

Child Abuse and Neglect Substance Abuse Treatment

Multiple Choice

Identify the choice that best completes the statement or answers the question.

1. **Chapter 1 - Working with Child Abuse and Neglect Issues**

During the years 1986-1997, the reported cases of child abuse and neglect more than doubled.

- A True
- B False

2. A person's risk of developing a substance abuse disorder increases as a result of childhood physical, sexual, emotional abuse or neglect.

- A True
- B False

3. What is the most prevalent type of childhood maltreatment?

- A Physical abuse
- B Emotional abuse
- C Sexual abuse
- D Neglect

4. Men are less likely than women to disclose childhood sexual abuse due to which of the following?

- A Societal expectations of self-reliance
- B Fear of homosexual stigmatization
- C Both a and b
- D Neither a nor b

5. PTSD *is not* a common disorder among people who were abused physically or sexually as children.

- A True
- B False

6. The consensus panel recommends sensitivity to the cultural differences among treatment populations with childhood abuse histories, as these differences may excuse abusive or neglectful behavior by parents.

- A True
- B False

7. Sexual abuse has been linked to which of the following disorders?

- A Eating disorders
- B Dissociative disorders
- C Personality disorders
- D All of the above

8. There are four major types of child maltreatment.

- A True
- B False

9. **Chapter 2: Screening and Assessing Adults for Childhood Abuse and Neglect**

Physical abuse, among males, is difficult to evaluate because most males - due to social pressures to be strong and silent - see their abuse as normal punishment for their behaviors.

- A True
- B False

10. Many adults receiving treatment for substance abuse who have a history of childhood abuse and neglect will have a coexisting psychiatric disorder.

- A True
- B False

11. In those with PTSD, neuroimaging techniques - such as positron emission tomography (PET) scans or functional magnetic resonance imaging (MRI) - have shown reductions in the volume of which part of the brain?

- A Amygdala
B Hippocampus
- C Brain Stem
D Medial Cortex
12. For the child trauma survivor, dissociation serves what purpose?
A A way out of an intolerable situation
B It numbs pain
C It erects barriers to keep traumatic events and memories out of awareness
D All of the above
13. Any counselor or treatment provider screening for childhood trauma should receive specific training in these issues.
A True
B False
14. Adults who were abused as children are more likely to use drugs and alcohol.
A True
B False
15. Most child abuse occurs:
A Outside the family
B Within the family
C Both a and b
D Neither a nor b
16. In order to reduce the potential barriers to successful screenings and assessments of childhood trauma, the consensus panel recommends that treatment staff: 1) be sensitive to cultural concerns 2) recognize potential language differences 3) become aware of gender issues and 4) be nonjudgmental and sensitive.
A True
B False
17. **Chapter 3: Comprehensive Treatment for Adults Survivors of Child Abuse and Neglect**
Statistically, those clients that received more services were *less* likely to stay in recovery.
A True
B False
18. According to some estimates, what percent of those referred to mental health services have histories of childhood abuse?
A 20%
B 50%
C 80%
D None of the above
19. Many clients may find it easier to “confide” their history to a computer screen or a piece of paper than to another person.
A True
B False
20. The anxiety and feelings of pain that might surface when a client becomes more aware of past abuse are often related to:
A Bipolar Disorder
B Post Traumatic Disorder
C Both a and b
D Neither a nor b
21. The following treatment approach addresses dual diagnosis (substance abuse and mental health treatment):
A Integrated
B Concurrent
C Sequential
D All of the above
22. Although traditional 12-step approaches emphasize a linear model of recovery in which abstinence takes priority over all other issues, research data are not yet available to indicate the superiority of this approach.
A True
B False
23. **Chapter 4: Therapeutic Issues for Counselors**
Which phenomenon is improperly matched with its definition:
A Transference: past feelings and issues that clients transfer or project onto a counselor
C Secondary Traumatization: symptoms of trauma experienced by the client as a

- result of a counselor's "inappropriate" responses to client abuse disclosures
- B Countertransference: the range of reactions and responses the counselor has toward the client
- D All are properly matched
24. Which item listed below is *not* mentioned in *Establishing the Treatment Frame and Special Issues*:
- A Building trust
- B Open discussion when the counselor senses a client is developing romantic feelings
- C Using anchoring, mirroring and timeout as methods for dealing with disruptive client behavior
- D Avoiding the 'rescuer' role as a counselor
- E All are mentioned
25. Which is not a recommendation about how agencies can support counselors:
- A Facilitate ongoing clinical supervision
- B Provide training that standardizes procedures for handling trauma cases
- C Keep counselor time completely structured while 'at work'
- D Reward staff work on a regular basis
- E Hold regular social events
26. **Chapter 5: Breaking the Cycle: The Substance-Dependent Client as Parent/Caregiver**
Research shows that people with adverse childhood experiences have a lower incidence of health disorders, including alcohol problems:
- A True
- B False
27. Which is *not* a characteristic of abusing parents identified by researchers:
- A Poverty, substance dependence, mental illness, lots of children
- B Feelings of self reproach and depression
- C Arrested development and poor tolerance of being alone
- D Overly responsible and overly focused on decision making
- E Difficulties in verbal communication and in obtaining pleasure; narcissistic
28. Which is not an assessment/treatment question area set forth as a guideline for counselors to use with abused clients:
- A Probe birth, infancy and early childhood circumstances
- B Ask if family members used alcohol or drugs, if the client felt there was a "problem" with the use and if the family member got treatment
- C Probe how the client was disciplined and rewarded, who raised them and how they showed attention, affection and appreciation
- D Ask if they liked school, teachers and peers, and if they moved a lot
- E All of the above areas are mentioned
29. Which limitations imposed by poverty are mentioned because they might be confused with neglect when in fact they are common in poor and uneducated communities:
- A Preteens babysitting infants
- B Disorganized house
- C Social deprivation
- D All are mentioned in the context of this

discussion

30. Which is not cited as a general area of basic knowledge and skills needed to be learned by abusing parents:
- A Basic child-rearing skills
 - B Stages of child development and reasonable expectations at specific stages
 - C An understanding of the consequences of child abuse
 - D Personal and social skills development
 - E All are cited
31. For addicted parents who do not have child custody due to abuse issues, it is critical that the counselor collaborate with a CPS professional to develop a realistic family reunification plan.
- A True
 - B False
32. Which of the following is *not* a named program in the US that has integrated the ability to treat both substance and child abuse concerns under one roof:
- A PAR (Parental Awareness & Responsibility Village in FL)
 - B The Spring in NM
 - C FIT (Families in Transition) in FL
 - D GO (Getting Off) in San Francisco
 - E FRP (Family Rehab Program) in NY
33. What are barriers cited to have historically caused conflict between drug counselors and CPS workers in their attempts at collaboration:
- A Counselors tend to view abusing parent as having a treatable disease while CPS views parent as having made irresponsible choices
 - B Focus for CPS is the child's safety while focus for counselor is treating the parent
 - C CPS agencies tend to have shorter and more well-defined time frames for resolution and recovery
 - D All are cited
34. **Chapter 6: Legal Responsibilities and Recourse**
Which is *not* consistent with the manual's initial overview of laws and conditions surrounding reporting incidents of known or suspected child abuse or neglect:
- A 18 States require *all* citizens to report suspected abuse/neglect
 - B If a professional fails to report in accordance with the State mandatory reporting statutes and this results in injury to the child, they may face criminal charges, a civil suit or a revoked license
 - C A counselor is generally under no obligation to report abuse/neglect a *client* suffered as a child many years ago
 - D In making an initial report to CPS, the mandated reporter should provide only the basic information required by State law
 - E A recent study shows that most clients suspected of abuse do not stay in treatment after a report
35. Which of the following is not a condition the manual describes as being reportable in most states:
- A Serious physical injury to a child by a parent or other adult that is not accidental
 - B Refusal of the parent to seek or consider medical attention for a child who appears injured or ill to the point that a reasonable person *would* seek medical attention
 - C Leaving an early adolescent child in
 - D Sexual touch or exploitation of the child by the adult
 - E Child is not registered for/attending school and no documentation of home schooling is found

charge of babysitting a younger child

36. Which is true regarding parental substance abuse being viewed by states as child abuse/neglect:
- A In New York, giving birth to a drug-exposed infant is a criminal offense which may send a mom to prison
 - B As of 1991, no states had successfully charged women with felonies for substance use during pregnancy
 - C In South Carolina, DA's treat situations in which a pregnant woman is using drugs as subject to 'duty-to-report' provisions
 - D The same state reporting standards are applied to pregnant women who use alcohol or smoke as pregnant women who use drugs
37. Which is not a listed potential outcome of a CPS agency investigation:
- A Reaches an agreement with the family regarding changes and services needed
 - B Brings a neglect or abuse petition against parent or guardian
 - C Removes the child in a life-threatening situation
 - D Refers the case to criminal justice officials
 - E All are given
38. In dealing with CPS agencies, Courts and Law Enforcement, which scenario below is not properly matched with a lawful counselor response:
- A CPS sends a Request for Information Release signed by the client which does NOT comply with Federal Confidentiality regulations / counselor does NOT release any client information
 - B Lawyer calls to get information on a client who has not given written consent to the communication / counselor does not release any information until after obtaining written consent
 - C A subpoena is issued by the CPS agency's lawyer and signed by a judge / the counselor automatically obeys the request, whatever it may be
 - D A police officer or detective visits to ask questions about a client facing criminal child abuse charges / the counselor discusses this with the client and obtains written consent before speaking with the officer
 - E All scenarios / counselor responses are properly matched
39. **Chapter 7: Emerging and Continuing Issues**
Which is counter to the emerging trends cited in the final chapter:
- A The 1996 Congressional overhaul of welfare resulted in a program called TANF, which imposes work requirements on aid recipients, limits the time benefits can be received and bars benefits from certain categories of people
 - B State implementation of Federal Law will trend toward less tolerance of children living with substance abusing parents, less time for abusing parents to comply with CPS mandates, and quick loss of parental rights for repeat CPS offenders
 - C Since managed care systems are usually
 - D Funders are increasingly holding CPS agencies, health care services and substance abuse treatment programs accountable for demonstrating specific outcomes
 - E Demographic trends suggest that over the past 20 years the number of people over 35 using illicit substances is on the decline

paying for persons entering treatment, nonhealth professionals are more often making treatment decisions, resulting in authorizations for fewer sessions at less intensity

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