



Women's Treatment Ed Course

Exam Questions Packet

Part 4

- Course No: WS-1971P4
- Course Title: Women's Treatment Counselor (WTC) Education Course
Part 4
- Course Objective: Includes components of family-centered treatment and treatment modalities; whole family approach; collaborations for residential and outpatient clients; and programmatic and administrative challenges.
- CE Credit / Hours: This segment of the Women's Treatment Counselor (WTC) Education Course also qualifies for 10.0 hours Continuing Education (CE) credit.
- Course Material: Chapters 1 through 5
Family-Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges¹
Published: 2007
Publisher: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
79 pp.
- Exam Questions: Fifty (50) multiple-choice questions.
- Answer Sheet: The on-line Answer Sheet will automatically grade your exam, and a Certificate of Completion will be automatically generated and sent to you by e-mail upon your successfully answering 70% of the questions correctly and completing your payment for the course.
- Recommendation: Review the exam questions before you read the Course Material. The Exam Questions are based upon the information presented in the Course Material. You should choose the best answer based upon the information contained within the Course Material.

GOOD LUCK!

¹ Full citation to this publication, which is available free, in its entirety, from the Breining Institute web site, as well as from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA): Werner, D., Young, N.K., Dennis, K, & Amatetti, S. *Family-Centered Treatment for Women with Substance Use Disorders – History, Key Elements and Challenges*. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2007.



These Exam Questions are based upon the information presented in the Course Material. You should choose the best answer based upon the information contained within the Course Material. Answers which are not consistent with the information provided within the Course Material will be marked incorrect. A score of at least 70% correct answers is required to receive Course credit. GOOD LUCK!

The following questions are based upon the material contained in
Family-Centered Treatment: Chapters 1 – 5

1. What increases the likelihood that a family will experience financial problems, shifting of adult roles onto children, child abuse and neglect, violence, disrupted environments, and inconsistent parenting?
 - a. Substance use
 - b. Parental substance use
 - c. Substance use by one family member
 - d. Substance use by one of the children in the family

2. What increases a person's risk of substance abuse later in life?
 - a. A history of child abuse and neglect
 - b. Having a parent with a substance abuse disorder
 - c. Both a. and b.
 - d. None of the above

3. Brief strategic family therapy (BSFT) is proving effective in helping families address substance use in this population.
 - a. Mothers
 - b. Families
 - c. Adolescents
 - d. All of the above

4. What is it that some clinicians posit that may contribute to reduced treatment access and retention and increased relapse among women?
 - a. accompanying family services
 - b. the roles women play in families
 - c. the lack of attention to the importance of relationships
 - d. all of the above

5. What greatly increases treatment retention and reductions in drug use for women?
 - a. Family groups
 - b. One-on-one counseling
 - c. Having a support network
 - d. Group treatment therapies



6. Which of the following is false about family-centered treatment?
 - a. Blended families are common
 - b. Family is limited to nuclear family members
 - c. Half-siblings are often included in family networks
 - d. It can include godparents and other extended family members

7. Who have health and social service delivery systems, including those for alcohol and drug treatment, been designed to serve?
 - a. Families
 - b. Individuals
 - c. Gender-specific populations
 - d. Culturally-specific populations

8. What new opportunities are creating momentum to expand family-based services?
 - a. Research showing the importance of relationships and family for women's recovery support
 - b. Increased recognition of the need and renewed attention to the importance of family and awareness of the effect of parental substance use disorders on children
 - c. Skill and success in collaboration across service systems and a broadened understanding of multidisciplinary and integrated services
 - d. All of the above

9. What meets the need for parental treatment for substance use disorders and the need for support services for family recovery?
 - a. Integrated services
 - b. Biosocial treatment
 - c. Family-centered treatment
 - d. All of the above

10. Chapter two offers levels along the Family-Based Services Continuum. Which level is described as allowing women to attend treatment while caring for their children?
 - a. Level 1
 - b. Level 2
 - c. Level 3
 - d. Level 4



11. Chapter two offers levels along the Family-Based Services Continuum. Which level is described as providing for treatment (or case) plans for women and their children, with the children's fathers, significant others, or other family members receive services to support the women's recovery?
 - a. Level 1
 - b. Level 2
 - c. Level 3
 - d. Level 4

12. Chapter two offers levels along the Family-Based Services Continuum. Which level is described as women's treatment programs that focus primarily on the individual but address family relationships as an integral part of the treatment process?
 - a. Level 1
 - b. Level 2
 - c. Level 4
 - d. Level 5

13. Chapter two offers levels along the Family-Based Services Continuum. Which level is described as Comprehensive Family-Centered Treatment, provides services for women who use substances, their children, and the children's fathers or other family members?
 - a. Level 1
 - b. Level 2
 - c. Level 3
 - d. Level 5

14. Family-centered treatment is a comprehensive strategy that addresses what?
 - a. Thinking errors relative to substance use disorders
 - b. The biopsychosocial nature of substance use disorders
 - c. The cognitive behavioral nature of substance use disorders
 - d. The biopsychosocial-spiritual nature of substance use disorders

15. Who is the core client of family-centered treatment programs?
 - a. A parent with a substance use disorder
 - b. A mother with a substance use disorder
 - c. Whomever has the substance use disorder
 - d. None of the above

16. Which of the following characteristics and principles underlie family-centered treatment and result in its unique mode of service delivery?
 - a. Women define their families
 - b. Family-centered treatment is comprehensive
 - c. Families are dynamic, and thus treatment must be dynamic
 - d. All of the above



17. What is not an event but rather a gradual process that moves individuals and families toward lasting recovery?
 - a. The treatment process
 - b. Coordination and collaboration
 - c. Multiple service delivery systems
 - d. None of the above

18. What services recognize the unique characteristics of women's initiation of use, effects of use, histories of trauma, co-occurring mental health and physical disorders, and other treatment issues including the primacy, importance, and continuity of relationships in women's lives?
 - a. Family-centered
 - b. Gender-responsive
 - c. Culturally competent
 - d. Women's gender-responsive

19. Culturally competent services are embedded in the language, values, and experiences of a client's culture.
 - a. Family-centered
 - b. Gender-responsive
 - c. Culturally competent
 - d. Women's gender-responsive

20. What is essential for maintenance of a safe environment for all family members?
 - a. Policies for protecting confidentiality
 - b. Policies for addressing inappropriate behavior
 - c. Maintaining trauma-informed and trauma-sensitive services
 - d. All of the above

21. In the Comprehensive Model, what are defined as services necessary to address the medical and biopsychosocial issues associated with addiction?
 - a. Family treatment services
 - b. Clinical treatment services
 - c. Trauma-informed recovery and treatment services
 - d. All outside services are included in the Comprehensive Model

22. Which of the following is included in clinical support services?
 - a. Recovery community support services
 - b. Linkages with legal and child welfare systems
 - c. Employment readiness services and housing support
 - d. All of the above



23. Who are likely to have a range of developmental, behavioral, and emotional difficulties?
- Pregnant women
 - Relatives of substance abusers
 - Children of people who abuse substances
 - None of the above
24. What can result in improved birth outcomes including delivery of drug-free infants and babies with better birth weights?
- Parenting classes
 - Early prevention in schools
 - An Integrated treatment model
 - Engagement and treatment for pregnant women
25. What consequences of maternal use of alcohol, tobacco, and illegal drugs (MATID) on child development did Lester and his colleagues (Lester, Andreozzin, and Appiah, 2004) describe?
- Postnatal environment effects
 - Immediate and latent drug effects
 - Both a. and b.
 - None of the above
26. What is a major preventable cause of mental retardation?
- Fetal alcohol syndrome (FAS)
 - Fetal Alcohol Spectrum Disorders (FASD)
 - Both a. and b.
 - None of the above
27. Who may have problems in the following areas: lack of secure attachment, physical health consequences, poor social relations/skills, behavioral problems, cognition and learning disabilities or learning problems, psychopathology, and/or deficits in motor skills?
- Substance abusing women
 - Children of substance using parents
 - Families with a substance abusing member
 - Women substance abusers who are survivors of abuse
28. What provides the opportunity for the family members to make whole-family adjustments that can support the recovery of all members with substance use problems?
- 12-step meeting attendance
 - Clinical treatment for children
 - Children's clinical support services
 - Concurrent treatment with family-based services



29. What is the role of service providers in family-centered treatment?
- Simply, to fix the family
 - To develop each individual within the family system
 - To assist families in reacting to the effect of transitions
 - To address the whole family system and assist members in developing what they need to create a healthy family ecosystem
30. What do family-centered treatment programs usually offer in which parents increase their knowledge of child development and improve their skills for addressing the needs of children of different ages?
- Parenting classes
 - Referral to social services
 - Trauma-informed services
 - Exploration of childhood abuse and trauma
31. What type of opportunities are there for staff members to engage parents in quality interactions in family-treatment programs?
- Mentoring
 - Role-modeling
 - Support a parent in using newly acquired coping or parenting skills
 - All of the above
32. What allows the family to shift roles so that a parent can assume a parenting role and helps build family structure, cohesion, bonding, and trust?
- Individualized treatment
 - The Comprehensive Model
 - Family counseling and family therapy
 - Community and recovery support services
33. Family-centered treatment produces what three levels of outcomes?
- Individual, relational, and system or societal.
 - Reunification, reduced violence, and parenting improvement
 - Changes in substance use, employment, criminal behavior, and health status
 - Cost savings accrued to the criminal justice system, improved prenatal and birth outcomes and parenting improvement
34. Family-centered services can provide individualized family services in a variety of settings. Which of the following was included in your reading?
- The recovery campus
 - A jail or prison setting
 - A “partial-service center”
 - All of the above



35. What type of facilities are tobacco free, are free of environmental hazards, are suitable for children of different age levels, and have the capacity for children not living with their parent to visit overnight?
- Father-friendly
 - Family-friendly
 - Co-ed facilities
 - Residential facilities for women with children
36. What percentage of the homeless population is made up of families?
- 9%
 - 18%
 - 34%
 - 47%
37. How can programs can help women address their children's needs and increase the resources available to mitigate substance exposure?
- By referring children to social service programs
 - By interceding in developmental lags and providing special education
 - By collaborating with community organizations serving low-income families
 - By collaborating with child development centers, schools, and special education
38. Expert panelists at the CSAT Practice-Based Symposium on Comprehensive Family-Centered Treatment felt strongly that who should determine how the family is defined and which of those should participate in treatment?
- The woman
 - The husband
 - The treatment team
 - The family as a whole
39. According to your reading, what may be a therapeutic exercise for the woman entering treatment?
- Detoxification
 - Writing her autobiography
 - Identification of family members
 - Discussion of any history of abuse
40. What does the program do when a child/youth requires a higher level of care or is so disruptive as to warrant placement in another setting?
- Identify an appropriate service setting
 - Coordinate services with the school system
 - Coordinate services with the adolescent program
 - All of the above



41. Many women with substance use disorders are emotionally immature, requiring a lot of personal attention from staff. What is not uncommon for a client mother to do?
- Discontinue participation
 - Prioritize parenting issues
 - Compete with her children for staff attention
 - Maintain a strong network of support for her children
42. What is often needed to engage family members in the treatment program?
- Motivation
 - A “nudge from the judge”
 - Flexibility in attendance requirements
 - Intensive outreach and engagement services
43. When might reunification of the family not be the best option?
- When a woman is stabilized in her recovery
 - When a child has a strong attachment to another caregiver
 - When the woman has stabilized her mental health problems
 - When the mother has developed a strong attachment to the child
44. How are multidisciplinary services delivered in family-centered treatment?
- By contract staff
 - By direct program staff
 - Through linkages with other service organizations
 - All of the above
45. Family-centered treatment requires a significant investment in staff training and supervision. What provides a structure to reduce stress and anxiety, creates an atmosphere of problem-solving and learning, and reinforces the organizational values and clinical practices in family-based treatment?
- Respect
 - Supervision
 - Objectivity
 - Communication
46. What issue may create problems and tensions for staff in family-centered treatment?
- Non-traditional relationships
 - The way clients treat their children
 - Women who stay with partners who have a history of violence
 - All of the above



47. What does not just “happen” but requires an investment of time, training, and active planning and transition to surmount hurdles such as operational barriers to integrating systems, inadequate training, lack of leadership and limited resources?
- Relapse
 - Recovery
 - Collaboration
 - Domestic violence
48. What must family-centered treatment must be able to overcome to maximize positive outcomes?
- Utilization of linkages
 - Flexible funding streams
 - Outcomes management
 - The staff-salary obstacles
49. What do clients benefit from regardless of the modality of services?
- A sense of safety and security
 - A sense that they are respected and accepted
 - A feeling that their confidentiality will not be compromised
 - All of the above
50. What does family-centered treatment offer to society?
- Cost sharing
 - Reallocation of resources
 - More benefits and cost saving over time that it costs to implement
 - All of the above

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Course No. WS-1971P4: Answer Sheet

SECTION 1. Please use this sheet only if you have not already submitted your answers on-line.

Grid for First Name

First Name

Grid for Middle Name

Middle Name

Grid for Last Name

Last Name

Grid for Address

Address (Number, Street, Apt or Suite No.)

Grid for City

City

Grid for State

State (or Province)

Grid for USA Zip Code

USA Zip Code

Grid for Country

Country (other than USA)

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Country Code

Grid for Primary Telephone Number

Primary Telephone Number (including Area Code)

Grid for Facsimile Number

Facsimile Number (including Area Code)

Grid for E-mail Address

E-mail Address

SECTION 2. Credit Card Payment information if paying by credit card: Circle which card used - VISA or MasterCard

Grid for Credit card number and Expiration date

Credit card number

Expiration date

Grid for Full name on credit card

Full name on credit card.

Grid for Billing Address

Billing Address where you receive the credit card bill, if different than address above (Number, Street, Apt or Suite No.)

Grid for City

City

Grid for State

State (or Province)

Grid for USA Zip Code

USA Zip Code

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SECTION 3. Course Title: WS-1971P4 / Women's Treatment Counselor (WTC) Education Course – Circle correct answer

1	A	B	C	D
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60	A	B	C	D

THE UNDERSIGNED ATTESTS that he / she is the person who completed this exam.

Signature: _____ Date: _____

IF YOU HAVE NOT ALREADY COMPLETED THE ON-LINE ANSWER SHEET,

return both pages of this Answer Sheet, with Course examination fee, by mail or facsimile to:

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