

# Substance Use Disorder Treatment: Family and Organization Cultures Posttest

## Chapter 5

- 1) When a SUD treatment provider willingly admits to understanding less about a client's cultural experiences than the client and their family, they are demonstrating cultural  
insecurity.  
transparency.  
humility.  
equity.
- 2) When counselors identify with the same culture as a family they treat, they  
should not explore differences between their clients and themselves.  
can attend less to how their own family culture may affect the treatment they provide.  
can assume that the influences of their culture are the same for them and their clients.  
should not assume to understand all the family's cultural views and beliefs.
- 3) To better understand a particular family's response to SUD treatment and/or family counseling, a culturally competent provider should consider several questions, including  
what is the role of religion or spirituality within this family?  
how thoroughly has the family engaged in therapy addressing historical trauma as a prerequisite for SUD family treatment?  
can the therapist better educate the family about the role culture has in their lives?  
does the family understand the necessity of discussing their oppression and marginalization in therapy?
- 4) The Strong African American Families Program focuses on the primary prevention or elimination of conduct problems and negative health behaviors in  
pre-adolescent children of African descent in urban areas.  
African American early adolescents in rural areas.  
suburban African American adolescents.  
African American aged 17 and older.

- 5) When working with African American families, several strategies may be helpful in tailoring treatments for improved outcomes, including
- adhering to rigid structures in sessions.
  - maintaining strict boundaries and never accepting invitations to family events.
  - excluding racial socialization promotion strategies.
  - using culturally relevant storytelling.
- 6) One of the common concerns about obstacles to engagement for African American clients who have previously attended family counseling is the
- mismatch between the ethnicity of clients and the counselor.
  - education level of SUD treatment providers.
  - difficulty in identifying the need for family counseling.
  - increased community support for counseling.
- 7) Latino adolescents who received culturally adapted cognitive-behavioral therapy (CBT) who displayed greater exploration of and commitment to their ethnic identity showed
- increased instances of substance misuse posttreatment.
  - a lower mean number of days of substance use at posttreatment and 3-month follow-up.
  - a greater likelihood to behave in high-risk behavior outside of treatment.
  - increased cases of relapse three months posttreatment.
- 8) Which of the following is a specific component identified as a culturally responsive treatment among Latino families?
- Not asking about immigration stories as a way to avoid client and clinician discomfort
  - Working only with biological parents and their children, no extended family members
  - Using written materials for parents that are delivered in their native language
  - Helping Latino families integrate with the dominant culture
- 9) Which of these factors is linked with substance use and misuse across subgroups of Asians immigrating to the United States?
- High pressure from family to perform well academically and parental rules against substance use
  - Lack of access to clinicians of a similar ethnic group
  - Dominant cultural misperceptions about Asian Americans' tolerance for alcohol and other substances
  - Level of acculturation and acculturation stress

- 10) A key aspect of culturally informed SUD treatment and services for American Indian and Alaska Native clients and families is the use of
- trauma-informed care.
  - personal anecdotes.
  - prescription medications.
  - mainstream religious rites.
- 11) What is the current state of empirical research on family counseling in substance use disorder (SUD) treatment for LGBT families?
- Compared to other models, there is strong empirical evidence supporting the effectiveness of structural family counseling for LGBT families in SUD treatment.
- Little or no empirical research has been published on the use of family counseling in SUD treatment for LGBT families.
- There is considerable research support for specific adaptations of family counseling for LGBT families in SUD treatment.
- Empirical research reveals that individual treatment for SUD is less effective than family counseling for LGBT individuals with nonaccepting families.
- 12) One recommendation for adapting attachment-based family therapy for gay and lesbian adults with nonaccepting family members is to
- avoid discussing the client's sexual orientation during therapy sessions.
  - hold separate sessions, if necessary, and gently challenge family members' false beliefs about the client's sexual orientation with compassion and empathy.
  - exclude nonaccepting family members from therapy sessions.
  - focus primarily on the client's individual therapy needs rather than involving the family in separate sessions and coach the client to directly confront their family members.
- 13) Recent analysis of the Military and Family Life Counseling (MFLC) and Military OneSource programs suggest that these programs have
- been shown to be ineffective in reducing problem severity and improving mental health.
  - insufficient data to determine their effectiveness in SUD treatment.
  - minimal success in meeting client expectations for speed of access, confidentiality, and continuity.
  - demonstrated effectiveness in reducing problem severity and improving treatment outcomes.

- 14) When working with military families in SUD treatment is important to understand the military context, culture, and life experiences of military families. ignore the stressors related to deployment and relocation and focus solely on substance use. focus on work/life balance—being in the military is “just a job” and military life is not 24/7. encourage military personnel to come out to their families during treatment.

## Chapter 6

- 15) At an administrative level, providers can foster family-based SUD engagement in multiple ways, such as offering self-assessment tools for purchase. insisting that families make time for counseling despite the demands of their schedules. adapting all client-related materials into languages reflective of the groups served. using treatment-oriented language in client and family interactions.
- 16) In an open-access model for initial engagement with clients and family members, programs set a certain number of hours per day in which clients may walk in without an appointment. offer family counseling sessions in an open-air environment where families feel free to come and go as they need. require clients and family members to reserve an appointment for intake and admission to treatment. give clients the contact information for a provider whom they can call at any time of the day or night.
- 17) In the four levels of program integration, the family education level offers an understanding that clients require support systems to maintain recovery and avoid relapse. high-quality referral lists and active linkage to family services to interested parties for follow-up. full integration of family counseling into SUD treatment through the use of solution-focused and narrative techniques. referrals to clients for family counseling services through SUD treatment efforts that maintain collaborative ties.

- 18) One strategy for training program providers in the delivery of family-based intervention may be
- requiring all clinical staff to maintain American Association for Marriage and Family Therapy certification.
  - hiring consultants to observe family therapy sessions and give feedback on performance.
  - requiring all administrative and clinical staff to independently complete professional development courses on their own time to ensure they are invested protocols.
  - vetting all trainers' educational backgrounds and training experience to ensure that their approach is consistent with the program's philosophy and training needs.
- 19) Which of the following is one of the providers' supervisory responsibilities in integrated family counseling for SUDs?
- Monitoring the quality of engagement by the client's family
  - Providing clients with feedback on their counselors' performance
  - Ensuring the counselor has the writing skills necessary for documenting client sessions
  - Assessing counselors' current areas of competence and those that need development
- 20) Which of the following is a key topic that a supervisor and family counselor should discuss when developing a supervision contract?
- The counselor and supervisor's individual supervision goals
  - Methods for collecting payments for family counseling sessions
  - The counselor's salary and any overtime pay
  - When the counselor's contract will terminate
- 21) Systemic-developmental supervision holds that
- the supervisor holds all control and expects complete adherence from counselors.
  - it is the clinical supervisor's role to match their relational stance and supervision strategies to counselors' developmental stages.
  - maximum freedom for counselors is the optimal approach to improve outcomes.
  - certain rules and regulations set by the supervisor must be strictly followed, regardless of extenuating circumstances.
- 22) Compared to working with individual clients, counselors working with families must manage increased clinical complexity and more documentation requirements. When counselors try to work beyond an appropriate level for their training,
- their interventions become less effective and they can feel demoralized.
  - they easily achieve greater satisfaction from their work.

their supervisors should match them by working at the same level.  
administrators should increase their case load so they can gain more experience.

23) One strategy to address concerns related to routine outcome monitoring (ROM) might be

making ROM measures as detailed and thorough as possible.

discouraging discussion of benefits and potential time burdens that counselors may encounter.

inviting counselor input about which outcome measures to use and what feedback is helpful.

requiring clients and counselors to fill out extensive surveys after each session.

24) One of the questions to ask before instituting a ROM process for family-based interventions may be

should the program incentivize certain answers on ROM surveys?

how will parents gain access to their children's survey answers?

is evaluation of outcomes necessary for this family?

will clients who are young children or their parents fill out ROM surveys?