

Post Test: Motivational Addiction Counseling
Text: Motivational Enhancement Therapy Manual:
Project MATCH Volume Two
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A. INTRODUCTION

1. Motivational Enhancement Therapy:
 - a. employs motivational strategies to mobilize the client's own change resources.
 - b. attempts to guide and train the client step by step through recovery.
 - c. Both a. and b. above
 - d. None of the above
2. As used in Project MATCH, positive breath alcohol readings preceding a session resulted in:
 - a. rescheduling of the session.
 - b. rescheduling the client to begin the series again.
 - c. termination of the client.
 - d. None of the above.
3. As offered in Project MATCH, MET consisted of _____ sessions.
 - a. four
 - b. eight
 - c. twelve
 - d. none of the above
4. As offered in Project MATCH, the client's spouse or significant other was included in:
 - a. the first session.
 - b. the first two sessions.
 - c. all sessions.
 - d. None of the above
5. As offered in Project MATCH, all therapy was completed in:
 - a. 30 days.
 - b. 60 days.
 - c. 90 days.
 - d. 120 days.
6. MET was included in Project MATCH as:
 - a. a minimal or control treatment strategy.
 - b. an effective treatment strategy in its own right..
 - c. both a. and b. above
 - d. none of the above
7. MET requires _____ therapist directed sessions than some alternatives.
 - a. more
 - b. fewer
 - c. unknown

8. MET is useful as:
 - a. outpatient treatment.
 - b. an aftercare approach.
 - c. Both a. and b. above
 - d. None of the above

9. Miller and Sanchez described _____ elements which they believed to be active ingredients shown by research to induce change in problem drinkers.
 - a. four
 - b. six
 - c. eight
 - d. twelve

10. The Stage Model of the Process of Change presented in Project Match, Volume Two (the text for this course) was developed by:
 - a. Bill Wilson.
 - b. Terence Gorski.
 - c. Miller and Rollnick.
 - d. Prochaske and DiClement.

B. CLINICAL CONSIDERATIONS

11. The MET approach begins with:
 - a. an assessment of the clients stages of change.
 - b. the assumption that the responsibility and capability for change lie within the client.
 - c. Both a. and b. above
 - d. None of the above

12. MET seeks to _____ motivation for change.
 - a. mobilize extrinsic
 - b. support intrinsic
 - c. both a. and b. above
 - d. none of the above

13. The five basic motivational principles described in Project Match, Volume Two (the text for this course), were developed by:
 - a. Bill Wilson.
 - b. Terence Gorski.
 - c. Miller and Rollnick.
 - d. Prochaske and DiClement.

14. The ME Therapist seeks to communicate:
 - a. great respect for the client.
 - b. knowledge of the disease process of addiction.
 - c. steps necessary for recovery from addiction.
 - d. All of the above

15. _____ is a key skill in motivational interviewing:
 - a. Reflective listening
 - b. Accurate empathy
 - c. Both a. and b. above
 - d. None of the above

16. MET seeks to increase motivation by _____ argumentation.
- applying the technique of
 - avoiding
 - none of the above
17. MET handles resistance by:
- straight confrontation.
 - rolling with the momentum.
 - Both a. and b. above
 - None of the above
18. Bandura (1982) described _____ as a critical determinate of behavior change.
- motivation
 - self-efficacy
 - denial
 - acceptance
19. The ME therapist:
- evokes from the client statements of problem perception and a need for change.
 - provides the client with motivation for change.
 - Both a. and b. above
 - None of the above
20. The ME therapist emphasizes:
- the client's ability to change.
 - the client's helplessness.
 - the client's powerlessness.
 - none of the above
21. Skills training is an integral part of the MET approach.
- True
 - False
22. The MET approach is Rogerian in nature.
- True
 - False

C. PRACTICAL STRATEGIES

23. The early phase of MET focuses on:
- assessment of the client's stage of denial.
 - assessment of the client's family.
 - developing the client's motivation to make a change in their drinking.
 - All of the above
24. Self-motivating statements include all of the following EXCEPT:
- Being open to input about drinking.
 - Acknowledging real or potential problems related to drinking
 - Expressing a need, desire, or willingness to change.
 - Becoming aware of one's own denial.

25. Employing the gentle paradox strategy, the therapist:
- takes on the voice of the client's resistance.
 - evokes for the client the opposite response.
 - Both a. and b. above
 - None of the above
26. The best opening strategy for eliciting self-motivational statements include all of the following questions EXCEPT:
- Tell me about your denial.
 - Tell me what concerns you about your drinking.
 - Tell me what it has cost you.
 - Tell me why you think you might need to make a change.
27. According to Project Match, Volume Two (the text for this course), Carl Rogers described empathy as a particular _____ of reflective listening.
- skill
 - style
 - both a. and b.
 - none of the above
28. Double-Sided Reflections are used by the MET therapist when:
- the client is ambivalent.
 - the employer/EAP is present.
 - the spouse/significant other is present.
 - None of the above
29. When nonverbal responses are observed, the MET therapist will:
- respond with a reflection of the apparent feeling.
 - ask clarifying questions.
 - Both a. and b. above
 - None of the above
30. Client resistance results from:
- the personality of the client.
 - the style of the therapist.
 - The interaction of a. and b. above
 - None of the above
31. Strategies for dealing with resistance include all of the following EXCEPT:
- Meeting the resistance head on.
 - Simple reflection.
 - Reflection with amplification.
 - Shifting focus.
32. According to Project Match, Volume Two (the text for this course), reframing is a recommended technique to discuss:
- denial.
 - motivation.
 - resistance.
 - Tolerance.
33. Reframing places current problems in a _____ frame.
- positive
 - neutral
 - rational
 - none of the above

34. Summarizing is an MET technique:
- for use toward the end of the MET session.
 - for use periodically during the MET session.
 - Both a. and b. above
 - All of the above
35. Changes which may indicate the client's crossing over into the determination stage include all of the following EXCEPT:
- The client commits to abstinence.
 - The client stops resisting and raising objections.
 - The client asks fewer questions.
 - The client begins imagining how life might be after a change.
36. During Discussing a Plan, the goal of the MET therapist is to:
- elicit from the client/SO ideas and a plan.
 - prescribe a plan for change.
 - teach skills for change.
 - None of the above
37. The MET therapist will discuss client's fears about changing during:
- Discussing a Plan.
 - Communicating Free Choice.
 - Consequences of Action and Inaction.
 - Emphasizing Abstinence.
38. The MET therapist:
- will express no opinion about a goal of moderation.
 - advises against a goal of moderation.
 - acknowledges moderation as an acceptable outcome of MET.
 - None of the above
39. Gentle paradoxical statements may be useful during the _____ phase of MET.
- denial
 - commitment
 - determination
 - planning
40. A broad summary of what has transpired in MET is completed in:
- recapitulating.
 - summarization.
 - finalization.
 - termination.
41. Asking for Commitment includes all of the following, EXCEPT:
- Clarify what, exactly, the client plans to do.
 - Reinforce what the client (and SO) perceive to be likely benefits of making a change, as well as the consequences of inaction.
 - Ask the SO to develop a codependency recovery plan.
 - Remind the client (and SO) that you will be seeing the client for follow through visits.
42. Goals for Significant Other Involvement include all of the following EXCEPT:
- Establish rapport between the SO and the counselor.
 - Raise the awareness of the SO about the extent and severity of the alcohol problem.
 - Strengthen the SO's commitment to help the client overcome the drinking problem.
 - Elicit feedback from the SO that might help confront the problem drinker to change the drinking behavior.

43. The MET therapist will explain the Significant Other's Role as all of the following EXCEPT:
- The SO will be the primary change agent in planned interventions.
 - The SO cares about the client, and changes will have direct impact on both their lives.
 - The SO's input will be valuable in setting treatment goals and developing strategies.
 - The SO may be directly helpful by working with the client to resolve drinking problems.
44. The MET therapist goal for the Significant Other in Phase 1 is to:
- obtain a drinking history.
 - identify potential problems.
 - establish rapport.
 - be engaged in a helpful way in the commitment process.
45. The MET therapist goal for the Significant Other in Phase 2 is to:
- obtain a drinking history.
 - identify potential problems.
 - establish rapport.
 - be engaged in a helpful way in the commitment process.
46. The MET therapist may handle SO Disruptiveness by all of the following, EXCEPT:
- Request the SO leave the MET session.
 - Limit the amount of involvement of the SO in sessions.
 - Focus the session(s) on the client.
 - Limit the SO's involvement in decision making activities.
47. Phase 3 includes all of the following processes EXCEPT:
- Reviewing progress.
 - Renewing motivation.
 - Redoing commitment.
 - Ongoing involvement of SO's.

D. THE STRUCTURE OF MET SESSIONS

48. In Preparation for the First Session, the MET therapist will:
- stress to the spouse/SO the importance of attending the session.
 - stress to the client the importance of bringing the spouse/SO to the session.
 - Both a. and b. above
 - None of the above
49. The first session will be rescheduled if:
- the spouse/SO is not present.
 - the client arrives intoxicated.
 - the client's blood alcohol concentration is higher than 0.5 (50mg%).
 - None of the above
50. Suggested followup discussion for clients or their significant others who are uneasy about MET may include all of the following EXCEPT:
- Even with very extensive kinds of treatment, it is still the person who, in the end, decides what happens.
 - Longer and shorter treatment programs don't seem to produce different results.
 - You are not alone.
 - In the event of crisis, you can schedule an emergency session.

51. The MET therapist ends the First Session by:
- scheduling the second session.
 - encouraging the spouse/SO's continuing participaton.
 - summarizing what has transpired.
 - None of the above
52. The MET therapist will provide _____ to the client at the end of the First Session.
- a copy of "Alcohol and You" by Miller (1991)
 - suitable reading material
 - both a. and b. above
 - none of the above
53. After the First Session, the MET therapist will send _____ to the client.
- the MET form letter
 - a handwritten letter
 - a preprinted appointment reminder for the second appointment
 - All of the above
54. The MET therapist ends the Second Session by:
- scheduling the third session.
 - encouraging the spouse/SO's continuing participation.
 - summarizing what has transpired.
 - none of the above
55. The spouse/SO may participate in the Third Session:
- if he/she was not involved in both of the initial sessions.
 - if he/she remains in denial.
 - if he/she has not developed a personal recovery plan.
 - all of the above
56. If the client drank since the last session, the MET therapist will:
- reschedule the client to begin from Session 1 again.
 - discharge the client from MET treatment.
 - discuss how the relapse occurred.
 - None of the above
57. The Fourth (Termination) Session should include all of the following EXCEPT:
- Review the most important factors motivating the client for change, and reconfirm these self-motivating themes.
 - Affirm and reinforce the client for commitments and changes that have been made.
 - To reinforce and ensure the client that emergency appointments can be scheduled at any time.
 - Elicit self-motivational statements for the maintenance of change and for further changes.

E. DEALING WITH SPECIAL PROBLEMS

58. If other parties are concerned about the MET treatment and are pressuring the client, the MET therapist will:
- schedule an emergency session for these other parties.
 - telephone the concerned party to discuss the concerns and provide assurances (only with written consent from the client).
 - Both a. and b. above
 - None of the above

59. When a client misses a scheduled appointment, the MET therapist will immediately:
- send a handwritten letter of concern to the client.
 - contact the client by telephone.
 - Both a. and b. above
 - None of the above
60. Requests for Telephone Consultation:
- will comply with the basic procedures of MET.
 - will result in the scheduling of an emergency session.
 - must be denied in all cases.
 - None of the above

COURSE DESCRIPTION: (12 contact hours)

Motivational Enhancement Therapy (MET) was proven greatly more time efficient than other therapies by Project Match research. Course explains MET as a therapy for outpatient, inpatient and aftercare treatment. Descriptions of Project MATCH assessment techniques and handouts for clients are also included.

COURSE OBJECTIVES: Upon completion of this course, the participant will be able to:

- Identify the clinical considerations for MET.
- Discuss practical strategies for using MET.
- Describe the structure of MET sessions.
- Apply MET for special problems.
- Integrate MET with inpatient programming.
- Explain the use of MET therapy in aftercare setting.