) resistance to therapy increases if the therapist is working on a different stage of changes than what the patient is in.

   C) resistance to change occurs if spouses and family members are involved in different stages of change.

   D) the premature termination and/or length of therapy is related to which stages of change patients are in at the beginning of therapy.

   E) all the above

97. The patient's diagnosis alone justifies their appropriate level of care.

   A) True

   B) False

98. It is important to document the nature of the patient's strengths and resources in the development of a treatment plan.

   A) True

   B) False

99. Barriers to treatment include

   A) those the patient brings to treatment.

   B) those which exist in the environment.

C) limited resources.

D) all the above

100. The indication of what the patient or the clinician is to do is found in the treatment

A) goals.

B) outcomes.

C) objectives.

101. Steps in monitoring treatment progress include each of the following except

A) selection of appropriate invention.

B) ensuring that the insurance providers is involved in every step.

C) selection of useful instrumentation for monitoring.

D) enlisting the patient's cooperation in the treatment-monitoring process.

E) gather baseline data.

102. Ultimately the most important variables to monitor are those that are tied to the patient's goals and objectives.

A) True

B) False

103. At the very least a system of self-monitoring ought to include

A) behaviors, thoughts or emotions targeted for monitoring.

B) the qualities of those dimensions to be monitored and recorded.

C) the recording format.

D) the means of recording.

E) all the above

104. Factors influencing when and how often one might assess the patient include each of the following except

A) how long the patient is expected to be in treatment.

B) the timeframe the patient must consider in responding to the items of an assessment instrument.

C) the frequency at which the clinician finds monitoring activities useful.

D) financial considerations.

E) most importantly complying with insurance and government regulations.

105. Approaches to evaluate treatment-monitoring data include

A) determining whether the patient is making continuing progress toward a predetermined standard.

B) determining whether the patient has made progress based on a comparison of assessment results at one point in time to those from another assessment.

C) either or a combination of the above