Key Study Guide

Help for Alcoholics
City Vision College
Course 414

Professor Charles LaCour
This Key Study Guide is to be used as study guide for Course 414: “Help for Alcoholics.” Use this guide to take each chapter and submit to your instructor as directed. Use this Key Study Guide as a study tool for your midterm and final exams.

Chapter 1: Recognizing Alcohol Problems (pages 1 – 32)

1. It is estimated that approximately 50% of clients who present for treatment of a mental health disorder (i.e. depression, anxiety, or bi-polar disorder) also have a co-occurring substance abuse disorder (i.e. alcoholism, drug addiction) and approximately 50% of clients who present for treatment of a substance abuse disorder have a co-occurring mental health disorder. Think about that statistic. Are you surprised? Why or why not?

2. If you currently are a counselor or are in a helping profession, think about your clients or patients. Do you suspect any have a problem with substance use or dependence? Do you think you would recognize if your client had problems with substance use/abuse?

3. What do little red spider lines called spider angiomas signify if you see them on your clients’ cheeks?

4. ____________ of alcoholics die of their addiction.

5. The average alcoholic dies _______________ years earlier than he or she would otherwise.

6. It is said that alcoholic patients have two sides. What are they?
7. What does the Big Book of Alcoholics Anonymous say about the disease of alcoholism?

8. If the disease of alcoholism is “cunning, baffling, and powerful,” how can you best prepare to treat people with alcoholism?

9. What are the three pertinent ideas that are read aloud from Chapter Five of the Big Book at every AA meeting?

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**The Motivational Interview**

10. It does no good to argue with the patient who is alcoholic. Why is that?

11. When working with the alcoholic client, what is your job?

12. What gift have you been given as a healer? What evidence have you noticed that has confirmed that gift in you?

13. If patients are going with you, you feel ___________________. When they are going against you, you feel _____________________.

14. What do all drugs of abuse tell the brain?

15. Why can't the patient tell you the truth regarding his or her addictions?

Developing the Therapeutic Alliance

16. From the first contact, your patients are learning some important things about you. Name those important things listed in your text.

17. Look at the above list you just made. Do you see yourself in that list? How do you feel about being the type of counselor that list describes?

18. How can you ensure the client will not feel alone during treatment?
19. Perkinson states that your patient must develop a trust in you and know that you are committed to their recovery. Why do you believe that is important?

20. In the first interview, you begin to ____________ patients to see the ____________ about their problem.

21. During the interview, how should questions be asked?

22. Perkinson states that a motivational interview should be "patient-centered" and not "professional-centered." What is the difference between these two?

23. Read the example of a Motivational Interview on pages 5 through 8. What is your reaction to the interview?
24. Would you be comfortable at this point conducting a motivational interview? Why or why not? If you do not feel comfortable, what steps can you take to get yourself to the place where you would be able to conduct the motivational interview with ease?
Questions for the Adult Patient

25. What low risk drinking guidelines has the National Institute on Alcohol Abuse and Alcoholism developed?

26. Since most patients who have alcohol problems are evasive or deny their alcohol abuse, to whom should you ask questions?

27. What questions does the American Society of Addiction Medicine suggest should be asked?

28. How many questions must be answered “yes” to the above questions to raise a red flag for alcoholism?

29. How many questions must be answered “yes” to indicate probable alcoholism?
30. What must you advise the patient if there are one or more red flags?

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Natural History of Alcoholism
31. True or false. Alcoholism develops quickly over the patient's lifetime.
32. True or false. Alcoholism starts when the patient is a teenager.
33. There are 11 risk factors for alcoholism listed in your text. Name those risk factors:
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Diagnosing an Alcohol Problem

Please note that only trained and licensed professional counselors are able to diagnose an individual with a mental health or substance use disorder.

34. What questions must you ask to determine if the patient fits into your range of experience and care?
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35. What questions do you need to ask yourself?

36. For the benefit of third-party payers, it is important to use assessment instruments to properly document the following:

37. What are two quick screening tests for alcoholism that have been developed?

38. Briefly describe the above-mentioned quick screening tests. How do they differ and how are they alike?
39. The Substance Abuse Subtle Screening Inventory is difficult to fake and can be completed in 10 to 15 minutes. It accurately identifies __________ of patients who need residential treatment, __________ of nonusers, and 87% of early-stage abusers.

40. If assessment so indicates, intervention may be necessary. Briefly describe the interventions listed in your text for the following severity of usage:
   o Nonproblem usage.
   o Problem drinking/drug usage.
   o Alcohol or other drug dependence.

Assessing Motivation
41. Briefly describe the stages of motivation listed below and in your text on page 15.
   o Precontemplation.
   o Contemplation.
   o Preparation.
42. Why would it be necessary to know how motivated your client is?

Motivating Strategies
43. True or false. Patients at different stages of motivation need different motivating strategies to keep them moving toward recovery.
44. Patient awareness about the causes, consequences, and possible treatments for particular problems are crucial in recovery. What interventions can help a patient increase their awareness?
45. What are the six principles of Change for the Patient in Precontemplation Stage listed in table 1.7 on page 17?

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46. ASAM lists Six Dimensions of Assessment for addictive patients. What are the six dimensions listed and the questions you need to ask in Table 1.9 on page 19?

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**Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition, Text Revision (DSM-IV-TR)**

Diagnosing mental health and substance abuse disorders is both a science and an art. There are 297 different diagnosable disorders in the DSM so many disorders have signs and symptoms in common with each other. A DSM diagnosis is made based upon the information that you gathered during the biopsychosocial interview and upon your knowledge of mental health and substance abuse disorders. As you become more experienced and more skilled, assigning a diagnostic code will become easier. *Please note that only trained and licensed professional counselors are able to diagnose an individual with a mental health or substance use disorder.*

47. How does the DSM describe the diagnosis of Substance Abuse?

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48. How does the DSM describe the diagnosis of Substance Dependence?

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49. Name three ways in which the diagnoses of Substance Abuse and Substance Dependence differ.

- ____________________________________________________________________________

- ____________________________________________________________________________

- ____________________________________________________________________________

- ____________________________________________________________________________
50. What should you explain to your patients about their diagnosis?

Determining the Level of Care Needed

51. What are the four levels of care generally offered across the United States? Briefly describe each level.

- Level I: Outpatient Treatment.

- Level II: Intensive Outpatient/Partial Hospitalization
  - Level II .1:
  - Level II .5:

- Level III: Residential/Inpatient Services
  - Level III .1
  - Level III .3
  - Level III .5
  - Level III .7

- Level IV: Medically Managed Intensive Inpatient Treatment
Criteria for Early Intervention (Adults)
52. What is Early Intervention?

Criteria for Outpatient Treatment (Adults)
53. When does an adult patient qualify for outpatient treatment?

Criteria for Inpatient Treatment (Adults)
54. When does an adult patient qualify for inpatient treatment?

Sharing The Diagnosis
55. With whom should you share your diagnosis and findings?

Conducting a Crisis Intervention
56. What is a crisis intervention? Who may be in need of a crisis intervention?
57. Look at the example of an Intervention Letter Listed in Figure 1.1 on Page 30. What is your reaction to reading that letter?

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58. Where should the intervention be held?

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59. What three behaviors should participants show to the patient?

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60. True or false. Interventions and treatment are going to take time.
61. True or false. All addiction treatment is a short journey toward the truth, and this journey is quick and relatively painless.
62. True or false. Alcoholism is an acute physiological disease.
63. What percentage of patients who work the program stay clean and sober?

________________________________________________________________________

64. How many years does a person have to maintain sobriety for their relapse rate to drop around zero?
Chapter 2: Critical Concepts (pages 33 – 48)

1. True or false. Alcohol is probably the oldest drug known to human beings.
2. Production of alcohol depends on the one-celled organism called ____________.
3. Substance abuse is the nation's number ____________ health problem.
4. Over a lifetime, ____________ of the population will suffer from a substance abuse disorder.
5. ____________ of Americans will die of some form of substance abuse.
6. ____________ of alcoholics die of their disease, approximately ____________ years earlier than their normal life expectancy.
7. At what age are people most vulnerable to excessive alcohol and drug abuse?

8. How many years does classic alcoholism generally take to develop?

Alcohol Problems Are Very Common

9. True or false. Alcohol is the primary drug of abuse by clients in most treatment settings.
10. About how many Americans currently have alcohol problems?

11. True or false. Alcoholism is caused by psychological problems.

Alcohol Problems Can Destroy Families and Contribute to Crime

12. True or false. More than two thirds of current drinkers have a family history of alcoholism.
13. What is the rate of risk that children of alcoholics have in developing the disorder?

14. True or false. Alcohol disorders and alcohol-related problems are more common among men than women.
15. True or false. Alcohol and drug use are only slightly related to crime.
Alcohol Causes Fetal Alcohol Spectrum Disorders

16. Fetal alcohol syndrome and fetal alcohol effects are the leading causes of mental retardation in the country. How many children are born each year exposed to alcohol during pregnancy?

17. Alcohol is eliminated from the amniotic fluid at one-half the rate at which it is eliminated from the maternal blood. How does that affect the fetus?

18. Name the signs and symptoms of fetal alcohol syndrome that have been established by the Fetal Alcohol Study Group of the Research Society on Alcoholism:

19. What are fetal alcohol effects?

20. What is the Fetal Alcohol Behavioral Scale?

21. People with fetal alcohol effects may have normal intelligence, but they have defects in their brain and behavior. What are some of the problems they may experience?
22. What are the signs and symptoms of Type 1 alcoholism?

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23. What are the signs and symptoms of Type 2 alcoholism?

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24. Type 1 alcoholics do ____________ in treatment and, because of long-standing antisocial behaviors and attitudes, Type 2 alcoholics usually need ____________ structure to maintain sobriety.

25. What part of the brain do all drugs and alcohol trigger?

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**Addiction Is a Brain Disease**

26. True or false. The brain of someone addicted to alcohol is the same as someone who is not addicted to alcohol.

27. In chronic alcohol abuse, the body produces chemicals, structural, and genetic changes that do the ____________ of what the drug is doing.

28. Alcohol is a depressant, so the body produces chemicals, structures, and, finally, genetics to ____________ the brain.

29. Look at Figure 2.1 on page 39 and Figure 2.2 on page 40 showing SPECT scans of a normal brain and a brain exposed to 17 years of heavy weekly alcohol use. What is your reaction to those pictures?
30. True or false. The brain quickly returns to normal after the patient discontinues alcohol use.

31. What percentage of alcoholics who try to quit drinking on their own without medical management die of alcohol withdrawal delirium?

32. If the alcoholic stops drinking, he or she goes into a biochemical storm called ___________.

33. “The alcohol abuser made the early choice to drink, but once addiction kicks in, choice is removed. The person must drink to feel normal.” What is your reaction to that statement? Do you believe that choosing to drink alcohol no longer becomes a choice? Why or why not?

Alcoholism Is a Medical Emergency

34. Why does Perkinson state that alcoholism is a medical emergency?

35. How will this belief affect your approach to treating your patients who have alcoholism?

How to Use Spiritual Power

36. Alcoholics Anonymous says that alcoholism is a _______________ problem with a _______________ solution.
37. What role can God play in your patient’s recovery?

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38. True or false. Research studies consistently show the patient who uses religion and spirituality get better quicker and live longer.

39. Look at Table 2.1 on page 43 of your textbook.
   Name the Professional Principles for Dealing with Spirituality:

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40. What are the Benefits of Spirituality?

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**God's 12-step Group**

41. Perkinson encourages you to attend an open Alcoholics Anonymous meeting. After you have attended at least one meeting, describe your experience to someone you trust and what the meeting meant to you. Summarize that experience here.

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**Treatment Outcome**

42. In what type of programs are better treatment outcomes seen?

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43. What is pharmacotherapy? How effective is it?

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44. Name three medications listed in your text that are effective in helping a person to maintain sobriety?

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45. Why do some patients feel badly about taking medications like those listed above?

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46. True or false. Drugs usually keep the patient clean and sober.
47. True or false. It is unethical to discuss spiritual or religious beliefs with your patient.

**Long-term Recovery**

48. What is necessary for recovery to be stable?

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49. Look at Table 2.2 on page 49 of your text. List the Critical Ingredients in Long-Term Recovery:

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Chapter 3: Treatment Planning (pages 50 – 64)

1. What should you do for your patient if you only have time to get a chief complaint?
   a. Take a brief history of the present problem.
   b. Ask the patient for symptoms.
   c. Look for signs and diagnose the problem.

2. What are some of the ethical principles listed in your text that come into play with treatment planning?

3. If you give alcoholics a way out of treatment, they will _________________.

4. Many brief interventions have proven effective in bringing some alcohol problems under control, including one or more of the following:

5. Psychologically, what three forces work inside the patient's mind?

6. What did Sigmund Freud call these three forces?
7. What did Eric Burne call these three forces?

8. What do religious people call these three forces?

9. What does Alcoholics Anonymous call these three personalities?

How to Build a Treatment Plan

10. What is a diagnostic summary?

11. What is a problem list?
12. A treatment plan must have specific ____________ and ____________ that you can measure.

13. True or false. The problem list should change throughout treatment, as problems are resolved and new ones are discovered.

14. How long should each problem be?

15. What should you ask yourself about the patient once you have identified a list of problems?

16. What is a goal?

17. True or false. Problems are concrete concepts so you can actually see, hear, taste, or smell them.

18. True or false. Goals are abstract concepts so they are not actually tangible.

19. What questions should you ask to develop goals?

20. What is an objective?

21. Is an objective abstract or concrete?
22. True or false. Objectives must be measurable.

23. Remember, if you can see it, it's an _____________; if you can't see it but you want it to happen it is a _____________.

24. What are the purpose of goals and objectives?

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25. What are interventions? Are they objective and/or measurable?

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27. What questions should you ask yourself when developing your treatment plan?

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28. What three things must the patient do to get better?

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29. Look at the sample Biopsychosocial Interview in Appendix 7 on page 238. Make a copy of it and practice by conducting an interview with a friend or family member who pretends he or she is having a problem with alcohol or drugs and is seeking treatment for the first time. Allow 1 to 2 hours of uninterrupted time to complete the interview.

30. Before you begin the interview, imagine yourself sitting in a comfortable chair in your office. You are relaxed and ready to begin the Biopsychosocial Interview with the client sitting across from you. What will you say to the client as you begin the Biopsychosocial Interview?

31. After you have completed the practice interview, reflect on these questions:

- How did you feel after the interview was completed?
- What part of the interview was effortless for you?
- What part required more effort than you thought?
- Where do you believe you could improve?
- Ask the person you interviewed to give you some constructive feedback on how they felt during the interview and what they thought went well and what could use improvement.
- You may also want to enlist the help of a seasoned professional counselor to observe you conducting the Biopsychosocial interview. That person could then offer you more constructive criticism that will help you improve your clinical skills.
32. Look at the completed Sample Biopsychosocial Interview, Diagnostic Summary, and Treatment Plan Perkinson has provided on pages 56 through 64. Using that sample as a guide, write a narrative summary of your interview using the following headings:

- Patient Name
- Demographic Data
- Chief Complaint
- History of the Present Illness
- Past History
- Medical History
- Family History
- Mental Status
- Psychological Testing
- Lab tests
- Diagnostic impression
- Diagnostic summary
- DSM-IV-TR diagnosis
- Treatment plan
  - Primary Problem
    - Long-term goals
    - Short-term objectives/therapeutic interventions
  - Secondary problem
    - Long-term goals
    - Short-term objectives/therapeutic interventions
  - Objective ratings

33. Based on the information gathered during the Biopsychosocial Interview, a diagnosis is determined by consulting the DSM. What are your diagnostic impressions of your “pretend” client?

Please note that only trained and licensed professional counselors or certified addiction professionals are able to diagnose an individual with a mental health or substance use disorder.
34. Review your completed biopsychosocial interview in the narrative format. Pretend that you have never met or interacted with the person whom you interviewed and reflect on the following questions based on the information in your narrative:

- What are the client’s age, gender, racial and ethnic cultural issues, and disabilities, if any?
- What is the client's chief complaint that brought him or her into treatment?
- What is the client's history of alcohol and other drug use?
- What is the status of the client's physical and mental health?
- Has the client ever sought treatment for his or her addiction?
- Does the client present with any family issues?
- What occupation is the client in? What is his or her work history?
- Does the client have any history of involvement in the legal system? Is the client currently involved in the legal system?
- What are the client's religious and spiritual beliefs? Do those beliefs play a role in his or her life at this time?
- What is the highest grade the client has completed in school?
- What is the client's mental status?
- Is the client able to perform basic life skills?
- What is the client’s socioeconomic status? What type of lifestyle does the client lead?
- What is the client's primary diagnosis?
- Does the client have any presenting medical problems?
- What psychosocial stressors may hinder the client’s treatment and potential progress?
- What is the client’s highest GAF in the past year?
- How many problems, goals, objectives, and interventions are listed in the treatment plan? What is the first problem that was identified?
Chapter 4: The Tools of Recovery (pages 65 – 85)

1. According to your text, how many million Americans currently abuse or are dependent on alcohol? How many people receive treatment on any given day?

2. What two medications are available for use in treating alcoholism and what happens when a person takes either of these medications?

3. What classification of medications is usually given to a patient in medically supervised detoxification?

4. True or false. All patients need to be treated in the most restrictive environment needed to bring the disease under control.

5. What benefits to society does research indicate regarding the treatment for alcoholism and other addictive disorders results?

6. True or false. The longer you keep patients in treatment the better.
7. What three things does a patient have to do while working a traditional program to stay in recovery?

8. What percentage of patients who work a simple program go into full remission and live the rest of their lives free of the disease?

9. Why do alcoholics and addicts need constant repetition while in early recovery?

10. Perkinson suggests that patients read four different books while in recovery. What are those four books as listed in Table 4.1?

11. Do you have these above listed books available for your patients? If not, will you get them? Why or why not?
Get Honest: Cognitive Therapy

12. Addressing what mental process is essential in treating chemical dependency?

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__________________________________________________________________________

13. Thoughts precede ____________, feelings initiate ____________, and all actions have
___________________.

14. Generally, do alcoholics think accurately?

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__________________________________________________________________________

15. True or false. Alcoholism cannot survive in the light of the truth.

16. What does the above statement mean?

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17. What is the "constant battle" that goes on in the patient's mind as described on page 69?

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18. What do you think it would be like to live with a battle going on inside your head? How
does knowing about this battle affect the way you will treat your client?

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__________________________________________________________________________
19. What is the first exercise that Perkinson suggests the patient complete?

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20. What type of atmosphere should you create for your client who is in treatment?

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21. How can you create that type of atmosphere?

________________________________________________________________________

22. Read the excerpts from a therapy session on pages 69, 70 and 71. What is your reaction? What did you learn about being the professional? What did you learn about being the patient?

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23. What is the second exercise Perkinson suggests that the patient complete? What is this exercise designed to do?

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24. How do alcoholics generally feel about themselves? Why?

25. What phrase does Alcoholics Anonymous use to refer to the lies the alcoholic says to himself?

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**Go to Meetings and Help Others: Behavior Therapy**

26. What does all therapy concentrate on during treatment?

27. Patients have ________________ feelings, thoughts, and behaviors that keep them from functioning ________________.

28. What can the patient do to change his or her old behaviors?

29. How long must they practice these new behaviors?

30. What are habits?
31. True or false. A drinking problem is not a habit.
32. Generally, what does the alcoholic do when he or she feels uncomfortable?

33. What is reinforcement and what does reinforcement do to a new behavior?

34. Perkinson states that punishment cannot teach people new behavior. What does punishment teach the patient?

35. What is a behavioral contract?

36. What is the behavior chain that Perkinson describes?
37. Compare the list of "lies" that "Bob" tells himself on his way home from work as listed on the bottom of page 75 with those new more accurate thoughts listed on page 76.


38. Why is honesty essential for recovery from alcoholism or addiction?


39. What is the most powerful motivation for change in most chemical dependency programs? Why?


40. What are the 10 benefits of the group process listed on pages 77 and 78 in your text?
41. What common mistake do new professionals make during group?

42. What should you do when a group member doesn't talk?

43. True or false. As the group leader you should intervene if someone becomes a problem in the group.

44. What is a drug refusal exercise?

45. What does a drug refusal exercise provide for the patient?

46. What is the focus of the Inaccurate Thinking Session?

47. What is the chair technique?
48. Think about a lie that you have told yourself for many years. Utilize the chair technique and try to convince your healthy mind of a lie you tell yourself. Reflect on the following questions:
   - How did that feel to complete that exercise?
   - What happened to that lie as you try to convince the healthy part of the mind?

49. What are the 10 alternatives that are available to the patient other than drinking or using as listed on page 81?

50. What does the third session focus on?
51. What two emotions are chemically dependent people particularly vulnerable to?

52. True or false. Only negative feelings can lead to relapse.

Seek Conscious Contact with a Higher Power

53. What is the goal of AA’s first step?

54. What is the goal of AA’s second step?

55. What is the goal of AA’s third step?

56. How do you describe your own Higher Power? How can you effectively treat your patient if he or she describes his or her own Higher Power as being different from yours?

57. What religious affiliation does Alcoholics Anonymous have?
58. Why do you think it would be important to talk about your patient's spiritual history?

59. How does Perkinson describe the difference between prayer and meditation?

60. At this time, close your eyes and mentally ask God this question, "God, what is the next step in my relationship with you?" Was the word or phrase accompanied by a feeling? If so, reflect on the following questions:
   - Was it a feeling of peace?
   - Was it a feeling of love?
   - Was it a feeling that there is a God?
   - Was it a feeling that God loves you?
   - Was it a feeling that you are worthy?
   - Was it a feeling that God will help you?
   - Was it a feeling that God has a plan for you?
   - Was it a feeling that God will tell you the plan?

61. How do you feel after completing this exercise? How do you think this exercise will affect your patients?
62. What does AA call those feelings described above?

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63. What are the ways that God may communicate with us?

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Chapter 5: The Steps (pages 86 – 103)

1. The Twelve Steps have long been the core of traditional treatment for ________________.

2. What is the only requirement for membership in AA?

3. When did Alcoholics Anonymous begin and who were the founders?

4. Read "How It Works" on pages 87 and 88. What three pertinent ideas are listed at the end of this section regarding how Alcoholics Anonymous works?

5. In what positive outcomes is Alcoholics Anonymous clearly associated with?

6. What methods of recovery are at the core of the AA programs?
7. How will you be able to tell whether patients are complying and when they are understanding and internalizing the steps?

8. What should you do when you are aware of the patient's inconsistent behavior?

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The Committee
9. Patients are consistently torn between what two sides of themselves?

10. Perkinson notes that it is useful to label the three voices inside the patient's mind in the ____________, ____________, and the ____________. In treatment, those voices are called the ____________, ____________, and ____________.

11. What does the *disease* voice tell the patient?
12. What does the *God* voice tell the patient?

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13. What does the *self* voice tell the patient?

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14. True or false. It is OK to move on to the next step whether or not the patient has a solid foundation of the prior step.

**Step One**

15. What is Step One?

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16. What does Step One necessitate?

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17. Have you ever experienced total surrender? If so, how did that change your life? If not, do you believe you could or would?

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________________________________________________________________________
18. Why is it best to do step work in a group?

19. True or false. Alcoholics must understand they cannot live normally as long as they use mood-altering substances.

20. Do patients get into trouble every time they drink or use drugs?

21. True or false. Alcoholics never do things when they are intoxicated that they would do when sober.

**Step Two**

22. What is Step Two?

23. What is the essential ingredient of Step Two?

24. What does the word sanity mean in the AA book?

25. To have a sound mind, a person must be able to see ____________________.
26. Do alcoholics see reality accurately?

27. What will happen if the alcoholic holds on to their old ways of thinking and behaving?

28. Read the dialogue between the Professional and the Patient on pages 94 and 95 in your text. How do you think you would react to a patient who does not believe in a higher power that is like your higher power?

29. True or false. Trust is a difficult issue for most chemically dependent persons.

30. What is the best way to have a patient learn to trust you and the group?

31. What will happen to trust if you are aggressive and highly confrontive?

32. Described the power of the group process.
**Step Three**

33. What is Step Three?

34. Why is Step Three difficult for most patients?

35. How can the patient correct the self-centeredness?

36. True or false. You should push the patient as fast as he can to turn their life over to God?

37. What happens when the patient finally turns something over to God?

38. What is the key to Step Three?
39. What is the best way to have patients turn their will and their lives over to the care of God?

40. Read the meditation exercises on page 98 and 99 into a tape recorder and practice the exercise yourself. Reflect on the following questions:
   - How did you feel immediately following the meditation?
   - What do you believe God told you while meditating?
   - How can you use what God told you in your personal and professional life?
**Step Four**

41. What is Step Four?

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42. What is the purpose of Step Four?

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43. True or false. Detail is important to Step Four.

44. Since Step Four can be very painful for many patients; what must you do to keep them from collapsing into a negative attitude?

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45. Why is it important to discuss the grace of the higher power/God in relation to forgiveness?

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46. The patient is encouraged to share everything that he or she thinks is important, no matter how trivial it may seem. What happens to the patient who leaves things out?
47. True or false. Patients are often so used to being negative about themselves that they cannot come up with their assets.

48. What happens to the patient as he or she rates himself or herself of the pain of the past?

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**Step Five**

49. What is Step Five?

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50. What is your job in the fifth step?

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51. What happens to the patient when the fifth step is done properly?

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52. What inaccurate thought is at the core of the illness of chemical dependency?

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53. What is the only way to prove to the patient that this inaccurate belief is wrong?
54. Do you have someone in your life who knows everything about you? Do you have anything in your life that is still secret? If so, how would you feel about having to tell it out loud to someone else?

55. Would a person working a good program of recovery relapse?

56. What happens to a person who leaves one part of the program out?
Chapter 6: Dual Diagnosis (pages 104 – 158.)

1. True or false. Three fourths of chemically dependent patients have psychiatric diagnoses in addition to chemical dependency.

2. True or false. Dual diagnosis patients need different treatment.

3. Generally, how long does it take to differentiate between a substance-induced disorder and a psychiatric disorder in the patient who is dually diagnosed?

4. What is the difference between a primary and secondary diagnosis?

5. What affective disorders are most commonly seen in alcoholic patients?

6. What is the best way to differentiate substance-induced, transient psychiatric symptoms from psychiatric disorders that warrant independent treatment?
7. What five components should be included in the Mental Health Assessment?

How to Develop the Dual Diagnosis Treatment Plan
8. What do you do once the patient is diagnosed with the secondary problem?

Note:
It is beyond the scope of this book to cover all of the psychopathology you will experience when treating alcohol problems, but we’ll discuss what you will see most often. The NET Training Institute offers in-depth study regarding treating the dually diagnosed patient by offering two 15-hour self study courses called Addiction and Mental Illness –Parts 1 & 2. Please contact the NET Training Institute for further information.

Diagnostic and Statistical Manual of Mental Disorder,
Fourth Edition, Text Revision (DSM-IV-TR)

Diagnosing mental health and substance abuse disorders is both a science and an art. There are 300+ different diagnosable disorders in the DSM so many disorders have signs and symptoms in common with each other. A DSM diagnosis is made based upon the information that you gathered during the biopsychosocial interview and upon your knowledge of mental health and substance abuse disorders. As you become more experienced and more skilled, assigning a diagnostic code will become easier. Please note that only trained and licensed professional counselors are able to diagnose an individual with a mental health or substance use disorder.
The Depressed Patient

9. True or false. The most common secondary diagnosis related to chemical dependency is depression.

10. What two psychiatric disorders do most chemically dependent individuals come into treatment with?

11. When will you most likely discover depression in the patient?

12. What is the best way to measure the severity of depression suggested by Perkinson?

13. What is *anhedonia*?

14. How is depression usually treated?
15. True or false. The biology of depression is centered on a physiological problem in the brain.
16. What are the two most-used psychological treatments for depression?

17. What does behavior therapy for depression center on?

18. What type of activities should the depressed patient increase in his or her life and why?

19. True or false. Depressed people have a difficult time doing anything, and they need encouragement to set goals.
20. What happens when patients try new, fun behaviors?

21. What is the purpose of cognitive therapy?
22. Read the example of a Cognitive Therapy Session on pages 112 through 114 of your text. What is your reaction to this interview? Do you think cognitive therapy would be effective for your patients? Why or why not?

23. What type of thoughts do depressed patients usually have?

24. True or false. As patients bring in their dysfunctional thoughts, you will begin to see patterns in their thinking.

25. What is Interpersonal Therapy for depression?

26. True or false. Patients in an abnormal grief reaction need to work through the grieving process.

27. Generally, how long does it take for normal grief to lift without treatment?
28. Normal bereavement reactions include what states?

29. What must a person do who has unresolved grief?

30. When does treatment begin for patients who are involved in Interpersonal Disputes?

31. What 12-step support group helps the spouse of an alcoholic person?

32. What 12-step support group helps the teenage child of an alcoholic person?

33. What is the average rate of suicide among alcoholics?

34. The incident of suicide is about _________ times higher in drug abusers.

35. The patient who is a suicidal threat moves through what three phases of increasing lethality?
36. What is your job as a therapist with a patient who is suicidal?

________________________________________

________________________________________

37. True or false. Depression is treatable but it is not curable.

38. Patients who have suicidal ideation, an active plan and can carry out any part of the plan should be transported to a ________________.

________________________________________

39. When does the patient’s suicidal ideation subside?

________________________________________

________________________________________

40. True or false. Many alcoholics treat their pain by drinking.

41. What emotion destroys more alcoholics than anything else?

________________________________________

42. True or false. Only a few alcoholics have unresolved anger issues.

43. Generally, where do anger and resentments usually come from?

________________________________________

44. What other emotions generally underlie anger?

________________________________________

________________________________________

45. When does Perkinson state that anger exists?

________________________________________

________________________________________
46. Patients do not have to act _______________ to show that they are angry.

47. What skill should you teach your patients to use instead of aggression?

48. Patients with anger problem must learn how to ________________.

49. What is an anger diary? What do you foresee are the benefits from keeping an anger diary?

50. What is the worst thing you can do as a therapist when dealing with an angry patient?

51. Why does Perkinson state that there is a delicate balance between duty to warn and confidentiality when dealing with a homicidal patient?

52. Personality is composed of what two basic parts?

53. _______________ is the general level of the central nervous system tone.

54. _______________ is what we learn about what to do and how to behave.

55. _______________ is the enduring way a person thinks, feels, and acts.

56. True or false. Personality is stable, well learned, and resistant to change.
57. True or false. A trait is a long-standing tendency to react in a particular way to a set of circumstances.

58. True or false. A trait changes on a continuous basis.

59. True or false. There is a higher incident of antisocial personality disorder among substance abusers.

60. At what age do antisocial patients generally begin to get into trouble with society?

61. Summarize the traits of an antisocial personality disorder person as described on pages 129 through 130 of your text.

62. What should happen when antisocial patients take advantage of someone in treatment? How should you do that?

63. What stage of moral development is the antisocial person usually stuck?

64. Cognitive therapy can be helpful with these patients. What must they do first?

65. True or false. The family of an antisocial patient is usually in chronic distress.

66. Antisocial patients are not used to being __________________.
67. How does the borderline patient generally feel when they sense a supportive relationship with another person?

68. Summarize the traits of a borderline personality disordered person as described on pages 133 through 135 of your text.

69. What are two family issues that may be important with borderline patients?

70. Anxiety is a vague, generalized ________________.

71. Anxious patients are ________________, but they are not sure why.

72. True or false. Many alcoholics have significant social anxiety or social phobia that makes it more uncomfortable for them to attend to recovery groups.

73. When patients attempt to reduce their anxious feelings, what type of drugs do they generally abuse?
74. What are some somatic complaints that accompany anxiety?


75. What type of drug is contraindicated when treating chemically dependent persons for anxiety? Why?


76. The psychological part of anxiety disorders centers around what?


77. What are the four questions you need to know about the anxious patient as listed on page 141 of your text?


78. True or false. Anxiety disorders are character disorders.

79. What type of technique should you teach anxious patients to do? Why?
80. What cognitive distortions do anxious patients often make?

81. True or false. Attention deficit disorder and attention deficit/hyperactive disorders are some of the most common co-occurring disorders in alcoholics.

82. Perkinson suggests that treatment for alcoholic patients with ADHD includes lowering environmental stimulation. Why you think that is so?

83. Read through the Attention Strategies listed on pages 145 and 146 of your text. The strategies will help in the remediation of ADHD symptoms. Which ones were you aware of and which strategies are new for you?
84. What is believed to be at the core of an Impulse Control Disorder?

85. What two Impulse Control Disorders are most commonly seen when treating the alcoholic patient?

86. What are the three minimum things a patient must do when entering treatment for gambling?

87. Psychotic patients mistakenly evaluate reality persistently. Psychosis is characterized by hallucinations and delusions. What are hallucinations? What are delusions?
Chapter 8: Terminating Treatment and Preventing Relapse (pages 175 – 192.)

1. True or false. The discharge criteria differ depending on the type of treatment a person is receiving.

2. True or false. Addiction is a disorder of remissions and relapses and, often, untimely death.

3. What percent of alcoholics die before their 60th birthday?

4. True or false. Dependence occurs more rapidly in women and adolescents.

5. Once dependence on alcohol is established, alcoholics drink to __________________ the discomfort of real or imagined withdrawal symptoms.

6. After how many years of abstinence do relapse rates drop to around zero?

7. Perkinson suggests that the counselor should remain in contact with the client during the first five years of abstinence. How do you feel about that suggestion? Are you willing and able to make that commitment to your client?

8. What does recovery from alcohol involve?

9. In early recovery, the patient relies on __________________ supports and as recovery progresses, the patient begins to rely more on __________________ supports.
**Lapse Versus Relapse**
10. The term **lapse** refers to:

11. The term **relapse** refers to:

**Warning Signs of Impending Relapse**
12. True or false. Relapse is preventable.
13. Read the list of 37 Relapse Warning Signs in table 8.1 on page 181. Which signs were you familiar with? Which signs were you unfamiliar with?

**Hi-Risk Situations**
14. When is relapse most likely to occur?

15. What percent of patients relapse when experiencing negative feelings?

16. What should you do to help the patient avoid relapse when experiencing a negative emotion?

17. What percent of patients relapse in a social situation?
18. What percent of patients relapse when having an interpersonal conflict with another person?

________________________________________________________________________

19. What interpersonal skills should you teach your patients when they are having an interpersonal conflict?

________________________________________________________________________

________________________________________________________________________

20. What should the patient do if they cannot resolve the conflict?

________________________________________________________________________

________________________________________________________________________

21. What is an emergency card?

________________________________________________________________________

________________________________________________________________________

22. What percent of people relapse when they are feeling positive emotions?

________________________________________________________________________

________________________________________________________________________

23. What percent of people relapse to test whether they can drink without becoming dependent on alcohol?

________________________________________________________________________

________________________________________________________________________

24. What is the worst thing patients can do when they have a lapse?

________________________________________________________________________

________________________________________________________________________

25. True or false. A lapse is not an emergency.
Chapter 9: The Recovery Community (pages 193 – 212.)

1. The recovery community is an orchestra of professionals. What are the professionals in the recovery community listed on pages 196 through 204?

2. What role do you play in the recovery community? How do you feel about being in that community? What difference do you think you can make in the life of someone who has alcoholism?
**Codependency**

3. A codependent person is obsessed with ________________ the person who is out of control.

4. True or false. Codependents are as blinded and reality-distorted as a chemically dependent person.

5. True or false. A codependent person usually develops an incredible tolerance for neglect and abuse.

6. True or false. Codependents keep thinking that if they just do enough or if they figure it out, everything will work out.

7. List the thoughts, feelings, and actions the codependent person experiences as outlined in your text on pages 204 through 209.

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______________________________________________________________________________
1. What are the promises of Alcoholics Anonymous to the patients who work the program?