

- Here is some information about your test/exam :
- Webinar Name : ENHANCING MOTIVATION FOR CHANGE IN SUBSTANCE USE DISORDER TREATMENT.
- Percentage of questions you need to answer correctly to pass: 75%.
- You can take this test as many times as you wish.

1. The following are two science-informed approaches that examine motivational enhancement and substance use behavior change

- A: Motivational intensive therapy (MI), which is a respectful counseling style that focuses on helping clients resolve ambivalence about and enhance motivation to change health-risk behaviors, including substance misuse
- B: B and C
- C: The TTM of the SOC, which provides an overarching framework for motivational counseling approaches throughout all phases of addiction treatment
- D: Motivational interviewing (MI), which is a respectful counseling style that focuses on helping clients resolve ambivalence about and enhance motivation to change health-risk behaviors, including substance misuse

2. Per the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; APA, 2013), Alcohol use disorder (AUD) is a diagnosis applicable to a person who uses alcohol and experiences at least 2 of the 11 symptoms in a 12-month period. Key aspects of AUD include:

- A: All of the above
- B: Tolerance and withdrawal
- C: Continued use despite adverse consequences
- D: Loss of control

3. According to DSM-5 (APA, 2013), substance use disorders (SUDs) are characterized by clinically significant impairments in \_\_\_\_\_ and are diagnosed through assessing cognitive, behavioral, and psychological symptoms

- A: A and B
- B: impaired executive functioning
- C: health
- D: social function

4. Substance misuse is

- A: All of the above
- B: The use of any over the counter drugs in a manner, situation, amount, or frequency that can cause harm to users or to those around them. For some substances or individuals, any use would constitute misuse (e.g., underage drinking, injection drug use).
- C: The use of alcohol in a manner, situation, amount, or frequency that can cause harm to users or to those around them. For some substances or individuals, any use would constitute misuse (e.g., underage drinking, injection drug use).
- D: The use of any substance in a manner, situation, amount, or frequency that can cause harm to users or to those around them. For some substances or individuals, any use would constitute misuse (e.g., underage drinking, injection drug use).

5. As of June 2016, \_\_\_\_\_ states and the District of Columbia have legalized medical marijuana use, for states have legalized retail marijuana sales, and the District of Columbia has legalized personal use and

- A: 35
- B: 27
- C: 25
- D: 37

6. Self-determination theory (SDT) suggests that people inherently want to engage in activities that meet their need for autonomy, competency (i.e., self-efficacy), and relatedness (i.e., having close personal relationships) (Deci & Ryan, 2012; Flannery, 2017). SDT describes two kinds of motivation:

- A: Extensive motivation (e.g., social influences, external rewards, consequences)
- B: Intrinsic motivation (e.g., desires, needs, values, goals)
- C: Extrinsic motivation (e.g., social influences, external rewards, consequences)

- D: B and C

7. MI is a counseling approach that is consistent with SDT and emphasizes enhancing \_\_\_\_\_ motivation to change.

- A: B and C
- B: Extrinsic motivation (e.g., social influences, external rewards, consequences)
- C: Intrinsic/Internal motivation (e.g., desires, needs, values, goals)
- D: Extensive motivation (e.g., social influences, external rewards, consequences)

8. Contingency management is a counseling strategy that can reinforce \_\_\_\_\_ motivation.

- A: B and C
- B: Extrinsic motivation (e.g., social influences, external rewards, consequences)
- C: Intrinsic/Internal motivation (e.g., desires, needs, values, goals)
- D: Extensive motivation (e.g., social influences, external rewards, consequences)

9. Historically, in addiction treatment it was thought that clients had to “hit bottom” or experience terrible, irreparable consequences of their substance misuse to become ready to change. Research now shows that counselors can help clients identify and explore their desire, ability, reasons, and need to change substance use behaviors; this effort enhances \_\_\_\_\_ and facilitates movement toward change (Miller & Rollnick, 2013).

- A: A and B
- B: motivation
- C: self-efficacy
- D: Desire

10. Motivation is influenced by the counselor’s style. The most desirable attributes for the counselor mirror those recommended in the general psychology literature and include \_\_\_\_\_.

- A: B and C
- B: respect, affirmation, and empathy
- C: genuineness
- D: nonpossessive warmth

11. Your task as a counselor is to elicit and enhance motivation. Your task is not to teach, instruct, or give unsolicited advice. Your role is to help clients recognize when \_\_\_\_\_ (Miller & Rollnick, 2013).

- A: C. to feel competent to change, develop a plan for change, begin taking action, and continue using strategies that lessen the risk of a return to substance misuse
- B: to regard positive change to be in their best interest
- C: a substance use behavior is inconsistent with their values or stated goals
- D: D. All of the above

12. The Motivational counseling approaches are associated with greater participation in treatment and positive treatment outcomes. Such outcomes include

- A: D. All of the above
- B: C. increased abstinence rates; higher client confidence in ability to change behaviors; and greater treatment engagement
- C: B. reductions in consumption of alcohol, tobacco, cannabis, and other substances
- D: A. increased motivation to change

13. Which of the following are models of addiction

- A: D. A and B
- B: C. economical
- C: B. spiritual
- D: A. moral/legal

14. Remnants of earlier perspectives of addiction and their associated treatment approaches, which are not

supported by research, include:

- A: D. All of the above
- B: B. Resistance is a characteristic of “unmotivated” clients in addiction treatment
- C: A. An addictive personality leads to SUDs
- D: C. Resistance is a characteristic of “unmotivated” clients in addiction treatment

15. Historically the treatment field has focused on the deficits and limitations of clients. Today, greater emphasis is placed on

- A: D. none of the above
- B: C. identifying, enhancing, and using clients’ defenses, abilities, and competencies
- C: B. identifying, enhancing, and using clients’ weaknesses, abilities, and competencies
- D: A. identifying, enhancing, and using clients’ beliefs, abilities, and competencies

16. Using a motivational style will help you avoid labeling clients. \_\_\_\_\_ (e.g., a person with an SUD) is the new standard; it reduces stigma, helps clients disentangle addiction from identity, and eliminates the judgmental tone left over from the moral model of addiction

- A: D. None of the above
- B: C. person-label language
- C: B. person-first language
- D: A. first-person language

17. Research now demonstrates that counselors who operate from a more \_\_\_\_\_ way of relating to clients, such as confronting or being overly directive, are less effective than counselors who employ empathy, understanding, and support with clients (Martin & Rehm, 2012).

- A: A. concrete
- B: B. Authoritative-driven
- C: C. empathetic
- D: D. authority-driven

18. The field has expanded the definition of positive treatment outcomes to include intermediate goals of risk reduction. The goal of risk reduction is to decrease clients’

- A: D. A and C
- B: C. ED visits, hospitalization and rehospitalization, and relapse of substance use and mental disorders
- C: B. cognitive problems
- D: A. rates risks for alcohol- and drug-related health risks, legal involvement, sexual behavior that can lead to sexually transmitted diseases

19. Key findings of Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health (Office of the Surgeon General, 2016) include the following:

- A: D. all of the above
- B: C. Many people with SUDs do not seek specialty addiction treatment but often enter the healthcare system through general medical settings. This is an important but neglected opportunity to screen for substance misuse and provide brief
- C: B. SUDs are medical conditions. Integration helps address health disparities, reduces healthcare costs, and improves general health outcomes.
- D: A. The separation of SUD treatment from mainstream healthcare services has created obstacles to successful treatment and care coordination.

20. According to the reading, TTM is not the only SOC model, but it is the most widely \_\_\_\_\_ (Connors et al., 2013)

- A: D. all of the above
- B: C. known
- C: B. researched
- D: A. used

21. According to the reading, although results are mixed regarding its \_\_\_\_\_, in the past 30 years, TTM

has demonstrated effectiveness in predicting positive addiction treatment outcomes and has shown value as an overarching theoretical framework for counseling (Harrell, Trenez, Scherer, Martins, & Latimer, 2013; Norcross, Krebs, & Prochaska, 2011).

- A: D. None of the above
- B: C. cultural adaptiveness
- C: B. statistical power
- D: A. usefulness

22. The associated features of the SOC approach are (Connors et al., 2013):

- A: C. Precontemplation, contemplation, preparation, action, and abstinence
- B: B. Premeditation, contemplation, preparation, action, and maintenance
- C: A. Precontemplation, contemplation, preparation, reparation, and maintenance
- D: D. Precontemplation, contemplation, preparation, action, and maintenance

23. Motivational counseling strategies have been used in a wide variety of settings and with diverse client populations to increase motivation to change substance use behaviors. The following elements are important parts of motivational counseling:

- A: A. Flexible pacing
- B: B. Developing discrepancy between personal goals and current behavior
- C: C. Decisional integration
- D: D. A and B

24. Miller and Sanchez (1994) identified six common elements of effective motivational counseling, which are summarized by the acronym FRAMES:

- A: D. All of the above
- B: C. Feedback, responsibility, agreement, menu of options, empathetic counseling style, and self-efficacy
- C: B. Feedback, restorability, advice, menu of options, empathetic counseling style, and self-efficacy
- D: A. Feedback, responsibility, advice, menu of options, empathetic counseling style, and self-efficacy

25. Feedback should address cultural differences and norms related to substance misuse. For example, a review of the research on adaptations of BI found that providing feedback specifically related to cultural and social aspects of drinking to \_\_\_\_\_ clients reduced drinking among these clients to a greater degree than standard feedback (Manuel et al., 2015; Satre et al., 2015).

- A: D. African American
- B: C. Latino
- C: B. Latino and Asian
- D: A. American Indians and Alaska Natives

26. The \_\_\_\_\_ questionnaire was developed by the World Health Organization to assess alcohol consumption, drinking behaviors, and alcohol-related problems. Your \_\_\_\_\_ score shows the level of health-related risks and other problems associated with your drinking. Higher scores can reflect more serious alcohol-related problems.

- A: D. AUDI
- B: C. UADIT
- C: B. AUDIT
- D: A. AUDITI

27. Strategies for offering advice include the following: Offer simple suggestions that match the client's level of understanding and readiness, the urgency of the situation, and his or her \_\_\_\_\_. In some cultures, a directive approach is required to convey the importance of advice or situations; in others, a directive style is considered rude and intrusive.

- A: D. A and C
- B: C. culture
- C: B. gender
- D: A. Age

28. According to the reading, when you assess the client's readiness for change, you should resist your urge to go

28. According to the reading, when you assess the client's readiness for change, you should resist your urges to go faster than the client's \_\_\_\_\_.

- A: B. stage
- B: A. age
- C: C. pace
- D: D. All of the above

29. Processes for engaging do differ across cultures, but \_\_\_\_\_ lies at the heart of nearly all of them

- A: B. listening
- B: D. All of the above
- C: C. recommending
- D: A. introspecting

30. RESPECT is a mnemonic for cultural responsiveness. It includes:

- A: D. Respect, explanatory model, socioeconomic context, power, empathy, concerns and fears, and trust/therapeutic alliance
- B: C. Respect, explanatory model, sociocultural context, power, empathy, caring and fears, and trust/therapeutic alliance
- C: B. Respect, extrinsic motivation, sociocultural context, power, empathy, concerns and fears, and trust/therapeutic alliance
- D: A. Respect, explanatory model, sociocultural context, power, empathy, concerns and fears, and trust/therapeutic alliance

31. A meta-analysis of randomized controlled treatment studies of people with SMI and substance misuse found that, although MI was \_\_\_\_\_, in general, than other psychosocial treatments, clients who participated in an MI group reported to their first aftercare appointment significantly more often than clients in other treatment interventions and these clients had greater alcohol abstinence rates (Hunt et al., 2013).

- A: D. None of the above
- B: C. not any more effective
- C: B. not properly administered
- D: A. not validated

32. BI is a structured, person-centered counseling approach that can be delivered by trained health and behavioral health professionals in one to four sessions and typically lasts from \_\_\_\_\_ minutes (Mattoo, Prasad, & Gosh, 2018)

- A: D. 5 to 30
- B: C. 30 to 55
- C: B. 50 to 55
- D: A. 20 to 30

33. A specific BI called SBIRT, which adds \_\_\_\_\_, has been implemented widely in the United States in diverse settings, including EDs, primary care offices, and community-based health clinics, through a SAMHSA multisite initiative (Babor et al., 2017).

- A: D. consulting and referral components
- B: C. screening and consulting components
- C: B. screening and assessment components
- D: A. screening and referral components

34. As a counselor, your main goals in MI are to express empathy and \_\_\_\_\_ changing substance use behaviors (Miller & Rollnick, 2013).

- A: D. All of the above
- B: C. Elicit clients' reasons for and commitment to
- C: B. Elicit answers and promises about
- D: A. Elicit positive emotions and feelings toward

35. The spirit of MI (Miller & Rollnick, 2013) comprises the following elements:

- A: D. none of the above
- B: C. Partnership, acceptance, compassion, and elation
- C: B. Partnership, acceptance, compassion, and evocation
- D: A. Companionship, acceptance, compassion, and evocation

36. The following are misconceptions about MI

- A: D. All of the above
- B: C. Counselors can motivate clients to change
- C: B. MI is a counseling technique
- D: A. MI is a form of nondirective Rogerian Therapy

37. Sustain talk consists of client statements that support \_\_\_\_\_ a health-risk behavior, like substance misuse (Miller & Rollnick, 2013)

- A: D. precontemplating
- B: C. contemplating
- C: A. Not changing
- D: B. changing

38. \_\_\_\_\_ consists of client statements that favor change (Miller & Rollnick, 2013)

- A: D. None of the above
- B: C. Self talk
- C: B. Sustain talk
- D: A. Change talk

39. To remember the core counseling skills of MI, use the acronym OARS (Miller & Rollnick, 2013):

- A: C. Asking many questions, affirming, reflective listening, summarizing
- B: B. Asking open questions, assessing, reflective listening, summarizing
- C: A. Asking open questions, affirming, reflective listening, summarizing
- D: D. Asking open questions, affirming, reflective listening, emphasizing

40. For many traditional American Indian groups, expressing empathy begins with the

- A: A. meeting
- B: B. ritual of friends
- C: C. farewell
- D: D. introduction

41. According to MI, common traps to avoid include the following (Miller & Rollnick, 2013):

- A: D. A and B
- B: C. The lingering trap
- C: B. The labeling trap
- D: A. The expert trap

42. \_\_\_\_\_ is an MI strategy to facilitate identifying discrepancy and is an effective and respectful way to give advice to clients about behavior change strategies during the planning process.

- A: D. PEEP
- B: C. PEER
- C: B. PEP
- D: A. EPE

43. One of the most consistent predictors of positive client behavior change is \_\_\_\_\_ change talk (Romano & Peters, 2016).

- A: D. ability
- B: C. action
- C: B. satisfaction
- D: A. stability

44. A research review found strong, significant support for MI and combined \_\_\_\_\_ in client outcomes for alcohol, tobacco, and cannabis and some support for its use in treating cocaine and combined illicit drug use disorders (DiClemente et al., 2017).

- A: D. MI/PEP
- B: C. MI/MET
- C: B. MI/FRAME
- D: A. MI/SOC

45. In your first session, discuss your agency's policy on having conversations with clients who are \_\_\_\_\_. Be transparent about the policy and what actions you will take if the client comes to a session \_\_\_\_\_.

- A: C. belligerent
- B: B. new
- C: A. intoxicated
- D: D. resistant

46. According to the reading, when exploring events that led to entering treatment, the counselor should avoid \_\_\_\_\_ with the client's position.

- A: D. agreeing or disagreeing
- B: C. empathizing
- C: B. being indifferent
- D: A. questioning or negotiating

47. The simplest way to assess the client's readiness to change is to use

- A: D. the Importance Ruler and the Confidence Ruler
- B: C. The readiness ruler and the confidence ruler
- C: B. The ambivalence ruler and the confidence ruler
- D: A. The logic ruler and the confidence ruler

48. Several assessment tools widely used in clinical and research settings are discussed briefly below

- A: D. All of the above
- B: B. The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)
- C: A. The University of Rhode Island Change Assessment Scale (URICA)
- D: C. The Readiness To Change Questionnaire

49. You can use double-sided \_\_\_\_\_ to respond to client ambivalence and sustain talk (Miller & Rollnick, 2013).

- A: D. messages
- B: C. questions
- C: B. reflections
- D: A. statements

50. An informal way to engage clients, build rapport as part of an assessment, and encourage clients to talk about substance use patterns in a nonjudgmental framework is to ask them to describe a \_\_\_\_\_ (Rollnick, Miller, & Butler, 2008).

- A: D. common ritual
- B: C. belief
- C: B. typical day
- D: A. dream

51. One way to raise concern in the client is to explore the "positive" and "less-positive" aspects of his or her substance use. For example:

- A: A. Start with the client's views on possible "benefits" of alcohol or drugs and move to less-beneficial aspects rather than simply ask about bad things or problems associated with substance use.

- B: B. Start with the client's views on possible "benefits" of alcohol or drugs and move to less-beneficial aspects rather than simply ask about bad things or problems associated with substance use.
- C: C. Start with the client's views on possible "benefits" of alcohol or drugs and move to less-beneficial aspects rather than simply ask about bad things or problems associated with substance use.
- D: D. All of the above

52. According to MI and the reading, in the initial engagement and assessment phase, if the client remains in Precontemplation and you cannot mutually agree on treatment goals, express concern about the client's substance misuse and \_\_\_\_\_ for the client to return to treatment any time.

- A: D. All of the above
- B: C. make an appointment
- C: B. leave the door open
- D: A. reject

53. Psychoeducational programs can increase clients' \_\_\_\_\_ about substance misuse and related problems and move them toward contemplation of change (Yeh, Tung, Horng, & Sung, 2017).

- A: D. All of the above
- B: C. extrinsic motivation
- C: B. ambivalence
- D: A. resistance

54. One way to raise concern in the client is to explore the "positive" and "less-positive" aspects of his or her substance use. For example: Avoid spending too much time exploring the "good" things about substance use that may reinforce \_\_\_\_\_. Higher levels of client \_\_\_\_\_ is associated with lower motivation to change and negative treatment outcomes (Lindqvist, Forsberg, Enebrink, Andersson, & Rosendahl, 2017; Magill et al., 2014).

- A: D. sustain talk
- B: C. perseverative talk
- C: B. change talk
- D: A. hard talk

55. You can also move clients toward the \_\_\_\_\_ stage by having them consider the many ways in which substance use can affect life experiences. For example, you might ask, "How is your substance use affecting your studies? How is your drinking affecting your family life?"

- A: E. All of the above
- B: D. contemplation
- C: C. precontemplation
- D: B. action
- E: A. maintenance

56. According to the reading, in specialty addiction treatment settings, feedback can focus on results of a comprehensive assessment, which often includes:

- A: C. MMPI
- B: B. SOC analysis
- C: A. Functional analysis of substance use triggers
- D: D. Only A

57. Including supportive SOs is cost effective and can foster positive client outcomes, including increased client \_\_\_\_\_; increased client commitment to change; and reduced substance use, alcohol consumption, and alcohol-related consequences (Apodaca, Magill, Longabaugh, Jackson, & Monti, 2013; Bourke et al., 2016; Monti et al., 2014; Shepard et al., 2016; Smeerdijk et al., 2015).

- A: D. fast talk
- B: C. petty talk
- C: B. sustain talk
- D: A. change talk

58. Some strategies for engaging an SO in an initial meeting with you and the client include the following:



- A: D. All of the above
- B: C. Offer conversation guidelines (e.g., use “I” statements, don’t use language that blames or shames).
- C: B. Praise the SO for his or her willingness to participate in the client’s efforts to change.
- D: A. Use MI strategies to engage the SO in the counseling process (Belmontes, 2018).

59. When working with clients who are \_\_\_\_\_ to treatment, you are required to establish what information will be shared with the referring agency.

- A: D. none of the above
- B: B. mandated
- C: A. referred
- D: C. resistant

60. Miller and Rollnick (2013) use the metaphor of a hill of ambivalence wherein clients move up the hill during Precontemplation/ Contemplation and then journey down the hill through the resolution of ambivalence, which moves them into \_\_\_\_\_.

- A: D. maintenance and preparation
- B: C. preparation and maintenance
- C: B. preparation and action
- D: A. maintenance and action

61. The two key motivational strategies you can use to resolve ambivalence in Contemplation are:

- A: D. B and C
- B: C. Normalizing ambivalence
- C: B. Evoking DARN change talk
- D: A. Evoking CAT change talk

62. Extrinsic motivators can help bring clients into and stay in treatment, but \_\_\_\_\_ motivators are important for significant, long-lasting change (Flannery, 2017; Kwasnicka, Dombrowski, White, & Sniehotta, 2016; Mahmoodabad, Tonekaboni, Farmanbar, Fallahzadeh, & Kamalikhah, 2017).

- A: A. intrinsic
- B: B. inherent
- C: C. innate
- D: D. innocuous

63. A desire to reconnect with \_\_\_\_\_ as a source of identity and strength can be a powerful motivator for some clients, as can the desire to regain others’ respect.

- A: D. lost friends
- B: C. national norms
- C: B. cultural traditions
- D: A. the inner-self

64. According to the reading you should use these strategies to identify and strengthen intrinsic motivation

- A: D. A and B
- B: C. Identify and strengthen extrinsic motivation of clients who have been mandated to treatment.
- C: B. Reframe clients’ negative statements about external pressure to get treatment
- D: A. Do not wait for clients to talk spontaneously about their substance use

65. \_\_\_\_\_ originated with Janis and Mann (1977) as a motivational counseling strategy.

- A: D. BDI
- B: C. DBT
- C: B. DB
- D: A. BD

66. In DB, explore both sides of ambivalence, but avoid reinforcing sustain talk, which can be counterproductive (Krigel et al., 2017; Lindqvist et al., 2017; Miller & Rose, 2013).

- A: D. change talk
- B: C. battle stories
- C: B. sustain talk
- D: A. drug talk

67. Substance use may be an expression of continued \_\_\_\_\_—\_\_\_\_\_ from the demands of others to act or live in a certain way. You

- A: C. denial
- B: B. freedom
- C: A. pain
- D: D. movement

68. In working toward a decision, understand what \_\_\_\_\_ means to clients and what their expectations of treatment are.

- A: A. therapy
- B: B. flexibility
- C: C. addiction
- D: D. change

69. There are \_\_\_\_\_ categories of self-efficacy related to SUDs (DiClemente, Carbonari, Montgomery, & Hughes, 1994; Glozah, Adu, & Komesuor, 2015)

- A: D. three
- B: C. six
- C: B. four
- D: A. five

70. In earlier stages of the Stages of Change (SOC) approach, you use motivational strategies to increase clients' readiness. In Preparation, you use motivational strategies to strengthen clients' commitment and help them make a firm decision to change

- A: D. Action
- B: C. Preparation
- C: B. Maintenance
- D: A. Readiness

71. According to the reading, early on, goals should be \_\_\_\_\_ so that clients can begin measuring success and feeling good about themselves as well as hopeful about the change.

- A: D. short term, intentional, and realistic
- B: C. short term, measurable, and concrete
- C: B. short term, measurable, and realistic
- D: A. long term, measurable, and realistic

72. In a systematic review, brief motivational alcohol interventions for adolescents had significantly larger effects on alcohol consumption if they included \_\_\_\_\_ (Tanner-Smith & Lipsey, 2015).

- A: D. long term goals
- B: C. intentional goals
- C: B. many goals
- D: A. goal-setting exercises

73. Sobriety sampling is commonly used with clients who:

- A: B. Express significant need or desire to address misuse but are not ready to commit to abstinence
- B: A. Are not interested in abstinence as a treatment goal
- C: C. Have had many past unsuccessful attempts at moderate use
- D: D. All of the above

74. According to the reading, how specific should you be when clients ask what you think they should do?

- A: B. You should not provide any advice
- B: D. None of the above
- C: C. Providing your best advice is an important part of your role
- D: A. You should refrain from being too specific

75. When discussing treatment options with clients, be sure to:

- A: D. All of the above
- B: C. Review the concept of the SOC; note that it is common for people to go through the stages several times as they move closer to maintaining substance use behavior change and stable recovery
- C: B. Review the concept of the SOC; note that it is common for people to go through the stages several times as they move closer to maintaining substance use behavior change and stable recovery
- D: A. Limit options to several that are appropriate, and describe these, one at a time, in language that is understandable and matches clients' concerns

76. DiClemente (2018) describes four main tasks for client in the Action stage of the SOC:

- A: D. six
- B: C. four
- C: B. three
- D: A. five

77. Which of the following is not one of DiClemente (2018) four main tasks for client in the Action stage of the SOC:

- A: D. Revising and refining contemplation plans
- B: C. Managing internal/external barriers to change (e.g., physical cravings, lack of positive social support)
- C: B. Continuing commitment to change and establishing a new pattern of behavior
- D: A. Breaking free of the addiction using the strategies in the change plan

78. When helping clients enlist social support, be particularly alert for clients who have limited \_\_\_\_\_.

- A: D. All of the above
- B: C. intelligence
- C: B. social skills or social networks
- D: A. funds

79. Some clients drop out of treatment because their treatment or behavior \_\_\_\_\_ don't match those of the counselor or program (Connors, DiClemente, Velasquez, & Donovan, 2013).

- A: D. reinforcement
- B: C. styles
- C: B. patterns
- D: A. change goals

80. Clients with co-occurring substance use and mental disorders (CODs) and those with \_\_\_\_\_ are especially likely to end treatment early (Running Bear et al., 2017; Brorson et al., 2013; Krawczyk et al., 2017; Teeson et al., 2015).

- A: D. medical problems
- B: C. cognitive problems
- C: B. denial patterns
- D: A. suicidal behaviors

81. According to the reading, perhaps the strongest predictor of dropout in SUD treatment is \_\_\_\_\_.

- A: D. addiction severity at treatment entry
- B: C. addiction at treatment entry
- C: B. resistance at treatment entry
- D: A. lack of motivation at treatment entry

82. The 100-item \_\_\_\_\_ asks clients to identify their level of confidence in resisting drinking in 8

82. The 100-item \_\_\_\_\_ asks clients to identify their level of confidence in resisting drinking in 6 circumstances (Breslin, Sobell, Sobell, & Agrawal, 2000):

- A: D. SIR
- B: C. CSQ
- C: A. QSC
- D: B. SCQ

83. The AASES measures an individual's \_\_\_\_\_ in abstaining from alcohol (DiClemente, Carbonari, Montgomery, & Hughes, 1994).

- A: D. motivation
- B: C. self-efficacy
- C: B. strength
- D: A. self-monitoring

84. Growing evidence shows that practicing \_\_\_\_\_ is an effective strategy for managing cravings and urges to use substances (Grant et al., 2017).

- A: C. MI
- B: B. DB
- C: A. martial arts
- D: D. mindfulness

85. Clients with more severe AUD tend to have smaller, less diverse \_\_\_\_\_ than those with no history of AUD or less severe alcohol misuse experiences (Mowbray, Quinn, & Cranford, 2014).

- A: A. social networks
- B: B. choices
- C: C. behaviors
- D: D. motivations

86. A \_\_\_\_\_ support specialist can link clients to alcohol- and drug-free recreational events in the community or other recovery support.

- A: D. family
- B: C. peer recovery
- C: B. therapeutic
- D: A. behavioral

87. \_\_\_\_\_ (Witkiewitz & Marlatt, 2007) is the most widely researched and implemented RPC approach in behavioral health services. Many of its strategies have been applied to counseling for relapse prevention with people with SUDs and CODs.

- A: D. None of the above
- B: C. The CBT model
- C: B. The Bowers model
- D: A. The Marlatt model

88. RPC has five components (Marlatt et al., 2002):

- A: D. Cognitive traps, temptations, replacement activities, preparation action, and strategies for coping
- B: C. Cognitive traps, temptations, replacement activities, preparation for relapse, and strategies for coping
- C: B. Cognitive traps, temptations, replacement activities, preparation for relapse, and strategies for maintenance
- D: A. Cognitive distortions, temptations, replacement activities, preparation for relapse, and strategies for coping

89. If clients return to substance misuse, help them reenter the \_\_\_\_\_ as soon as possible.

- A: D. program
- B: C. stages
- C: B. cycle
- D: A. treatment

90. \_\_\_\_\_ is a fairly new addiction treatment approach that uses motivational strategies; it is modeled after approaches used for staying connected to people with chronic medical illnesses like diabetes.

- A: B. RMC
- B: A. MIB
- C: C. MRC
- D: D. DB