Chapter 18: Putting It All Together: Working With Clients in the Three-Stage Model

1. During a session, helpers should
   1. Keep the focus on the client
   2. Use a combination of skills to help the client focus
   3. **Both A and B**
   4. Neither A nor B
2. Between sessions, helpers should
   1. Try not to think about their client
   2. **Reflect on the client’s underlying themes and patterns**
   3. Speak to trusted family members, in confidence, about their client
   4. Wallow in despair at their inadequacy
3. The working phase of helping often involves
   1. Mostly insight into one core problem
   2. Mostly action on one core problem
   3. **Cycling through exploration, insight, and action with many problems**
   4. Cycling through insight with many problems
4. Termination typically involves
   1. **Planning, exploring loss, and consolidating progress**
   2. Challenging, exploring loss, and gaining insight
   3. Planning, covering new topics, and letting go
   4. Challenging, consolidating progress, and saying goodbye
5. Session content, client defenses, and the helper’s assessment should be written up in
   1. **Process notes**
   2. An online blog
   3. The helper’s journal
   4. None of the above
6. The timing of helping sessions
   1. Is arbitrary
   2. **Should be consistent every week**
   3. Changes based on the client’s needs
   4. Starts long and gradually gets shorter
7. During the intake session, helpers
   1. Will be more directive than usual
   2. Should be using exploration skills
   3. Begin to solve the client’s problems
   4. **Both A and B**
8. It is helpful in each session to
   1. Create an action plan
   2. Address the client’s defenses
   3. **Develop a focus**
   4. All of the above
9. In helping,
   1. Each helper has a different style
   2. Each client has different needs and reactions
   3. Each clinical setting has different policies and procedures
   4. **All of the above**
10. The best response to client anger is
    1. The helper getting angry to show the client the impact of their anger
    2. The helper withdrawing to show the client the impact of their anger
    3. **The helper responding as they would to any other emotion**
    4. The helper immediately apologizing and reassuring the client
11. During the intake session, it is recommended to gather information on all of the following except
    1. Medical history
    2. Therapy expectations
    3. **The client’s mother’s opinion**
    4. Risk factors
12. When referring or transferring a client, helpers should
    1. **Explain the reason to the client**
    2. Mask the reason from the client
    3. Be protective of clients and not trust the new helpers
    4. Suddenly terminate with the client to make for a smoother transition process
13. At the end of the intake, helpers
    1. Assign homework
    2. Give an interpretation
    3. **Ask the client if they want to commit to the helping process**
    4. All of the above
14. Termination ideally takes place
    1. When helpers leave the clinic they are working in
    2. **When helpers and clients have accomplished as much as they can within the confines of their contracted relationship**
    3. When clients feel cured
    4. After 8 sessions
15. A helper should do all of the following work between sessions except
    1. **Ruminate about their mistakes**
    2. Consult with a supervisor
    3. Read about the client’s culture
    4. Write process notes
16. When clients bring up suicidal ideation
    1. They usually do not mean it
    2. Helpers should address it after the 3rd time
    3. They are just looking for attention
    4. **Helpers need to actively and directly assess risk**
17. If it is not possible to get a client to focus, the helper should
    1. Force the client to focus
    2. Cancel the session
    3. **Explore with the client what is making it difficult for them to focus**
    4. Not intervene
18. The three steps of termination are
    1. Exploration, insight, and action
    2. **Looking back, looking ahead, and saying goodbye**
    3. Saying hello, exploring, and saying goodbye
    4. Reviewing goals, exchanging contact information, and hugging
19. Helpers feeling attracted to clients is ; helpers acting on the attraction is
    1. Uncommon; bold
    2. **Common; unethical**
    3. Common; common
    4. Uncommon; unethical
20. Resistant clients
    1. Often present as not needing help
    2. Might try to manipulate the helper
    3. Are sometimes clients who come to therapy because they are forced
    4. **All of the above**