

# Mindful Continuing Education

## Managing Depressive Symptoms in Substance Abuse Clients-Part One

### Chapter 1-Introduction

1. Substance abuse counselors are likely to provide services to clients with depressive symptoms but whose mood states do not reach a level that would warrant a mood disorder diagnosis, as well as those who meet the mood disorder diagnostic criteria.

- A. True
  - B. False
- 

### Consensus Panel Recommendations

2. According to the consensus panel, intervention methods used to successfully manage depressive symptoms in substance abuse treatment include behavioral, cognitive-behavioral, 12-Step facilitation, motivational interviewing, and:

- A. Psychodynamic therapy
  - B. Interpersonal interventions
  - C. Family systems approaches
  - D. Supportive and expressive techniques
- 

### Figure 1.2-How To Distinguish Among Normal Moods, Depressive Symptoms, and Depressive Illness

3. When individuals are experiencing normal moods or emotions, each of the following may be seen EXCEPT:

- A. A variety of affects are available and can be experienced by the individual, or conversely stated, powerful affects do not have to be blocked or avoided
  - B. A person might not be able to consistently identify his or her mood or might label an affect in a way that seems confusing to others
  - C. Affects can vary over a period of time, such as a day or week
  - D. The individual does not get locked into an extreme emotion
-

## **The Nature of Depressive Symptoms**

**4. Clients who experience a period of depressive symptoms are not generally at increased risk of an episode of major depression or other depressive illnesses.**

- A. True**
  - B. False**
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## **Suicidality Among Clients in Substance Abuse Treatment With Depressive Symptoms**

**5. When working with clients in substance abuse treatment who have suicidal thoughts or plans, professionals should:**

- A. Seek the clinical support and input of supervisors, consultants, and treatment team members**
  - B. Obtain the informed consent of the client to consult with a supervisor, appropriate mental health professionals, and referral resources about the client's care**
  - C. Listen to the client's experience and feelings without judgment**
  - D. All of the above**
- 

## **Approaches and Psychosocial Interventions for Working With Depressive Symptoms**

**6. The goal of supportive psychotherapy is to assist clients in mobilizing, seeking, and benefiting from a variety of change approaches, as well as to sustain the energy required to achieve lasting change.**

- A. True**
  - B. False**
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## **Special Considerations Related to the Cultures of Your Clients**

**7. Culturally competent counselors are skilled in framing issues in culturally specific ways, recognizing complexity in client issues based on cultural context, and exploring culturally based experiences of:**

- A. Power and powerlessness**

- B. Tolerance and intolerance
  - C. Obligation and opportunity
  - D. Isolation and companionship
- 

## **Attitudes and Beliefs You May Bring to Your Work-Figure 1.5**

**8. Although working with a client with depressive symptoms does require some special skills, these skills can be learned and used effectively by substance abuse counselors.**

- A. True
  - B. False
- 

## **Treating the Whole Person**

**9. One benefit of 12-Step programs is that they encourage participants to compare themselves to others in order to normalize experiences and to promote hope.**

- A. True
  - B. False
- 

## **The Perspective of the Client With Depressive Symptoms**

**10. Persons with depressive symptoms tend to have a negative view of themselves, their surroundings, and their relationships, and lack hope that things will get better.**

- A. True
  - B. False
- 

**11. Depressive thinking in which individuals assume their affective state gives them an accurate view of the world which they don't need to test further is known as:**

- A. Discounting the positive
  - B. Either/or thinking
  - C. Emotional reasoning
  - D. Noncognitive processing
- 

## **Important Ways in Which Clients Differ**

**12. The positive effects of the support provided by religious communities and spirituality may help people understand and cope with life stresses and may help to support moderation and healthy living.**

- A. True**
  - B. False**
- 

## **Screening**

**13. Screening is a planned and purposeful process that typically is brief and occurs soon after the client presents for services.**

- A. True**
  - B. False**
- 

**14. The Center for Epidemiologic Studies Depression Scale (CES-D) and the Beck Depression Inventory (BDI-II) are often used to assess suicidality along with other depressive symptoms.**

- A. True**
  - B. False**
- 

## **Client-Centered, Integrated Treatment Planning**

**15. Which of the following is NOT one of the components of integrated treatment planning recommended by the panel?**

- A. The substance abuse counselor takes primary responsibility for helping the client work with both substance abuse issues and depressive symptoms**
  - B. The treatment plan addresses the client's substance abuse, depressive symptoms, and issues that may arise through the interaction of the two**
  - C. The treatment plan includes specific client goals and objectives for substance abuse and for depressive symptoms and provides for monitoring progress in both areas**
  - D. Activity scheduling is incorporated as a means to promote and maintain recovery**
- 

## **Treatment-Skills and Techniques**

**16. Maintaining a respectful, accepting, warm, empathic, hope-inspiring, confident, nonjudgmental, trustworthy, and open stance is one technique to help facilitate the development of a therapeutic alliance.**

- A. True**
  - B. False**
- 

**17. Characteristics of empathy include:**

- A. It involves a heightened awareness of the suffering or need of the other as something to be alleviated**
  - B. It is effortful and depends both on experiential and imaginal capabilities**
  - C. The self is moved by the other**
  - D. The other is the vehicle for understanding, and some loss of identity may occur**
- 

**18. Three areas of strength for most clients include the capacity for endurance, personal growth in unpleasant circumstances, and:**

- A. A concern for the welfare of others**
  - B. A desire to be open-minded and to think critically**
  - C. An understanding of right versus wrong**
  - D. The ability to be courageous and diligent**
- 

## **The 12 Steps as a Tool**

**19. The curative factors inherent in 12-Step programs that can be helpful to people with depressive symptoms include the support, comfort, acceptance, and hope people find and aspects of the steps themselves such as doing a self-inventory of limitations, strengths, and assets, taking action to address wrongs of the past, and the act of reaching out to others.**

- A. True**
  - B. False**
- 

## **Treatment of Depressive Symptoms With Antidepressant Medications**

**20. When considering medication to treat depressive symptoms, one factor to address is that it generally takes at least 2-4 weeks of treatment and the achievement of an adequate dose before an antidepressant medication begins to work.**

- A. True
  - B. False
- 

## **Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery**

**21. In substance abuse treatment, the most critical component in determining a positive treatment outcome is:**

- A. Effective education about substance use, misuse, and recovery
  - B. The relationship between the counselor and client
  - C. The client's willingness to change
  - D. The level of support available to the client
- 

**22. Although ambivalence about change is normal, the closer clients gets to change, the more their ambivalence is likely to decrease.**

- A. True
  - B. False
- 

## **How to Help Clients With Substance Use Disorder and Depressive Symptoms**

**23. Collaborative counseling includes listening to and hearing the client, understanding and empathizing, knowing appropriate interventions and how to perform them, intervening, and the client responding in some way.**

- A. True
  - B. False
- 

## **The Culturally Competent Counselor**

**24. Culturally competent counselors are able to exhibit behaviors that reflect an attitude of respect, acceptance, sensitivity, commitment to equity, humility, and:**

- A. Sincerity and reliance
  - B. Clarity and inspiration
  - C. Openness and flexibility
  - D. Safety and self-awareness
-

## **Treatment Planning, Collaborative Goal Setting, and Counselor Expectations for Counseling Session**

**25. Which of the following is NOT one of the three processes that should determine the content of a counseling session?**

- A. The counselor should immediately determine the client's willingness to be open and honest**
  - B. The master treatment plan is developed by the treatment team with the client's input**
  - C. The client should be engaged in an ongoing collaborative effort with the counselor to identify and address specific needs**
  - D. Counselors enter a counseling session with an idea of what they might want to accomplish in their time with the client**
- 

## **Vignette 1-Behavioral Interventions**

**26. With behavioral interventions, the assumption is that changing behaviors will build an environment for subsequent changes in values, character, and ideals.**

- A. True**
  - B. False**
- 

## **Session 1**

**27. Although counselors may be tempted to immediately jump in and start giving advice and suggestions, a better approach may be to make an effort to understand perceptions and develop empathy for the clients' dilemmas.**

- A. True**
  - B. False**
- 

**28. An important step for clients is to help them take problems and break them down into smaller problems to be addressed, which is known as:**

- A. Fractionalizing**
  - B. Sectioning**
  - C. Partializing**
  - D. Fragmenting**
- 

## **How to Help People Achieve Behavioral Change: A Problem-Solving**

## **Technique**

**29. One problem-solving process that works well for helping people achieve behavioral change is to identify a behavior, identify the goal, identify barriers, identify how those barriers can be overcome, identify steps and specific supports needed, and:**

- A. Evaluate alternatives**
  - B. Elicit a commitment**
  - C. Identify feasibility of ideas**
  - D. Gather appropriate information**
- 

## **Session 2-Clinician Expectations**

**30. In order to help the client engage in behavioral routines to support feeling better and to improve motivation and low mood, the clinician selects 3-4 behaviors for them to work on between sessions.**

- A. True**
  - B. False**
- 

## **Session 3-How to Conduct a Deep Breathing Relaxation Technique**

**31. Although relaxation exercises, guided meditation, and guided imagery can not only help clients relax, they may also trigger unwanted or unintended reactions such as increased anxiety or a dissociative reaction with clients who have a history of trauma.**

- A. True**
  - B. False**
- 

**32. In addition to reducing stress and feelings of being overwhelmed, guided imagery can be used for:**

- A. Building positive affirming thoughts**
  - B. Increasing awareness of underlying thoughts or feelings**
  - C. Enhancing motivation**
  - D. All of the above**
-



**33. If the client feels uncomfortable or has an increased sense of anxiety or tension during guided imagery, this is likely an indication that the exercise should be abandoned because it's not working.**

- A. True**
  - B. False**
- 

## **Vignette 2—Cognitive Interventions-Introduction**

**34. Each of the following is an accurate statement about cognitive interventions EXCEPT:**

- A. A cognitive treatment approach focuses on choices and problems that have occurred throughout the lifespan in order to help clients identify and correct distorted developmental patterns that have led to troublesome feelings and behaviors**
  - B. The underlying theory of cognitive therapies is that a person changes his or her feelings and behavior by changing how they think about themselves and their experiences**
  - C. The rationale for this approach is that changing negative or faulty thoughts about triggering events and substituting more positive and healthy responses reduces the risk of unhealthy behaviors and increases the opportunity for more productive behavior choices**
  - D. Replacing inaccurate, negative self-talk with accurate and more positive assessments of a situation can result in decreased distress in response to a situation and can lead to improved mood and behavioral choices**
- 

## **Figure 2.5-Decision Tree**

**35. If a client is unable able to trust the judgment of a therapist and/or group members in the creation of reasonable responses about the issue to be addressed, a cognitive treatment approach in not recommended.**

- A. True**
  - B. False**
- 

## **Session 1-Clinician Expectations-Master Clinician Note**

**36. Although some people who experience depressive symptoms may present as anxious, irritable, or with somatic complaints, they will also show sadness if they are truly depressed.**

- A. True
  - B. False
- 

**37. When working with John, the counselor purposefully takes an instructive stance and gives suggestions rather than choices.**

- A. True
  - B. False
- 

**38. Counselors may be interested in the way people qualify or ascribe meaning of events in terms of their mindset, referred to as:**

- A. Appropriation style
  - B. Augmentation style
  - C. Attribution style
  - D. Accreditation style
- 

## **How to Assess for Negative Self-Talk and Offer Alternative Responses**

**39. The goal of assessing and altering negative self-talk is to demonstrate the connection between negative self-talk, unpleasant emotions, and unproductive behavior, to differentiate between unrealistic and realistic meanings of events, and to:**

- A. Increase clients' objectivity about their thoughts
  - B. Focus on "possible" rather than "impossible" thoughts
  - C. Reframe negativity that has become destructive
  - D. None of the above
- 

## **Session 2-Clinician Expectations**

**40. As the clinician continues to help John find the connections between his thoughts and his behavior, strategies include identifying a specific unpleasant situation and the meaning of this event for him, identifying the unpleasant feelings connected to it, and identifying the negative self-talk that happened between the event and the feelings.**

- A. True
  - B. False
- 

## **Vignette 3—Interventions With Core Beliefs**

**41. Core beliefs are the filters a person uses to make sense of different experiences, and people with depressive symptoms often have core beliefs that lead to negative perceptions of their environment and negative thoughts about themselves, their potency, and their future.**

- A. True**
  - B. False**
- 

## **How To Assess for Beliefs**

**42. Which of the following is NOT one of the panel's recommendations when initially assessing for beliefs?**

- A. Listen carefully to grasp the underlying meaning of what the client is saying and use specific questions to elicit beliefs**
  - B. When the client offers a description of an experience that sounds like an entrenched belief, paraphrase the statement, and ask the client to confirm if that statement is true**
  - C. Explore the belief and question who else believes it**
  - D. Ask the client how he or she would like you to address these beliefs in treatment**
- 

## **Session 1-How to Challenge Beliefs: The Search for Alternative Solutions**

**43. To help clients challenge beliefs that limit options for change, clinicians should help them begin to move the belief from a thought to a truth.**

- A. True**
  - B. False**
- 

## **Master Clinician Note**

**44. When the timing is appropriate in the process of challenging beliefs, the counselor may reference ways in which the client has had previous success and how this doesn't necessarily have to be a thing of the past.**

- A. True**
  - B. False**
- 

**45. Throughout the process of challenging core beliefs, the counselor continuously assesses how distressing it is to challenge each belief, prioritizes which belief needs to**

be challenged next, helps the client begin to understand the connection between challenging invalid beliefs and developing new opportunities, and works to increase the client's:

- A. Overall well-being
  - B. Sense of self-efficacy
  - C. Desire for resolution
  - D. Hope and resilience
- 

## **Vignette 4—Interventions With Feelings**

46. Clients in recovery tend to be inexperienced in managing even low-intensity feelings, and for those who began using alcohol and drugs early in life, learning how to identify feelings is an important therapeutic task, while for others, feelings can often be a trigger to return to use.

- A. True
  - B. False
- 

## **Master Clinician Note**

47. Taking disowned parts of oneself and placing those attributes onto others, which is known as forecasting, is a primary psychological defense of people with a great deal of guilt.

- A. True
  - B. False
- 

## **Session 2- Clinical Expectations: Master Clinician Note**

48. Which of the following is generally NOT true about clients crying during a session?

- A. Allowing clients to experience feelings and to cry permits them to confront the feelings and to become open to alternatives
  - B. When clients cry, counselor tension levels tend to decrease
  - C. Efforts to stop or interrupt the crying may be made to reduce counselor anxiety
  - D. By recognizing and respecting the need to cry, the counselor may create a safe space where feelings can be felt
- 

## **How to Roll With Resistance**

**49. Motivational interviewing techniques for handling resistance may encompass reflecting it, reframing it, emphasizing personal choice, and shifting focus.**

- A. True**
  - B. False**
- 

### **Session 3-Clinical Expectations: How to Process Grief**

**50. When processing grief, steps include recognizing when a client has significant unresolved grief, educating them about grief, exploring the client's experience with grief, creating safety for expressing feelings, facilitating grief, and helping clients:**

- A. Accept the reality of loss**
  - B. Adjust to the world without the deceased**
  - C. Find an enduring connection**
  - D. Get closure on events that precipitated the grief**
- 

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