Essentials of Treatment Planning

Questions from chapter 1

1. Formal treatment planning in behavioral healthcare began to grow in importance as a standard part of good clinical care in the
   a. 1930s and 1940s
   b. 1950s and 1960s
   c. 1970s and 1980s
   d. 1990s and 2000s

   a. a quarter
   b. a third
   c. half
   d. two thirds

3. Seligman (1993) views treatment planning as a
   a. road map
   b. buffet
   c. chore
   d. contract

4. All the following are assumptions about treatment planning EXCEPT
   a. the patient is experiencing behavioral health problems
   b. the patient is in a managed care organization
   c. not all patients are suited for psychotherapy
   d. the patient is motivated to work on the identified problems

Questions from chapter 2

5. Decision trees are used to determine which among a pool of potential questions the patient should be asked in the
   a. dendritic diagnostic interview
   b. Hamilton Rating Scale
   c. omnibus diagnostic interview
   d. semistructured interview

6. Beutler (1995) recommends all the following for interviewing EXCEPT
   a. avoid a mechanical approach to questions
   b. move from general topics to specific
   c. move from closed-ended to open-ended inquires
   d. provide feedback to the patient

7. According to Kessler et al. (1994) the estimates of coocurrence of both mental health and substance abuse disorders over the past year is as high as
   a. .7%
   b. 2.7%
   c. 4.7%
   d. 6.7%
8. “Decision Making” is the hallmark of which of Prochaska's Stages of Change?
   a. contemplation  
   b. maintenance  
   c. action  
   d. preparation  

9. Lehnhoff (1991) states that clinicians typically are not trained in uncovering
   a. addictions  
   b. patient success  
   c. deception  
   d. emotional attunement  

10. Which is NOT an internalization indicator of coping style?
    a. undoing  
    b. avoidance  
    c. self-punishment  
    d. intellectualization  

11. All the following are examples of commonly identified suicide risk factors EXCEPT
    a. male  
    b. Caucasian  
    c. over 45 years old  
    d. married  

12. Mental retardation is placed on which Axis of the DSM-IV?
    a. Axis I  
    b. Axis II  
    c. Axis III  
    d. Axis IV  

Questions from chapter 3  

13. The attitude of managed care toward psychological testing can be characterized as generally
    a. positive  
    b. negative  

14. “Neuroleptic vs anxiolytic or SSRI” are implications for which referral question?
    a. psychosis vs anxiety  
    b. ADHD vs anxiety  
    c. PDD vs anxiety  
    d. psychosis vs PDD  

15. There has been no empirical demonstration of the direct value and cost-effectiveness of psychological testing and assessment in MBHOs.
    a. True  
    b. False  

16. “Motivation, task engagement and setting” are limits of which assessment method?
    a. unstructured interviews  
    b. structured interviews  
    c. performance-based cognitive tasks  
    d. self-report instruments  

17. Which is generally considered the gold standard by which other clinical instruments are compared and validated?
   a. MCMI-III
   b. MMPI-2
   c. Rorschach
   d. MMSE

18. On the MMPI-2, the L scale is which type of scale?
   a. clinical
   b. content
   c. validity
   d. factor

19. All the following are true about the BASIS-32 EXCEPT
   a. it was developed on an inpatient psychiatric sample
   b. it was developed to be culture free
   c. it includes an assessment of problematic symptoms and functioning
   d. its content reflects the patient's perspective

20. Which patient satisfaction survey measures satisfaction during a specific office visit?
   a. VSQ
   b. SF-12
   c. BPRS
   d. PSI

21. Which instrument was developed to screen for all types of substance abuse?
   a. KOOL-AID
   b. KOOL-USE
   c. CAGE-AID
   d. CAGE-USE

Questions from chapter 4

22. All the following are key aspects of case formulations EXCEPT
   a. it is the basis of the treatment plan
   b. it is the primary objective of the clinical assessment
   c. it is a static product
   d. it is a model of the patient

23. Bergner (1998) refers to his way of developing a case formulation as the
   a. belay approach
   b. carabiner approach
   c. linchpin approach
   d. stepwise approach

24. In determining the nature of each problem, all the following types of information are considered EXCEPT
   a. participants
   b. origin
   c. precipitants
   d. consequences
25. Persons (1989) recommends that when it isn't possible to gather all information needed to develop a solid case formation, treatment should
   a. be delayed
   b. be client centered
   c. start with psychological testing
   d. begin with a symptom focus

Questions from chapter 5

26. The most common purpose of a treatment plan is to
   a. support requests for continued services
   b. plan treatment
   c. meet regulatory requirements
   d. provide for plausible deniability

27. In Makover's (1992) hierarchical treatment structure, goals are conceptualized as being subordinate to the aim of treatment.
   a. True  
   b. False

28. What is defined as a specific task that is undertaken within the context of the strategy to help meet the objective?
   a. scheme
   b. device
   c. policy
   d. tactic

29. Whenever possible, goals and objectives should be stated in the negative rather than the positive.
   a. True  
   b. False

30. Which desirable attribute of the Clinical Practice Guidelines are evidenced by their leading to the health outcomes they are purported to achieve?
   a. validity
   b. reliability
   c. clarity
   d. clinical applicability

31. What does Strosahl (1998) describe as “the implementation arm of clinical practice guidelines”?
   a. clinicians
   b. treatment manuals
   c. therapeutic homework
   d. MBHOs

32. Which is NOT a stage of change in the transtheoretical model of change?
   a. precontemplation
   b. preparation
   c. action
   d. regression
33. The first phase of the phase model of psychotherapy is
   a. remorse
   b. remediation
   c. remoralization
   d. rehabilitation

34. Which level of care has a patient attending an intensive inpatient program 3 days a week, 3 hours a day?
   a. intensive outpatient
   b. partial hospitalization
   c. day treatment
   d. outpatient

35. Electroconvulsive therapy is which type of intervention?
   a. psychotherapeutic
   b. psychopharmacological
   c. medical
   d. educational

36. Budman and Gurman (1988) report most patients stay in treatment for how many sessions?
   a. 3 - 5
   b. 6 - 8
   c. 10 - 12
   d. 15 - 18

37. Parents' unwillingness to establish and follow a token economy is an example of which barrier to treatment?
   a. environmental
   b. patient
   c. resource
   d. social

Questions from chapter 6

38. Which recommendation does Callaghan (2001) make to monitor treatment progress?
   a. use movement techniques to encode in motor memory
   b. set the treatment goals to music
   c. visually display patient data over time
   d. use webcams in the patient's workplace

   a. serendipity
   b. providentiality
   c. collateral benefit
   d. reactivity

40. In the dose-response model, “dose” refers to the number of treatment sessions.
   a. True
   b. False