8. Case conceptualization refers to
   a) developing a clinical picture of a client's situation
   b) accurately diagnosing a client
   c) developing a treatment plan for the client
   d) understanding a client's diagnosis

9. The I CAN START model is
   a) used mostly in children with autism to guide case conceptualization and treatment planning
   b) a model used by counselors to guide case conceptualization and treatment planning
   c) based on operant conditioning and used to motivate clients to meet treatment goals
   d) based on operant conditioning and used mostly in children to encourage progress

10. Treatment plans are developed
    a) mostly by the client
    b) mostly by the counselor
    c) by third party payers
    d) by the client, counselor, and treatment team (if applicable)

11. According to the *DSM-5*, in developing a treatment plan, the counselor can assess the client's level of functioning through
    a) GAF (Global Assessment of Functioning) scores
    b) Solely counselor observations
    c) WHODAS scores
    d) GAF (Global Assessment of Functioning) and WHODAS scores

12. Counselors should assess a client's level of functioning before creating a treatment plan in order to
    a) set realistic goals for the client
    b) determine if the client is suitable for psychosocial treatment
    c) determine which type of treatment would best fit the client's needs
    d) determine the number of sessions in which to carry out the treatment plan

13. An appropriate treatment goal for a client with depression would be
    a) "The client will decrease her depression."
    b) "The client will occasionally exercise, get adequate rest, eat healthy foods, and will use positive self- talk 75% of the time."
    c) "The client will use positive self-talk."
    d) "The client will learn and use positive self-talk to engage with family members in the home 50% of the time."

14. According to the SMART acronym, treatment goals should be
    a) Specific, measurable, attainable, reasonable, and timely
    b) Specific, measurable, attainable, results-oriented, and timely
    c) Simple, measurable, attainable, reasonable, and timely
    d) Simple, measurable, attainable, results-oriented, and timely

15. Although there is software available that outputs client treatment plans, it is important that counselors
    a) Ensure the treatment plan is specific to client needs
    b) Not deviate from the treatment plan outputted by the software
    c) Ensure that the treatment plan is correct as the software is often inaccurate
    d) Use the same treatment plan for each client with a given diagnosis

16. Which of the following is a reason for using formal assessment in developing treatment plans:
    a) It helps counselors to better understand the client
    b) It allows clients to play an active role in treatment planning
    c) It determines if the client is at risk of harming self or others
    d) It provides statistical validity for the treatment plan

17. Which of the following is true of treatment plans:
    a) They are static documents that should not be changed
    b) They are fluid documents that must continuously be adjusted

c) They are created mostly by the client
d) They are created mostly by the counselor

18. Client progress is measured mostly through
    a) Personality assessments
    b) Client self-report
    c) Interviewing
    d) Counselor observations

19. Using the I CAN START model, treatment planning is mostly focused on
    a) Changing the client's automatic thoughts
    b) Improving the client's weaknesses
    c) Integrating the client's strengths
    d) Understanding a client's context

20. Therapeutic support services are used to
    a) Assist counselors in treating clients with multiple diagnoses, especially severe disorders such as schizophrenia
    b) Allow counselors to connect with other counselors in a group setting to promote self-care and prevent burn-out
    c) Provide clients the opportunity to connect with others who are experiencing similar issues in an informal group setting
    d) Provide clients with additional support beyond psychosocial therapy through education, training, socialization, and navigation of difficult processes

21. It is important that clients choose their own treatment goals primarily so that they
    a) will be motivated to change
    b) do not feel dominated by the counselor
    c) feel they have power in the relationship
    d) can develop their own treatment plans

22. Camille has been seeing you for one month now. At the beginning of treatment, she stated that she wanted to improve her self-esteem and learn how to make friends. Together, you developed a six-week treatment plan to work on these issues. However, today Camille reveals to you that her younger sister was raped and Camille is having trouble processing the event. You should:
    a) Finish the two weeks of treatment and then develop a separate treatment plan to process her sister's rape
    b) Use the first counseling session to process the traumatic event, then continue with the original treatment plan
    c) Process the traumatic event for as long as Camille feels necessary, then continue with the original treatment plan
    d) Contact Camille's mother and suggest that Camille's sister attend psychosocial therapy

23. Two important variables counselors must balance in treatment planning include
    a) client's commitment to treatment and client's situation/preferences
    b) client's willingness to change and client's situation/preferences
    c) client's willingness to change and evidence-based treatments
    d) client's situation/preferences and evidence-based treatments

24. A common mistake made by novice counselors in creating treatment goals is
    a) Creating too many treatment goals or goals that are too complex
    b) Creating too few treatment goals or goals that are too simple
    c) Creating treatment goals themselves instead of allowing the client to create them
    d) Creating goals that are too easy for the client to accomplish

25. According to the I CAN START model, contextual assessment refers to
    a) Observations the counselor makes in the context of treatment
    b) Other issues the client is facing surrounding the primary diagnosis
    c) Factors such as demographics, family dynamics/support, and current struggles
    d) Using formal and informal assessment to aid in case conceptualization