



**Behavioral Health Services for the Homeless
Post-Test**

1. Someone who has lost his or her job or experienced mortgage foreclosure and has been evicted along with their family can be profiled as _____.
 - a. depressed
 - b. mentally ill
 - c. socially awkward
 - d. homeless

2. SAMHSA, Office of Applied Studies [OAS] (2006) states that more than _____ of the persons seeking substance abuse or mental health treatment in the U.S. public health system is homeless.
 - a. 10%
 - b. 12%
 - c. 15%
 - d. 25%

3. _____ is a point of entry into treatment for many individuals with substance abuse and/or mental illness.
 - a. Recovery groups
 - b. Safe housing
 - c. Contemplation stage
 - d. SAMHSA

4. Which of the following is NOT one of the four broad categories of substance abuse and mental health services as defined by the Institute of Medicine (2009)?
 - a. treatment
 - b. maintenance
 - c. universal
 - d. promotion
 - e.

5. The Institute of Medicine (2009) defines substance abuse and mental health services prevention into all of the following categories EXCEPT
 - a. indicated.
 - b. selective.
 - c. universal.
 - d. maintenance.
 - e.

6. According to the Home Emergency Assistance and Rapid Transition Housing Act, all of the following are definitions of a person or family that is homeless except:
 - a. is losing his or her housing in 14 days or fewer; cannot obtain housing through his or her support networks or other resources.
 - b. has experienced domestic violence, sexual assault, and/or other dangerous or life-threatening conditions in a housing situation that he or she is leaving.
 - c. is a not an unaccompanied youth who is homeless.
 - d. resided in a shelter or place not intended as a home and is now leaving an instituton where he or she temporarily resided.
 - e.

7. Disabling conditions for those who are considered “unaccompanied homeless” include all of the following EXCEPT _____.
- mental disorders
 - lack of financial resources
 - substance use disorders
 - medical conditions
 -
8. Mares and Rosenheck (2004) found that _____ is one aspect for veterans related to their service that contributed to their homelessness.
- substance abuse beginning in the military
 - inadequate preparation for civilian employment
 - loss of structure
 - lack of community support.
 -
9. Greenberg and Rosenheck (2010) indicated that people with mood disorders, schizophrenia, antisocial personality disorder, or any type of substance use disorder are _____ times more to be homeless.
- 5
 - 2
 - 4
 - 3
 -
10. According to Christensen et al (2005) and Jainchill et al, (2000), _____ percent of homeless women report trauma-related events.
- 76-100
 - 50-75
 - 25-50
 - 10-25
 -
11. According to Spence, Stevens & Park (2004), 80% of homeless exhibit _____ which can affect their social and adaptive functioning.
- social anxiety
 - depression
 - cognitive impairment
 - financial impairment.
 -
12. The text indicates all of the following are types of homelessness EXCEPT _____.
- fiscal
 - transitional
 - episodic
 - chronic
 -
13. All of the following are legal measures that some communities take to address homelessness EXCEPT _____.
- prohibiting sleeping or camping in public areas
 - prohibiting begging in public areas
 - prohibiting storing of personal possessions in public areas
 - prohibiting the possession of animals or pets.
 -

14. Some communities and States are utilizing _____ working in tandem with police trained to respond to people who are homeless.
- substance abuse professionals
 - mobile crisis teams
 - mental health professionals
 - homeless shelter representatives
15. One progressive initiative is the provision of permanent and transitional support housing which offers _____ for individuals and families that would otherwise be homeless.
- affordable long term housing
 - multi-residence housing
 - expense –free housing
 - short term house solutions
16. Kertesz et al (2007), stated that a _____ during substance abuse treatment may create barriers to a variety of services.
- Relapse
 - Noncompliance
 - Family dynamic change
 - Collaboration
17. Comprehensive recovery efforts must include all of the following EXCEPT _____.
- House
 - Supportive mental health
 - Social services
 - Community involvement
18. Working with clients who experience homeless provides _____.
- The opportunity to be altruistic
 - The opportunity learn life lessons that depart substantially from those of most people.
 - The opportunity to develop empathy.
 - The opportunity to gain community recognition.
19. For homeless clients with existing health problems, temporary housing _____.
- Is not their first priority
 - Adds to the stress due to it being time limited.
 - Can mean the opportunity to obtain medical care
 - May resolve their existing health problems.
20. Behavioral health workers working with the homeless should possess knowledge how homelessness can become _____ without intervention.
- Self-perpetuating
 - Epidemic
 - Crisis
 - Forgotten

21. There is a pervasiveness of _____ within the homeless population that behavioral health workers should have knowledge of.
- Laziness and entitlement
 - Emotional and physical trauma
 - Physical and sexual trauma
 - Physical and emotional trauma
22. Providers should be aware that homeless, substance use disorders, and mental illness can itself effect _____ in others and relationship development.
- Trust
 - Loyalty
 - Dependence
 - Comfort
23. Behavioral health providers working with the homeless population should have the skills necessary to build trust with members of a population that experiences high rates of social _____.
- Affiliation
 - Disaffiliation
 - Acuity
 - Isolation
24. Providers must be able to demonstrate specific _____ skills for those who are particularly chronically homeless, and have substance use/mental health disorders.
- Persuasion
 - Unconditional positive regard
 - Outreach
 - Unity
25. The recognition of psychological _____ on trust are important for providers to be mindful of in the process of treatment and recovery for the homeless population.
- Benefits
 - Indifference
 - Trauma
 - Dissonance
26. According to The National Survey of Homeless Assistance Providers, Burt et al (1999), which of the following accurately describes the demographics of homeless clients?
- The percentage of Hispanic clients is greater than the percentage of African American clients.
 - The percentage of women is greater for those who are homeless as individuals than those who live in a homeless environment with their children.
 - More clients are found living in suburban and rural areas than in cities.
 - The percentage of White and African American clients is equal.
27. What percentage of the homeless would be considered episodic homeless?
- 100%
 - 50%
 - 25%
 - 10%

28. What is the common link between the PHS, THS, and PATH?
- They each provide a stable housing environment based on the individual's specific need or cause of homelessness.
 - They each provide 2 years of stable housing.
 - They each require the homeless client to obtain treatment prior to receiving housing support.
 - The housing support provided is usually their own room in a larger rooming house with other clients.
29. Interventions aiding in the recovery process of substance abuse, mental illness, and homeless should
- remain the same throughout the course of the individual's recovery to maintain consistency.
 - be modified as needed based on the different stages of recovery.
 - only focus on one aspect of recovery instead of all of the individual's co-occurring conditions.
 - not be individualized, but remain the same for all clients with these co-occurring conditions.
30. Behavioral Health Service Professionals should be able to develop an individualized relapse prevention or recovery management plan that includes _____ for the client to follow if they experience a recurrence of behavioral health symptoms or homelessness.
- general information
 - a map of service centers
 - a list of symptoms and solutions
 - specific "how-to" steps
31. Behavioral Health Workers should demonstrate an attitude that reflects a positive working relationship by
- working with the client in an environment and condition of where they should be at any given time in their recovery process.
 - establishing strict guidelines and structure of the relationship without flexibility.
 - meeting with the client where they are on their path of recovery.
 - by ignoring the emotional state of the client.
32. The client must assume responsibility for their own recovery path, even when their _____ do not appear to be in their own best interest.
- desires
 - choices
 - actions
 - statements
33. Working with clients who are homeless and/or in need of treatment requires _____ and _____ between service professionals and peer supports.
- connection and familiarity
 - individualism and trust
 - time and close proximity
 - collaboration and cooperation

34. The following attitudes will help behavioral health workers in providing services for their homeless clients EXCEPT
- attitudes that focus on time and efficiency.
 - attitudes that reflect consistency and reliability.
 - attitudes that build trust.
 - attitudes that celebrate all successes, big or small.
35. Which of the following best describes an empathetic reaction to a client's story?
- I feel sorry for him or her.
 - I am afraid he or she will hurt me.
 - I don't want to work with him or her.
 - I have an emotional understand of what it is like to be him or her.
36. Behavior health workers should assess their personal views about homelessness, substance abuse and mental health prior to working with these clients. Which of the follow questions should NOT be asked as part of this assessment?
- What is my experience with homelessness, substance abuse and mental health?
 - What is my level of comfort in providing services to these clients?
 - How will working with these clients affect my own social relationships?
 - What challenges or limits will I face as a result of my beliefs or attitudes?
37. Which of the following is a myth about people who are homeless?
- Housing is the first step to abstinence or a treatment plan.
 - Many people who are homeless are employed either full-time or part-time.
 - Of the homeless, only a few are families.
 - People who are homeless often have well-developed skills and resources.
38. Homelessness results in the loss of _____, routines, possessions, privacy, and security.
- community
 - employment
 - knowledge
 - income
39. According to Bassuk and Friedman (2005), children who are homeless have _____ times more gastrointestinal problems than those who have a home.
- 2
 - 3
 - 4
 - 5
40. Bassuk and Friedman (2005) state that one-third of the children over age 8 who are homeless will have
- to repeat at least one grade in school.
 - a major mental disorder.
 - anxiety and depression.
 - four times as many ear infections.

41. Working with homeless people may be difficult and cause stress because the client may be reluctant to engage in services and requires
- time and patience.
 - constant communication and follow up.
 - on-call services.
 - proof of value.
42. Which of the following is a common response to working with clients who are in a dangerous situation that may cause harm to themselves?
- fear
 - aversion
 - anxiety
 - empathy
43. Frustration may result in a reactive response to involve police or the hospital without evidence of danger or risk when you are
- working to de-escalate a person in the middle of an intense emotional reaction.
 - trying to persuade someone to get treatment.
 - going home and they are sleep on the street.
 - engaging with a severely impaired client who is slow to engage back.
44. Feelings of helplessness or guilt about a person's situation may cause a behavior health worker to respond through _____ and violate ethical boundaries or policies to help the client.
- anger
 - temptation
 - frustration
 - anxiety
45. Which of the following experiences may NOT affect how you respond to working with the homeless?
- A member of your family has substance abuse, a mental health issue or has been homeless.
 - You can easily differentiate your own recovery process separate from your client's recovery process.
 - You identify yourself as someone who has overcome the odds without assistance.
 - You have difficulty working with someone who has extreme tendencies, overtly angry, excessively passive, or insistent.
46. Which of the following is NOT a way to manage your responses when working with people who are homeless?
- work in teams and establish networks
 - recognize the need for help
 - dismiss your feelings towards a person who is homeless
 - work closely with your supervisor and be open about your feelings

47. Which of the following best defines the critical stages of recovery model, Townsend, Boyd, Griffin, & Hicks (2000)?
- A model that moves through four levels from dependence to interdependence, and emphasizes social and interpersonal connectedness and their relationship with the systems that provide care.
 - The logical progression of rehabilitation from engagement to intensive care to ongoing rehabilitation.
 - A transtheoretical model that follows a process of behavior change starting with precontemplation and continuing through the maintenance.
 - A model that describes the holistic consequences of homelessness, including impacts on their psychological, emotional, intrapersonal, and healthy well-being.
48. In the stages of change model, the “contemplation” stage is where the client
- sustains new behavior for at least six months.
 - decides to make a change and may have already started implementing new behaviors.
 - becomes aware of the problems associated with their behaviors and begins to have mixed emotions about the behaviors.
 - views their behavior as unproblematic and does not intend to change.
49. According to Connors, Donovan, & DiClemente (2001), what is the most common time frame for a substance use relapse to occur?
- 3 months
 - 6 months
 - 12 months
 - 18 months
50. In moving through the stages of change model, the client
- will enter each stage only once without fluctuation.
 - cannot move to the next stage of change until they have achieved resolution in their current stage for all co-occurring conditions.
 - is ready for more intense services when they move to the maintenance stage.
 - can cycle between the stages more than once and be at different stages for co-occurring conditions.
51. The critical stages of recovery model addresses the _____ goals that are more closely related to mental health recovery, social connectedness, and the relationship between the client and the service delivery system.
- psychological
 - developmental
 - care
 - behavioral
52. What key word does Townsend et al (2000) use to describe the client’s progress from dependence to independence to interdependence?
- the different phases of awareness
 - the different phases of support
 - the different challenges
 - the different systems

53. Which of the following is a key role of the service provider during the dependent/unaware stage of recovery?
- support interdependence in community
 - support medication management and use of recovery plan
 - help with community resources
 - encourage self-acceptance
54. Which of the following is NOT the role of the service provider during the dependent/aware stage of recovery?
- educate family about available choices
 - work with client and support system to support life goals
 - offer support in designing a recovery plan
 - promote readiness to make choices about life roles/goals
55. Davidson & White (2007) recognized that recovery
- has the same definition as a cure for substance abuse clients as it does for clients with mental illness.
 - is a linear process.
 - strategies may be more useful at different stages of the recovery process.
 - process does not occur simultaneously.
56. Stages of homelessness rehabilitation model refers to the various types of care the client with behavioral health problems, and their family, if applicable, may receive while
- recovering from substance abuse.
 - moving toward housing stability.
 - moving from precontemplation to contemplation stages.
 - transitioning from the criminal justice system.
57. Which of the following is NOT a stage of homelessness rehabilitation?
- ongoing rehabilitation
 - outreach and engagement
 - intensive care
 - dependent/aware
58. McQuiston, Felix, & Samuels (2008), state that _____ is the first stage of work with people who are homeless.
- acceptance
 - engagement
 - awareness
 - change
59. Which of the following engagement challenges do behavior health workers face when working to engage clients recently discharged from substance abuse treatment or the criminal justice system?
- client knows they need transitional housing
 - outreach to the client
 - the client may not recognize the effect of being homeless on their recovery, and avoid engaging in social, health, prevention, and recovery services
 - clients recently discharged from treatment are easily engaged in all aspects of their recovery without challenge

60. During which of the five phases of homelessness rehabilitation model does the largest percentage of clients fall out of the program?
- transition to intensive care
 - intensive care
 - outreach and engagement
 - ongoing rehabilitation
61. When does a client begin to move from the outreach and engagement stage to the transition of intensive care stage?
- when they become aware there is a problem
 - when they agree to accept financial, health, medical, substance abuse or mental health treatment, prevention services, and housing
 - immediately upon discharge from a treatment or criminal justice facility
 - when they meet face-to-face with their behavior health worker
62. Which stage of homelessness rehabilitation focuses on comprehensive treatment, including assessment and training of necessary skills?
- outreach and engagement
 - transition to intensive care
 - intensive care
 - transition to ongoing rehabilitation
63. Maintaining momentum for recovery and relapse prevention, continued use of new skills, and involvement in community activities during the intensive care stage is _____.
- recommended
 - encouraged
 - optional
 - essential
64. The following are key elements of the transition to ongoing rehabilitation stage for sustained recovery EXCEPT
- comprehensive and evolving plan.
 - long-term plan for relapse and homelessness prevention.
 - meaningful daily activities.
 - continuous oversight by the behavioral health worker.
65. McQuiston et al. (2008) defines the ongoing rehabilitation stage as
- the graduation stage in the recovery process.
 - an open-ended phase where clients gradually establish an identity as no longer homeless.
 - the end of the behavioral health support process.
 - a process where all prevention-related activities transition to the behavior health worker.

66. Which of the following is NOT a strategy or intervention when serving people who are homeless?
- be the first point of contact for a person who is homeless or facing homelessness
 - working knowledge of community resources for services
 - maintain reciprocal alliances with community services
 - have general knowledge about homelessness
67. Identify which of the following activities is NOT common to behavioral health services when working with homeless people as discussed in this TIP.
- initial screening and evaluation
 - case management
 - provide immediate financial funding personally
 - client retention and maintenance of continuity of care
68. What does it mean to make contact with homeless individuals on their terms?
- call them on the phone to schedule an appointment
 - bring them to the office for a meeting
 - make contact with them where they live
 - wait for them to ask for help
69. One of the effective outreach skills is to _____ the client to set goals and create a plan for recovery and growth.
- empower
 - encourage
 - expect
 - recommend
70. It is a critical skill for the behavior health service to understand substance abuse or psychological problems _____ for effective outreach.
- based only on formal education
 - from the client's perspective
 - through on visual observation
 - during engaged conversations
71. When gathering information relating to substance abuse or mental disorders, the behavior health service looks for all of the following EXCEPT
- evidence.
 - symptoms.
 - potential co-occurrences.
 - family contact info..
72. Information gathered during the initial screening and evaluation process include which the following EXCEPT
- current exposure to trauma only.
 - family contact info.
 - skills and abilities.
 - onset and course to homelessness.

73. It is not recommended to include _____ as part of the information gathered relating to social functions,
- education
 - income
 - family support
 - future stressors
74. Endorsed by SAMHSA, what is SBIRT?
- Substance Abuse and Mental Health Services Administration
 - Screen, Brief Intervention, and Referral to Treatment
 - Social Behavior Interactions Referral Timeline
 - Social Behaviors Involving Relapse Therapy
75. How much time does Bernstein et al (2009) indicate the SBIRT process will take when used with individuals who are homeless?
- 5 minutes to screen and 10 minutes for a brief intervention
 - 10 minutes to screen and 20 minutes for a brief intervention
 - total of 10 minutes to complete both the screening and intervention
 - 10 minutes to screen and to schedule a future intervention
76. _____ is the process of beginning to restore physical health and feelings of safety, to relieve emotional turmoil, and get a sense of future goals and needs.
- Stabilizing
 - Treatment
 - Engaging
 - Outreach
77. If the screening process determines that a client has a severe risk or dependence, what is the recommended course of intervention?
- brief treatment
 - treatment via referral process
 - referral for specialized treatment
 - no treatment until further information is gathered
78. Stabilization is _____ for beginning an ongoing recovery program.
- important
 - useful
 - a factor
 - a prerequisite
79. Planning treatment should include all of the following EXCEPT
- how will services be coordinated and reimbursed.
 - establishing the client's goals.
 - which services does the client need.
 - who will share responsibility with the client for monitoring progress.

80. Treatment and prevention are likely to involve
- the same program and goals across all treatments.
 - multiple programs each with their own goals that are treatment specific.
 - the same level of involvement with the client throughout treatment.
 - the same rules and restrictions across all programs.
81. Specific biopsychosocial goals regarding living situation, projected timeframes, treatment and prevention approaches, housing services, and follow-up activities should be part of the client's
- screening process.
 - intervention treatment.
 - treatment and prevention plan.
 - ongoing rehabilitation plan.
82. _____ should consider the environment in which the client lives, differentiate between the problems that can be resolved and those that can only be lessened, and set priorities (short-term and long term) based on the client's immediate needs.
- Screening
 - Intervention
 - Planning
 - Management
83. _____ is essential to address the holistic needs of the client and prevent them from becoming overwhelmed or lost through the community services and referral process.
- Planning
 - A behavior therapist
 - Communication
 - Case management
84. Matching services to needs, locating providers, supporting participation and compliance and monitoring progress are motivators for case management
- relating to substance abuse and mental illness treatment services.
 - of prevention only services.
 - with a professional therapist.
 - across both treatment and prevention of mental health illness, substance abuse, and homelessness.
85. Why is it important to ensure treatment goals are relatively short-term, specific, realistic, and include possible rewards?
- to create a sense of shared responsibility for the treatment
 - to prevent clients living with chronic crises from feeling like it is impossible to achieve the goals
 - to make the plan easy for the client to read
 - to save time

86. What should NOT be considered when identifying activities related to the client's goals?
- Is the activity specific?
 - Can the activity be verified?
 - Is it individualized for the client to empower successful completion?
 - Does it encompass the goals for all programs?
87. Which reinforcement options below would not be provided as part of a prevention program?
- social recognition
 - early dosing windows in methadone maintenance programs
 - training opportunities
 - attending conferences
88. Per the planned TIP, *Recovery in Behavioral Health Services* (SAMHSA, planned e) clients with mental illnesses, substance abuse disorders, cognitive impairment and/or family members with these conditions, have a(n) _____ risk for relapse and subsequent loss of housing.
- average
 - lower
 - higher
 - 10%
89. According to Mueser et al (2006), which of the following is NOT true about wellness self-management?
- theory based
 - manualized
 - technique that helps teach skills of maintaining and enhancing health and wellness
 - time-limited
90. Which of the following areas of intensive case management would be a focus of critical time intervention (CTI)?
- mental health services
 - crisis intervention
 - employment support
 - motivational enhancement
91. Which of the following best describes Phase 3 of the 9-month CTI program of care as identified by New York Presbyterian Hospital and Columbia University (2001) in *The Critical Time Training Manual*?
- a treatment plan is made and clients are linked to appropriate community resources
 - long-term linkages are monitored and work has begun towards the established long-term goals
 - linkages are tested and the treatment plan is formalized, adjusted and implemented.
 - the contingency management plan is implemented

92. Through evidence-based practices for homelessness rehabilitation, Shaheen and Rio (2007) state that employment helps clients develop
- a treatment plan.
 - trust, motivation and hope.
 - awareness and consequences of their illness.
 - a long term contingency plan.
93. Clients are taught problem solving skills, managing interpersonal conflicts, developing appropriate work-related behaviors, and managing money wisely through _____,
- cognitive-behavioral intervention
 - motivational intervention
 - contingency management
 - supportive employment
94. According to Rosenheck & Mares (2007) the VA hospital system implemented an individual placement and support (IPS) program, focusing on all of the following EXCEPT
- rapid job placement chosen by the client.
 - clinical care.
 - time-limited support.
 - competitive employment.
95. The Curriculum-Based Support Group (CBSG) Program (Arocena, 2006) and Lions Quest Skills for Adolescence are two evidence-based prevention programs for youth listed in
- Recovery in Behavioral Health Services* (SAMHSA, planned e).
 - Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment* (CSAT, 2009a).
 - National Registry of Evidence-Based Programs and Practices (NREPP), SAMHSA.
 - Critical Time Intervention Training Manual* (New York Presbyterian Hospital & Columbia University, 2011).
96. Which of the following evidence-based programs is multi-component and provides comprehensive life skills designed for school-wide implementation in grades 6 through 8?
- The Curriculum-Based Support Group (CBSG) Program (Arocena, 2006)
 - Lions Quest Skills for Adolescence
 - Say It Straight (Englander – Golden, et al, 1996)
 - IPS
97. Prigerson, Desai, Mares, and Rosenheck (2003) indicate childhood homelessness, substance abuse in adults age 55 or older, and living in a homeless environment are associated with higher rates of
- suicidality.
 - mental illness.
 - unemployment.
 - violence.

98. What makes the Modified Therapeutic Community for Persons with Co-Occurring Disorders Program more relevant for people who are homeless and have co-occurring disorders?
- it is adapted for co-occurring disorders
 - it is a short term program
 - it is only applicable to the community setting
 - it is an out-patient program
99. In meeting specific client needs, all of the following are pressing issues EXCEPT
- adapting survival skills from prison to the "free world".
 - dealing with a history of trauma when unexpected events trigger flashbacks.
 - untreated or inadequately treated disabilities.
 - financial accommodation.
100. Universal, selective, and indicated are types of
- treatment programs for individuals.
 - prevention programs for families, involving both parents and children
 - service deliveries.
 - treatment programs for families, involving both parents and children.
101. Indicated prevention program focuses specifically on
- parent participation.
 - home-visits.
 - intensive parent-child interventions when one or both parents are undergoing substance abuse treatment.
 - school-based programs.
102. The Clinician-Based Cognitive Psychoeducational Intervention program
- is for high risk families with children 2 to 5 years old, focusing on children's developmental accomplishments and traits of parenting that contribute to youth resilience in later substance abuse.
 - provides family skills training designed to enhance school success and reduce substance abuse among 10 to 14 year olds.
 - is intended for families with parents who have a significant mood disorder.
 - is for Hispanic families with children ages 12 to 17 to help prevent conduct disorders and improve overall family function.
103. Why is it important to have a diverse team of staff members that may include someone who has experienced homelessness previously?
- to make the client feel welcome during the outreach/engagement process
 - to better understand the subculture of being homeless and work more effectively with the client
 - to communicate the culture of the behavior health service team to the client effectively
 - to minimize inaccurate influences

104. The following groups may have additional cultural challenges EXCEPT
- Men.
 - Women.
 - LGBT.
 - clients with linguistic challenges.
105. Which of the following is NOT a benefit of an emergency shelter?
- safe place to stay for a brief time, usually overnight
 - most offer food and help with emergency needs
 - some may allow storage of personal property during the day
 - provide ongoing treatment services for residents
106. Transitional housing
- provides the client a temporary place to live for up to 3 months.
 - is designed specifically for criminals coming out of the criminal justice system homeless.
 - helps to provide a smooth transition for the client's reentry into their community.
 - comes with limited resources and assistance.
107. Permanent housing _____ treatment and abstinence from drugs and/or alcohol as a condition for the program.
- does not require
 - requires
 - limits
 - monitors
108. The following is true about a half-way house EXCEPT
- most likely to be staffed by a professional.
 - treatments and/or recovery programs are not mandated.
 - limited time of service (30 to 60 days).
 - highly structured.
109. Sober living housing and ¾-way housing are similar in
- residents are expected to maintain abstinence from drugs and/or alcohol.
 - they both require ongoing participation in recovery programs.
 - both have onsite professional to assist in the recovery process.
 - time allowed for client to be away from the home is limited.
110. Community transitional supportive housing
- provides a close link between housing and treatment.
 - is an intermediate step between inpatient treatment and independent living.
 - reduces relapse.
 - provides a haven of isolation.
111. Which of the following is NOT used to describe the level of abstinence required in housing and shelter programs?
- wet
 - dry
 - soaked
 - damp

112. Providing information about recovery, building stronger relationships, supporting all efforts towards behavior changes, helping with skill development, and housing assistance are options when working with clients during the _____ stage.
- precontemplation
 - contemplation
 - preparation
 - action
113. The Drop-In Centers program through the VA, provides veterans with
- a daytime sanctuary.
 - va-healthcare benefits.
 - linkage to community recovery services.
 - Clothing.
114. Which of the following recovery-oriented and rehabilitative treatment programs for homeless veterans provides subsidized residential treatment and transitional housing?
- DCHV
 - VA-based substance abuse treatment program
 - VA Grant and Per Diem Program
 - Veterans Affairs Supportive Housing Program with HUD
115. According to Dempster & Gillig (2006), people who are homeless in rural areas typically do not live
- in campers.
 - on the street.
 - inside abandoned buildings.
 - with friends or family in overcrowded or substandard housing.
116. SAMHSA's PATH program provides grants to the State which are used for the following resources EXCEPT
- case management.
 - housing assistance.
 - Screening.
 - medical health services.
117. How does the SAMHSA's PATH program work to provide housing resources to people who are homeless and living in rural areas?
- provide bus transportation to shelters in the city
 - rental stock and rent subsidies for housing options
 - construct shelters and group housing units
 - convince family members to provide shelter
118. In vignette #1, what strategy did the counselor use to initially engage Juan in conversation?
- approached him and asked if he wanted treatment
 - made a list of reasons he should come by their office and talk
 - learned about Juan from shelter staff and others who are homeless
 - gave him a business card of the local substance abuse treatment facility

119. Housing First models
- engage people who are episodically homeless with minor mental illnesses.
 - require the client to be abstinent from drugs and/or alcohol.
 - do not require the client to pay rent.
 - promote client choice, recovery and community integration.
120. One of the MI techniques the counselor uses with Juan during their initial conversation about the Housing First option is he or she
- ignores his ambivalence.
 - validates his doubts that no one would give him a place of his own.
 - reflects on his ambivalence to highlight variances between what he has and what he wants.
 - leaves the table for a moment to allow his curiosity to develop.
121. Which of the following best explains the technique of “over-reflecting”?
- reframing statements for clarification
 - providing deliberate emphasis to provoke deeper thought and self-reflection
 - repeating the statement to identify variances
 - reflecting on the client’s statement from the perspective of the counselor
122. Which of the following is NOT a tool used to engage people living on the street?
- begin to engage by offering items to make them comfortable
 - observe at a distance before approaching
 - approach respectfully
 - keep interactions brief unless they indicate otherwise
123. Appropriate follow up questions when concerned for a person who has refused services include each of the following EXCEPT
- “Is the person at baseline?”
 - “Is the person able to care for themselves?”
 - “Does the weather (or other circumstances) pose a threat?”
 - “What if I endanger the relationship?”
124. Which of the following is NOT an influence that may contribute to cognitive impairment?
- alcoholism
 - malnutrition
 - head injury
 - disorientation
125. Which of the following is true about FQHC programs?
- They only support targeted populations such as people who are homeless.
 - FQHC does not provide preventative services of any kind.
 - Fees are based on a person’s ability to pay.
 - They are only located in select states across the U.S.

126. All of the following are strategies to intervene with a disruptive client in a public place EXCEPT
- giving detailed instructions.
 - speaking calmly and firmly.
 - using caution when entertaining unrealistic requests.
 - giving compassionate direction.
127. Which of the following is NOT a recommended strategy to help a client like Roxanne stay focused?
- identify which problems can be resolved
 - assess and prioritize the problems
 - begin with the complex problems
 - determine which problems will ease the pressure or even resolve other problems
128. Which of the following will help to keep a client stay focused during a session?
- create of list of the client's priorities to help you both maintain focus on treatment goals
 - be rigid about the plan and schedule
 - limit the session and communicate the time available at the beginning of the session
 - set goals that are realistic and timely
129. When the counselor began to seek advice as a result of countertransferential feelings while working with Roxanne, the supervisor recommended _____ to help Roxanne stay engaged.
- coping skills
 - contingency management
 - lists
 - incentives
130. Which of the following is NOT true about Section 8 Housing?
- voucher program funded by HUD
 - assists very low income families to obtain housing in the private housing market
 - participants will find their own housing within their community
 - HUD provides the client with the difference of what they cannot pay for rent
131. What is the best way to address a client's behavior when they are late or miss scheduled appointments?
- Don't provide positive reinforcement of the behavior by extending out the session time to accommodate their arrival.
 - Take them into your office to negotiate the behavior and reschedule the appointment.
 - If cognitive problems are an issue, reschedule the appointment and ask the client to repeat back the appointment date and time for memory reinforcement.
 - If the client is currently engaged in services, do not expect them to be on time, and plan your day to accommodate them when they arrive.

132. Which of the strategies below does NOT help to manage the stress of seeing clients who have multiple problems?
- seek supervision frequently
 - help the client handle urgent and important issues since you are responsible for their choices
 - know the system and current resources available in your community
 - identify teammates who should be brought in to help the client
133. Brief Strategic Family Therapy is NOT designed to
- improve family function.
 - prevent, reduce and treat adolescent behavior problems.
 - focus on the family members individually instead of the family holistically.
 - improve prosocial behaviors.
134. To help a client identify triggers for relapse, the counselor may revisit previous periods of relapse to determine a common _____ that triggered the relapse.
- feeling
 - list of triggers
 - recovery path
 - choice point
135. Role play benefits include
- the counselor is a tougher critic than the clients.
 - the role play activities are long and involved.
 - minimal emotional and behavioral involvement.
 - clients gain a sense of mastery to handle the situation.
136. According to the National Alliance to End Homelessness (2006), which of the items below is NOT one of the four stages of the Housing First program?
- crisis intervention and short-term stabilization
 - provision of case management services
 - substance abuse and mental illness assessment
 - provision of housing services
137. The workplace preventive intervention is
- a total of 90 minutes for the program.
 - a program to teach employees how to deal with stress at work and at home.
 - individually taught to each client.
 - focused on adults between the ages of 18 and 23.
138. An ACT Team is
- a community health network.
 - a group of case management services.
 - an immediate needs counselor.
 - a team of professionals that work collaboratively to provide most services as one unit.

139. The Assertive Community Treatment Association indicates the following principles of ACT EXCEPT

- a. services provided are short-term.
- b. act is the primary provider of services.
- c. family support services are provided.
- d. an emphasize on vocational services.

140. NAMI is NOT

- a. a nationwide program that advocates for better understanding and resources for people with mental illness.
- b. a provider of psychosocial skill training.
- c. a fee-for-service organization.
- d. available in the U.S.