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/test-bank-theory-and-treatment-planning-in-counseling-and-psychotherapy-2e-gehart

Chapter 2: Treatment Planning

1. Counselors are responsible to choose a theory and techniques which best fit the client and the situation, and to develop a treatment plan that does all of the following, EXCEPT:
   a. is consistent with the counselor's world view.
   b. considers the evidence base.
   c. considers client demographics.
   d. is consistent with a specific theory.

   Answer A (Creative Planning)

2. Symptom based treatment plans are developed from the medical model and focus on symptoms, making them relevant to the medical community but limiting _____.
   a. the client's ability to understand diagnosis
   b. counselors from conceptualizing treatment in useful ways
   c. development of a step-by-step plan
   d. counselors to using more relevant methods

   Answer B (The Brief History of Mental Health Treatment Planning)

3. Clinical treatment plans _____.
   a. are the same as theory-based treatment plans
   b. are based on the medical model
   c. include therapeutic tasks, client goals, and interventions
   d. provide a limited view of the client and system

   Answer C (Clinical Treatment Plan)

4. Unlike symptom based plans, clinical treatment plans are based solidly in theory and include client perspective, which includes _____.
   a. client long-term plans
   b. client reflection on the past and the relationship to the problem
   c. agreement to, and concern about, the plan
   d. the problem in emotional rather than operational terms

   Answer C (Clinical Treatment Plans)

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5. The first and often the most difficult step in treatment planning is which of the following?
   a. Writing a theory-specific case conceptualization.
   b. Deciding the techniques to be used to address client goals.
   c. Using your own experiences to conceptualize treatment.
   d. Identifying a formula which can help reduce the need for critical thinking and reflection.

   Answer A (Writing a Theory-Specific Case Conceptualization)

6. After creating a theory-specific case conceptualization, working and closing phase goals can be determined by _____.
   a. asking the client what his/her goals are
   b. identifying two or three key patterns
   c. implementing formulaic interventions
   d. seeking the guidance of a colleague for supervisor

   Answer B (Writing a Theory-Specific Case Conceptualization)

7. Clinical treatment plans consist of _____, _____, and _____ phases of treatment.
   a. first; second; third
   b. beginning; middle; end
   c. initial; working; closing
   d. primary, middle; ending

   Answer C (Treatment Plan Format)

8. Each phase of the clinical treatment plan is comprised of _____ and _____.
   a. assessment; intervention
   b. treatment tasks; client goals
   c. problem identification; symptom measurement
   d. initial tasks; transitional tasks

   Answer B (Treatment Plan Format)

9. A good treatment plan will reflect a chosen theory by the _____ used to write treatment tasks.
   a. theory-based treatment plan
   b. client goals
   c. language and interventions
   d. problem-focused approach

   Answer C (Writing Useful Treatment Tasks)

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10. Two tasks that are almost always present in the initial phase of treatment are _____.
    a. assigning a diagnosis and providing referrals
    b. establishing a therapeutic relationship and clarifying boundaries
    c. establishing a therapeutic relationship and assessing individual, family, and social dynamics
    d. providing a diagnosis and assessing individual, family, and social dynamics

    Answer C (Writing Useful Treatment Tasks)

11. The primary treatment task of the working phase is _____.
    a. establishing a therapeutic relationship
    b. assessing the system
    c. implementing interventions
    d. monitoring the quality of the therapeutic relationship

    Answer D (Writing Useful Treatment Tasks)

12. Aftercare plans identify all of the following EXCEPT: _____.
    a. what the client did to make the changes they have made
    b. how the client will maintain their success
    c. how the client will handle the next set of challenges in their lives
    d. how the client demonstrated resistance during treatment

    Answer C (Writing Useful Treatment Tasks)

13. The counselor need not address diversity issues with each treatment task, as long as diversity is addressed by some tasks in the working phase.
    a. True
    b. False

    Answer B (Diversity and Treatment Tasks)

14. Diversity can be addressed in treatment tasks by doing all of the following EXCEPT: _____.
    a. disregarding the possibility of marginalization and discrimination in the assessment process
    b. using humor with teens or men
    c. adopting a more formal, respectful relational style with immigrants
    d. incorporating spirituality

    Answer A (Diversity and Treatment Tasks)

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15. When meeting clients with unfamiliar diversity issues, it is the responsibility of the counselor to _____.
    a. inquire how the issues are impacting these clients
    b. educate themselves about how best to support and engage these clients
    c. to adopt a neutral stance so as not to unknowingly participate in marginalization of these clients
    d. impress upon these clients that they "get" where the clients are coming from

    Answer B (Writing Useful Treatment Tasks)

16. Writing client goals is challenging because it requires the counselor to conceptualize the interplay between all of the following factors EXCEPT: _____.
    a. the diagnosis
    b. the presenting problem
    c. personal and relational dynamics
    d. psychiatric symptoms

    Answer A (Writing Useful Client Goals)

17. Which of the following statements best describes the value of the goal writing worksheet?
    a. It combines key elements from the client's description of the problem and findings from the case conceptualization to help the counselor identify key dynamics that can be targeted for change.
    b. It combines key elements from the clinical treatment plan to help the counselor identify key dynamics that can be targeted for change.
    c. It combines key elements from the counselor's diagnosis of the client problem finding from the research on the diagnosis to help the counselor identify key dynamics that can be targeted for change.
    d. It combines key elements from the counselor's theory and the client's description of the problem to help the counselor identify key dynamics that can be targeted for change.

    Answer A (Writing Useful Client Goals)

18. Initial phase client goals should involve all of the following EXCEPT: _____.
    a. stabilizing crisis symptoms
    b. managing child, dependent adult, or elder abuse issues
    c. addressing substance and alcohol abuse issues
    d. making a note to address self-harming behaviors at a later time

    Answer D (Writing Useful Client Goals)

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19. The primary function of client goals in the working phase is to address _____.
    a. crisis issues and stabilize crisis symptoms
    b. dynamics that create and/or sustain client symptoms or problems
    c. the global issues which move the client toward greater heath
    d. monitoring the quality of the therapeutic relationship

    Answer B (Writing Useful Client Goals)

20. Unlike symptom based goals which do not describe what the counselor will do, working phase clinical goals address the theoretical conceptualization that will directly guide _____.
    a. the therapist's theoretical perspective
    b. client actions
    c. symptom reduction
    d. the treatment plan

    Answer C (Writing Useful Client Goals)

21. Which of the following statements best describes closing phase client goals?
    a. Closing phase goals address issues of safety, welfare, and support.
    b. Closing phase goals address the issue of moving of the client toward greater "health" as defined by the client.
    c. Closing phase goals address more global issues and moving the client toward greater health.
    d. Closing phase goals address more global issues and assess client experience in therapy and the willingness to return to therapy in the future.

    Answer C (Writing Useful Client Goals)

22. Third party payers often require goals to be "measurable", which means _____ _____.
    a. the counselor and client will know when the goals is achieved
    b. the client can demonstrate improvement in functioning
    c. symptom reduction
    d. they are able to be measured on a standardized scale

    Answer A (Writing Useful Client Goals)

23. Which of the following is the best example of a measurable goal?
    a. Client will increase sobriety.
    b. Client will increase sobriety over a period of 6 months.
    c. Client will sustain sobriety for a period of 6 months.
    d. Client will demonstrate sobriety.

    Answer C (Writing Useful Client Goals)

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24. Once the counselor has conceptualized a treatment plan and identified counseling tasks and client goals, the counselor then _____.
    a. identifies useful interventions
    b. identifies client actions that lead to the problem
    c. determines if working with client is within the scope of practice
    d. writes an assessment for submission to the third party payer

    Answer A (Writing Useful Interventions)

25. Where do interventions come from?
    a. Intervention come from collaboration between the client and counselor.
    b. Interventions come from the third party payer or agency for which the counselor works.
    c. Interventions come from the treatment plan.
    d. Interventions come directly from the counselor's theory.

    Answer D (Writing Useful Interventions)

Short Answer

1. Why is it important for clinicians to write a theory-specific case conceptualization?
2. List and describe two differences between symptom-based treatment plans and clinical treatment plans.
3. Why is it important to address diversity issues in treatment tasks?
4. What are some key differences between initial phase client goals and working-phase client goals?
5. Explain why clinical treatment plans make a difference.

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