Mindful Continuing Education

Implementing Motivation-Enhancing Strategies in Substance Use Disorder Treatment

Chapter 1-A New Look at Motivation

1. According to the authors, key messages in substance use disorder treatment include the importance of motivation as integral in behavioral change as well as:

A. Integration of interventions
B. Development of a social community
C. Remaining in treatment for an adequate period of time
D. The counselor's use of empathy

Motivation and Behavior Change

2. Self-determination theory suggests that people inherently want to engage in activities that meet their need for autonomy, competency, and:

A. Resilience
B. Balance
C. Relatedness
D. Flexibility

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3. The benefits of motivational enhancement approaches include each of the following EXCEPT:

A. Changing traditional perspectives on addiction and treatment
B. Enhancing motivation to change. preparing clients to enter treatment, and engaging and retaining clients in treatment
C. Increasing participation and involvement and improving treatment outcomes
D. Encouraging rapid return to treatment if clients return to substance misuse

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Exhibit 1.1-Models of Addiction

4. Psychological models of addiction propose that addiction results from deficits in biopsychological development, behavioral regulation, and cognitive processing.

A. True

B. False

New Perspective

5. As the addiction treatment field has matured, it has tried to integrate conflicting theories and approaches and to incorporate research findings into a comprehensive model, and one change is the expansion of the definition of positive treatment outcomes to include intermediate goals of:

A. Understanding underlying co-occurring mental health issues
B. Developing healthy stress-management techniques
C. Risk reduction
D. Commitment to a fixed length of treatment

Integration of Addiction, Behavioral Health, and Healthcare Services

6. Many people with SUDs do not seek specialty addiction treatment but often enter the healthcare system through general medical settings, so this is an important but neglected opportunity to screen for substance misuse and provide brief interventions or referrals to specialty care.

A. True
B. False

Conclusion

7. Recent understanding of substance use treatment has dispelled previously held beliefs such as the credence of the addictive personality and the use of confrontational interventions, and motivation for change is now seen as:

A. A dynamic approach
B. Evolving primarily from extrinsic factors
C. A necessary component of more intensive treatments
D. Most successful when directive methods are used

Chapter 2-Motivational Counseling and Brief Intervention

8. The FRAMES motivational counseling approach identifies six common elements of effective motivational counseling, including feedback on personal risk, client responsibility for change, nonjudgmental advice, a menu of options and treatment alternatives, an empathic counseling style, and:

A. Client stability is encouraged
B. An emphasis on client strengths
C. A simple, client-driven approach is recommended
D. Self-efficacy that is supported by the counselor

Expert Comment: A Realistic Model of Change-Advice to Clients

9. A realistic model of changes proposes that during the recovery process, most change does not occur overnight, change is best viewed as a gradual process with occasional setbacks, and that difficulties and setbacks can be reframed as learning experiences, not failures.

A. True
B. False

Cultural Responsiveness

10. Which of the following is NOT one of the recommendations for adapting Motivational Interviewing (MI) strategies for African American clients?

A. Training peers to deliver MI
B. Incorporating moderate amounts of advice
C. Acknowledging the differential power between the counselor and the client
D. Implementing MI approaches in community settings such as a local church

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Counselor Note: Dual Diagnosis Motivational Interviewing (DDMI)

11. In DDMI, an intervention for substance misuse in clients with psychotic disorders, accommodations for cognitive impairments are included, such as asking questions and reflecting in simple terms, repeating information and summarizing session content frequently, providing more structure to sessions, and:

A. Recognizing clients' lack of understanding
B. Individualizing handouts and forms
C. Allowing time for problem-solving
D. Being sensitive to emotional material

Brief Motivational Interventions

12. A structured, person-centered counseling approach that can be used as a brief intervention for individuals who use substances may be readily applied outside specialty addiction treatment settings, which are often referred to as:

A. Non-traditional settings
B. Opportunistic settings
C. Practical settings
D. Strategic settings

Chapter 3-Motivational Interviewing as a Counseling Style-The Spirit of MI

13. One of the elements that comprises the spirit of emotional interviewing is acceptance, which includes the components of absolute worth, accurate empathy, autonomy support, and:

A. Affirmation
B. Accommodation
C. Appreciation
D. Action

What is New in MI

14. Important changes to MI based on decades of research and clinical experience include an emphasis on engagement, focusing on change goals, evoking MI core skills and strategies for moving toward a specific goal change, and:

A. Planning as the bridge for behavior change
B. Highlighting discrepancies between client values and behavior
C. Supporting the clients' beliefs that change is possible
D. Supporting the clients' beliefs that change is possible

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15. Various elements of change talk are outlined in the DARN-CAT acronym, which incorporates the desire, ability, reasons, and need to change as well as commitment and:

A. Action and timing
B. Acknowledgement and task completion
C. Activation and taking steps
D. Achievement and tolerating change

Core Skills of MI: OARS

16. The key component of expressing empathy is:

A. Allowing clients to tell their stories
B. Acknowledgement
C. Compassionate summarizing
D. Reflective listening

Forming Complex Reflections

17. Forming complex reflections can be challenging for clinicians since statements may have multiple meanings, so a helpful first step is to:

A. Reassure the client before reflecting as this will open communication
B. Form a hypothesis about what the client is trying to say
C. Use logic to reframe client statements
D. Give advice that lets clients know you understand their perspective

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Four Processes of MI

18. Opening strategies that promote engagement in MI include each of the following EXCEPT:

A. Ask open questions and offer affirmations of client self-efficacy, hope, and confidence in the client's ability to change
B. Emphasize reflective listening and summarize to reinforce genuine interest in the client's perspective
C. Determine the client's readiness to change and specific stage in the SOC
D. Focus on taking action by immediately identifying the client's treatment goals

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Focusing

19. After engaging the client, the next step is to find a direction by developing a mutually agreed-on agenda that promotes change and then identifying:

A. A specific target behavior
B. The clients' perspective on the presenting problem
C. Short and long-term goals
D. An immediate solution to begin the process of change

Evoking Change Talk

20. One signal that clients' ambivalence about change is decreasing is when they start to express change talk, and change talk can be reflected by asking open-ended DARN questions that incorporate:

A. Disposition, action, reflections, and necessity
B. Determinants, agenda, rationalization, and narrative
C. Deliberation, aims, regard, and nature of change
D. Desire, ability, reasons, and need

Developing Discrepancy: A Values Conversation

21. Developing discrepancy has been a key element of MI since its inception, and in order to facilitate discrepancy, the counselor should have a values conversation to explore what is important to the client and then:

A. Focus on how substance use behavior is in conflict with external pressures
B. Highlight the conflict the client feels between his or her substance use behaviors and those values
C. Reframe the conversation by acknowledging the clients' experience while also suggesting alternative meanings
D. Express understanding and offer solutions to lessen conflicts

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Evoking Hope and Confidence to Support Self-Efficacy

22. Recommendations to help enhance clients' hope and confidence about change include each of the following EXCEPT:

A. Exploring clients' strengths and brainstorming how to apply those strengths to the current situation
B. Discussing what worked and didn't work in previous treatment episodes and offering change options based on what worked before
C. Describing how people in similar situations have successfully changed their behavior
D. Educating clients about the psychology of addiction and the emotional effects of substance use to alleviate shame and instill hope that recovery is possible

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Planning

23. The clinician's task in the planning process is to help the client develop a change plan that is acceptable, accessible, and:

A. Realistic
B. Attainable

C. Appropriate
D. Meaningful

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24. Specific strategies for helping clients develop a change plan include confirming the change goal, eliciting the client's ideas about how to change, offering a menu of options, and exploring obstacles.

A. True
B. False

Chapter 4-From Precontemplation to Contemplation: Building Readiness

25. The authors recommend reflecting on the client's perspective about substance abuse openly, using terms such as "problem drinking" and "substance misuse."

A. True
B. False

Exhibit 4.2. Styles of Expression in the Precontemplation Stage: The 5 Rs

26. Clients who are still focused on good experiences about substance use and have not necessarily experienced many substance-use-related negative consequences are generally exhibiting which style of expression in the precontemplation phase?

A. Reluctance
B. Denial
C. Reveling
D. Rationalization

Raise Doubts and Concerns About the Client's Substance Use

27. Psychoeducational programs can increase clients' ambivalence about substance misuse and related problems and move them toward contemplation of change by:

A. Providing small chunks of information then eliciting the client's understanding
B. Using the PIES motivational strategy to engage clients in a joint discussion
C. Stating what you have found in your experience with clients in substance abuse treatment
D. Describing the addiction process in historical terms in order to increase hope

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Provide Personalized Feedback on Assessment Findings

28. In specialty addiction treatment settings, a comprehensive assessment often includes substance use, health. biomedical, and neuropsychological effects of long-term substance use, family history of mental disorders and SUDs, co-occurring substance use and mental disorders, and links between substance use and:

A. Poor interpersonal relationships
B. Lowered functioning
C. Lack of productivity
D. Adverse circumstances

Involve Significant Others

29. Significant others can encourage clients to identify, implement, and sustain actions leading to a lifestyle free from substance misuse by using their:

A. Family and social circle for positive support
B. Strengths and skills
C. Treatment experiences
D. Inner resources

Understand Special Motivational Counseling Considerations for Clients Mandated to Treatment

30. Important considerations to keep in mind during a mandated client's first session include honoring the client's anger and sense of powerlessness, avoiding assumptions about the type of treatment needed, and making it clear that you will help the client explore:

A. How to best maintain treatment compliance
B. What actions can be taken immediately
C. What he or she perceives is needed and useful from your time together
D. His or her ambivalence about making difficult changes

Chapter 5-From Contemplation to Preparation: Increasing Commitment

31. The two key motivational strategies that can be used to resolve ambivalence in contemplation are normalizing ambivalence and:

A. Emphasizing personal choice and responsibility in considering change
B. Evoking DARN change talk
C. Establishing a change alliance
D. Maintaining a nonjudgmental stance on the process of change

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Summarize Client Concerns

32. A first step in helping the client weigh the pros and cons of change is to organize the list of concerns and present them to the client in a careful summary that develops discrepancy and shifts the balance toward change, while also:

A. Being intentional
B. Promoting positivity
C. Honoring strengths and skills
D. Expressing empathy

Explore Self-Efficacy

33. The five categories of self-efficacy related to SUDs include treatment behavior self-efficacy, recovery self-efficacy, control self-efficacy, abstinence self-efficacy, and:

A. Coping self-efficacy
B. Skill-building self-efficacy
C. Goal-driven self-efficacy
D. Affirmation self-efficacy

Envisioning

34. Helping clients visualize their life after change can be a powerful motivator and an effective means of strengthening their commitment, and sharing stories about how others have successfully achieved their goals can be excellent motivators.

A. True
B. False

Chapter 6-From Preparation to Action: Initiating Change

35. Which of the following is NOT one of the authors' recommendations for helping the client clarify changing goals?

A. The clinician should help the client set goals that are as realistic and specific as possible and that address expressed concerns
B. Goals should be meaningful, relevant, and future-oriented
C. The counselor and client should work together in a joint process of goal setting
D. Identifying and clarifying treatment goals should be a client-driven process

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36. In order to assist the client in making a change plan that is realistic and appropriately ambitious, discussions around the amount of help needed, practical timeframes, and available social supports are recommended.

A. True
B. False

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37. When developing a written or oral contract to help clients start working on their change plans, it is generally recommended that clinicians offer pre-written contracts that have been useful with other clients at specific stages of recovery, as writing a new contract may be overwhelming for the client.

A. True
B. False

Support the Client's Action Steps

38. The four main tasks for the clients in the Action change include breaking free of the addiction using the strategies in the change plan, continuing commitment to change and establishing a new pattern of behavior, revising and refining the change plan, and:

A. Confronting hesitation and fears
B. Ensuring that the change plan matches clients' goals and concerns
C. Managing internal/external barriers to change
D. Exploring which treatment strategies are effective

Evaluate the Change Plan

39. The ultimate goal at the action stage is to help the client sustain success for a long enough time and to be able to move into maintenance after:

A. Maintaining stability
B. Accepting change objectives
C. Repairing healthy connections
D. Exhibiting continued engagement in the process

Chapter 7-From Action to Maintenance: Stabilizing Change-Counseling Strategies for Action and Relapse

40. Counseling strategies to help the client through the Action phase and to avoid relapse include engaging and retaining the client in SUD treatment, creating a coping plan, identifying new behaviors that reinforce change, reinforcing family and social support, and identifying:

A. Spiritual or fellowship connections
B. Recovery capital
C. Escalating consequences of returning to risky behaviors
D. Stress-reduction strategies

Engage and Retain Clients in SUD Treatment

41. The strongest predictor of dropout in SUD treatment is likely:

A. Disappointment, hopelessness, or changes of heart
B. The presence of co-occurring substance use and mental disorders or cognitive problems
C. Having treatment and behavior change goals that don't match
D. Addiction severity at treatment entry

Address Client Expectations About Treatment

42. When working to engage and retain clients in SUD treatment, OARS person-centered core skills that can be used to explore negative expectations include open-ended questions, affirmations, reflective listening, and:

A. Synthesizing
B. Summarization
C. Supportive statements
D. Speaking genuinely

Support the Client's Lifestyle Changes

43. In the Maintenance stage, the clinician's task is to support and praise clients' positive lifestyle and identify:

A. Internal and environmental factors that may trigger relapse
B. Mechanisms to help remain in the recovery cycle
C. Behaviors that reinforce changes
D. Clients' confidence in their ability to maintain self-control

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44. Preparation for relapse includes working with clients to anticipate and prepare for this possibility, taking a nonjudgmental stance with clients if they lapse, describing how to manage a return to substance use if it occurs, and reframing a recurrence as:

A. A learning opportunity
B. A chance to re-evaluate priorities
C. An expected element of recovery
D. An opportunity to recognize and avoid triggers

Relapse Management Strategies

45. When clients return to substance use, clinicians can help them avoid full relapse by addressing the abstinence violation effect (AVE), which, according to the authors, causes guilt, shame, and:

A. Hopelessness
B. Feelings of failure
C. Fear
D. Cognitive dissonance

Chapter 8-Integrating Motivational Approaches in SUD Treatment Settings

46. Historically, the most common delivery of motivational counseling approaches has been through group interventions, where others can provide support and a sounding board to enhance the desire to change.

A. True
B. False

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47. Which of the following is NOT one of the significant clinical issues that the authors report may arise when conducting groups using MI?

A. The counselor’s ability to translate MI skills to the group context and to manage group dynamics
B. Fewer opportunities for group members to express change talk and receive reflective listening responses from the counselor
C. Varying needs and experiences of group participants and the counselor’s ability to respond to various participant needs
D. Actively managing personality issues and clashes that may be heightened with substance misuse or withdrawal

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MI and CBT

48. Perhaps the most widely adopted counseling approach used in SUD treatment is CBT, and strategies for blending MI and CBT include:

A. Engaging in a brief CBT strategy before a client moves into a MI-focused component of treatment
B. Using CBT when the clinical focus is on engaging, focusing, evoking, and emphasizing MI during the planning process
C. Shifting to MI during CBT interventions when counselor-client discord or client ambivalence about a specific change goal arises
D. Using the spirit of CBT as a framework and interactional style in which to use MI strategies

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Supervision and Coaching

49. Maintenance of skills and staying up to date with new developments in any counseling approach require ongoing supervision, and supervision in MI should be:

A. Integrated
B. Developmental
C. Orientation-specific
D. Competency-based

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50. Clinical supervisors should reach a level of skill in using MI to be able to explore and resolve counselor ambivalence about learning and integrating MI into treatment, teach counselors MI skills, model the skills and spirit of MI, and:

A. Address ethical guidelines when using MI
B. Describe the underlying theoretical foundations of MI
C. Use a solution-focused approach to deal with counselor concerns
D. Provide ongoing mentorship to the counselor as needed
