

Criminal Offender Relapse Prevention Post Test  
Text: RELAPSE PREVENTION THERAPY WITH  
CHEMICALLY DEPENDENT CRIMINAL OFFENDERS  
by Terence Gorski  
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1. Chemically dependent criminal offenders usually suffer from:  
A. chemical dependency.                      B. criminal personality disorder.  
C. criminal personality traits.              D. A and C.
2. Many chemically dependent offenders:  
A. have a primary diagnosis of substance addiction.  
B. have antisocial personality traits before they become chemically dependent.  
C. A and B  
D. have little in common with each other.
3. A primary role of criminal justice professionals is that of:  
A. educator.                      B. correctional officer.  
C. therapist.                      D. enforcer.
4. Substances that stimulate or charge up the brain such as cocaine and amphetamines are also called:  
A. uppers.                      B. downers.  
C. mind benders.              D. pain killers.
5. Substances that are perception distorting drugs are also called:  
A. uppers.                      B. downers.  
C. mind benders.              D. pain killers.
6. Sedatives such as librium and alcohol are also called:  
A. uppers.                      B. downers.  
C. mind benders.              D. pain killers.
7. Heroin and morphine are also called:  
A. uppers.                      B. downers.  
C. mind benders.              D. pain killers.
8. \_\_\_\_\_ of the population are heavy drinkers.  
A. 15% B. 35% C. 10% D. 50%
9. \_\_\_\_\_ of all criminal offenders have serious problems with alcohol and other drugs.  
A. 70%                      B. 85%  
C. <30%                      D. >90%
10. Unlike people with abuse disorders, people with dependency disorders:  
A. depend on and get into trouble with alcohol and drugs.  
B. do not become physically dependent on drugs.  
C. become physically dependent on drugs.  
D. A and C
11. \_\_\_\_\_ is the ability to consume large amounts of

alcohol and drugs without acting or feeling intoxicated.

- A. Physical dependence    B. Tolerance
- C. Physical illness        D. Intolerance

12. People who grow up in families that teach them that it is okay to use alcohol and drugs to manage feelings develop a tolerance to alcohol and drug use:

- A. social predisposition
- B. high tolerance
- C. psychological predisposition
- D. biological reinforcement

13. People with biological reinforcement feel when they use alcohol and other drugs.

- A. really good    B. largely unaffected    C. awful    D. mildly euphoric

14. \_\_\_\_\_ is the ability to drink and drug very heavily and experience mild or no hangover.

- A. Biological reinforcement    B. High tolerance
- C. Hangover resistance        D. Psychological reinforcement

15. People who are genetically predisposed to become chemically dependent will suffer brain damage when using the same amount of alcohol and drugs as other people.

- A. less    B. more    C. the same    D. B or C

16. The psychological aspects of chemical dependency involve personality change that is caused by brain dysfunction resulting from chronic alcohol and drug poisoning.

- A. TRUE    B. FALSE

17. Personality plays in recovery.

- A. a small role    B. no role
- C. a big role        D. a variable role

18. The preaddictive personality:

- A. is formed before the person begins to use chemicals.
- B. is the childhood personality.
- C. A and B
- D. neither A nor B.

19. The addictive personality:

- A. is present before the person begins to use chemicals.
- B. is caused by the addiction itself.
- C. operates independently of a person's chemical use.
- D. can be identified in young children with a genetic predisposition to chemical dependency.

20. \_\_\_\_\_ of criminal offenders were raised in dysfunctional families.

- A. <10%        B. >25%
- C. 75%        D. almost 100%

21. Out of control thinking about drug use or criminal activity is a (n) :

- A. obsession.    C. compulsion.
- C. addictive thinking.    D. personality change.

22. The inability to predict behavior while using alcohol and drugs is a(n) :

- A. obsession.        B. compulsion.

C. addictive thinking. D. loss of behavioral control.

23. Recovery from chemical dependency DOES NOT require which of the following.  
A. controlled drinking or drug use. B. changing addictive thoughts.  
C. changing addiction-centered lifestyle. D. value change.

24. To recover, chemically dependent people must abstain from alcohol and drug use.

A. TRUE B. FALSE

25. Mandated clients often have long-term recovery rates than voluntary clients.

A. the same B. higher C. lower D. A or C

26. Among chemically dependent criminal offenders about \_\_\_\_\_ have both criminal personality disorder and chemical dependency.

A. 50% B. 75%  
C. 65% D. almost 100%

27. Treatment alternatives to punishment for criminal offenders:

A. reduce recidivism rates.  
B. has no effect on recidivism rates.  
C. should be offered as an integral part of all levels in the criminal justice system.  
D. A and C

28. A characteristic that appears in many areas of a person's life and is descriptive of the person's general way of being or operating in the world is a \_\_\_\_\_.

A. personality style B. personality trait  
C. personality type D. character trait

29. Persons who are inflexible, maladaptive and dysfunctional are said to have:

A. functional personality.  
B. dysfunctional personality.  
C. self-defeating personality.  
D. disordered personality.

30. Chronic and habitual criminals tend to have personality disorders from which category found in the DSM?

A. Category A B. Category B C. Category C D. Band C

31. One of the least common symptoms of personality disorders is denial.

A. TRUE B. FALSE

32. People with criminal personalities tend to be:

A. low energy and passive. B. high energy and passive.  
C. high energy and active. D. low energy and active.

33. People with criminally codependent personalities tend to be:

A. fiercely independent. B. very dependent.  
C. professional victims. D. proactive.

34. The genetic predisposition for criminal behavior is characterized by all the following except:

A. high sensation seeking.

- B. preference for abstract thinking.
- C. insensitivity to others.
- D. poor impulse control.

35. COMPENSATORY SENSATION SEEKING may be an attempt by a person biologically predisposed to criminal behavior to:

- A. overcome underarousal due to a chemical imbalance in the brain.
- B. trigger stimulus augmentation.
- C. develop better impulse control.
- D. reduce the level of adrenaline in the bloodstream.

36. In a genetically predisposed person, antisocial behavior:

- A. activates negative mood changes.
- B. leads to greater control.
- C. activates positive mood changes.
- D. reduces occupational problems.

37. People who are predisposed to develop a criminal personality tend to center their emotional and mental life around antisocial thrill seeking and \_\_\_\_\_.

- A. pathological dependence
- B. stress reduction
- C. avoiding consequences
- D. pathological independence

38. People with criminal personality traits tend to view themselves as innocent victims of an unfair world.

- A. TRUE B. FALSE

39. People with antisocial personalities have long-term friendships.

- A. TRUE B. FALSE

40. For people with criminal personality disorders:

- A. effective treatment must be separate from punishment.
- B. voluntary treatment is most effective.
- C. referrals for treatment must be mandated and enforced.
- D. mandated treatment is ineffective.

41. Chemically dependent offenders:

- A. must be thoroughly detoxified before they can be assessed for a criminal personality disorder.
- B. may look antisocial when they are not.
- C. A and B
- D. can be accurately diagnosed with criminal personality disorder while actively using drugs.

42. Attempting to stop engaging in drug abuse or criminal activity without help is a task of the \_\_\_\_\_ stage of recovery.

- A. transition
- B. maintenance
- C. early recovery
- D. late recovery

43. The process of remembering drug abuse or criminal activity in a way that makes one feel good is \_\_\_\_\_.

- A. magical thinking
- B. awfulizing sobriety
- C. denial
- D. euphoric recall

44. Chemically dependent offenders do not need to be in a situation where they can be held accountable for participating in a recovery program.

- A. TRUE B. FALSE

45. When criminal thrill-seeking behaviors are suddenly stopped, offenders feel:
- A. relieved, calm, and euphoric.
  - B. mild anxiety with mixed mood.
  - C. anxious, irritable and depressed.
  - D. serene and better able to cope with problems.
46. Developing sober and responsible ways of thinking, feeling and acting is a task of:
- A. transition.
  - B. maintenance.
  - C. early recovery.
  - D. late recovery.
47. Learning to manage change without resorting to drug abuse or criminal behavior is a task of:
- A. transition.
  - B. middle recovery.
  - C. early recovery.
  - D. late recovery.
48. The deep personality changes of late recovery:
- A. are an easily followed extension of middle recovery.
  - B. require recognition of beliefs and values that must be changed.
  - C. do not coincide with value changes.
  - D. do not require resolution of family of origin pain.
49. During which stage of recovery do offenders guard against relapse and deal responsibly with problems as they arise?
- A. transition
  - B. maintenance
  - C. early recovery
  - D. late recovery
50. The major cause of relapse during maintenance is:
- A. a sense of complacency that causes offenders to neglect their recovery.
  - B. pain from unresolved family-of-origin issues.
  - C. failure to repair lifestyle damage caused by their addiction and criminality.
  - D. any of the above
51. The two common recovery styles among chemically dependent criminal offenders are:
- A. recovery prone and relapse prone.
  - B. effective and ineffective.
  - C. 12 step and rational recovery.
  - D. recovery avoidant and relapse preventive.
52. The R's in the acronym RADAR stand for:
- A. relapse and recovery.
  - B. recognize and respond.
  - C. release and responsibility.
  - D. none of the above
53. Relapse prone recovery is characterized by:
- A. acceptance, detachment and the ability to ask for help.
  - B. stress, avoidance, and problems.
  - C. recognition of problems, the ability to ask for help.
  - D. evasion, avoidance and responsibility.
54. The relapse process begins when:
- A. recovering offenders use alcohol or drugs after a period of sobriety.
  - B. recovering offenders experience secondary problems from using chemicals.
  - C. recovering offenders start mismanaging problems.

D. recovering offenders ask for help from therapists.

55. Recovering offenders can learn to avoid relapse by recognizing and managing critical relapse warning signs.

A. TRUE B. FALSE

56. Which of the following factors is necessary for relapse warning signs to be an effective tool in preventing relapse? A. They must be based on 12 step principles.

B. They must be written in standardized form.

C. They must be approved by the recovering offender's group therapy members.

D. The list must be personalized and in the offender's own words.

57. In the Progressive Dysfunction Model of relapse:

A. a change in attitude leads to a change in behavior.

B. internal change leads to external change.

C. stress leads to unmanageable thoughts and feelings.

D. a trigger event leads to obsession, compulsion and craving.

58. In the craving model of relapse:

A. a change in attitude leads to a change in behavior.

B. internal change leads to external change.

C. stress leads to unmanageable thoughts and feelings.

D. a trigger event leads to obsession, compulsion and craving.

59. A therapist who explains relapse using the concept of self-defeating behavior is using the \_\_\_\_\_ model of relapse.

A. craving

B. stress

C. progressive dysfunction

D. attitude change

60. The process of relapsing \_\_\_\_\_ begins when the recovering person is in a stable recovery.

A. seldom

B. sometimes

C. often

D. usually

61. Freedom from cravings or urges to use alcohol, drugs and criminal behaviors is a sign of:

A. a stable recovery.

B. impending relapse.

C. both A and B

D. middle recovery.

62. The best relapse warning sign statements are:

A. taken from standardized lists provided by a recovering person's therapist.

B. personalized by the recovering person from his own experience.

C. written in the recovering person's own words.

D. Band C

63. Which of the following are not required for a successful recovery for a chemically dependent criminal offender?

A. a structured lifestyle

B. a long-term therapeutic relationship

C. consistent peer group

D. a medical model fitness program

64. The primary tool for providing the offender with basic life-structure is:

A. a mandated treatment alternative.

B. a structured recovery program.

C. a recovery home.

D. a halfway house.

65. The goal of individual therapy for recovering persons is to support group therapy.

A. TRUE B. FALSE

66. Structured classes that teach the offenders the basics about chemical dependency are called:

- A. problem-solving group therapy.
- B. individual therapy.
- C. recovery education.
- D. self-help instruction.

67. Appropriate involvement of an offenders' family in the recovery program \_\_\_\_\_ relapse rates.

- A. has no effect on
- B. can raise
- C. can lower
- D. A, B, and C

68. During the supervised recovery period, it is recommended that offenders attend \_\_\_\_\_ 12 step meetings each week.

- A. 3
- B. 7
- C. 5
- D. 2-6

69. Which of the following is characteristic of a long-term therapeutic relationship?

- A. role modeling
- B. relationship training
- C. consistent direct positive and negative feedback
- D. A, B, and C

70. To maintain recovery, chemically dependent offenders must:

- A. maintain peer relationships to sustain their position in their home community.
- B. replace peer relationships that are centered on alcohol, drugs and criminal behaviors with relationships that are centered on recovery.
- C. educate their families about relapse prevention.
- D. either A or B, depending on the stage of recovery.

71. The central modality of treatment with chemically dependent offenders is:

- A. individual insight therapy.
- B. process group therapy.
- C. problem solving group therapy.
- D. directive recovery education.

72. Clients will often initially resist group therapy because:

- A. they feel threatened or exposed.
- B. denial is strong in the maintenance phase of recovery.
- C. criminal offenders are too narcissistic for group.
- D. criminal offenders are too introverted for group.

73. Groups should be viewed as an experimental laboratory in which the recovering offender can experiment with new, more effective behaviors.

A. TRUE B. FALSE

74. Problem solving groups:

- A. should be open-ended with little structure.
- B. should be structured and directive.
- C. should provide supportive feedback to members.

D. B and C

75. The size of a problem-solving group:

- A. is irrelevant as long as the leader controls the agenda.
- B. should be between 10 and 12 members.
- C. depends on the level of functioning of the participants.
- D. none of the above

76. The structure of a problem-solving group:

- A. requires minimal rules that are enforced on a case by case basis.
- B. requires two professional leaders to avoid manipulation by members.
- C. requires strict rules that are consistently enforced.
- D. B and C

77. How many group presentations does it take for a member to solve a problem?

- A. 1 to 3
- B. 2 to 4
- C. 3 to 6
- D. 6 or 7

78. The 80/20 rule for group therapy states that:

- A. 80% of the benefit of group therapy comes from learning how to become responsibly involved in helping others solve their problems.
- B. 20% of the benefit of group therapy comes from learning how to become responsibly involved in helping others solve their problems.
- C. 80% of the work in group therapy is done by the therapist.
- D. 20% of the work in group therapy is done by the therapist.

79. The standard problem-solving process:

- A. is inappropriate for individual therapy.
- B. is inappropriate for group therapy.
- C. is appropriate for individual and group therapy.
- D. is of more benefit to criminal offenders than addicts.

80. A major task of the problem-solving process is:

- A. learning to justify sobriety.
- B. identifying alternatives and consequences.
- C. delaying action to improve impulse control.
- D. developing self-esteem through decision making.

81. The final step in the problem-solving process involves:

- A. clarification of the problem.
- B. identifying the alternatives and consequences.
- C. decision, action and evaluation.
- D. consultation with peers about proposed solutions.

82. Problem solvers are to practice the solution in a safe environment before doing it for real.

- A. encouraged
- B. discouraged
- C. forbidden
- D. instructed

83. As a general rule, chemically dependent offenders have \_\_\_\_\_ problem-solving skills.

- A. adequate
- B. marginal
- C. good
- D. bad

84. The relapse prevention workbooks are best completed in a structured setting because:

- A. most offenders are uninterested in recovery.
- B. most offenders are too unsophisticated to understand the exercises on their own.



- C. the exercises focus the recovering offender on issues that stir deep feelings and can activate denial and resistance.  
D. offenders must be coerced to cooperate with recovery.
85. An evaluation of the offenders chemical dependency and criminal personality traits is completed during the phase.  
A. detoxification                      B. stabilization  
C. recovery education              D. relapse prevention
86. Offenders ready for phase two of the recovery process have a level of recognition of their chemical dependency and criminal personality traits.  
A. high                                      B. low  
C. minimal                                  D. accurate
87. During the second phase of recovery, offenders develop:  
A a primary recovery plan.      B. a relapse prevention plan.  
C. both A and B                      D. neither A nor B
88. The third phase of recovery is:  
A. relapse prevention plan development.  
B. maintenance.  
C. relapse prevention education.  
D. warning sign identification and management.
89. The main goal of having an offender take an alcohol and drug addiction test is to:  
A. assess the stage of addiction in the offender.  
B. get recovering offenders to examine their symptoms of addiction.  
C. have the offender make a connection between their drug use and their current legal problems.  
D. Band C.
90. The issue of antisocial or criminal personality traits should be discussed with chemically dependent offenders:  
A. from a moral and ethical perspective.  
B. directly and nonjudgmentally.  
C. indirectly from a religious perspective.  
D. only in relationship to the criminal justice system.
91. Most chemically dependent offenders have been physically or sexually abused as children or adults.  
A. TRUE B. FALSE
92. Processing the offender's life history should be done: A. quickly to avoid malingering.  
B. carefully to identify triggers for relapse.  
C. slowly to give the offender time to examine painful events from the past.  
D. Band C
93. The Relapse Calendar:  
A. charts criminal behavior for the preceding year.  
B. records substance abuse recovery efforts.  
C. records drug use and criminal behavior and attempts at recovery.  
D. is an offender's individual list of significant or anniversary dates.
94. Recovering offenders must work at identifying their relapse warning signs.  
A. whenever under stress              B. periodically  
C. every day                                  D. A and B

95. Most recovery activities become unconscious habits that are easy to maintain after of consistently following the recovery program:

- A. a week or ten days
- B. four to six weeks
- C. four to six months
- D. a year of sobriety

96. The goal of the Warning Sign Identification and Management phase of recovery is to have the offenders monitor themselves for the presence of warning signs:

- A. daily.
- B. before each group session.
- C. in individual therapy.
- D. B and C

97. Recovering offenders review their written assignments with:

- A. their individual therapist.
- B. members of their problem-solving group.
- C. a recovering offender who has successfully completed the assignment.
- D. A or C

98. The primary goal of warning sign review is to give the recovering offenders:

- A. new words to describe the problems that are leading them from stable recovery to relapse.
- B. a standard of behavior against which to judge their own behavior.
- C. a tool to assess the status of their own recovery.
- D. new ways of looking at trigger events.

99. The specific way of thinking that tells offenders they must, should or have to do something or something awful will happen is a(n):

- A. compulsion.
- B. obsession.
- C. mandate.
- D. injunction.

100. The specific way of thinking that tells offenders they must not, should not or cannot do something is a(n):

- A. compulsion.
- B. obsession.
- C. mandate.
- D. injunction.

#### CRIMINAL OFFENDER RELAPSE PREVENTION - 20 hours

DESCRIPTION: This advanced course presents a comprehensive CENAPS relapse prevention program for professionals treating chemically dependent criminal offenders.

OBJECTIVES: Upon completion of this course, the participant will be able to; 1) identify the biopsychosocial origins of chemical dependency and criminal behavior, 2) apply the CENAPS model of recovery to chemical dependency and criminal behaviors, 3) develop an individual recovery plan for chemically dependent criminal offenders, 4) describe the problem solving group therapy process, 5) provide individual and group therapy for chemically dependent criminal offenders, and 6) explain the developmental model of recovery and its use with the criminal offender.

Text: Relapse Prevention Therapy with Chemically Dependent Criminal Offenders by Terence T. Gorski, MA